



Health Care Inspectorate
Ministry of Health, Welfare and Sport

Complying to the standard of integrated diabetic care

Corry Ketelaars

For
justified
confidence
in good
care



Introduction

Part 1: Integrated chronic care in The Netherlands

- policy reforms
- care standard
- care groups

Part 2: The Dutch Healthcare Inspectorate

- who we are
- working methods

Part 3: Supervision integrated diabetic care groups

- methods
- results
- conclusion
- lessons learned



Part 1

Integrated care in The Netherlands

Policy reforms 2008:
integrated care + integrated payment system

Aim: curb the rise CD
delay age manifestation CD,
prevent or delay onset complications
improve QoC

How: care standards
care groups
payment system



Integrated Care Policy- Care standards

1. **Care based on care standards:**

- Multidisciplinary care process
- Aspects: early recognition, prevention, education, self-management, diagnosis, treatment, support
- Based on: consensus stakeholders
- Norm: quality of care
- Input for: patient care plans

2. **Implementation:**

- Diabetes
- COPD
- Vascular risk management

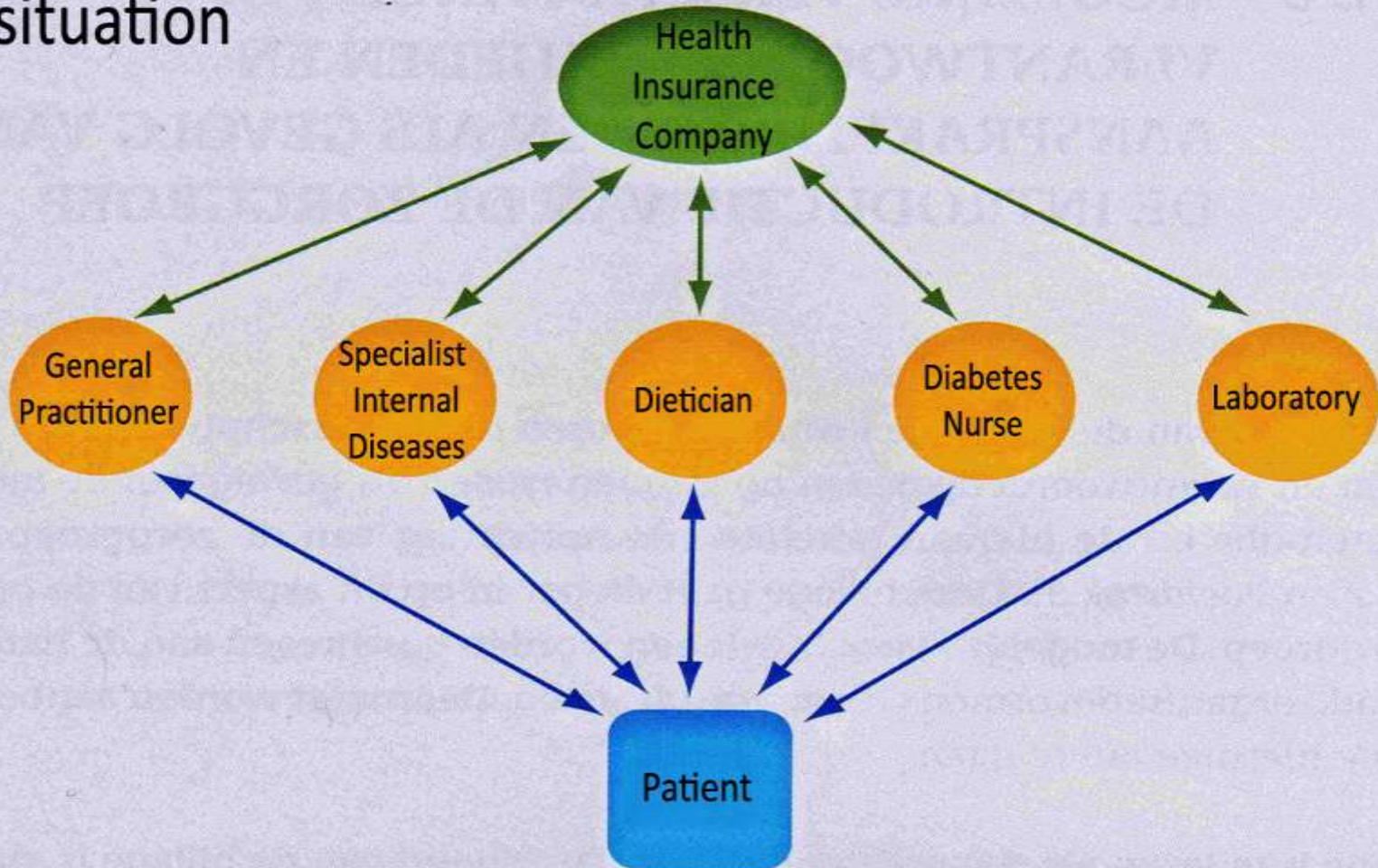


Integrated care - Care groups

- Multidisciplinary care according to care standards
- Organisations of care providers (105), mainly gp's
- 90% gp's in care groups; 30-100 gp's per care group
- Nurses, paramedics employed or hired
- Main contractors for health care insurers
- Distributes financial means to other providers

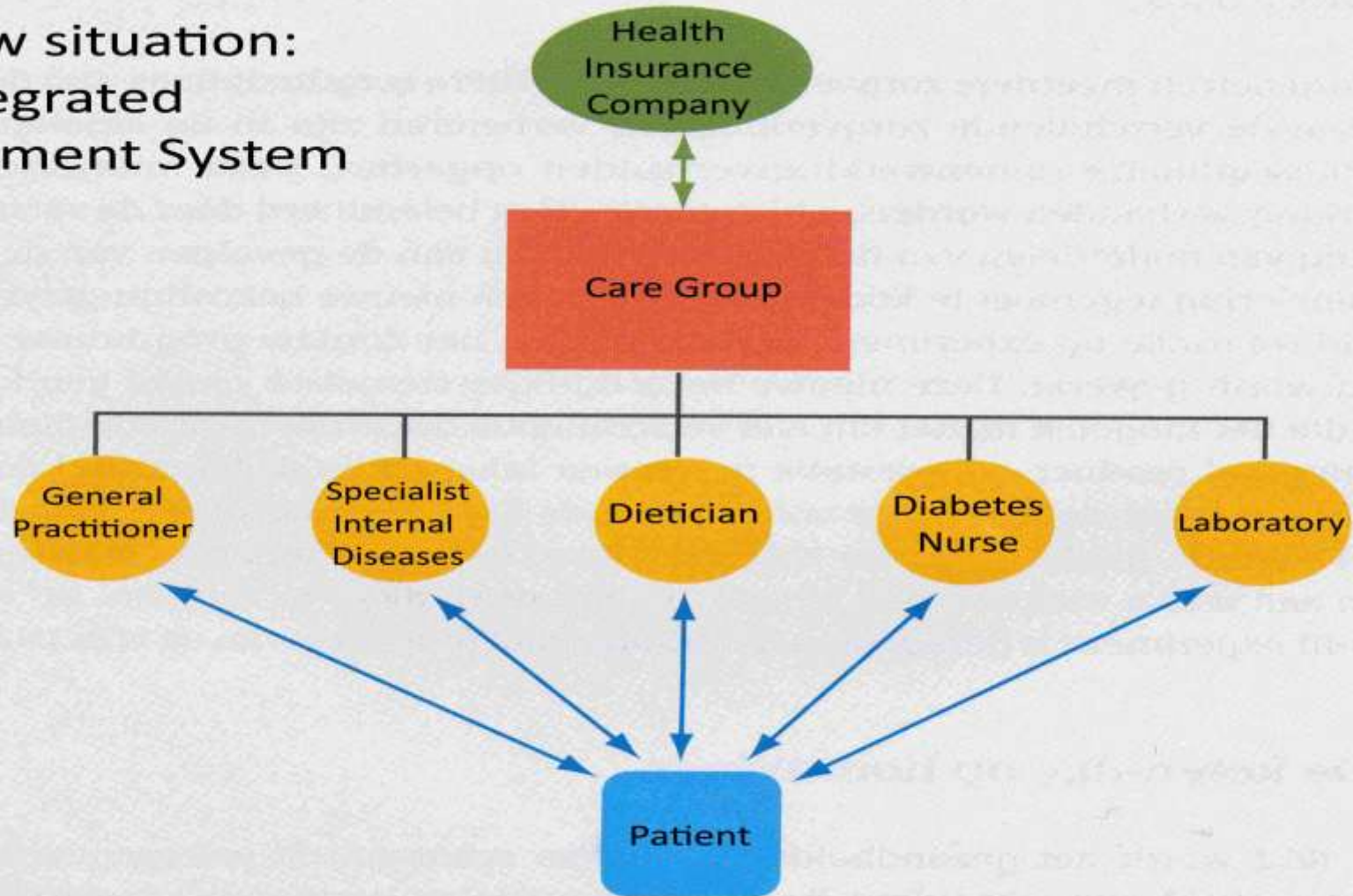


Old situation





New situation: Integrated Payment System





Part 2

Dutch Health Care Inspectorate (DHI)



Justified confidence in good and safe health care for all citizens

STAATSONZICHT OP DE VOLKSGEZONDHEID
INSPECTIE VOOR DE GEZONDHEIDZORG

Zoek:

Uitgebreid zoeken >>

Voor gerechtvaardigd vertrouwen in verantwoorde zorg

Melding maken
Loket burgers
Loket zorgaanbieders
Loket fabrikant

Homepagina
Actueel
Organisatie
Publicaties
Verscherpt toezicht
Dossiers
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Loket inspectie voor de Gezondheidszorg

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Direct naar

instellingsrapporten >>
Medicijnen mee op reis >>
Particulieren Mediatoren >>

5 februari 2009 | Nieuwsbericht
Inspectie voor de Gezondheidszorg
in >>

14 januari 2009 | Persbericht
Gehandicaptenzorg laat verbeterkracht zien >>

... niet beschelden te zijn. Daarom reikt de IGZ dit jaar voor het eerst de ZorgVelligPrijs uit. Lees hier hoe u mee kunt doen

088 - 1205000 (lokaal tarief)
ma-vrij 9:00 - 17:00 uur

Buiten kantoorrijden
zitten voor spoedgevallen:
Ministerie VWS: 070-3405050

Fax: 088 - 1205001



The Dutch Health Care Inspectorate

- Part of the Ministry of Health, Welfare and Sports
- Role: stimulator – enforcer
- Supervises 25 Acts of Parliament regarding health care + compliance prof. norms, guidelines
- Health care sector: Public health, Cure, Care, Pharmacy, Medical Technology
- 3000 institutions, 60.000 addresses, 800.000 professional practitioners
- 2012: 355 employees involved in supervision activities



Implementation care standard

- Care standard Diabetes is professional norm quality of care (2007)
- Norm approved by all stakeholders
- Inspectorate supervises quality acts and professional norms

Lets have a look:

the implementation of care standard by care groups



Part 3

Supervision integrated diabetic care groups

Methods:

- 20 care groups selected
- Inspection visit by 2 inspectors
- interviews, patient files, documents
- Judgement 19 norms:
 1. Multidisciplinary patient file
 2. Patient care plans
 3. Implementation of prevention and self management
 4. Continuity of care
 5. Quality of care





Methods

Example : Multidisciplinary patient file

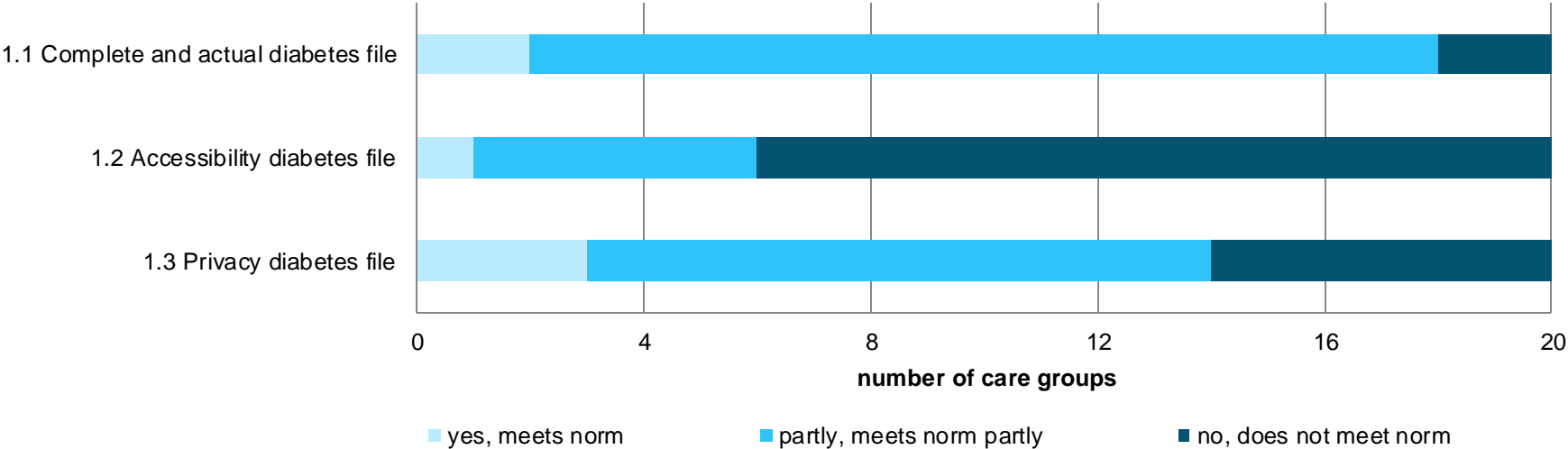
Norm:

1. Every patient has an actual, complete multidisciplinary file
2. The patient's file is accessible for caregivers involved
3. The patient's privacy regarding his file is guaranteed



Results

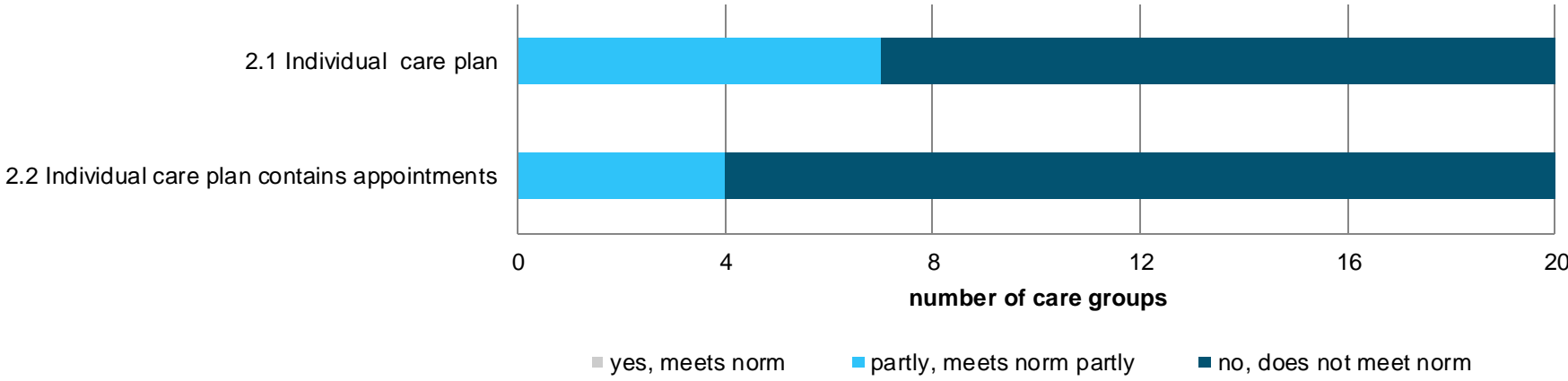
Theme I Diabetes file





Results

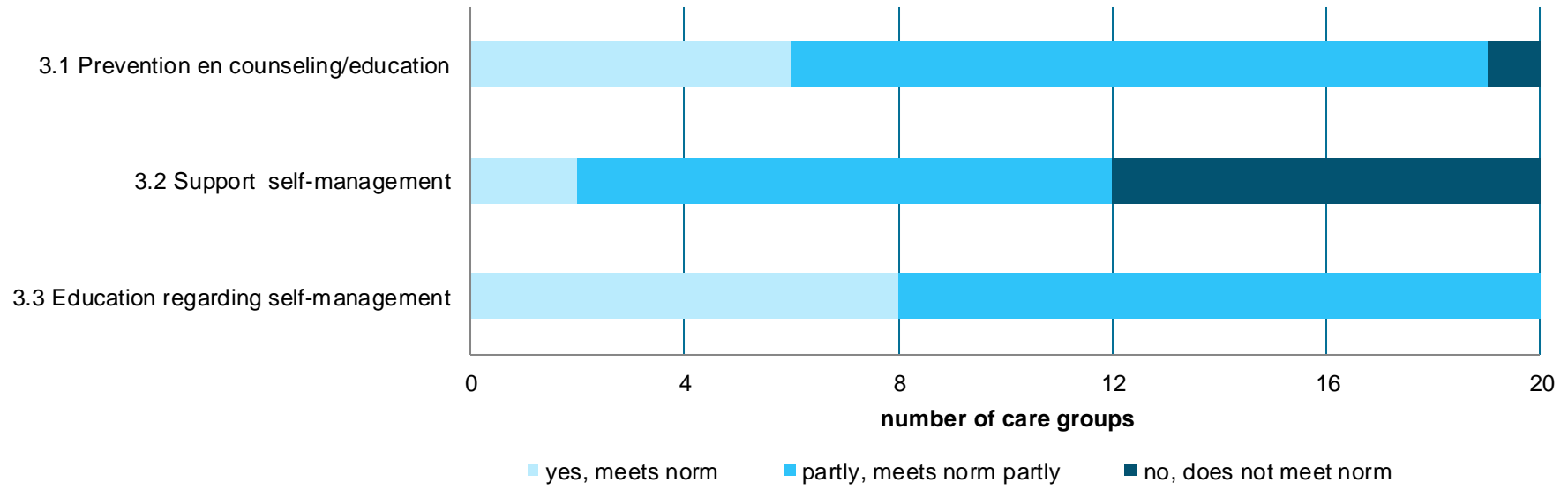
Theme II Individual care plan





Results

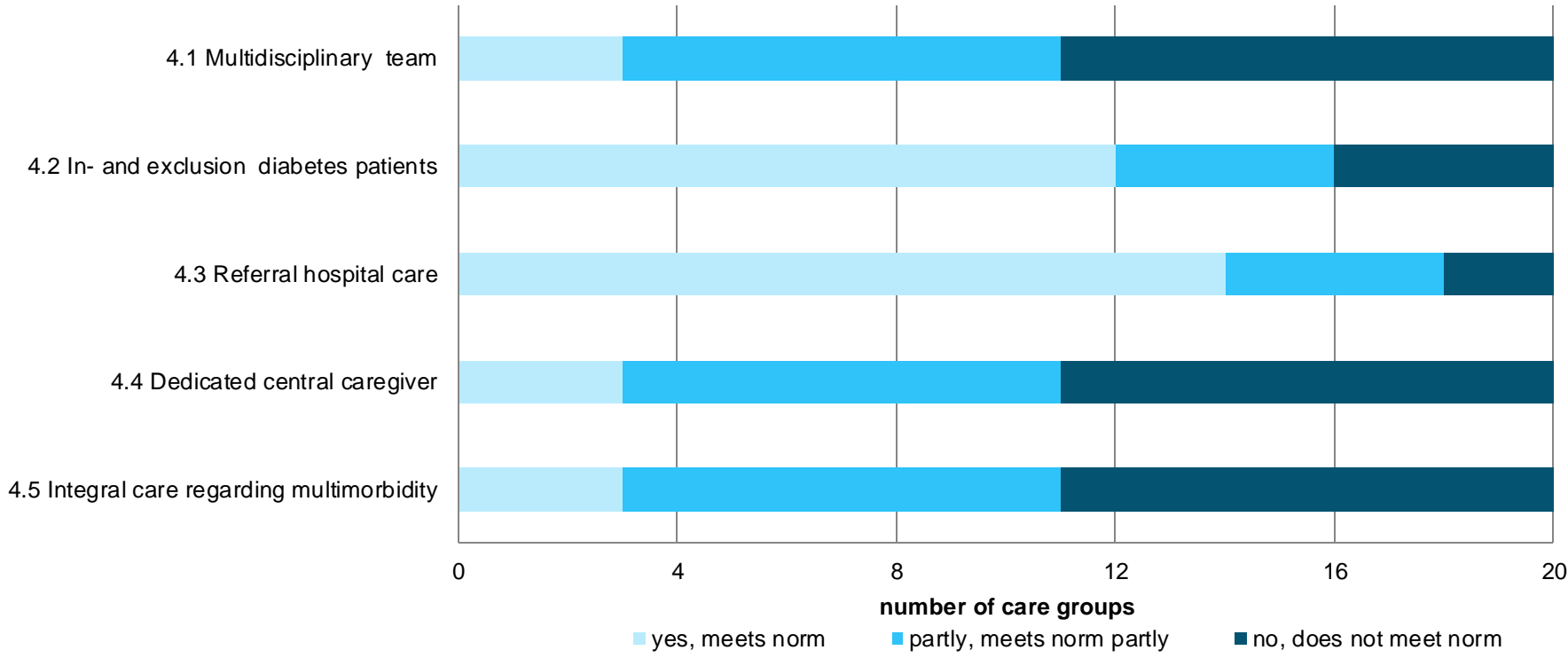
Theme III Prevention and self-management





Results

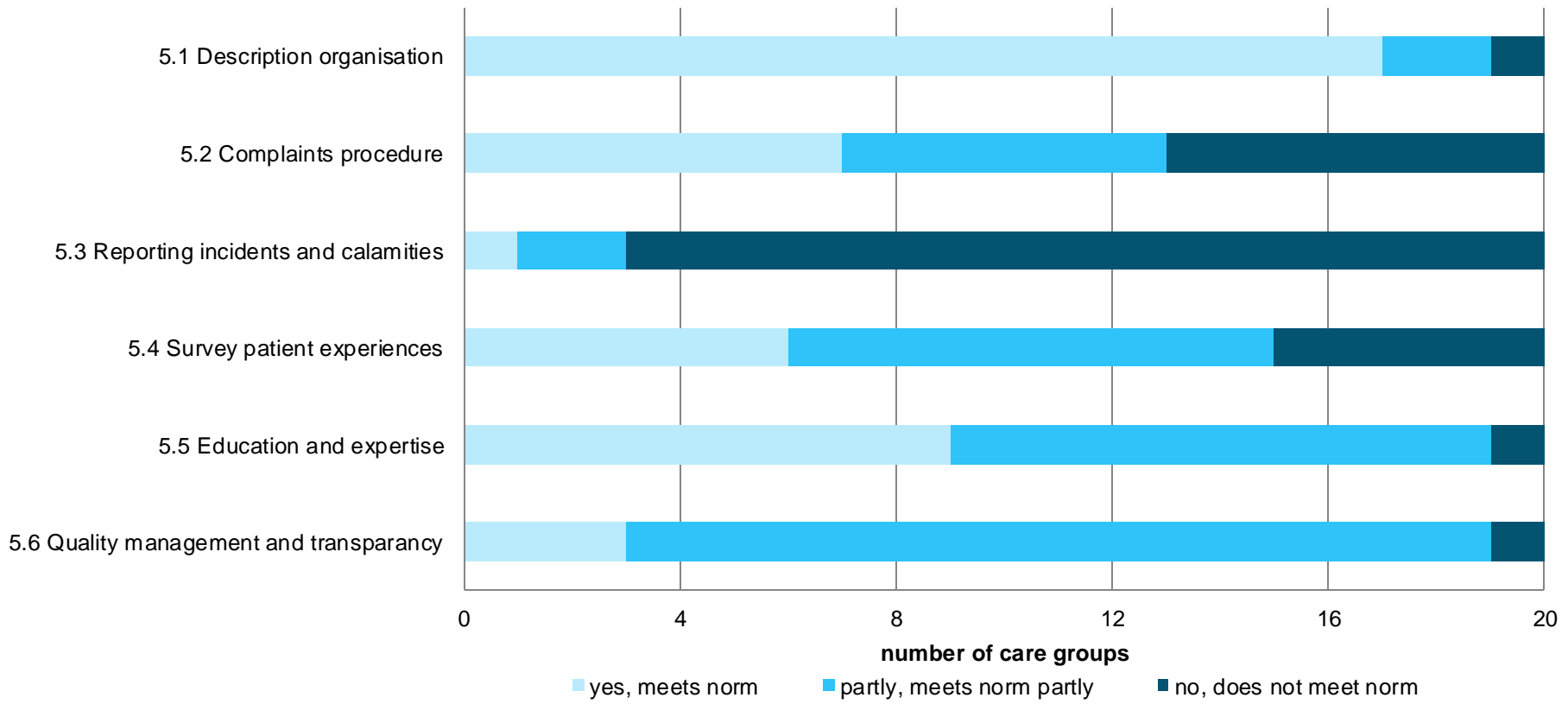
Theme IV Continuity of care





Results

Theme V Quality and transparency





Conclusion

1. Implementation of Care standard Diabetic not fully succeeded
2. Management care groups don't take full responsibility steering on quality of care
3. Health care insurance company don't pay all care according care standard



Lessons learned

Clear policy decision



Inspector integrated care



Questions?

