UNSW research centre for primary health care and equity

Integration of care: experience from the Netherlands APHCRI 7 Traveling Fellowship

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Netherlands and Australia

- Population 16.5m but densely settled
- Expenditure on health (9.2%/9.5%)
- Health care funded out of health insurance
- Fewer hospital beds, GPs, practice nurses, better aged care
- Strong private GP sector acts as gatekeeper with patient registration and capitation
- Few government / private for profit services.
- Challenge: coordinating care in a fragmented system



Selected comparisons

		Percent	
		NId	Aust
•	'System works well'	42	24
•	V. confident of high quality care	59	34
•	Skipped treatment because of cost in last year	5	26
•	Coord problem (tests or records)	9	18
•	Easy after hours GP care	47	32

Schoen et al, 2007



Approaches to coordinating care

- Transmural care/organisations/local networks
- 'Chain care' and development of guidelines
- Integrated health service organisations
- An element in service inspections
- Payment for diagnosis and treatment groups, not occasions of service



Recent reforms

- Health insurance
 - Deregulated fees with risk adjustment
 - Insurers choose which providers to cover
 - Annual opportunity to change insurer
- Diagnosis and treatment related groups
 - 'Chain DBCs'
- Competition policy for services
 - No collaboration on price or volume



Issues and impacts

- Drivers for coordination
 - Competition on price or quality?
 - Role of consumer organisations
- Competition and collaboration
 - Opportunities for entrepreneurs
 - Undermining network arrangements
 - Impetus for amalgamations
- Possible unintended consequences
 - Reduced access to services?
 - Impact on 'solidarity'?



Suggestions arising for Australia

- Strengthening drivers for coordination/quality of care
- Guidelines and standards for 'chain care'
- Strengthening the organisational base for coordination of care
- Payments for packages of care



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Integration and coordination of care

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