



Chronic diseases and adaptation of the health care system

Marij J.A. van Eijndhoven, MD Community Medicine

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College voor zorgverzekeringen

Chain care

Cure and care for people with specified diseases is delivered in chains, every institution or care provider has its own role in the process

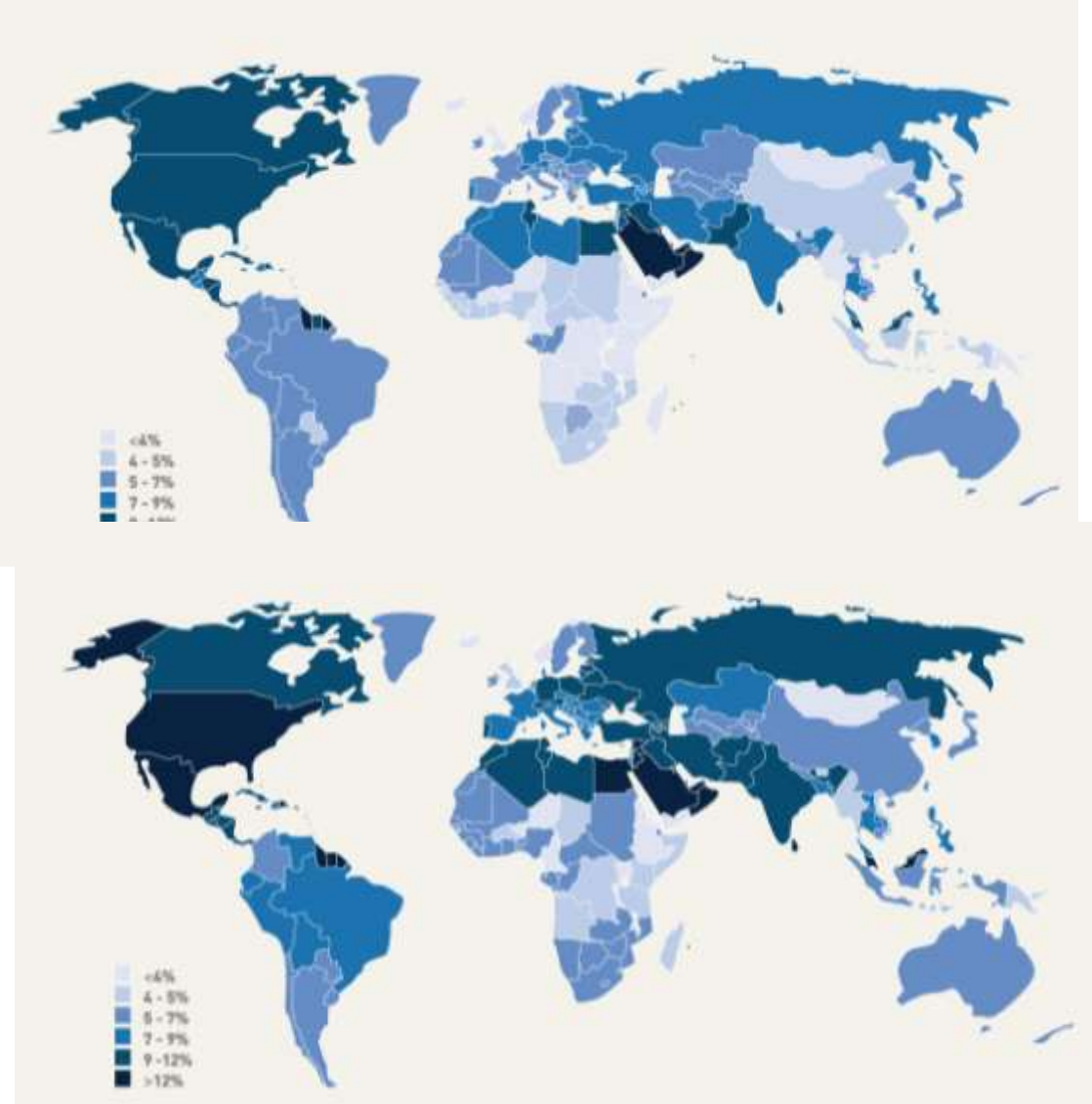
Successful Example: Stroke services

- Hospital stay now 7 days
- Reactivation outside the hospital
 - At home
 - Institutionalised

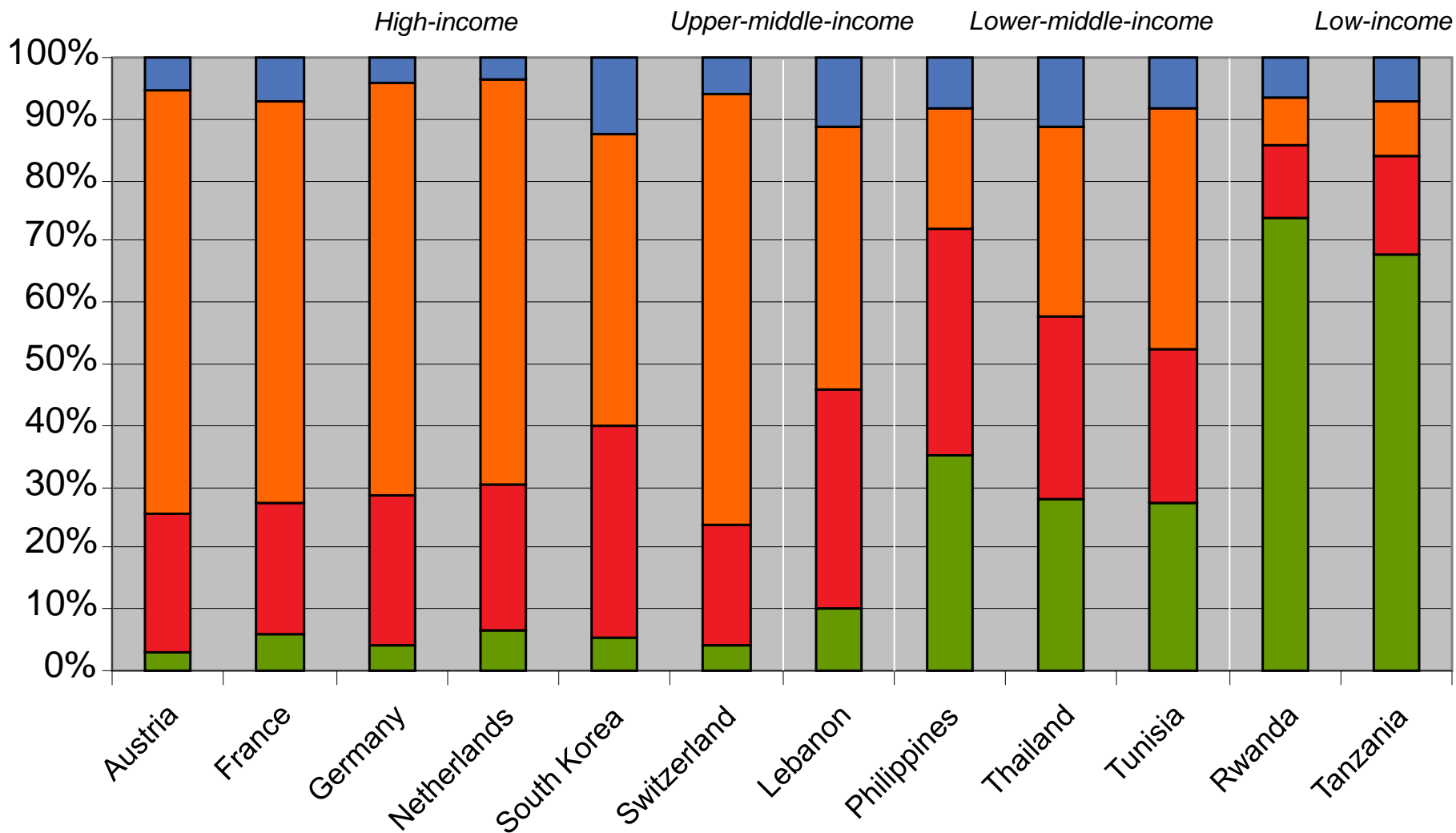
Context of chronic diseases

- Risk Factors: Obesity, Sedentary lifestyle, Smoking
- Major social, economic, cultural changes
 - Globalisation:
 - New technologies
 - Nutrition transition
 - Urbanisation
 - Exposition to new products and unhealthy goods
 - Employment with less physical activity
 - Ageing of the population
 - Impact rises with longer exposition over life time

Prevalence (%) estimates of diabetes mellitus (20-79 years), 2010 (above) and 2030 (below)



Percentage of deaths from noncommunicable diseases



- Group III - Injuries
- Group II - Other deaths from non-communicable diseases
- Group II - Premature deaths from non-communicable diseases (below the age of 70), which are preventable
- Group I - Communicable diseases, maternal, perinatal and nutritional conditions

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Are we ready to face these challenges?

- **Financial burden** >
 - Increasing costs, more intensive and long term treatment
- **Focus on treatment not on prevention**
 - Less investment in prevention and health promotion
- **Focus on acute model of care rather than a chronic care model**
- **Insufficient quality despite high resource input, e.g.**
 - Inefficient use of facilities
 - Fragmentation between intra- and extramural care
- **Institutional barriers towards better care for chronic conditions**
 - Various policy levels involved (national and regional level)
 - Competition between health care funds

System adaptation in the Netherlands

The Netherlands: one private health insurance for all (2006)

Then: prevention was not included!

- Private insurance with strong public guarantees;
 - Insurers must accept everyone,
 - For all insured persons: the same price per police
 - For all insured persons: one legal basic package

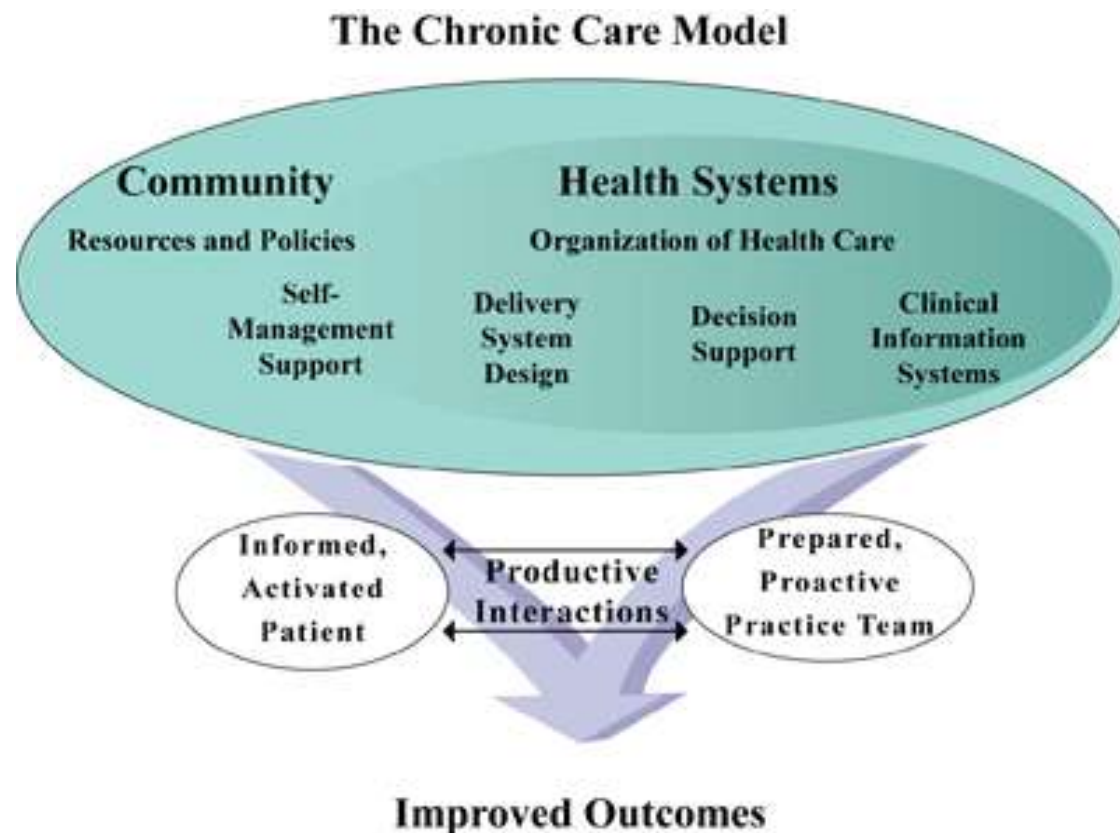
Prevention

The Netherlands:

Prevention (lifestyle interventions) for individuals with high risk for chronic disease are now part of the insured package (2007).

- Collective prevention is a responsibility of the government
- Health promotion agency's deliver campaigns, prevention programmes

The Chronic Care Model



Developed by The MacColl Institute
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Programmes on chronic diseases

Core elements of chronic care model:

- Collaborative (multidisciplinary) practice models e.g. Disease management programmes
- Shift from demand driven to pro-actively seeking needs of patients.
- Patient self management education, commitment
- Shift from intuition to evidence in clinical practice; evidence based guidelines
- Population identification processes
- Process and outcomes measurements, evaluation and management
- Reporting and feedback loop

Areas for further development

- Guidelines and DMP's for multimorbidity
- Rewarding systems for quality of care
- Incentives and increased responsibility of patients
- Information technology to support new measures
- Improve patient skills of self management
- Targetting high risk groups
- National targets and strategies