The organisation of acute care in the Netherlands

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Agenda

• Organisation of acute care in the Netherlands
  • The acute care chain
  • Strenghts
  • Challenges

• Acute medical (non trauma) patients
  • Preliminary data AIMED-study

• Conclusion
The acute care chain

*Nza, Marktscan, 2017
Pre-hospital

• General practitioner
  • Gatekeeper; referral needed for consulting medical specialist

• Out of office hours: 121 GP posts
  • 50-250 GPs provide care for 100,000-500,000 citizens
  • Accessible by telephone: triage by a nurse under supervision of GP
  • Development of emergency care access points
Pre-hospital
Pre-hospital

• Ambulance
  • Call 112 → telephone triage
  • 25 regions
  • 780 ambulances/rapid responders

• Increased use by 4% per year, mainly elderly

Nza, markscan acute zorg. 2017
In-hospital: emergency department

Staffing:
• Emergency Physicians
• Residents (in training) emergency care
• Residents (in training) of medical specialties
• Medical specialists
  • Acute physicians
In-hospital: Emergency department

- Total of ED visits decreasing
- Increase visits due to non-trauma
- ED most used by persons >65 years
  - 30-35% revisits
- 56% of all ED visits via referral by GP
  - Number of self-referrals is decreasing

*Gaakeer et al. Landelijke ontwikkelingen in de Nederlandse SEH's. NTvG. 2016;160:D970
*Nza, Marktscan acute zorg, 2017
Out of hospital care

• “First line stay”
  • Directly via GP
  • Via Emergency Department
  • After clinical admission

• Basic/intensive/palliative

Admissions 'first line stays' per age category in 2016
In hospital care

• In-hospital admission
  • Acute Medical Units
  • Medical ward

Strenghts of the Dutch system

• Strong Primary Care system
  • Gatekeeping
  • Reducing overall ED use by about 13%-22%
  • Treating 75% of self-referred patients at emergency care access points
    • Safe and cost-effective

Smits et al. The development and performance of After-Hours primary care in the Netherlands. Annals of internal medicine, 2017;166:737-742
Strenghts of the Dutch system

• Financing
  • Accessibility, solidarity
  • Primary care without any personal costs
  • Health insurance compulsory
  • 13,8% GDP used for healthcare (2016)

• However:
  • Self-referral to ED costs ‘deductible reduction’
Challenges

Changing demographics
- Changing of casemix:
  - Patients becoming older
  - Multimorbidity
  - Polypharmacy
  - Living at home as long as possible

Social:
- Caregivers?
Challenges

• Increased number of patients at GP posts
Challenges

• Accessibility of ‘first line stays’
  • Lack of coordination
  • 24/7 availability?

• Access to medical history of patients
The role of the (acute) internist
The acute medical patients

- No information about the number and characteristics of medical patients in the ED
- Heterogeneously organised
- The role of the internist/acute physician and emergency physician

→ AIMED study by researchgroup ‘ORCA’
   Acute Internal Medicine at the Emergency Department
AIMED: Acute internal medicine at the ED

• Questionnaire:
  • Number of patients for internal medicine
  • Organisation of acute care
Acute medical (non trauma) patients
Acute medical (non trauma) patients

Presence of internist at the ED

- 34% During daytime
- 3% During daytime & evenings
- 52% On call
- 10% Other

AMU
- Yes
- No
Conclusion

• Dutch system: strengths and challenges
  • Increased pressure on primary care
  • First line stays need further development

• Changing casemix asks:
  • Active role of internists at the ED
  • Teamwork: Emergency Physicians, internists, surgeons, geriatricians
    • GPs
    • Specialists elderly care
Pre-hospital