THE 12th INTERNATIONAL SCIENTIFIC CONFERENCE
THE SOCIETY FOR ACUTE MEDICINE
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Department of Internal Medicine
The Competition Model

- Insurers compete with each other on the basis of quality of contracted care, price, and coverage of extra insurance.
- Providers compete for consumers on the basis of quality.
- Providers compete with each other on quality and price for insurance contracts.

Hoe financieren we deze uitgaven?

- Nominale premie
- Inkomensafhankelijke bijdragen
- Eigen risico ZVW
- WLZ premie
- Eigen bijdragen
- Belastingen

<table>
<thead>
<tr>
<th>Lasten per volwassenen aan zorg</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nominale premie</td>
<td>€ 1.211</td>
</tr>
<tr>
<td>Inkomensafhankelijke bijdragen ZVW</td>
<td>€ 1.577</td>
</tr>
<tr>
<td>Inkomensafhankelijke premie Wlz</td>
<td>€ 1.029</td>
</tr>
<tr>
<td>Eigen betalingen</td>
<td>€ 369</td>
</tr>
<tr>
<td>Belasting</td>
<td>€ 1.106</td>
</tr>
<tr>
<td>Zorgtoeslag</td>
<td>€ -297</td>
</tr>
<tr>
<td><strong>Totaal</strong></td>
<td>€ 5.075</td>
</tr>
</tbody>
</table>
The acute care chain

* Nza, Marktscan, 2017
Spoedzorg in gevaar door toenemend aantal ouderen

'Spoedeisende hulp vol met grieppatiënten'

SEH-artsen: ‘Ziekenhuizen niet voorbereid op griepgolf

Ziekenhuis zet studenten in op SEH door griepgolf

Patiënten overnachten op seh door griepgolf
• ED stops
The acute care chain

*Nza, Marktscan, 2017
▪ 89 hospitals 24/7 ED`s

▪ 2.4 mil ED visits

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 64 jaar</td>
<td>70,9%</td>
<td>69,7%</td>
<td>67,4%</td>
<td>67,0%</td>
</tr>
<tr>
<td>65 - 74 jaar</td>
<td>12,3%</td>
<td>12,8%</td>
<td>13,7%</td>
<td>14,1%</td>
</tr>
<tr>
<td>75 en ouder</td>
<td>16,8%</td>
<td>17,5%</td>
<td>18,9%</td>
<td>18,9%</td>
</tr>
</tbody>
</table>

NZA. Martkscan acute zorg 2017.
Pre-hospital

• General practitioner

  • Gatekeeper: referral needed for consulting medical specialist

• Out of hours: 121 Out of hours 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

- Same location
- GP prior to ED
- Integrated
The acute care chain
Pre-hospital

- Ambulance
  - Call 112 → telephone triage
  - 25 regions
  - 752 ambulances/rapid responders
- Increased use by 4% per year, mainly elderly
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 bij 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

Nza, martkscan acute zorg, 2017
Our aim

- Hospital
- ED
- GP
- GP posts
- Home care
- Firstline stays
- Nursing homes

Admissions

115
In hospital care

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

## Acute medical unit

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Total number of ED presentations</td>
<td>31405</td>
<td>30508</td>
<td>28652</td>
<td>29396</td>
<td>26981</td>
<td>28959</td>
</tr>
<tr>
<td>Number of ED patients needing admission</td>
<td>6548</td>
<td>6635</td>
<td>7437</td>
<td>7787</td>
<td>7737</td>
<td>8480</td>
</tr>
<tr>
<td>Number of admissions through ED</td>
<td>5900</td>
<td>6151</td>
<td>7128</td>
<td>7381</td>
<td>7119</td>
<td>7446</td>
</tr>
<tr>
<td>Number of admissions AMU</td>
<td>NA</td>
<td>NA</td>
<td>4072</td>
<td>3812</td>
<td>3315</td>
<td>3106</td>
</tr>
<tr>
<td>Number of refusals/transfers</td>
<td>648</td>
<td>484</td>
<td>309</td>
<td>406</td>
<td>618</td>
<td>1034</td>
</tr>
<tr>
<td>Median length of stay normal care (days)</td>
<td>3.5</td>
<td>3.8</td>
<td>2.9</td>
<td>3.1</td>
<td>3.5</td>
<td>3.3</td>
</tr>
<tr>
<td>Median length of stay (days) AMU</td>
<td>NA</td>
<td>NA</td>
<td>1.2</td>
<td>1.3</td>
<td>1.5</td>
<td>1.6</td>
</tr>
<tr>
<td>Bed occupancy AMU</td>
<td>NA</td>
<td>NA</td>
<td>78%</td>
<td>76%</td>
<td>80%</td>
<td>74%</td>
</tr>
</tbody>
</table>
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
  • Primary care without any personal costs
  • Health insurance compulsory
  • Accessibility, solidarity
  • 10 - 13% GNP used for healthcare

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

- Increased number of patients at GP posts
- Over triage
- First line beds
Challenges

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

- Social:
  - Caregivers?
Bottle-necks

Exploring the preventable causes of unplanned readmissions using root cause analysis: Coordination of care is the weakest link

K.S. Fluitman a,1, L.S. van Galen a,1, H. Merten b, S.M. Rombach a, M. Brbrand c, T. Cooksley d, C.H. Nickel e, C.P. Subbe f, M.H.H. Kramer a, P.W.B. Nanayakkara a,* On behalf of the safer@home consortium 2:

Long length of stay at the emergency department is mostly caused by organisational factors outside the influence of the emergency department: A root cause analysis

Analysing completion times in an academic emergency department: coordination of care is the weakest link


Babiche E. J. M. Driesen 1, Bauke H. G. van Riet 1, Lisa Verkerk 3, H. Jaap Bonjer 4, Hanneke Merten 5, Prabath W. B. Nanayakkara 3, 5, 6
Results on the patient flow of implementing an Acute Medical Unit

SM Rombach, G Budha-Balke, SJ van Galen, R Bekker, SE Smit-Bruineberg, TH Biesheuvel, MHH Kramer & PWB Nanayakkara
• Overview capacity

• Funding (Curative / Longtermcare / Homecare)

• GP posts suffer from their own succes (First line beds / Hospital at home)

• Hospital budget restrictions

• Hospitals are semi-public institutions

• Elderly longer at home

• Healthe care personel

• Triage at first line

• Exit blocks in the hospitals
since 2005. The 2012 NL score of 872 points was by far the highest ever seen in a HCP Index. The 924 points in 2016 are even more impressive, particularly as the score criteria have been tightened for the EHCI 2017 in order to register differences.

Also, the Dutch healthcare system has addressed one of its few traditional weak spots, Accessibility, by setting up 160 primary care centres which have open surgeries 24 hours a day, 7 days a week. Given the small size of the country, this should put an open clinic within easy reach for anybody.

GP gatekeeping, a “cornerstone of the Dutch healthcare system” (said to the HCP by a former Dutch Minister of Health and repeated in the Dutch parliament November 2014) is widely believed to save costs, as well as providing a continuum of care, which is certainly beneficial to the patient. As can be seen from the references given in Section 7.10.2 on indicator 2.2, there is no evidence to support the cost-reducing hypothesis. Also, as can be seen in Section 4.1, the NL has risen in healthcare spend to having one of the highest healthcare costs in Europe.
What is the problem?

1. The healthcare chain is fragmented and not streamlined

Fragmentation of health care chain?

1. Ageing population

1. Policy changes healthcare system
   - Financial burden insurances
   - Budget costs chronic care
   - Closing down of elderly care homes???

Result:
- Stagnation of healthcare chain
- Precarious balance increased demand and relative shortage of bed
- Patients longer at home with insufficient surveillance