

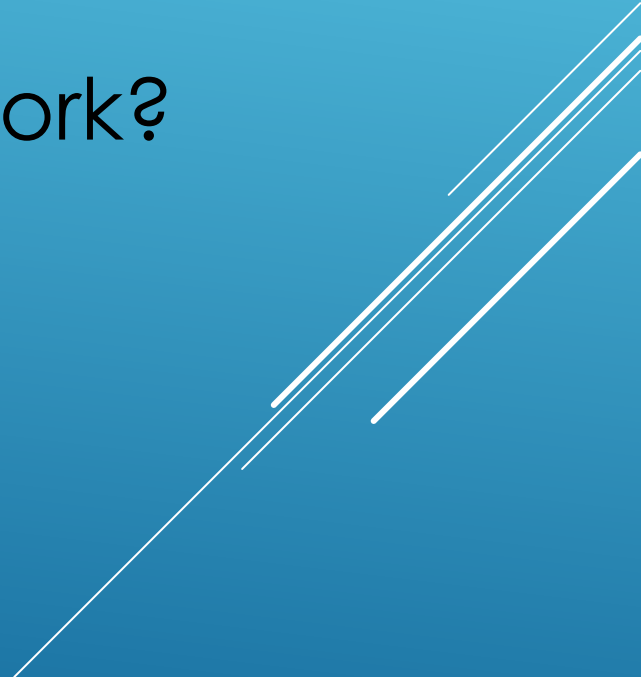
PRIMARY CARE IN THE NETHERLANDS

“EXIT THE LONELY DOCTOR”


Joop H. Blaauw, G.P.

Vienna Healthcare Lectures
sept. 6th , 2016

PROGRAM

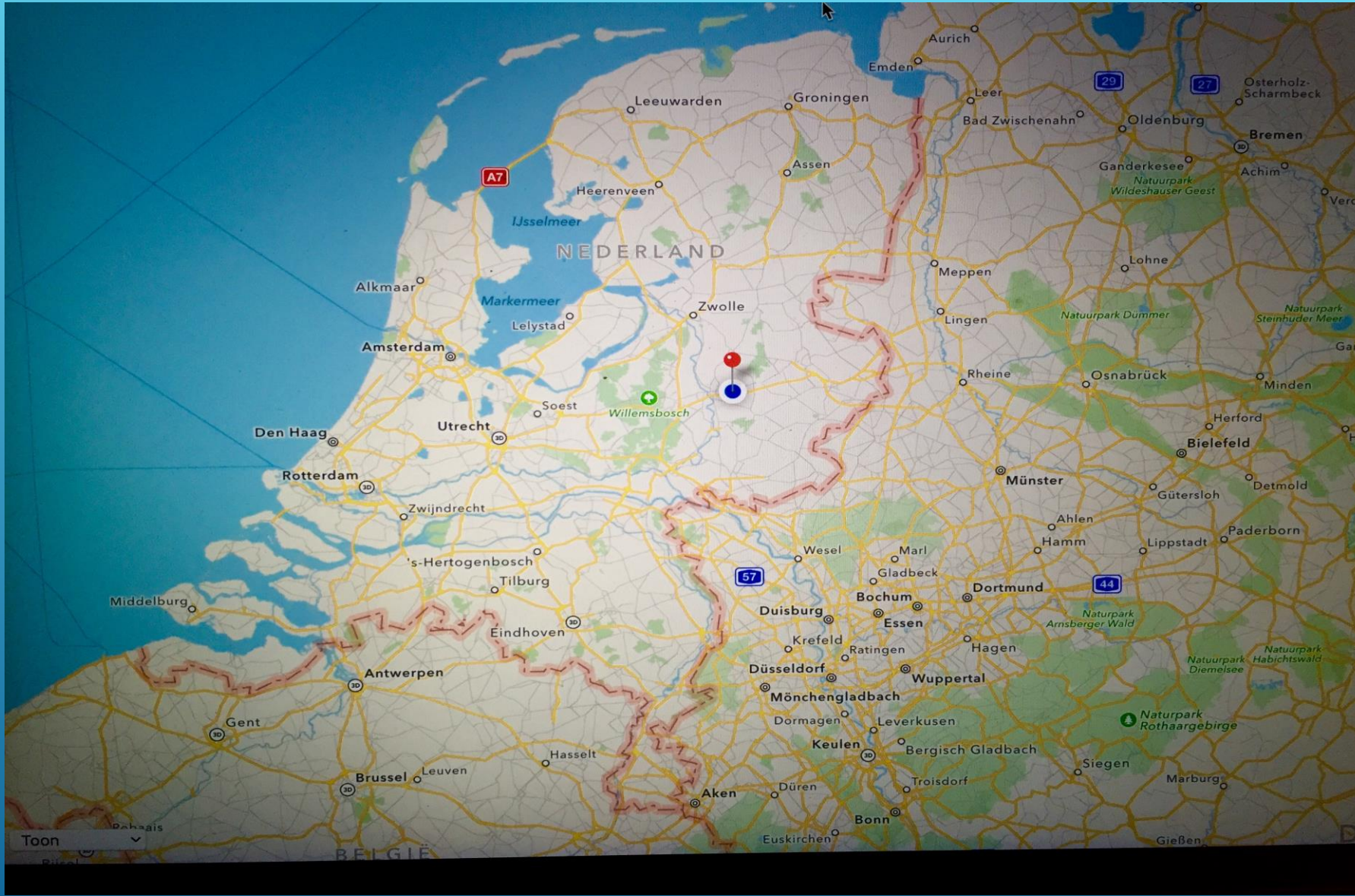
1. About Joop Blaauw
 2. General Practitioner in Bathmen, The Netherlands
 3. Dutch Health Care System: how does it work?
 4. PHC local/regional, Deventer
 5. Exit the lonely doctor
 6. Conclusion
- 
- A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, located in the lower right quadrant of the slide.

1. ABOUT JOOP BLAAUW, GENERAL PRACTITIONER (GP)

- ▶ One year vocational training: licensed G.P. in 1978
 - ▶ G.P. in Bathmen, 1980, solo practice (“ a lonely doctor”)
 - ▶ Retirement from practice april 2015
 - ▶ Registration as a GP valid until august 2018
- 
- A decorative graphic consisting of several parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the slide.

2. GENERAL PRACTITIONER IN BATHMEN

- ▶ Bathmen:
- ▶ Small rural village,
 - ▶ 1980 5000 inh.
 - ▶ agricultural, commuters
 - ▶ social-economic status: above dutch average.
- ▶ Nearest city: Deventer, 10 km
 - ▶ 65.000 inhabitants
 - ▶ hospital: 1980 500 beds, 2015 350 beds
all speciality's except cardiac- and neuro-surgery.



2. GENERAL PRACTITIONER IN BATHMEN

- ▶ In 1979 in Bathmen:
 - 2 GP's, colleagues (and concurents?)
- ▶ a lot of work: 24/7 working hours, minor surgery, traumatology, obstetrics, 60 delivery's a year, self-dispensing,
- ▶ “Come and help us: we need a third doctor”

2. GENERAL PRACTITIONER IN BATHMEN

- ▶ Goodwil to pay
- ▶ Transfer 900 patients fr
- ▶ 1800 patient on my ro
- ▶ Self dispensing license
pharmacist objecting
- ▶ Insurance company (contract
- ▶ Mrs. Blaauw:
secretary - assistant



2. GENERAL PRACTITIONER IN BATHMEN

At retirement from practice, april 2015:

- ▶ 2900 patient inscripted,
- ▶ 1 colleague GP, 20hrs/week
- ▶ 3 part-time secretary-assistants, front- and back-office
- ▶ 3 nurse-practitioners (part time)
- ▶ Mrs. Blaauw: administration

2. GENERAL PRACTITIONER IN BATHMEN

- ▶ My staff, april 2015,
without 3 nurse practitioners



2. GENERAL PRACTITIONER IN BATHMEN

- ▶ In april 2015:
- ▶ Transfer practice to successor
- ▶ Construction of the HOED
(HOED : GP's under one roof)
- ▶ April 2016 removal practice to the new HOED



3. DUTCH HEALTH CARE SYSTEM: HOW DOES IT WORK?

- ▶ Basic package obligatory, extra package voluntarily
- ▶ All citizen insured, 7 insurance companies/ “krankenkassen”
- ▶ Citizen pay through:
 1. taxes (income dependent)
 2. nominal fee to insurance companies
 3. extra package, extra fee to companies
- ▶ Basic package: yearly revised
- ▶ All citizen inscribed in GP-practices
- ▶ All patients to hospital only after GP-refer

3. DUTCH HEALTH CARE SYSTEM: HOW DOES IT WORK?

- ▶ Primary care : -General practitioner (**first line**)
-Pharmacist
-District – nurses (care at home)
-Dentist
- ▶ Hospitals (85) : -Medical specialists (**second line**)
- ▶ Acad.Hospitals : -Academic / University hospitals (**third line**)
(8 in the Netherlands)
- ▶ Strong tendency to refer back patient from **second** to **first line**
or keep patients in the first line as long as possible
- ▶ Most terminal patients die at home (patient's wish!)

3. DUTCH HEALTH CARE SYSTEM: HOW DOES IT WORK?

▶ **Dutch GP organisations:**

- ▶ **LHV** (national GP association, 90% is member negotiations government, insurance companies), cf. trade union)
- ▶ **NHG** (national GP college) professional standards, science, quality, certification/accreditation)
- ▶ **HON** (GP Vocational training, 3 years, 4 days/week in a training practice with a licensed GP-trainer, 1 day/week at the GP training department/ university)

3. DUTCH HEALTH CARE SYSTEM: HOW DOES IT WORK?

- ▶ **HON:** vocational training.
 - ▶ 3 years from basic doctor to GP
 - ▶ 750 new GP's/year -> Government paid, government responsible for the number / **quantity**,
 - ▶ LHV/NHG define the **quality** standards (Canmeds)
Biggest vocational medical training department in the Netherlands
- ▶ N.B. In the Netherlands GP's are considered as medical specialists!

3. DUTCH HEALTH CARE SYSTEM: HOW DOES IT WORK?

▶ **RGS:** Tasks:

- ▶ Registration and licensing every doctor and every educational/vocational medical training in the Netherlands
- ▶ Registration period: 5 years, 250 hrs. Postdoc training
- ▶ Control of Quality assurance, accreditation. certification



3. DUTCH HEALTH CARE SYSTEM: HOW DOES IT WORK?

▶ COSTS

- ▶ Healthcare cost, nation : 72,9 billion, 11,9% GNP (USA 17,7%, Germany: 11,3%, UK:9,4%, Belgium: 10,5%, Austria: ?)
- ▶ Citizens pay : 5,7% of the national Healthcare costs
- ▶ Primary care, GP costs : 2,7 (3,8% of the healthcare budget)
- ▶ Hospital, specialist costs : 24,8
- ▶ Farmaceutical costs : 8,7
- ▶ Standard practice GP : 2168 patients
- ▶ Income GP : € 125.000,= ,as a standard, most GP's earn less, probably<€ 100.000,-

3. DUTCH HEALTH CARE SYSTEM: HOW DOES IT WORK?

▶ Some numbers


- ▶ GP's : 11.000
- ▶ Practices : 5000, 2.2 GP's/practice
- ▶ Men/women : 55/45
- ▶ Consultations : 9000/year, excl. duty-hours Only 6% of the consultations result in referral to the hospital/second line (GP as a **goalkeeper**)
- ▶ Staff/Personnel : 1,72 fte/GP (secretary/assistant/nurse practitioner)

4. PHC LOCAL/REGIONAL, DEVENTER

- ▶ GP organisation, local/regional
- ▶ **The Deventer model**
 - ▶ All GP's organised in a **Coöperation** (=legal model cf. foundation),
 - ▶ Coöperation: approx. 90 doctors (practice-owners, cf. niedergelassene Ärzte) + 40 temporarily replacing GP's
 - ▶ G.P.'s are owners of the Coöperation, share-holders

4. PHC LOCAL/REGIONAL, DEVENTER


▶ **Coöperation**

- I. Diseasemanagement
 - II. Out- of- hours GP services (evenings, nights, weekends)
 - III. Quality and postdoc training
 - IV. R & D
- 
- A decorative graphic consisting of several parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the slide.

4. PHC LOCAL/REGIONAL, DEVENTER

▶ Coöperation

I. Diseasemanagement

1. Diabetes Mellitus
 2. COPD/Astma
 3. Cardiovascular disease management
 4. Elderly people problems
 5. Mental disorders (anxiety, depression, etc.)
- 
- A decorative graphic consisting of several parallel white lines of varying lengths and orientations, located in the bottom right corner of the slide.

4. PHC LOCAL/REGIONAL, DEVENTER

▶ Coöperation

I. **Diseasemanagement**

- ▶ Diseasemanagement : nurse practitioner + GP
- ▶ Nurse practitioner : daily consultations, control scheme
- ▶ G.P. : supervising, once a year control (D.M.)
- ▶ Quality-controll : data gathering; benchmarking

4. PHC LOCAL/REGIONAL, DEVENTER

▶ Coöperation

II Out- of- hours GP services

General Practitioner Services (GPS)



4. PHC LOCAL/REGIONAL, DEVENTER

- ▶ Coöperation

 - ▶ **Out- of- hours GP services, GPS**

 - ▶ **GPS Station** :located in the front of the Deventer hospital, connected to the emergency department of the hospital

 - ▶ **Open** :every day: 5 PM until next day 8 AM
weekend friday 5 PM until monday 8 AM

4. PHC LOCAL/REGIONAL, DEVENTER

▶ Coöperation

II Out- of- hours GP services, GPS

- ▶ Area/population: Surroundings Deventer, 180.000 inh.
- ▶ Staff :
 - 3 – 5 triagists (telephone)
 - 1 GP supervisor/telephone
 - 2 GP's consultations
 - 1 GP visiting patients at home
 - 2 well equipped cars + drivers/assistants (resuscitation, Oxygen, i.v.'s)





4. PHC LOCAL/REGIONAL, DEVENTER

- ▶ Coörperation
II **Out- of- hours GP services, GPS**
- ▶ **GPS Station** : Every GP/member of the Cooperation participates in the **GPS Station**
 - ▶ Patients of every participating GP-practice can ask for medical help at the **GPS**
 - ▶ Every participating GP is on duty following the duty-scheme, duty- frequency depends on the number of patients in his practice (if you have a lot of patients, you have a lot to work at the **GPS Station**)
 - ▶ **GPS** –costs paid by the insurance-company, **GPS** is paying the GP

4. PHC LOCAL/REGIONAL, DEVENTER

▶ Coöperation

III Quality and training

- ▶ PostDoc training/courses: Teachers: GP's with special interests and skills
- ▶ Registration terms : 50 hours /year
- ▶ Social aspects/ team building : 3-days course/ sandwich "away from home"

4. PHC LOCAL/REGIONAL, DEVENTER

▶ Coöperation

- ▶ Back-office/ organisation : 1 general director
1 medical director
Staff: 10 (part-timers)
- ▶ Finance/turn over : approx. 10.000.000,=/year

4. PHC LOCAL/REGIONAL, DEVENTER

▶ Coöperation

- ▶ Purpose/targets :
 1. Facilitating and supporting the GP's (financially, negotiating, position vs hospital, insurance-company's, local and regional government
 2. Improving quality of care
 3. More fun !!

5. EXIT THE LONELY DOCTOR

▶ **HOED** : Primary Care Centre

Group of GP's working in one building

70% GP's working as a group (2 or more GP's)

A decorative graphic consisting of several parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the slide.

5. EXIT THE LONELY DOCTOR

- ▶ **HOED** Why working together in a **HOED**?
 - ▶ To share personnel
 - ▶ Working together, sharing experiences, combining professional competencies, developing special fields of interests
 - ▶ Sharing managements tasks
 - ▶ New and modern housing, more comfort!

5. EXIT THE LONELY DOCTOR

- ▶ **HOED** Why working together in a **HOED**?
 - ▶ Better possibilities for part time working
 - ▶ Young GP's prefer working in a team
 - ▶ Better geographically planning, primary care centres in city- districts and neighborhoods

5. EXIT THE LONELY DOCTOR

▶ **HOED** Why working together in a **HOED**?

- ▶ Financially : **GP's buy a HOED:**
 - Planning
 - Investing/Financing
 - Building
 - Shared decision-making as a group of GP's

5. EXIT THE LONELY DOCTOR

- ▶ **HOED** Why working together in a **HOED**?
 - ▶ Financially : **GP's rent a HOED:** - There has to be someone to rent from
 - Long-term renting period (min. 10 years)

5. EXIT THE LONELY DOCTOR

▶ **HOED** Why working together in a **HOED**?

- ▶ Good Fellowship, but...
 - Most GP's are individualists,
 - "All GP's are equal but some GP's are more equal than the others"
 - Shared-decision making?
- ▶ Working together:
 - full association, or partly(only the costs are shared) or not associating at all: the GP only pays for the costs of the building.

5. EXIT THE LONELY DOCTOR

- ▶ **HOED** Why working together in a **HOED**?
 - ▶ Advantages seem to exceed the disadvantages
 - ▶ Prognosis: (almost) every GP will be working in Hoed or Primary Care Centre in the next few years



CONCLUSION 1:

- ▶ A strong regional organisation strengthens and facilitates GP's
 - ▶ HOED'S / Primary Care Centres are the bedstones of a regional GP coöperation
- 
- A decorative graphic consisting of several parallel white lines of varying thicknesses, slanted diagonally from the bottom right towards the top right, set against a blue gradient background.

CONCLUSION 2:

- ▶ Working in a HOED/ Primary Care Centre: advantages exceed the disadvantages
- ▶ Because,
 - ▶ GP's in the lead !!! And more
 - ▶ Efficient, less personnel
 - ▶ Sharing professional knowledges and management tasks
 - ▶ Stimulates modern flexible working conditions
 - ▶ Improves accessibility and visibility of Primary Care
 - ▶ Gives financial benefits, but also.... sometimes risks
 - ▶ Last but not least: Working together MORE FUN!!!! (mostly)

Prognosis:

“EXIT THE LONELY DOCTORS” ?

YES!

(Within 5 years.....?)

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, located in the lower right quadrant of the slide.

DRS. JOOP H. BLAAUW, G.P.

Chairman of **HON, GP vocational training the Netherlands**

GORSSELSEWEG 7,

7437 BD BATHMEN

THE NETHERLANDS

E-MAIL: blaauwjh@gmail.com