Purpose: The purpose of this action program is to realize an improvement in the quality of health care and welfare services resulting in a healthier and a more self-sufficient population and cost reduction (Triple Aim). The program is developed for people with complex and/or multiple problems and limited self-sufficiency in the northern district of Amsterdam.

Objectives: The objective is to develop and evaluate the implementation of integrated services from the sectors cure, care and community within the action program on Triple Aim outcome and to develop strategies to sustain improvements.

Background: The Dutch healthcare and welfare system is being transformed and decentralized. From 2015, Dutch municipalities will be primarily responsible for long-term care services, youth care and work integration services. From 2012 onwards to prepare this complex system transition, an alliance of care, cure and welfare providers in Amsterdam North in close cooperation with the municipality of Amsterdam, health insurance company Achmea and TNO have developed and evaluated an action program for implementation of integrated services form the sectors cure, care and community. TNO supports the implementation of the action program by designing tools and processes for assessing and action planning (based on the multidisciplinary consultation guidelines of Frieslab), outcome based patient stratification (based on an evidence-based self-sufficiency matrix), progress monitoring and by training and coaching of professionals. The program is evaluated by a mixed method research design (process evaluation, impact assessment and shared savings model).

Impact & outcomes: In our last ICIC-presentation (2014) we paid attention to the tools and processes for assessing, action planning and outcome based patient stratification. This time we
will give an update by focusing on the results of the process evaluation and impact assessment of the action program implementation from January 2013 to November 2014. The action program implementation shows promising results on the triple aim dimensions. Self-sufficiency of clients has increased in the first six months of the program, especially in the field of mental health and income (debt restructuring). There are strong indications that improved self-sufficiency has positive effects on clients’ experienced health and social participation. We will further discuss the criteria for efficient implementation of the action program, based on our process evaluation by continuous quality improvement loops. The process evaluation has given occasion to transform the action program’s processes repeatedly in order to fine tune and adjust those to regular processes of care and welfare services.

Conclusions: This action program explores the opportunities for implementation of a regional, population-based approach to integrate health care and social services in the Netherlands. The preliminary results of the process evaluation and impact assessment are promising, including valuable strategies to sustain changes.

Keywords
integration of health and social care; implementation; integrated care; multimorbidity; person-centred; action program

PowerPoint presentation
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