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Conference abstract

## Risk analysis on integrated care policy

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### Abstract

**Introduction:** In 2008, the Dutch Ministry of Health introduced policy reforms to enable integrated care for chronic diseases in combination with an integrated payment system. Implementing these integrated care programs for diabetes, cardiovascular risk management and COPD has started throughout the country.

**Purpose:** Integrated care programs will change the way in which the Dutch Health Care Inspectorate externally monitors the care provided. A risk analysis has been carried out to identify the main obstacles to be overcome in health reform policy from the perspective of patients.

**Methods:** A three-step risk analysis has been carried out:

1. Risk identification: based on experience, knowledge and literature, 45 risks were identified.
2. Risk selection: 25 risks were selected to be monitored via external supervision.
3. Risks which should receive priority supervision were chosen in collaboration with experts in the field during a meta-plan session.

**Results:** The risk analysis was completed in June 2010. Priority risks for supervision include the implementation of the care standard, the availability of care plans, the organization of care within care groups and the quality of the care provided.

**Conclusion:** The risk analysis has proven to be a useful method to develop pro-active supervision. The risk analysis is the basis upon which the tools used in ensuring effective supervision will be built. Other stakeholders such as health insurers, policymakers and providers should be made aware of remaining risks.

The risk analysis, supervision tools and preliminary results gathered from inspections of integrated care programs are presented at the INIC Conference.

### Keywords

**integrated care, risk analysis, Dutch Health Inspectorate**

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