CONFERENCE ABSTRACT

Payment reform to strengthen networks of primary care organisations

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Primary care in The Netherlands is organised around general practices. Each inhabitant is enlisted with one general practice, which gives general practice a central coordinating position in health care. Almost 50% of these practices are still single handed and independent businesses. Thus, the country (17M) has more than 3000 separate practices with own practice policy. Next to this fragmentation of practices, for some functionalities like out-of-hours care, chronic care and collaboration between primary care professionals GPs created specific organisations. At the local and regional level another fragmentation of primary care organisations was developed. Since 2005 different policy measures have stimulated a more integrated coherent organisation of primary care at the regional level. However, these policy measures were not aligned and resulted in fragmentation.

For the current challenges in health care (ageing population, increasing complexity, restricted labour force) this fragmented organisation of primary care is a barrier for population health management. GPs do not recognise their own “confusing” organisational infrastructure. For external stakeholders like hospitals, municipalities, home care organisations there is not one organisation to deal with. For emergency care another organisation is responsible than for chronic care. So a robust regional health care policy in which all stakeholders work collaboratively is difficult to achieve.

Recently, a new payment system for primary care is developed and implemented. Health insurers are in the lead to purchase integrated primary care through a policy regulation called ‘Organisation and Infrastructure’. To support the cooperation between health insurers and health care providers, we developed a model to classify the regions in their organisational level of integrated primary care organisations. The model distinguishes four network types: ad hoc network, collaboration network, one organisation network, and an accountable care network. Through a short questionnaire, the region is classified into one of the network levels. Next, for each network level specific aims for the next year realising the next phase of network composition are subject of the negotiation between insurer and provider.

This specific policy leads to more robust coherent primary care organisations, that form the basis for regional health care networks to realise population health management.

In the presentation based on a quantitative analysis of the Dutch situation in December 2018 and a qualitative description of specific regional situations ranging from ad hoc networks towards accountable networks, lessons learned for transferrability and future developments will be drawn.
Keywords: financial incentives; organisation integrated primary care