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## POSTER ABSTRACT

# Accountability in integrated health service delivery in the netherlands, an evidence based integrated care approach

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**Introduction:** Quality, accessibility and affordability in Dutch healthcare are system-goals in which the secretaries of the ministry of Healthcare, Welfare and Sports are accountable. These system-goals serve a public interest and they have to be accounted for. This only happens if the allied institutes, professionals and citizens take responsibility of their actions. Healthcare delivery becomes more and more organized in networks and alliances, where more focus is on the right care in the right place, namely integrated health service delivery. How accountability of quality of care takes place is a challenge in the system of regular healthcare as well as integrated care.

**Policy context and objectives:** Accountability takes place in various forms and the term in itself is multi interpretable and is best described from two approaches:

As subject of the term “governance”:

In Dutch public governance, the ethical code consists of four elements that are related. These elements are ‘control or supervision’, ‘accountability’, ‘steering’ and ‘purchase (of healthcare)’.

As three main directions of accountability:

To whom is accounted for?

About what is accounted for?

Why is accounted for?

**Targeted population:** Accountability of quality of care is observed on multiple perspectives. National - and local government, between board of directors and their supervisory boards, organizations and their financiers, organizations and their clients, which also have to account for their received care, which benefits to quality of care.

Accountability is not only happening within (healthcare) organizations by structuring decision-making in a vertical, hierarchical sense to pursue control, but accountability takes place more and more in complex partnerships with many mutual dependencies and cross-border character. Accountability shifts from inside organizations towards outside organizations. To citizens, professionals and cooperation partners, towards integrated health service delivery.

**Impact and outcomes:** Accountability in relation to integrated health service delivery in the Netherlands is not yet aligned. Accountability of quality of care is still institute focussed, but integrated health service delivery becomes more than delivery of just care or cure. Positive health

is becoming a greater part of integrated health service. The way of accounting quality of care does not fit anymore and should shift from institutes to a holistic (integrated) focus.

**Transferability:** This leads to the fact that new answers, of how quality of care in integrated health service delivery should be formulated to the main directions of accountability.

**Conclusions:** Accountability of quality of care in the current sense differs much from accountability of quality of care in integrated healthcare delivery. Research questions therefor are:

What is the concept of accountability in the context of integrated health service delivery?

How can accountability be arranged in relation to integrated health service delivery?

How can integrated health service delivery in The Netherlands be defined?

What is the state of play on accountability in Dutch healthcare?

How can accountability contribute to de development of integrated health service in The Netherlands?

What accountability tools can be developed which can be helpful to develop integrated health service delivery in The Netherlands?

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**Keywords:** accountability; quality of care; integrated health service delivery

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