Integrated community dementia care (ICDC) in the Netherlands Towards a better organization of physical and social environments for patients with dementia that closely meet their needs By Margje Mahler, Pieter Huijbers and Henk Nies

Over the last decade, various stakeholders in dementia care in the Netherlands have put in systematic efforts to improve dementia care in the community. The two consecutive improvement programmes are explained in this poster. The results show that community dementia care is developing from fragmentation towards regional integration.



Literature

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Funded by



LDP: 2004-2007

Initiative Ministry of Health, Welfare and Sport (VWS), instigated by the Dutch Alzheimer Association (Alzheimer Nederland)

Goal

Approach

- were supported to:

Results

- Better care

- dementia care becomes more complete

Challenges remaining

National LD

- 1 Case man
- 2 Informati
- 3 Early dete 4 Support f
- 5 Education
- 6 Various



• Making community dementia care more complete and coherent

• Dementia care professionals and informal caregivers in 57 regions nationwide

- define improvement in community dementia care in the region from the perspective of the needs of dementia patients and their informal caregivers

- improve the most important weaknesses through improvement projects, with the support of Vilans, Centre of Expertise for long-term care and the Dutch Institute of Healthcare Improvement CBO.

• National LDP top 5 problem areas in dementia care (see box) • National LDP top 5 improvement projects carried uit most frequently (see box)

– regional dementia care co-ordination improved

– case management started or expanded

- regional information to the public strongly improved (booklets, websites)

Integration needs more specific attention

• Financial incentives of integration efforts are lacking: funding continues to address separate care providers

• Involvement of higher decision makers is still weak

• An overview of the state and development after end of programme is lacking

National LDP **top 5** problem areas in dementia care

Patients are: 'afraid, angry and confused' 2 Partners say: 'It's getting too much for me' **3** Resistance against admission 4 Feelings of 'Something is going on – but what is it, and what can help?' 5 Miscommunication with care professionals

National LDP $top 5$ improvement projects carried out most frequently			
I	Case management; dementia consultant	52	
2	Information, brochures, websites	49	
3	Early detection, diagnosis	26	
ł	Support for family carers, respite care	26	
5	Education for professionals	25	
5	Various	28	
	Total number of improvement projects	206	

National Programme of Development of Regional Integrated Dementia Care

PKD: 2008-2011

Initiative

Participants • Direction of programme by Ministry of Health Care

Goal

- - In later stage

Approach

Results

- funded

- 2012)

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Ministry of Health, Welfare and Sport (VWS)

• Advisory board with representatives of national stakeholders in dementia care (care providers, care insurance agencies, local authorities, Alzheimer Nederland)

• Various contributors, Vilans is facilitating organisation

• Two-stage programme for improving integrated dementia care at regional level • Tuned at the needs of patients and informal carers

• Organised by regional care providers and regional long-term care funding agency (Zorgkantoor AWBZ)

- consolidation and roll out of results

monitor status of developments

- drafting a standard of dementia care for all providers and professions involved

• Guideline for funding of integrated dementia care drafted by Ministry of Health, Well-being and Sports (VWS), Alzheimer Nederland (for patients and caregivers), Actiz (for care providers) and Zorgverzekeraars Nederland (for regional LTC funding agencies), facilitated by CBO.

 Indicators for monitoring progress of developments developed by Plexus, since 2010 carried out by Vilans.

• Experiments of integrated care with pooled funding in regions with regional plans for- only providers participating in an integrated dementia care network will be qualified for funding

 Research being carried out to find the best way of casemanagement for people with dementia and their informal caregivers

• Alzheimer Nederland's regular 'Monitor of integrated care' shows the experiences of people with dementia and their caregivers (see Lensink and Werkman, 2011).

• The Ministry gives extra budget to support integration initiatives • Vilans website supports the programme: www.zorgprogammadementie.nl

Guideline developed in march 2009 and used for funding integrated care Set of indicators for progress developed and used in 2010 and 2011 Sixteen regions manage to draft integrated dementia care plans which are

All regional funding agencies (Zorgkantoren) have included integrated dementia care in their purchasing policies (see Kuperus at al. 2010) Standard of appropriate dementia care in preparation (to be ready by May

State of Community Dementia Care by 2011 and needs of the networks.

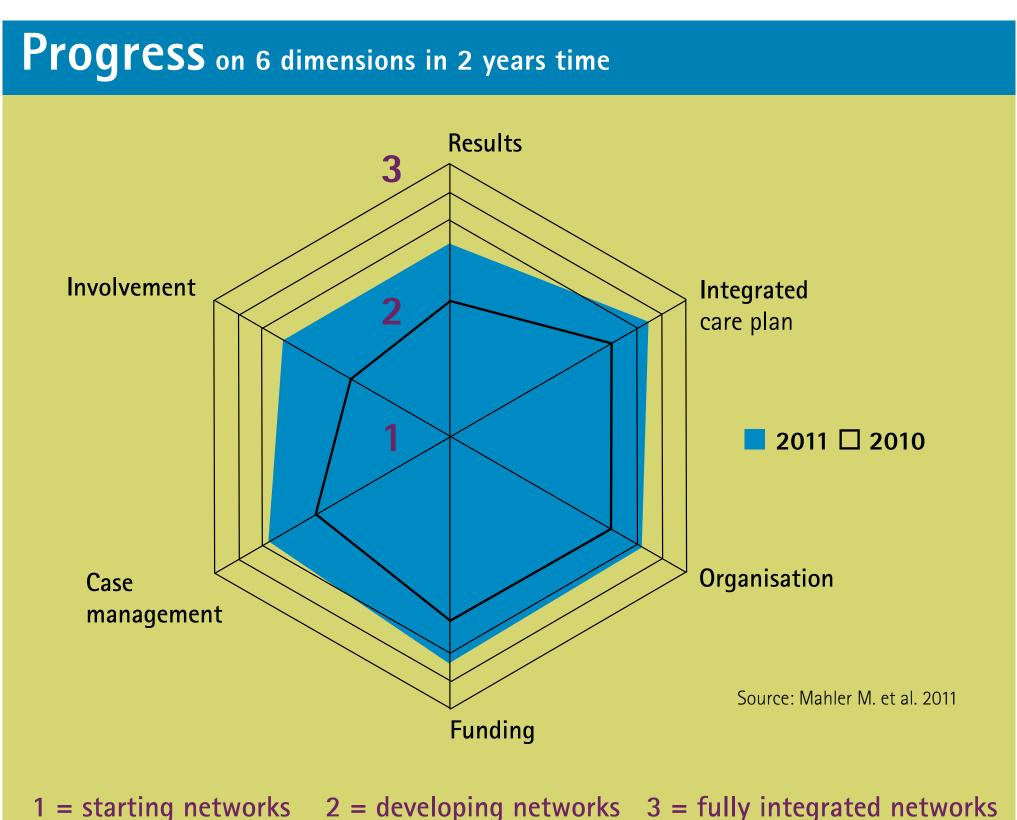
Some conclusions (Mahler M. et al. 2011)

- Patients and family carers have due information and services
- Number of regional networks is increasing
- Dementia care is gaining importance, and higher decision makers become involved • Indicators show that the degree of integration is increasing (see Figure):
- Stakeholders in regional dementia care co-operate ever more (from 1.86 points on a 5-point scale in 2010 to 2.41 in 2011)
- Availability of case management is increasing (from 2.13 points to 2.54 points) - Patients and caregivers experience results of improved care (from 2.00 to 2.41) - Also presence of regional care plans, degree of organisation and structural
- funding have increased

The Development Model for Integrated Care (Minkman et al., 2011) showed that the level of integration of integrated dementia care projects is approaching that of integrated stroke services, in spite of the fact that the dementia projects are significantly younger.

Challenges still remaining

- Roll out to all regions
- Commitment of local authorities for linking with social services • Definitive regulation of direct funding of integrated dementia care • Finalisation of Dementia Care Standard









Vilans, supported by the Ministry of Health, Welfare and Sport (VWS), interviewed all regional co-ordinators of dementia networks to measure the progress, bottlenecks