


Volume 13, 23 October 2013

Publisher: Igitur publishing

URL: <http://www.ijic.org>

Cite this as: Int J Integr Care 2013; Annual Conf Suppl; [URN:NBN:NL:UI:10-1-114654](https://nbn-resolving.org/urn:nbn:nl:ui-10-1-114654)

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Conference Abstract

The impact of bundled payments for diabetes care on curative health care costs - A 2-year follow-up study based on Dutch nationwide claim data

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Abstract:

Introduction: In The Netherlands, disease management programs (DMPs) based on Bundled Payment (BP) for chronic diseases were initiated to, inter alia, slow down the costs growth. To date, it is unknown whether the BP model for diabetes care increased or reduced the cost growth in comparison to care-as-usual (CAU). Furthermore, BP has neither been compared to the alternative payment system (Management Fee (MF)) as to their effect on cost growth.

Methods: We analyzed insurance claims of 24 different insurance agencies obtained from Vektis. In total, 64,011 diabetes type 2 patients, clustered in 3062 GPs, were analyzed in a 2-year (multi-level) design.

Results: Results show an increase in curative health care costs of Euro 172 per patient from 2008 to 2009. While controlling for age, sex, comorbidity, and costs at baseline, the average costs per patient enrolled in a DMP based on bundled payment increased with Euro 287 more compared to CAU. The increase of costs of DMP based on MF did not differ significantly from CAU. The increase in costs did not vary between GPs or health insurance agencies.

Conclusions: The BP model for diabetes is associated with an increasing cost growth— at least in the start-up phase of BPs.

Keywords

disease management, bundled payment, the Netherlands, diabetes

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