

Conference abstract

The health care standard vascular risk management. Toward patient oriented care based on the chronic care model

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Abstract

Purpose: Highlighting the content, process and structural aspects of production of a health care standard vascular risk management (HCS-V) based on the chronic care model in The Netherlands.

Context: In 2008, the Dutch government published a white paper about care for chronically ill patients focussing on the development of health care standards, coherence between prevention and cure, support of self-management and tuning the components of multidisciplinary care. A health care standard (HCS) describes the content of care for a specific health problem and the way that care is delivered. It combines content with philosophy, process and structure. In 2006 patients' organizations initiated a Platform aiming to formulate a HCS-V taking the patient as focus of care, organization and payment system. This Platform consists of 28 interest groups: patients' representatives, health care professionals, health care insurers, policymakers and scientific organizations. The Platform formulated the following principles for the HCS-V:

- to consider as target group all people known with an elevated risk for vascular diseases and patients already suffering from cardiovascular diseases;
- to take as starting point existing guidelines on vascular risk management, opinions of patients and the daily practice;
- to use as framework the chronic care model of WHO focusing on its four internal elements: support of self-management, design of the caring process, decision support and clinical information systems;
- to appoint one health care professional as the key-person for management and delivery of care;
- to promote that every patient, supported by this key-person, formulates his own care plan;
- to promote an active follow-up;
- to describe the care in functional terms avoiding the choice between locality of care or between health care professionals.

The HCS-V consists of four parts: 1) for professionals 2) for patients 3) quality-indicators 4) existing professional guidelines for vascular risk management. The CCM proved to be applicable as framework. In 2008 all Platform members have authorized the HCS-V. The Dutch government welcomed the concept and granted an experiment with eight pilot projects which will be supported by an external organization and evaluated scientifically. The Dutch Health Authority has decided that from 2010 the HCS-V will be used as the basis for financing vascular risk management. The philosophy behind HCS-V has inspired the development of a HCS for other chronic problems.

Conclusion: Application of the HCS-V requires a fundamental change of organization of care and education of professionals. Publication of this HCS-V is just one step in a process to achieve that the patient is really the focus of care.

Keywords

chronic care model, health care standard, vascular risk

Presentation slides