

COMMUNITY CARE DONGEN, THE NETHERLANDS

Higher quality and lower costs through co-creation



CURRENT SITUATION IN THE NETHERLANDS

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FULLY PRIVATISED ORGANISATIONS IN AGED CARE

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FULLY PRIVATISED ORGANISATIONS IN AGED CARE

NURSING HOMES PART OF HEALTH CARE

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**TRANSFORMATION OF CARE HOMES
TOWARDS SERVICE APARTMENTS WITH HOME CARE**

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TRANSFORMATION OF CARE HOMES
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EXTENSIVE SUPPLY OF HOME CARE

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FULLY PRIVATISED ORGANISATIONS IN AGED CARE

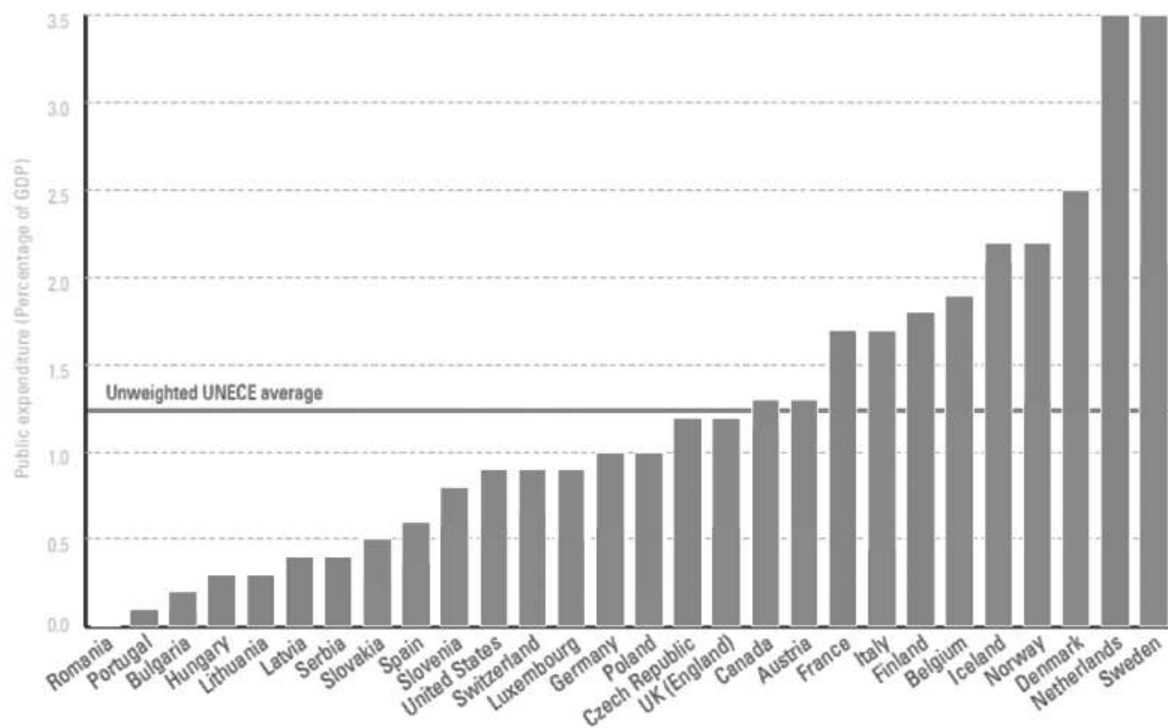
NURSING HOMES PART OF HEALTH CARE

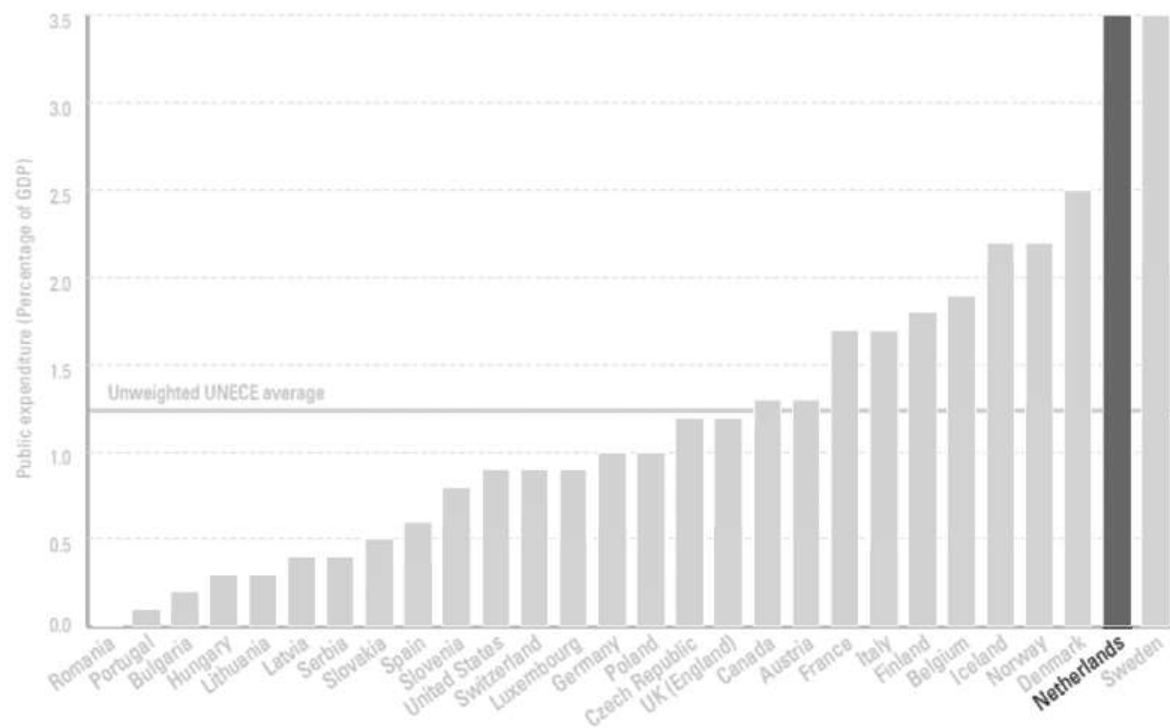
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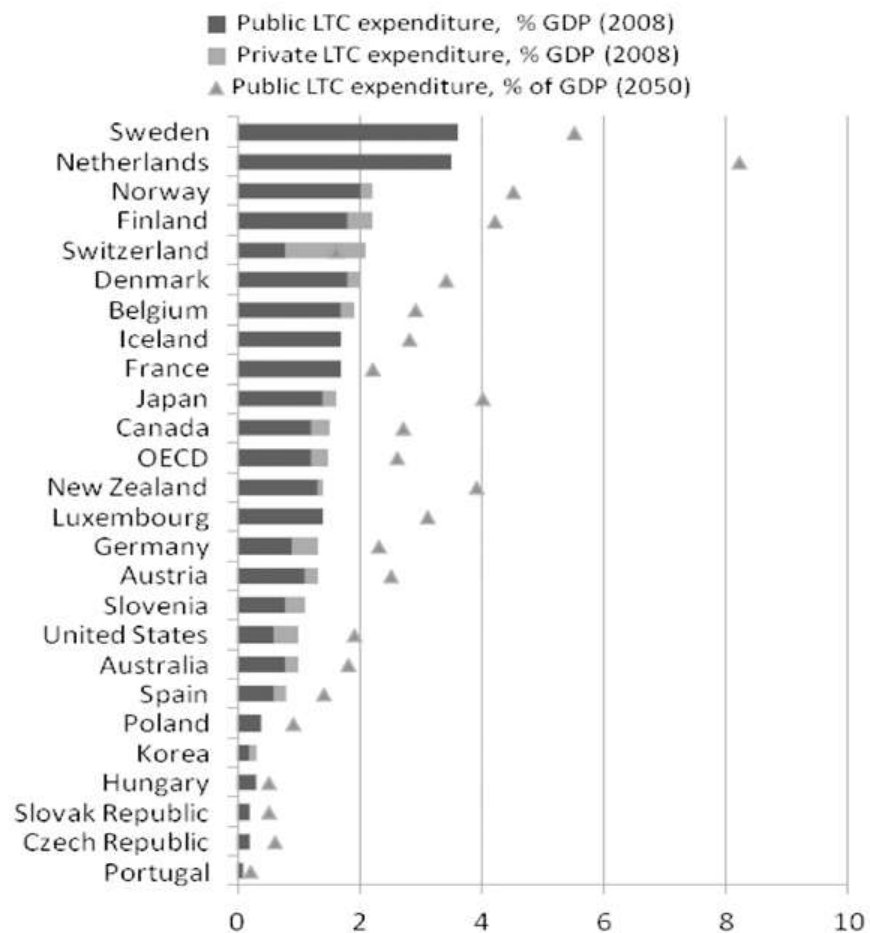
EXTENSIVE SUPPLY OF HOME CARE

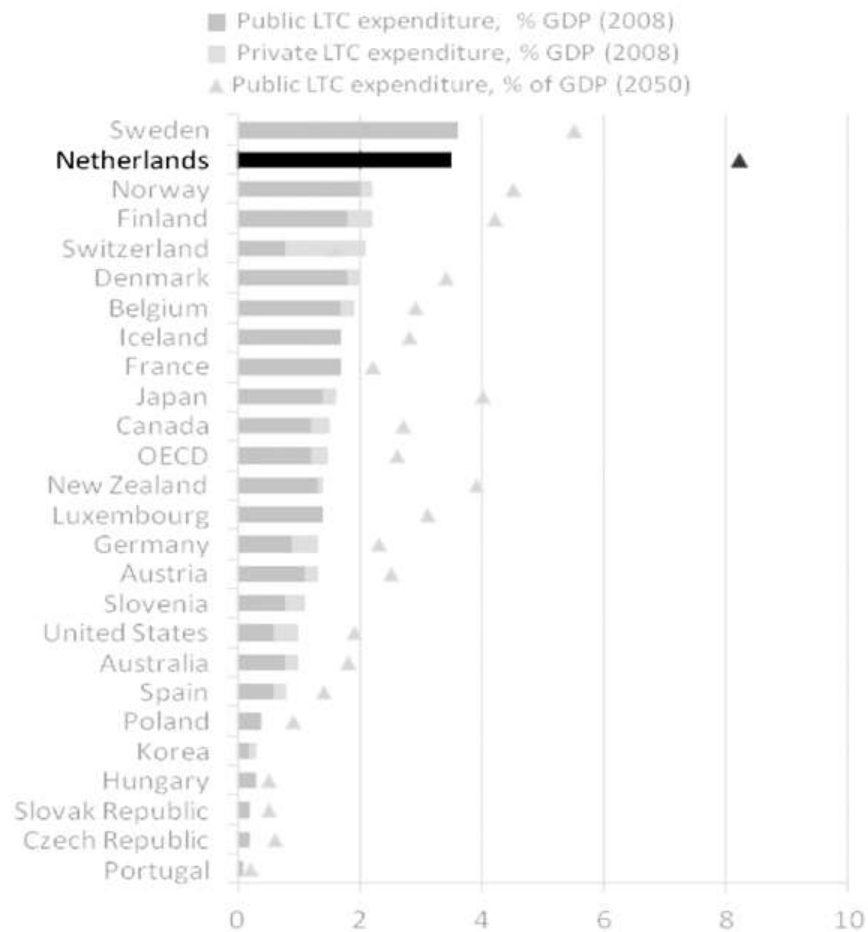
HIGH QUALITY OF MEDICAL AND NURSING CARE

BUT HIGHLY MEDICALISED

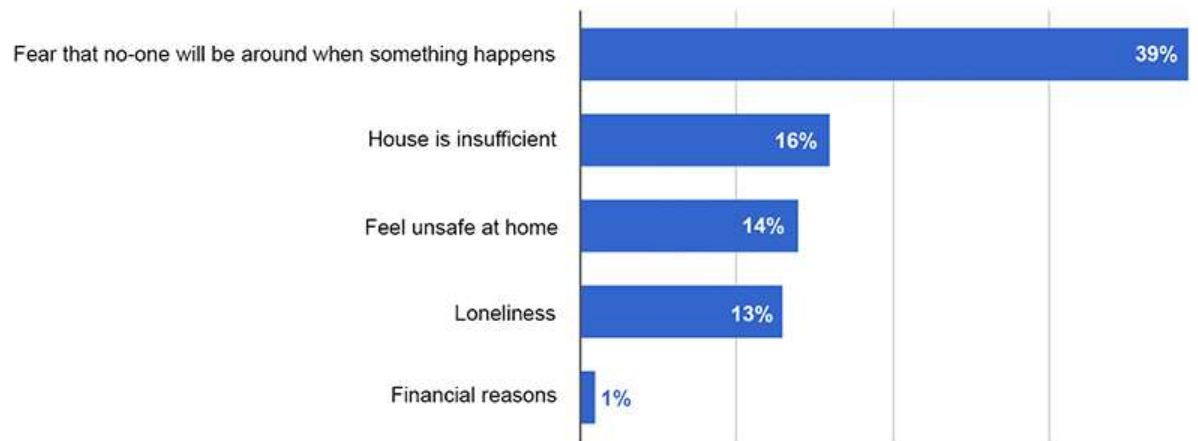








Reasons why older people move to TLC institutions (social aspects)



source SCP (2010)

REFORM OF AGED CARE NETHERLANDS PER JANUARY 1ST 2015

REFORM OF AGED CARE NETHERLANDS, JANUARY 1ST 2015

CARE HOMES



HOME CARE ADL



HOUSEHOLD SUPPORT



REFORM OF AGED CARE NETHERLANDS, JANUARY 1ST 2015

DE-INSTITUTIONALISATION
OF 1400 CARE HOMES



HOME CARE ADL



HOUSEHOLD SUPPORT



REFORM OF AGED CARE NETHERLANDS, JANUARY 1ST 2015

DE-INSTITUTIONALISATION
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RENT OF APARTMENT WITH HOME CARE

OR

HOME CARE

HOME CARE ADL



HOUSEHOLD SUPPORT



REFORM OF AGED CARE NETHERLANDS, JANUARY 1ST 2015

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RENT OF APARTMENT WITH HOME CARE

OR

HOME CARE

HOME CARE ADL



HOUSEHOLD SUPPORT



PRIVATE PAY

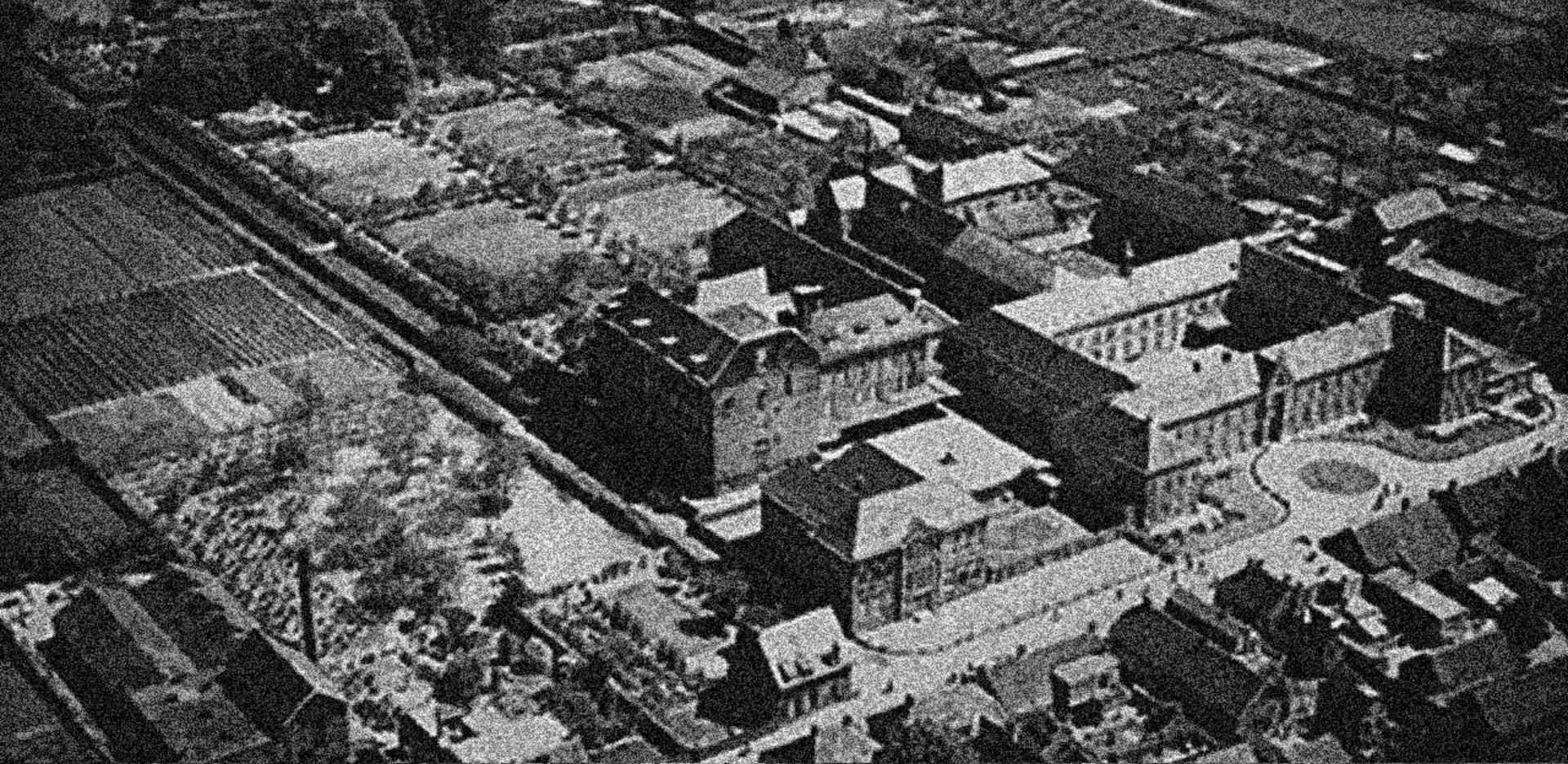
**NURSING HOMES:
NEEDED QUALIFICATIONS ARE UPGRADED TO INTENSIVE DEMENTIA CARE**

REFORM OF AGED CARE NETHERLANDS, JANUARY 1ST 2015

NURSING HOMES:
NEEDED QUALIFICATIONS ARE UPGRADED TO INTENSIVE DEMENTIA CARE

**HOUSEHOLD SUPPORT:
TAKEN OVER BY CLEANING COMPANIES AND MASS JOB LOSSES**

COMMUNITY CARE MARIA-OORD DONGEN



MOEDERHUIS, PENSIONAAT „Saint Joseph”,
KWEEKSCHOOL „Sint Antonius”, LAGERE- EN UILO-SCHOOL
te Dongen in 1934



MOEDERHUIS, PENSIONAAT „Saint Joseph”,
KWEEKSCHOOL „Sint Antonius”, LAGER- EN UIO-SCHOOL
te Dongen in 1934



MARIA-OORD DONGEN, THE NETHERLANDS



NURSING HOME WITH 40 ROOMS



IN HOUSE APARTMENTS WITH SERVICE AND CARE



INDEPENDENT LIVING HOMES



RECREATIONAL FACILITIES AND A CHURCH

PARADIGMS

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RECOGNITION OF COMMON HUMAN SOCIAL,
PHYSICAL AND AFFECTIVE NEEDS

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RECOGNITION OF COMMON HUMAN SOCIAL,
PHYSICAL AND AFFECTIVE NEEDS

RECOGNITION OF UNICITY FITTED IN AN INDIVIDUAL CONTEXT,
ABLE TO NOTICE MEANING OF LIFE

PARADIGMS

RECOGNITION OF COMMON HUMAN SOCIAL,
PHYSICAL AND AFFECTIVE NEEDS

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SUPPORT OF CARE STAFF: TRUST

PARADIGMS

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SUPPORT OF CARE STAFF: TRUST

**PARTICIPATION AS MEMBER OF A COMMUNITY:
ABLE TO NOTICE VULNERABILITY**

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PARTICIPATION AS MEMBER OF A COMMUNITY:
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PARTICIPATION AS SUPPORT FOR RESIDENT AND CARE PROVIDER

GOALS

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PROMOTING MUTUAL SUPPORT BETWEEN RESIDENTS AND PARTNERS

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**MAINTAIN RESIDENTS AS LONG AS POSSIBLE IN
INDEPENDENT HOUSING DESPITE AN INCREASING NEED OF CARE**

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CREATING A “CARING TOGETHER” NEIGHBOURHOOD

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PROMOTING MUTUAL SUPPORT BETWEEN RESIDENTS AND PARTNERS

MAINTAIN RESIDENTS AS LONG AS POSSIBLE IN
INDEPENDENT HOUSING DESPITE AN INCREASING NEED OF CARE

CREATING A "CARING TOGETHER" NEIGHBOURHOOD

**WORKING TOGETHER WITH THE MUNICIPALITY,
HEALTH INSURANCE AND LTC INSURANCE COMPANIES**

DESIGN

DESIGN

**AGEING IN PLACE: TECHNOLOGICAL APPLIANCES
AND SKILLED NURSING CARE AVAILABLE AT HOME**

DESIGN

AGEING IN PLACE: TECHNOLOGICAL APPLIANCES
AND SKILLED NURSING CARE AVAILABLE AT HOME

**CREATING COMMUNITY COHESION AND INVOLVEMENT
BETWEEN RESIDENTS, FAMILY AND VOLUNTEERS.**

DESIGN

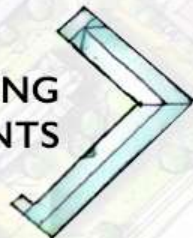
AGEING IN PLACE: TECHNOLOGICAL APPLIANCES
AND SKILLED NURSING CARE AVAILABLE AT HOME

CREATING COMMUNITY COHESION AND INVOLVEMENT
BETWEEN RESIDENTS, FAMILY AND VOLUNTEERS.

**ACTIVITY/COMMUNITY CENTRE WITH MULTIPLE FUNCTIONS,
ACCESSIBLE FOR CITIZENS IN SURROUNDING NEIGHBOURHOOD**



**BUILDING
40 NEW APARTMENTS**









CURRENT FINANCIAL FRAMEWORK

FINANCING SOURCES

FOUR DIFFERENT FINANCING SOURCES WITH DIFFERENT REGULATIONS

MUNICIPALITY

FOUR DIFFERENT FINANCING SOURCES WITH DIFFERENT REGULATIONS

MUNICIPALITY

LONG TERM
CARE INSURANCE

FOUR DIFFERENT FINANCING SOURCES WITH DIFFERENT REGULATIONS

MUNICIPALITY

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HEALTH
INSURANCE

FOUR DIFFERENT FINANCING SOURCES WITH DIFFERENT REGULATIONS

MUNICIPALITY

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HEALTH
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PRIVATE PAY

CARE BUDGETS

CARE BUDGETS

BASED ON THE INDIVIDUAL QUALIFICATION OF RESIDENTS

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CAPPED IN TERMS OF MINUTES OF CARE

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BASED ON THE INDIVIDUAL QUALIFICATION OF RESIDENTS

CAPPED IN TERMS OF MINUTES OF CARE

CANNOT BE EXCHANGED WITH OTHER RESIDENTS

FINANCING ACCOUNTABLE ON QUALITATIVE OUTCOME

REDESIGNING THE QUALITY AND FINANCIAL FRAMEWORK

FOCUS ON EFFECTS
OF SERVICES AND CARE ON
QUALITY OF LIFE

REDESIGNING THE QUALITY AND FINANCIAL FRAMEWORK

MEDICAL FOCUS
WITH ZERO RISK
TOLERANCE



FOCUS ON EFFECTS
OF SERVICES AND CARE ON
QUALITY OF LIFE

REDESIGNING THE QUALITY AND FINANCIAL FRAMEWORK



REDESIGNING THE QUALITY AND FINANCIAL FRAMEWORK

LIFE FOCUS WITH
CALCULATED RISK



FOCUS ON EFFECTS
OF SERVICES AND CARE ON
QUALITY OF LIFE



REMOVAL OF
PROCESS AUDITS
AND TICKLISTS

FINANCING BASED ON POPULATION

EXPERIMENTAL PROGRAMME:

RESEARCH ON PROFILES OF TARGET GROUP:

MORE DIFFERENTIATION IN DEMENTIA STATUS OF RESIDENTS
COMBINED WITH TAILOR MADE SUPPORT AND CARE ARRANGEMENT

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AGEING IN PLACE: PREVENTION OF ADMISSION IN NURSING HOME

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ONLY ONE FRAMEWORK FOR ACCOUNTABILITY BASED ON OUTCOME

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OUTCOME AUDIT IS BASED ON QUALITY OF LIFE INDICATORS

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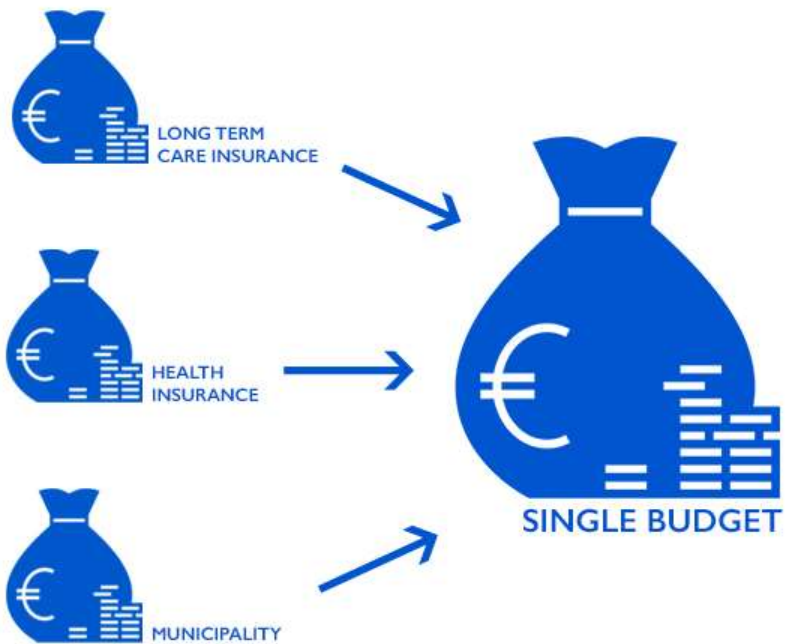
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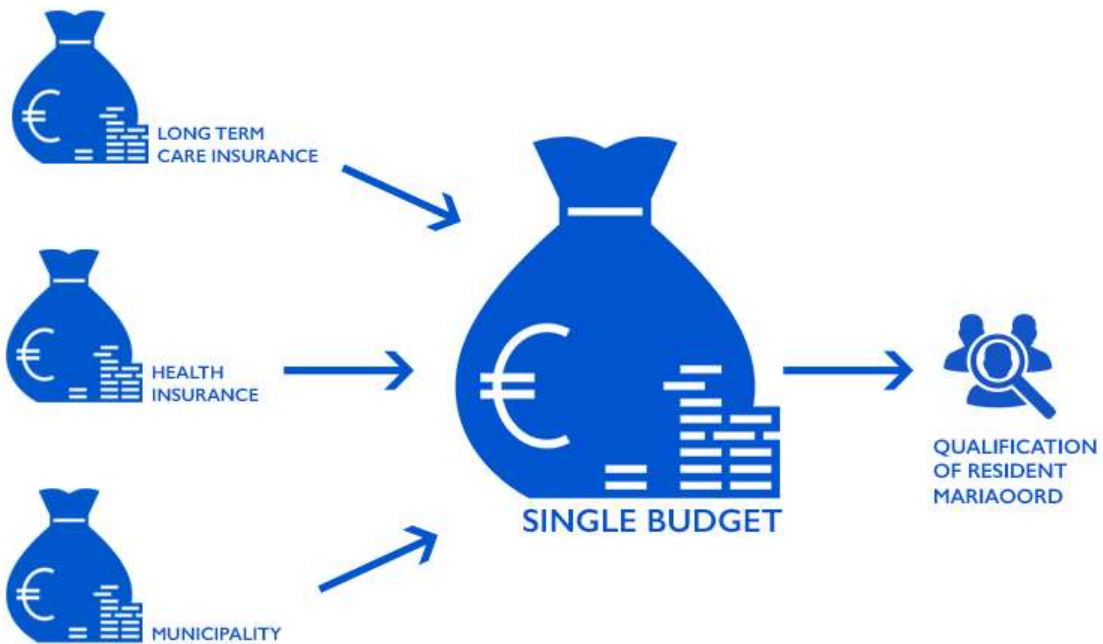
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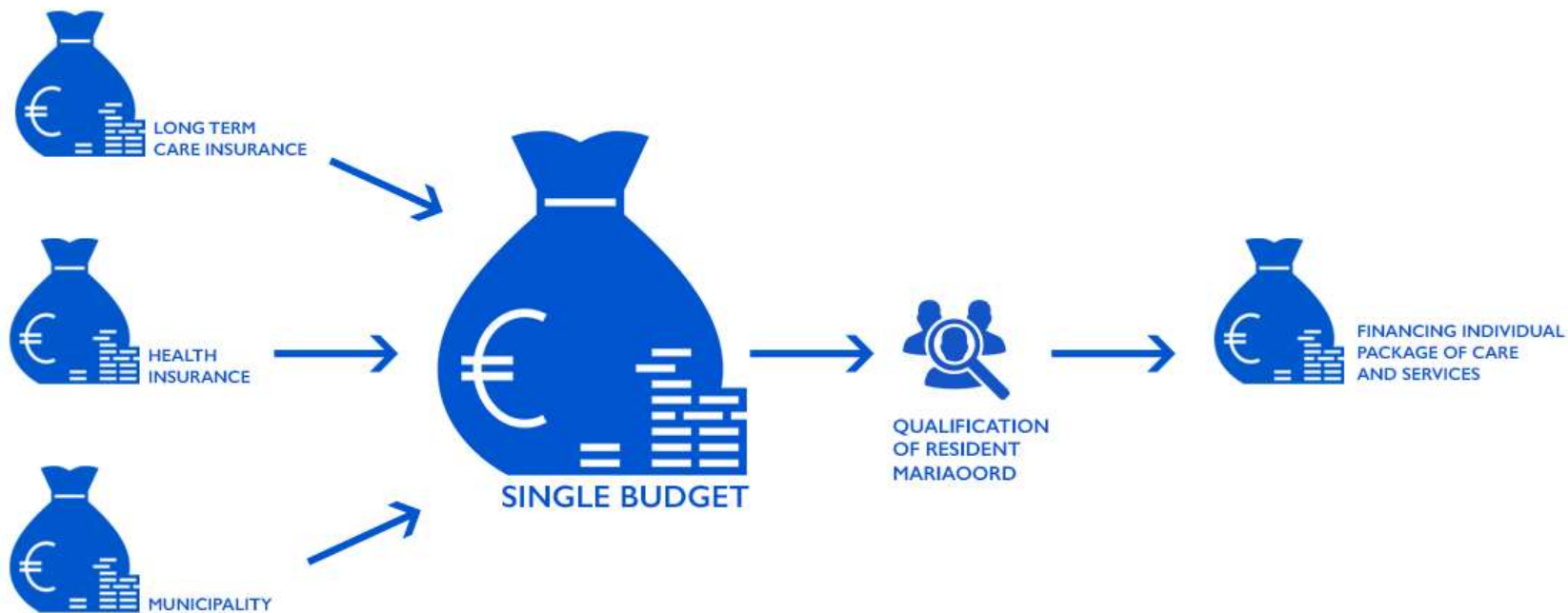
THE BUDGET CAN BE USED FOR THE WHOLE POPULATION IN THE COMMUNITY

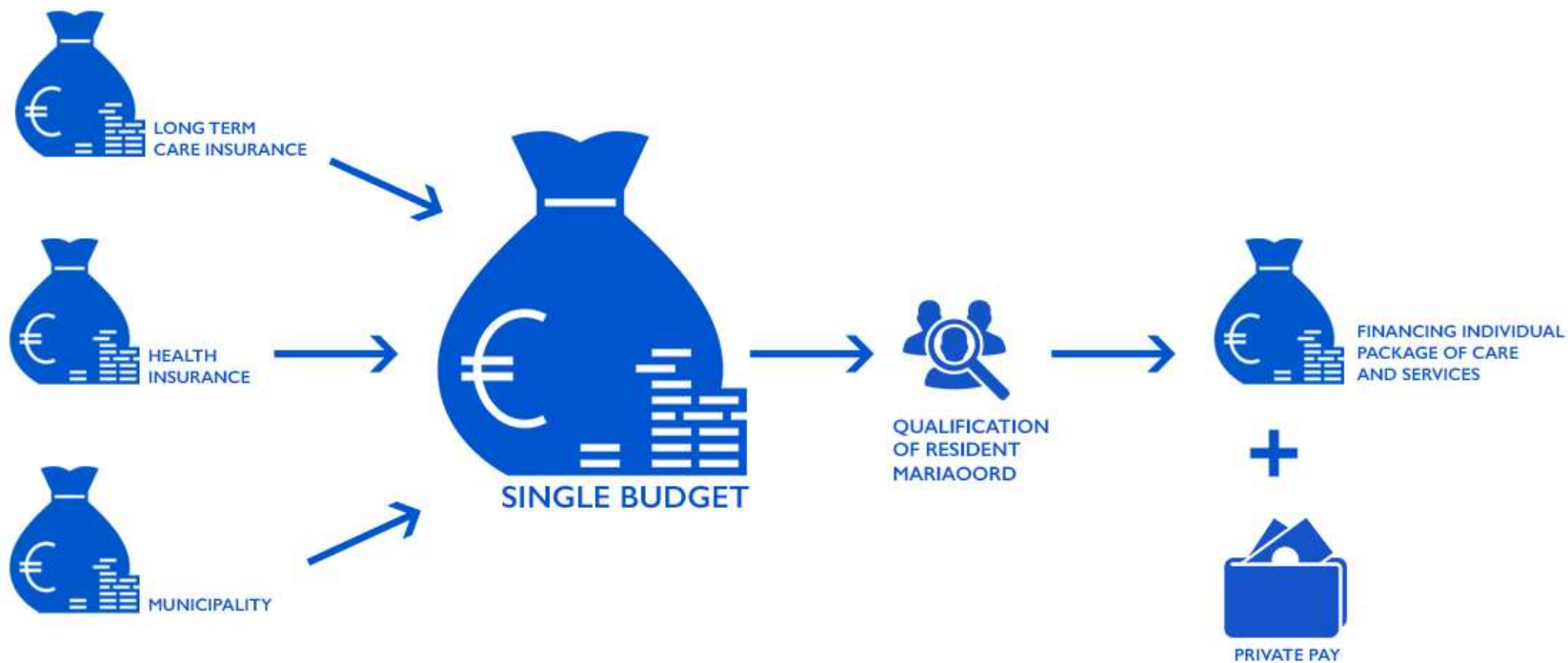
FINANCING PRINCIPLE











START BUILDING PROCESS IN 2016

PER 1-1-2016 INTEGRAL BUDGET
(DEPENDING ON HEALTH INSURANCE COMPANY)

PER 1-1-2016 INTEGRAL BUDGET
(DEPENDING ON HEALTH INSURANCE COMPANY)

PILOT-PROJECT PER 1-1-2016 WITH EXPERIMENTAL STATUS
(NATIONAL FRONT RUNNER)

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REFRAMING OF REGULATIONS

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PILOT-PROJECT PER 1-1-2016 WITH EXPERIMENTAL STATUS
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REFRAMING OF REGULATIONS

PROFILING OF INDIVIDUAL NEEDS / TARGET GROUP

COMMUNITY CARE

DONGEN, THE NETHERLANDS

Higher quality and lower costs through co-creation

