

Geïntegreerde zorg in beweging



*Arnhem, 27 mei 2008
Wellness Convention*

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adjunct directeur CIRO Horn*



Vooruit in kennis en zorg !





Proteion Thuis in kaart





Centrum voor Integrale Revalidatie Orgaanfalen



Vooruit in kennis en zorg !

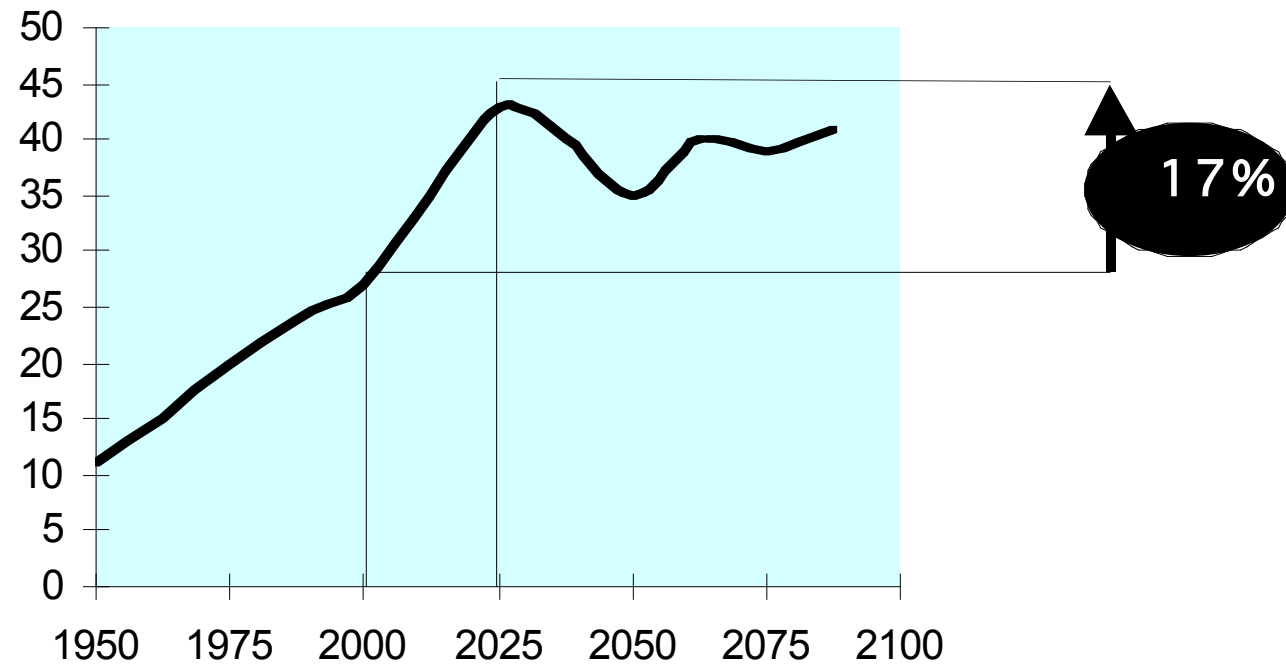


De vergrijzing



"Grijze druk"

Aantal 65+ per 100 20-64 jarigen



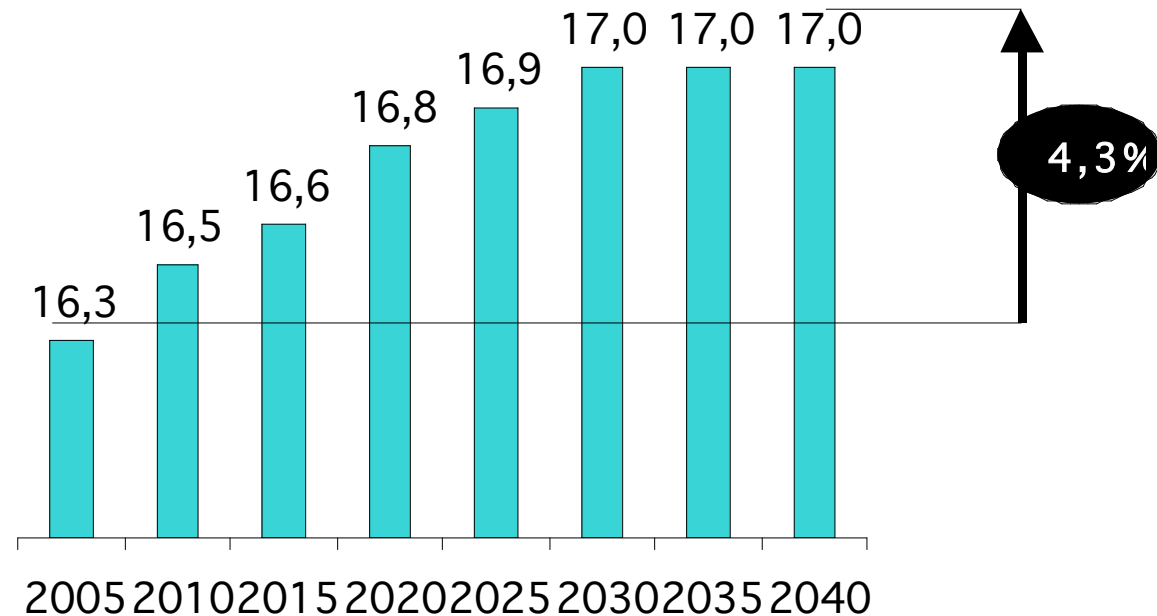
Eindrapport "Recept voor morgen" (De nationale denktank, 2006)



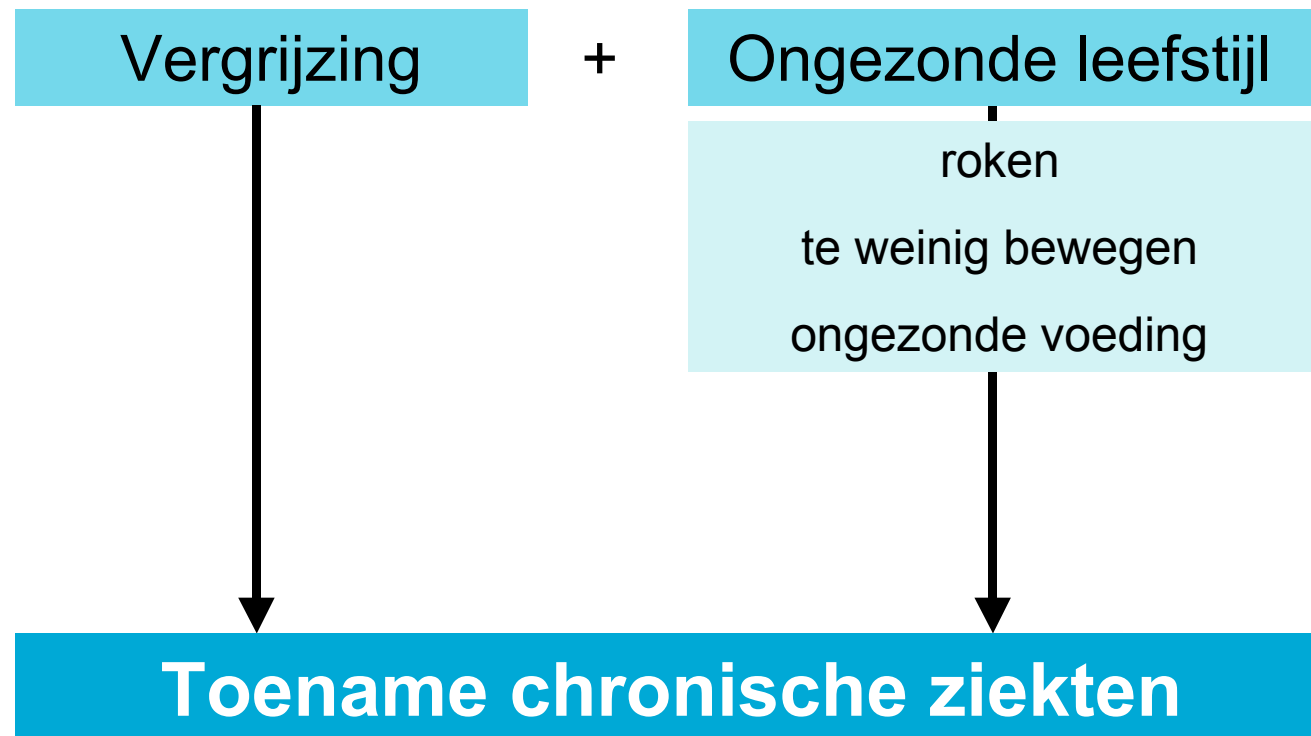
De vergrijzing



Bevolkingsgroei (Aantal miljoen)



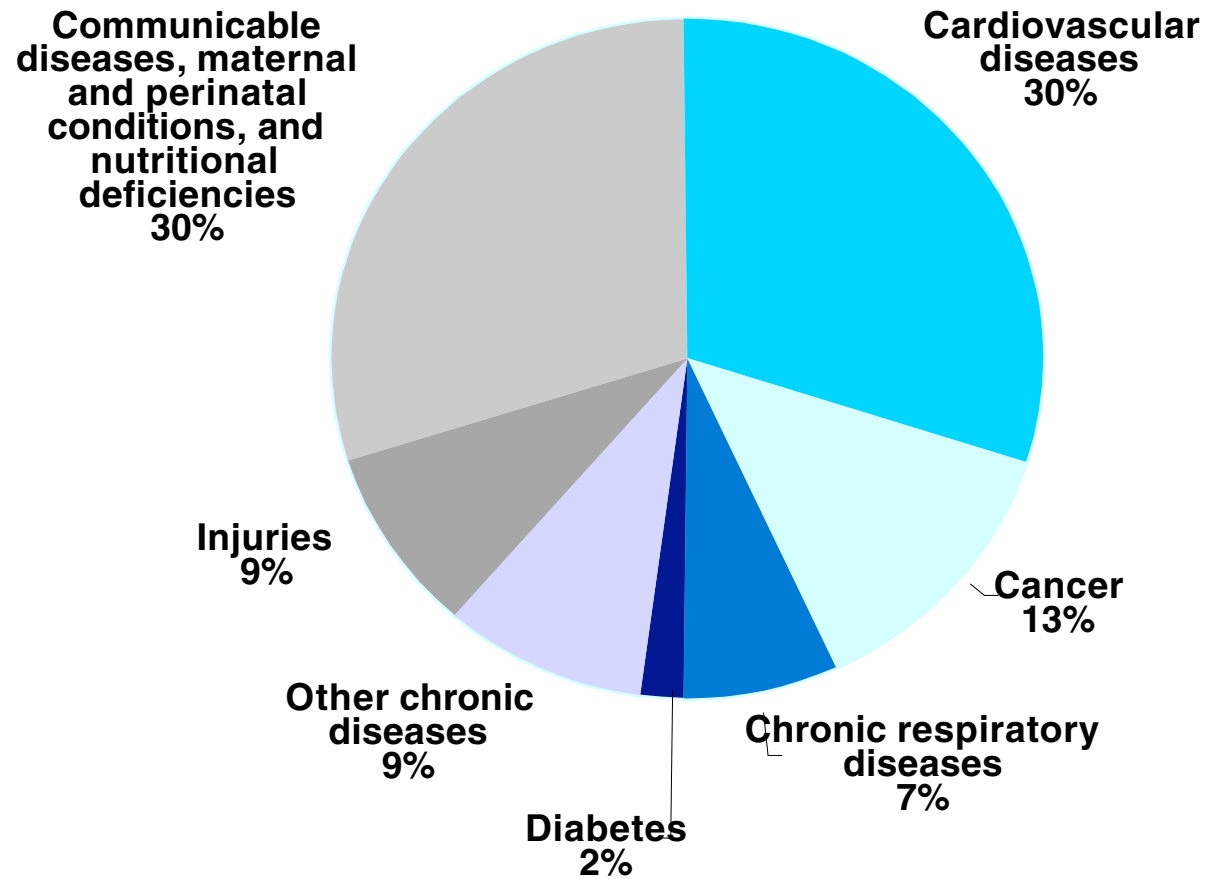
Eindrapport "Recept voor morgen" (De nationale denktank, 2006)



Preventing chronic diseases: a vital investment (WHO, 2005)



Causes of mortality of chronic diseases



Preventing chronic diseases: a vital investment (WHO, 2005)



DALY's chronic diseases

Age group	DALYs per 100 000	DALY's the Netherlands
	Total males/females	Total males/females
0-29	6 320	560 890
30-59	13 304	777 598
60-69	27 965	257 500
70 +	32 457	252 401
Total	11 263	1 848 388

Preventing chronic diseases: a vital investment (WHO, 2005)



PREVENTIE

END OF LIFE CARE

**Bewegen en
gezonde
voeding**

**Huisarts,
fysiotherapeut,
diëtiste,
thuiszorg**

Ziekenhuis

**Revalidatie-
centrum**

**Verpleging en
Verzorging**

longfalen

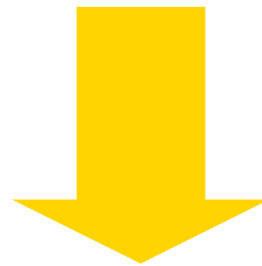
**Reactivatie
en
voedings-
advies**

**Integrale
revalidatie**



Hoe organiseren?

- ***longrevalidatie als onderdeel van de keten***
- ***verhogen toegankelijkheid en efficiency***
- ***continue verbeteren van kennis en proces***
- ***delen van kennis***



Toegevoegde waarde in de keten



Pulmonary rehabilitation: AIMS

- λ Pulmonary rehabilitation is an evidence-based, multidisciplinary, and comprehensive intervention for patients with chronic respiratory diseases who are symptomatic and often have decreased daily life activities.
- λ Integrated into the individualized treatment of the patient, pulmonary rehabilitation is designed **to reduce symptoms, optimize functional status, increase participation, and reduce health care costs through stabilizing or reversing systemic manifestations of the disease.**



Pulmonary rehabilitation

State of the art goals

- Individualization
- Multidisciplinary
- Outcomes based on physiological, psychological and social measures: global dimension to the individual's health



Evidence-based standards of care

- Improve functional exercise capacity A
- Improve health status A
- Reduce dyspnea A
- Health economic benefits A



"I'll be happy to give you innovative thinking. What are the guidelines?"



What can we do better together?

1. Competition on value: competition needs to take place on the full cycle of care where value is determined and not on discrete interventions!
2. Accurate diagnosis and therapy of pathophysiology and psychopathology of pulmonary diseases.
3. Individualization / provider centred programs.
4. Multidisciplinarity.
5. Outcome evaluation.
6. Accessibility and program scale



Current health care system

- A highly fragmented delivery system.
- Lack of even rudimentary clinical information capabilities.
- Poorly designed care processes.
- Duplication of services.



Current health care system

Health care system frequently falls short in its ability to translate the growth in knowledge into practice.

Crossing the quality chasm, IOM report, 2001



Fully cycle of care
management:
Integrated care



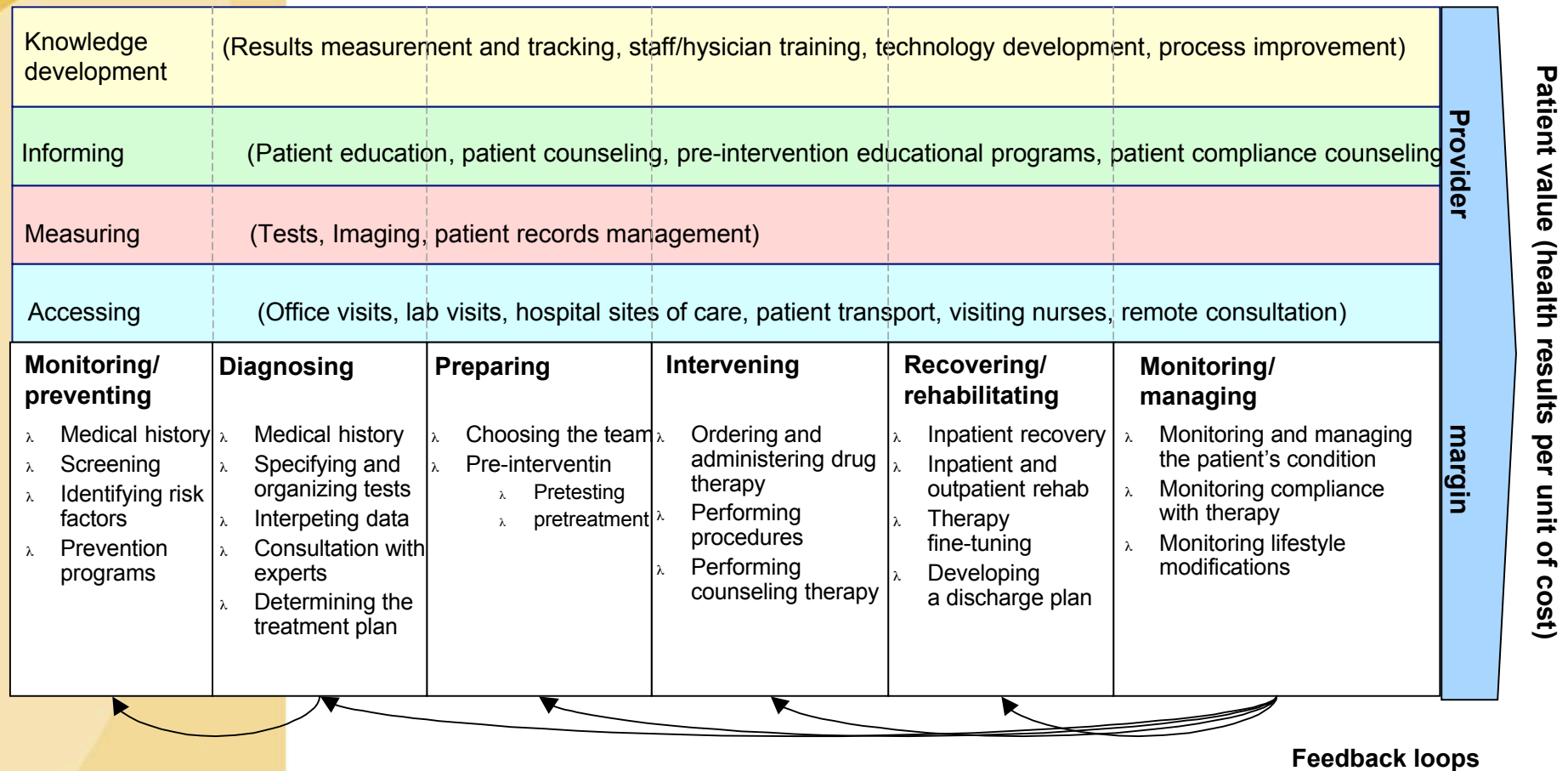
Definition of integrated care

Integrated care is a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion. Integration is a means to improve the services in relation to access, quality, user satisfaction and efficiency.

WHO, 2001



The care delivery value chain



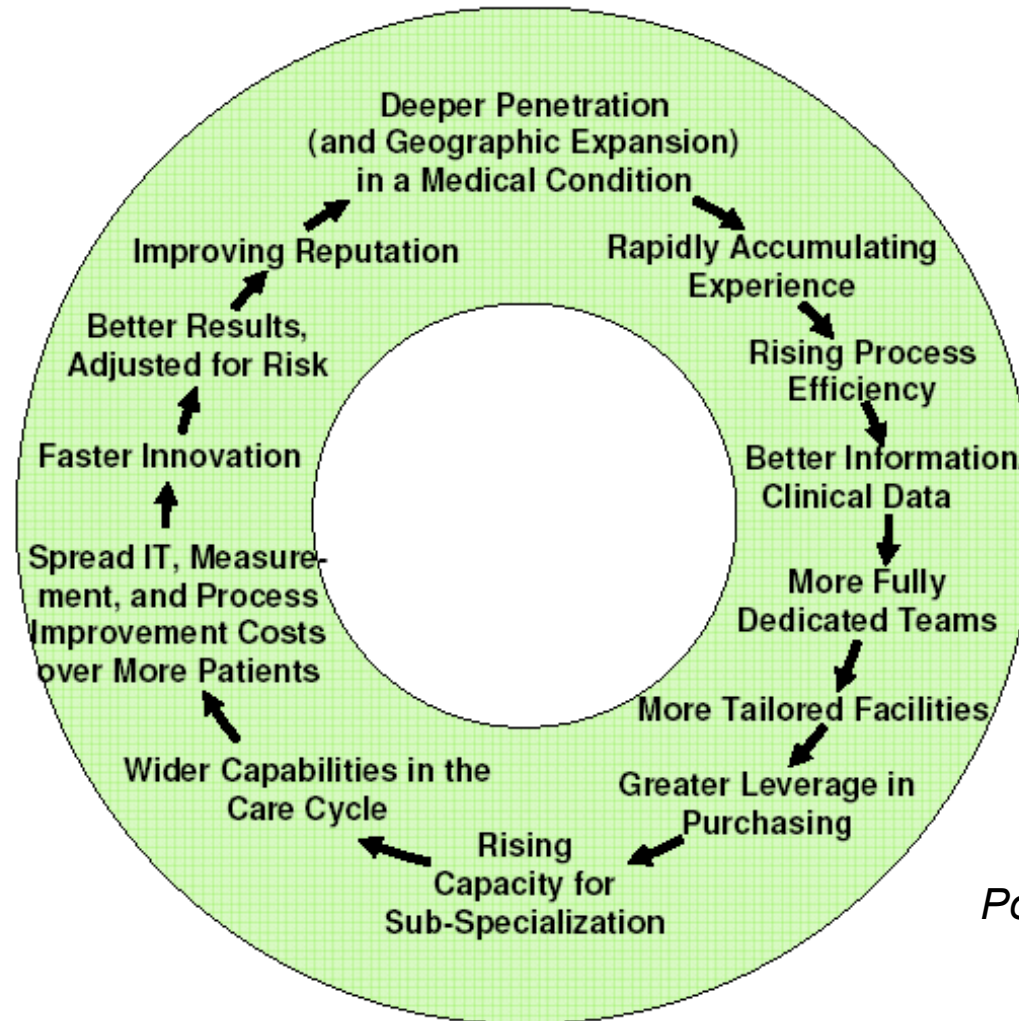


Organisation of effective teams

- Health care providers that concentrate their effort and learn from experience in addressing a medical condition usually deliver the most value and innovate the most rapidly **—————>** skilled teams & dedicated facilities
- Scale allows a provider to develop dedicated teams and to afford dedicated, tailored facilities
- The combined effects of experience, scale and learning create a virtuous circle in which the value delivered by a provider can improve rapidly



The virtuous circle in health care delivery



*Porter and Teisberg,
Redefining Health
Care 2006*



Program organisation in practice: CIRO model



Vooruit in kennis en zorg !



Specialised care within the cycle of care

Community care

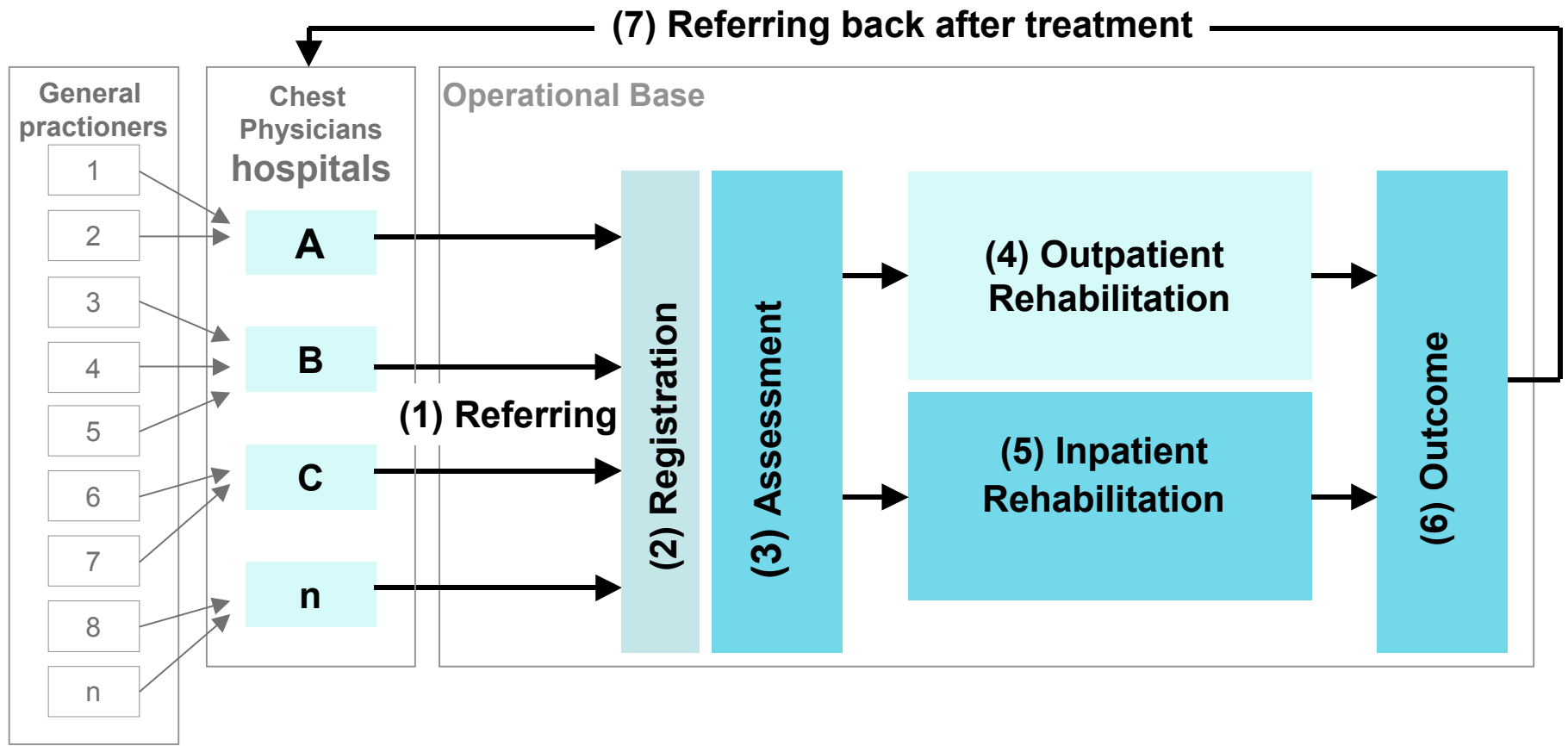


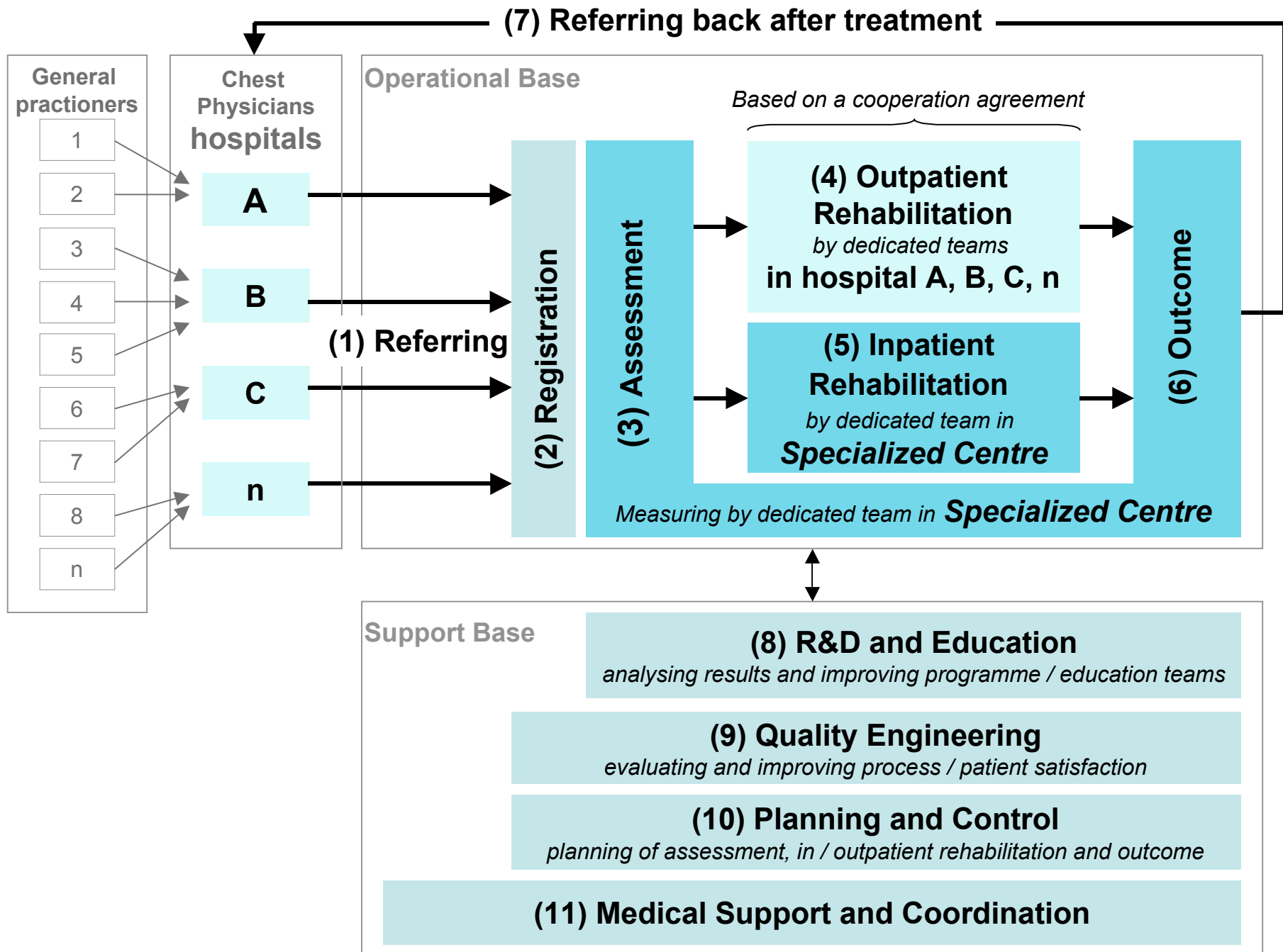
- Prevention
- Healthy lifestyle
- Smoking cessation
- Early diagnosis and treatment
- Reactivation

Specialised care

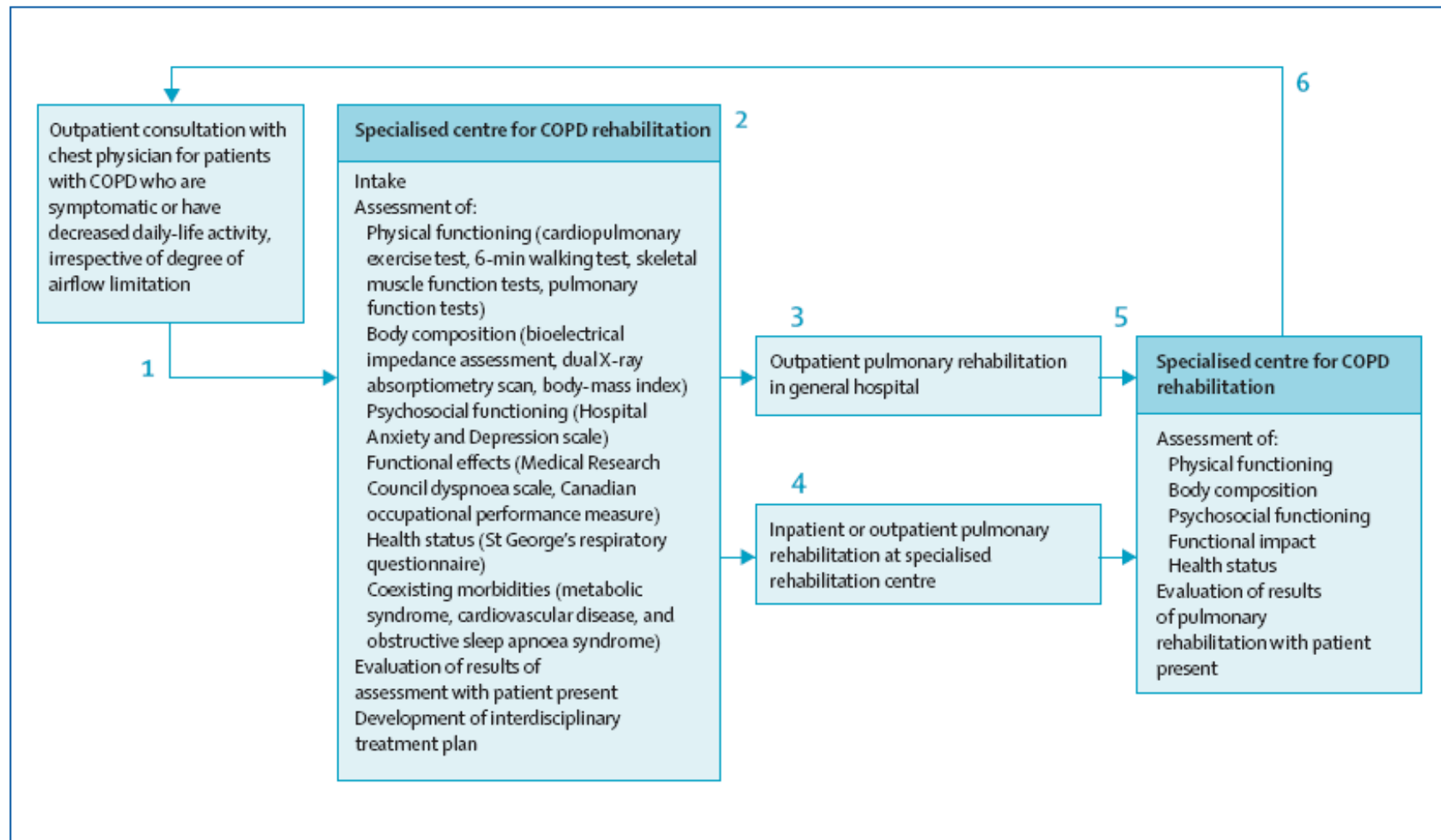


- Outpatient rehabilitation
- Inpatient rehabilitation
- Aftercare
- Palliative care
- End-of-life care



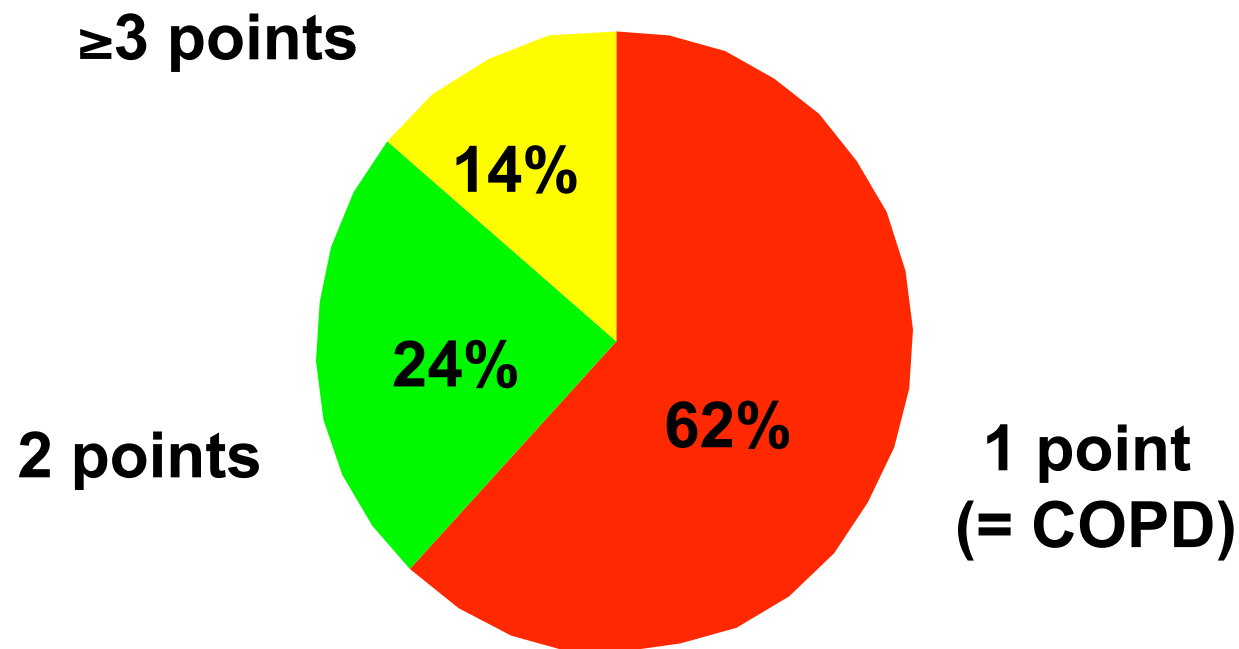


Pulmonary rehabilitation





Self-reported comorbidity (Charlson Index) in COPD patients with LTOT





PREVENTIE

END OF LIFE CARE

**Bewegen en
gezonde
voeding**

Huisarts,
fysiotherapeut,
diëtiste,
thuiszorg

Ziekenhuizen



longfalen

hartfalen

diabetes

nierfalen

obesitas

OSAS

**Reactivatie
en
voedings-
advies**

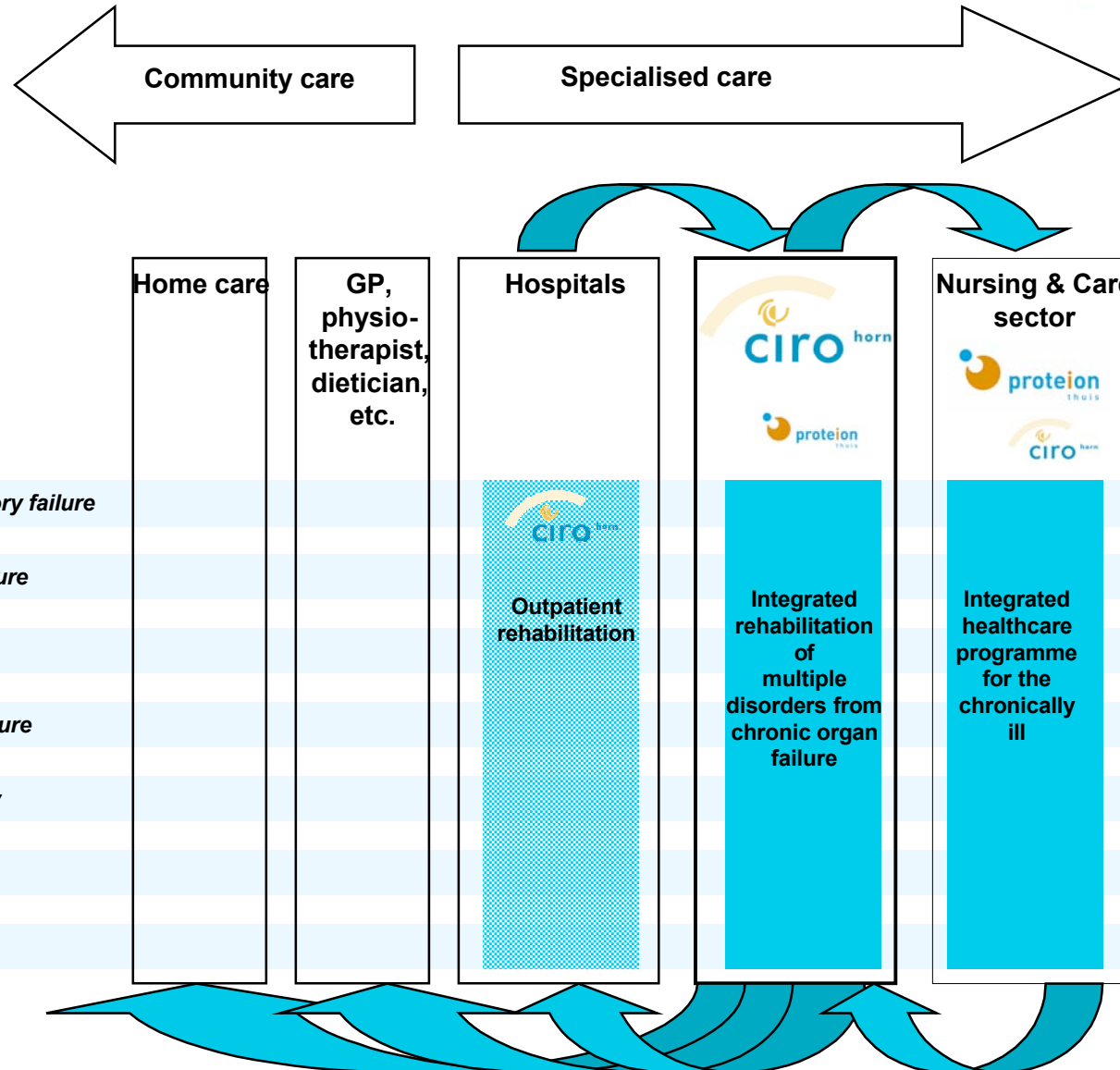
**Integrale
revalidatie
van multi-
complexe
aan-
doeningen**

**Integraal
zorg-
programma**



Missie

Het CIRO Horn is een innovatief revalidatiecentrum dat samen met haar partners een integrale behandeling aanbiedt voor chronisch zieken. Bij de behandeling, die gericht is op het vergroten van autonomie en participatie, staat de zorgconsument met een (multicomplexe) chronische aandoening centraal.



Positioning of CIRO Horn within the care chain



Programma op maat



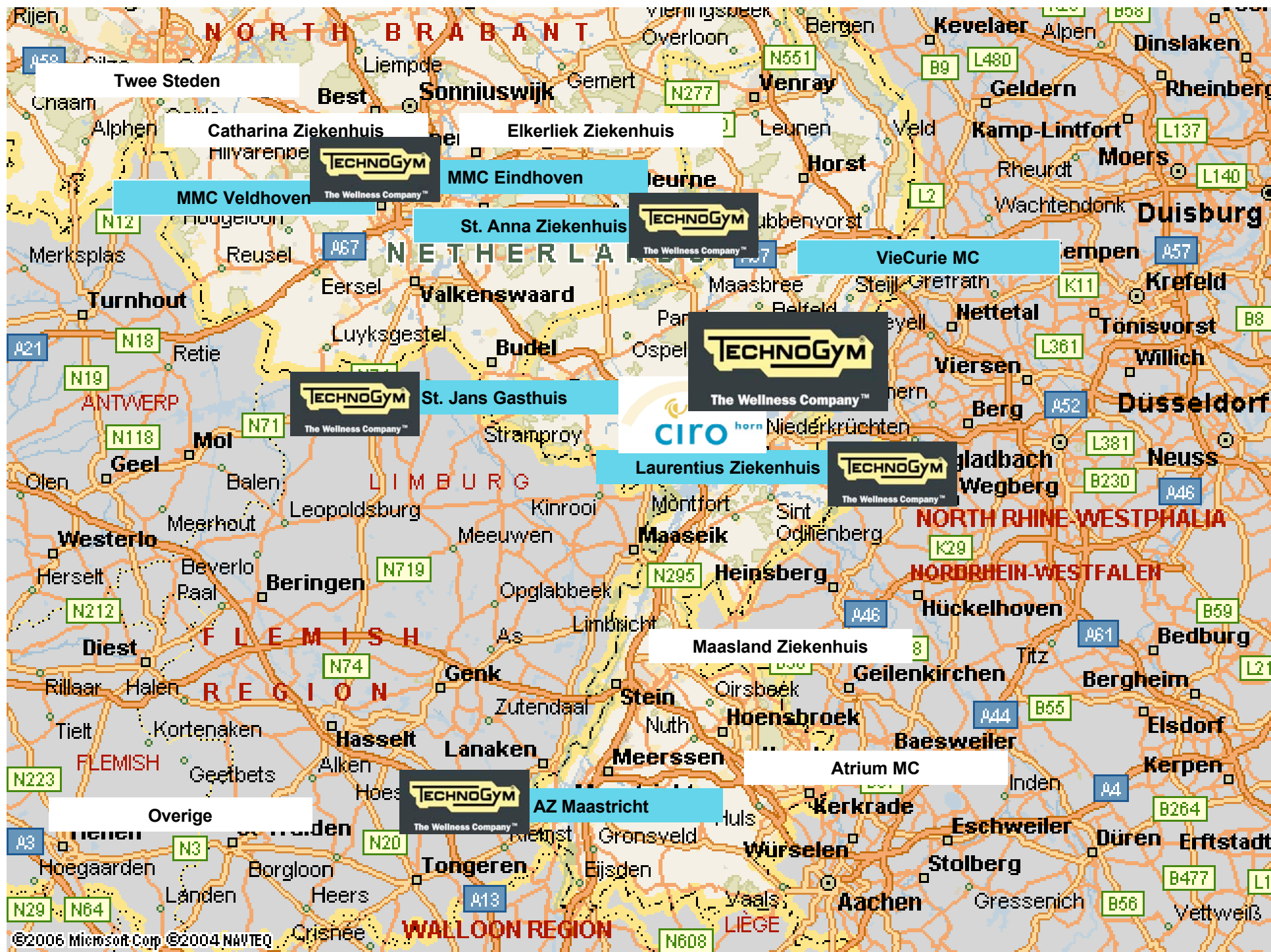
Vooruit in kennis en zorg !



Niet-klinische revalidatie



Vooruit in kennis en zorg !





Klinische revalidatie



Vooruit in kennis en zorg !



Toegevoegde waarde in de keten:

- “*Dedicated*” teams en faciliteiten
- Research, Development & Education
- Resultaatgericht
- Kennisinstructuur
- Onmiddellijke implementatie van nieuwe ontwikkelingen
- Verhoging toegankelijkheid
- Hoge klanttevredenheid