Practical application of key principles: home nursing

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1. Home nursing in Belgium
2. Budget for home nursing
3. National agreements about reimbursement
4. Supporting practitioners
5. Autonomy of practitioners
6. Multidisciplinarity
7. Use of information technology
8. Trends - prospects
9. Question time
1. Home nursing in Belgium

- Belgium: approx. 11 million inhabitants
- In 2014: 27,316 actif home nurses
- In 2004: 19,022 actif home nurses
  - Battle against shortage
    - augment the attractivity of the profession
    - home nurse “aides”
1. Home nursing in Belgium

Organisation:
- Home nursing services -> Nurses : employees
- Associations of independent nurses
- (solo) independent nurses
- Tarification services
- Medical houses
Reimbursement of home nursing

• In 2014: 1.350.000.000 euro
• In 2015: objectif: 1.387.000.000 euro

-> what if the expenses are under or above that objectif?

- “lost” / “reinvested”
- find economies
2. Budget for home nursing in Health Insurance

Total budget for Health Care in 2015: 
23.846.820.000 euro

Proportion of expenditure home nursing in total expenses for health care in the Health insurance: 
4,19% in 2005 -> 5,34% in 2014

The expenses for home nursing rise more than the total expenditure for health care.
5 Key Principles

National agreements about reimbursement

Supporting practitioners

Autonomy of practitioners

Multidisciplinarity

Use of information technology
3. Agreements

- Who participates?
- Who represents the nurses?
- Role of the Government?
- Role of NIHDI?
- How to get support for the negotiated agreements?
3. Agreements

- Sickness funds – nurses (parity)
- Representative professional associations
  - counting members (independent nurses)
  - federation of home nurse services (wage earners)
- Government:
  - Directives / policy
  - Budget
  - Veto
3. Agreements

NIHDI

• Organizing and managing the health care insurance
• Informing the health care providers about the rules of the compulsory insurance
• Supervising the correct application of the rules

The agreement for the individual home nurse: the carrot and the stick
5 Key Principles

National agreements about reimbursement

Supporting practitioners

Autonomy of practitioners

Multidisciplinarity

Use of information technology
4. Supporting the home nurse

- Learning throughout the career
- Informatisation
- Tariff security
- Cooperation between nurses
- Specialisation
- Quality
- Other
4. Supporting the home nurse

The carrot: financial support

- Use of electronic patient dossier
- Extra education
- Pension fund for independent nurses
- Special qualification diabetic care
- Support for big groups of nurses (supervisory staff)

The stick: less reimbursement
5 Key Principles

National agreements about reimbursement

Supporting practitioners

Autonomy of practitioners

Multidisciplinarity

Use of information technology
5. Autonomy of nurses

- Who can be a nurse?
- Choose what to do?
- How to do it?
- Hight of Fee?
5. Autonomy of nurses

- Certificates – NIHDI-number
- List of nursing activity
- Prior medical prescription (necessary? - reimbursement ?)
- Out of pocket - payment
- Dependence of the patient
5 Key Principles

National agreements about reimbursement

Supporting practitioners

Autonomy of practitioners

Multidisciplinarity

Use of information technology
6. Multidisciplinarity

• Which partners?

• Who takes the lead?

• Responsibility?

• Financing?
6. Multidisciplinarity

- General practitioner, “nurse assistants”, others
- Care manager / Case manager
- Concertation -> participation fee

Projects:
- health care paths diabetics
- integrated health care for chronic patients
- assessment instrument (interrai – belrai)
5 Key Principles

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Supporting practitioners

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Multidisciplinarity

Use of information technology
7. Use of information technology

- Patient files
- Administration
- Data flows - between ...
- Collecting data
- Sharing data
7. Use of information technology

- electronic fluxes between nurses and sickness funds (billings, documents) -> quicker, less errors
- Shared medical files -> more information -> better quality
- electronic prescription
- common terminology
- Influence of “wearables”? 
- At the side of the bed

E health / E roadmap
8. Trends - Prospects

- “hospitalisation at home”
  - Complex care at home (education, fee, responsibility)
  - Greater role for hospitals (cherry picking?)
  - Free choice of patient?

- informing the patient
  - Transparency
  - Third party payment + no out-of-pocket payment -> fraud?
  - Towards administration and sickness funds (also activity outside the national health insurance)
8. Trends - Prospects

• Changing place in the health care
  – Less execute orders of physicians
  – Coordinator of health care, close to the patient
  – Nursing diagnostic
  – Delegate care to “nurse assistants”
9. Question Time