

## To broaden the horizon

Comparing Australian and Dutch healthcare for people with ID

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### **Content**



- The Dutch ID Physician
- Demographics
- Housing and care facilities
- Funding
- NVAVG
- Research
- (Dis)similarities

## The Dutch ID Physician Ideals



In general, the prevailing ideals are equal in Australia and The Netherlands:

- Normalisation
- Integration
- De-institutionalisation

In NL de-institutionalisation is less extensive than in AUS. At the same time the quality of live for people living in residential facilities had been increased. The medical/mental health focus has been replaced by a residential focus.

Governmental and professional push to abandon restrictive practices. Individualised assistance/ care.

## The Dutch ID Physician General information

Erasmus MC zafus

- Professional association (1981)
- Recognized speciality (2000)
- 2 professorial chairs: Prof. Evenhuis (Rotterdam),
   Prof. Schrojenstein-Lantman (Nijmegen)

- 207 registered ID physicians (jan 2013)
- ± 60 residents
- 3 year postgraduate training program





# The Dutch ID Physician Work setting



- Primary care provided by GP or ID physician, depending on where person lives
- ID medicine clinics in hospitals
- Clinics in residential services
- Specialised clinics
- Long term, integral care
- Partial, specialist care after referral by GP



# The Dutch ID Physician The ID physician provides...



- Health care for ID related health problems
- Health care for other health problems
- Coordination of individual health care
- Preventive care (health watch programs)
- Support for patient and care system





## The Dutch ID Physician Skills

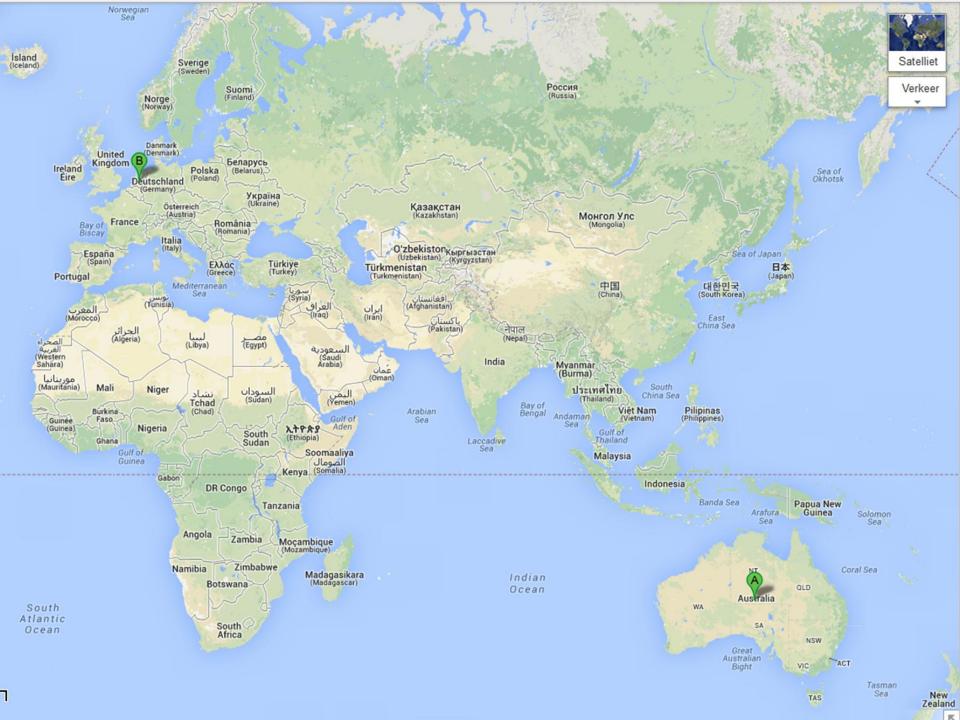


- Communication skills
- Multidisciplinary settings
- Knowledge of (regional) professional network
- Methodical approach
- Growing number of professional guidelines
- Health legislation
- (Participation in) research



See also: short movie 'The working day of and ID physician'

http://www.youtube.com/watch?v=TmepPcJN1UU



### The Netherlands vs. Holland





The Netherlands

# Demographics Distribution of people with ID



- Almost 17.000.000 people in The Netherlands
- 110.000 people with ID
- 35.000 group homes in community
- 45.000 with family or individually in community
- 30.000 in group homes in residential services in campus like area





## **Funding**

Erasmus MC 2 afrag

- Regulated and funded by Ministry of Health
- 5% of national income used to pay for care for people with chronic disease (both housing, assistance and chronic health care)
- Possible to use funding to pay family/ neighbour etc.

 Changes will be made to system over the next few years because of rising costs.

## NVAVG General



Dutch association of ID physicians

#### Goals:

- Accessibility to ID physician and other specialised professional services
- Promote co-operation between ID physician, GP and clinical specialist
- International co-operation
- Development of professional guidelines



## **Professional guidelines**



- Epilepsy
- Sexuality and family planning
- Pharmacological presedation
- Gastro-oesophageal reflux
- Visual and hearing impairment
- Infection prevention
- Ethical directives for scientific research
- End of life decision making
- CPR
- Cervix- and mammascreening

#### And also:

Health watches (10)

#### In the making:

- Coeliac disease
- Swallowing disorders
- Down syndrome

#### **Health Watches**



- Information on 10 different syndromes
- For doctors and dentists
- Providing:
  - Background on syndrome (incidence, genetics, signs and symptoms, etc)
  - Common health problems in children and adults
  - Recommended follow up on health issues
  - Useful references

#### Research



- Healthy aging
- Visual disorders
- Effects of reduction of usage of antipsychotic medication
- Molecular and clinical definition of rare genetic disorders
- Sleep and sleep-wake rhythm in older adults with ID
- Palliative care
- Adequate GP-care



- No national database available.
- Data on people with ID accessible via GP, ID physician, paediatricians, tertiary centres, special interest psychiatrists, etc.)

## (Dis)similarities



#### Similarities:

- Continuous reform in health care systems
- Misconceptions capabilities and needs
- Quality/ quantity of staff

## (Dis)similarities



#### Dissimilarities:

- More advanced de-institutionalisation in Australia
- Better accessibility to specialist medical care in The Netherlands
- Same ideals, different implementation

Further comparison will follow in report after traineeship.



Questions?

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