To broaden the horizon

Comparing Australian and Dutch healthcare for people with ID

Willemijn Hensbroek
Resident Intellectual Disability Medicine
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 The medical/mental health focus has been replaced by a residential focus.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

- 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

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

- 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 mamascreening

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?

Contact information:

E-mail: w.hensbroek@gmail.com