

**Preventive guidelines and shared
decision making in primary health
care – reflections and lessons
learned from the Netherlands**

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Overview

- Purpose of the Travelling Fellowship
- Overview of primary health care in Netherlands
- Highlights from the visits to Netherlands Universities and GP practices
- Patient-centred care and SDM
- Implications for Australia
- Key messages

Purpose of the Travelling Fellowship

- Identify what Australia might learn from the Netherlands' experience in the area of preventive care
- Explore use of shared decision making between primary health care providers and consumers
- Identify links between evidence based preventive activities in primary health care and prevention external to the practice

Why Netherlands and why shared decision making?

- Country with experience in guideline development and implementation, shared decision making (SDM) and with leading institutions working in this areas
- SDM is defined as a decision making process jointly shared by patients and their health care providers, or as the active participation of patients in decision making or the use of decision aids
- While there is evident support for SDM in Australia, implementation is limited

Primary health care in the Netherlands

- Population – 16,4 million
- Densely populated -1256 persons / km²
- 8500 GPs - gatekeepers
- 4500 practices
- Registered patients – average 2350
- Practice Nurses employed in almost all practices
- Health care funded out of health insurance (obligatory for all)
- Government controlled insurance package

GP organisations

- National Association of GPs (LHV= trade union)
- Dutch College of GPs (NHG = scientific organisation)
- 99 national evidence-based guidelines
- Compulsory CPD hours = 40/year
- Patient information
- Practice Assessment



Prevention in Dutch primary care

- National prevention programmes:
 - Cervical cancer screening, influenza vaccination, breast cancer screening
 - Chronic disease management: asthma/COPD, diabetes, Cardiovascular Disease
- Evidence-based guidelines and partnerships:
 - Cardiovascular disease, diabetes, obesity, physical activity, smoking cessation; alcohol; depression
- Development of Preventive consultation

Visit at Maastricht University



Department of General Practice, School of Public Health and Primary care (CAPHRI)

Department of General practice



- Host Prof. Trudy van der Weijden
- 17 semi-structured interviews with researchers about the challenges and strategies in the implementation of shared decision making in PHC

GP practice visit, Elsloo



- Observed 10 consultations conducted by one of the GPs between 2-5pm
- Only 2 patients had lifestyle risk factors and they were given dietary advice
- PN twice a week and runs diabetes and CVD clinics

After-hours care

- GP post 5pm-8am and weekends
- Covers population of 150-200,000 patients
- Team of GP, practice nurse and driver
- Every GP must deliver 50 (6-8 hrs) shifts a year as part of their registration
- In some places co-located with a hospital emergency department



GP post in Maastricht University hospital

Role of Practice nurse in PHC

- Most solo and group GP practices have one or more practice nurse (PN) on a part-time basis
- PN - asset in provision of care and saving GP time
- Prevention of CVD is an appropriate task to be delegated to PNs
- Current barrier to PNs in delivering prevention is a lack of payment for their services

Radboud University, Nijmegen



Department of Primary Care and Public Health

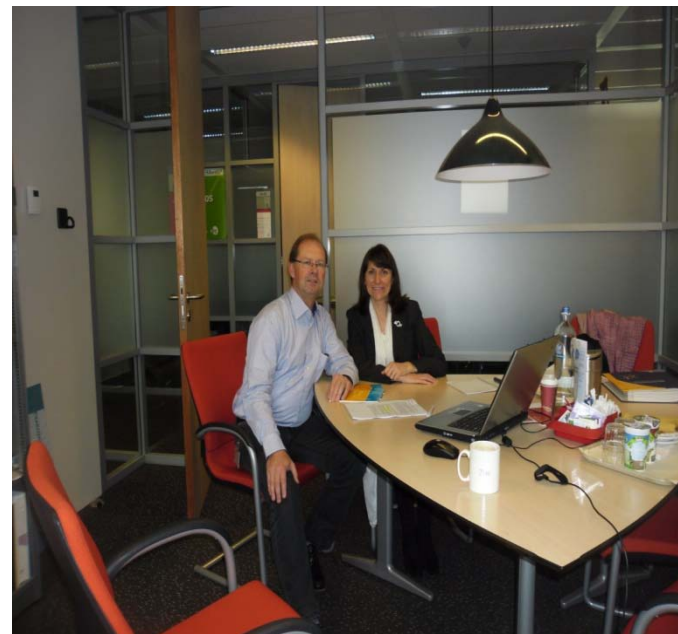
Department of Primary Care and Public Health

- Host Prof. Chris van Weel
- Several meetings and discussions with GPs, researchers, policymakers and PhD students



Dutch College of General Practitioners (NHG) Utrecht

- Discussed the processes of guideline development and programs that support guideline implementation at practice level
- Patient educational materials based on the GP guidelines



Dr Ton Drenthen, Director of Department prevention and patient education

Visit at Leiden University

- One day workshop including nine presentations from Prof Assendelf and his team
- Main topic preventive consultation and its cardio-metabolic module



Prof. Pim Assendelft and his team,
Department of Public Health and
Primary care

Preventive Consultation

- Adaptation of existing GP practice guidelines and use of validated questionnaires
- Modular structure (cardio-metabolic disorders, cancer and mental illness)
- Module on cardio-metabolic risk focuses on prevention of CVD, diabetes mellitus and chronic kidney disease, actively offers risk estimation, follow up with therapy and advice in the PHC setting
- Target people who are not already diagnosed with those conditions

Preventive Consultation, cont.

- Officially launched in November 2010 and followed by guidelines for cardio-metabolic health checks published by the Dutch College of General Practitioners in February 2011
- *“10 years ago it was impossible to come to the idea of prevention in PHC setting due to insufficient resources.”*

Patient-centred care and SDM

- Dutch patients are encouraged to register family members with the same GP/practice, enabling the GP to have deeper knowledge of their environment, to offer more personalised care and to be proactive



Prof. Jaap van Binsbergen and Dr Kees in't Veld

General practice, Brielle near Rotterdam



Prof. Jaap van Binsbergen
practice

Patient educational materials

- Doctor-patient communication in GP consultations is facilitated by the use of patient information letters based on evidence-based clinical guidelines, which are used by more than 95% of Dutch GPs



Waiting room in Brielle general practice

Communication and information sharing

- Practice Nurses use several SDM approaches in their contacts with patients, such as motivational interviewing and patient decision aids.
- Practice assistants are also utilised in performing basic health assessments



Prof Binsbergen, his colleague GP and a practice nurse

Communication with patients

- Face to face consultations
- Improvement in GPs' information technology systems
- Development of health websites with easily accessible and understandable information for general population



Dr Floris van de Laar practice in Lent

Dutch challenges with patient-centred care

- Dealing with hard-to-reach migrant population and people of low socio-economic status
- Majority of GPs are not aware of the cultural values and preferences of migrants



Implications for Australia

- Although the health care system lacks compulsory registration, patient-centred care can be ensured by encouragement of provider continuity
- Evidence-based decision support tools and improved information technology for GP practices should be developed and trialled to identify best programs for delivery of effective patient-centred care



Key message 1

Effective delivery of prevention of cardiovascular diseases in PHC can be ensured by strong provider continuity combined with good collaboration and better utilisation of the skills of practice nurses and practice receptionists

Key message 2

Adherence to general practice preventive guidelines can be improved by having a single national organisation which develops the guidelines, and strong regional structures responsible for their implementation

Key message 3

Policymakers should resource and support development and implementation of programs for cultural competency of medical and nursing students and GP and nurses trainees, to facilitate better care for hard-to-reach groups

Thank you

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