

Conference abstract

Long-term care in the Netherlands: from 'supply-driven' to 'demand-driven' assessment and assignment

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Abstract

Introduction: Long-term care assessment and assignment is a process in which individual's needs are mapped and is examined to what extent for those needs appropriate care is available. Care assignment is successful, when the assigned and provided care fits the needs of the individual and contributes to the individual's quality of life.

Policy: Up to the 1990s long-term care assignment was supply-driven and the care assessment and assignment were mainly carried out by care providers. This policy caused that predominantly already existing supplies were financed in the Netherlands.

Policy change: Societal developments in the 1990s (growing population of elderly and chronically ill, increasing influence of patients in health policy issues, recognition of differences between individuals with respect to autonomy and need for care) led to problems. The (quantitative and qualitative) gap between supply and demand became large and resulted in large waiting lists and dissatisfaction concerning the provided care. At the end of the 1990s a change in policy has been made from supply-driven to demand-driven assessment and assignment. This demand-driven approach requires an independent and integrated assessment procedure, so that the decision about the amount and the nature of the care to provide is no longer made by the care providers.

Discussion: The impact of this policy change at the macro-level (economic and organizational) and at the micro-level (patient experiences and satisfaction) will be discussed. Also the question of how scarce resources (e.g. in a situation of economic crisis) affect the implementation of this demand-driven policy will be addressed.

Keywords

long-term care, policy

Presentation slides