Differences that matter

Impact

Gaining insight into case-mix and outcomes in home care, as is done with this dissertation, is one thing. However, this knowledge only becomes of value once it is shared and used. Therefore, this chapter addresses the contribution of this dissertation to society, its impact on science, and the efforts made to disseminate the findings.

Societal impact

The societal impact of this dissertation can be found on different levels, being on a macro level (i.e. nationally, including the government and branch organizations), on a meso level (i.e. including healthcare insurers and home care providers) and a micro level (i.e. locally, including nurses and clients). This dissertation informs the NZa, which is an independent regulatory agency in the healthcare market with an advisory function to the Dutch Ministry of Health, Welfare and Sport. This also concerns advice on the development of a new home care payment system. Their reports[1,2] – among others describing findings from the studies of this dissertation and other outcomes from the scientific consortium (see Chapter 1) – go to the minister and the involved policy makers so they can base their decision for the new payment system on the most recent available scientific evidence. Hence, this dissertation has a direct influence on policymaking in the area of home care in the Netherlands. Additionally, home care outcomes are mentioned as an important part of the quality framework for Dutch home care (in Dutch 'Kwaliteitskader Wijkverpleging'), published in June 2018. One of the goals of this quality framework is 'to reach increased unity and higher quality of care, […] with room to learn and improve'.[3] A steering committee – in which one scientific consortium member of Utrecht University/Utrecht University of Applied Sciences also participates as sounding board, to ensure application of our study results – was constituted that would specifically focus on the development and implementation of quality indicators. This is where the home care outcomes step in. The committee had made a selection of indicators themselves that were developed, of which home care providers are obliged to register. For the continuation of the committee's work, the findings on nurse-sensitive outcomes provide guidance on the future selection of the next indictors to develop and implement. To end with for the societal impact on the macro level, this dissertation has stressed the importance of decreasing fragmentation in care and have more integrated (home) care. Even from before the start of the work in this dissertation in 2017, multiple organizations – including individual home care providers and branch organizations such as Actiz – called for organizing and financing care with the client as central point, instead of the providers within a specific sector.[4,5] And, as clients increasingly use care from different sectors, this thus means for home care it does not stand alone when developing or changing national home care policy.

On a meso level, this dissertation's societal impact is noticeable for healthcare insurers and home care providers. The aim of the new home care payment system is, among others, for insurers to have contracting conversations with home care providers based on the content

and outcomes of home care. The findings in this dissertation provide knowledge on client characteristics and outcomes that are relevant to discuss during these conversations. Instead of talking about hours and costs of home care in the previous years as input for the next year's contracting, conversations could for example be about the types of clients a home care provider has, considering (as resulting from case-mix groups in other studies[6]) these clients might be high or low (resource) users of home care. Furthermore, the overarching goal of a new payment system for home care – to which this dissertation aims to contribute – is that delivery of home care is no longer incentivized by quantity of care, but instead based on the actual needs of home care clients. Thus, for the professionals this means a shift in their way of working. Multiple home care providers across the country have already adopted this new way of working, as: a) they were allowed by the government to already start with making contracting arrangement alternative to fee-for-service (note: this is an experiment and not established as a national policy rule), and b) they started educating their home care staff in stimulating self-reliance of clients. As an example to the latter, home care provider MeanderGroep Zuid Limburg trained their staff with the Stay Active at Home program, that aimed at changing the behavior of home care professionals from doing things *for* the client to providing care *with* the client.[7,8] Certain training programs might be necessary – especially for those organizations who do not adopt alternative contracting arrangement nor additional education of staff – alongside the change of a payment system in order to reach the payment system goals (see also Chapter 1). Lastly, home care cannot be regarded as an isolated sector on a meso level. This dissertations emphasizes that the collaborations between for example municipalities, who are currently responsible for social care, and home care providers could be intensified.

Finally, on a micro level this dissertation also impacts home care professionals (including district nurses) in interaction with their clients. The recommended need for increasing standardization of registrations in home care is one of them. While this is a complex matter that either one way or another implies changes in what and how nurses register information in home care, improving standardization could support nurses on the long-term. Examples of benefits include realizing improved communication among nurses and with other healthcare professionals, comparisons (e.g. of types of clients, interventions delivered, and quality of care) between teams and organizations[9], and – ultimately – maybe even decrease the documentation burden experienced by nurses as re-use of data is better possible. Furthermore, the CM-SF questionnaire (Chapter 4) was considered relevant for more than solely case-mix classification development. Nurses working with the CM-SF questionnaire acknowledged this questionnaire can be supportive in home care needs assessments. It makes them adopt a wider perspective by including the objective knowledge on what predicts home care use, in addition to the expertise they already have themselves regarding needs assessments. Moreover, home care provider Envida kept on registering CM-SF questionnaire data after the pilot as they were interested in learning about their own population of home care clients in terms of their characteristics and providing these insights to their district

nurses. Similarly to this, in a report of Omaha System Support (i.e. the organization of one of the existing nursing classification systems)[10], it was mentioned that home care teams that they studied were enthusiastic about discovering what data could mean for their daily practice, by detecting similarities and differences between home care teams and what they could learn from each other. However, they also acknowledged that this was hindered by the complexity of the raw data and accompanying analyses, and the difficulty for home care staff to perform the analyses themselves that are necessary for gaining these insights. Thus, increasing standardization in home care data and – once these are standardized – learning from these data would certainly impact providers and their nurses, as they have to adapt their standard way of working regarding registrations in home care. Ultimately, the development of a prospective payment system using inputs from this dissertation should result in improved care for the clients. A prospective payment system that corrects for case-mix and outcomes could prevent overuse, underuse and misuse of care by targeting the scarce resources to those who need it the most. Furthermore, it is likely that the autonomy of district nurses will increase as a prospective payment system gives them room to adopt what is needed at that moment for the client, according to their experiential and practical expertise. As a result, it is expected that care will become more client-centered, provided at the right time and the right place, following the needs of the client.

Scientific impact

This dissertation also has its impact on science. First and foremost, it shows the value of applying a participatory action research approach in the development of healthcare policy. All previous attempts without involvement of academia (described in Chapter 1) have failed in finding a suitable new payment system for home care. However, this dissertation, in cooperation with the other partners of the scientific consortium initiated by the NZa, so far has succeeded in developing a home care case-mix classification. Additionally, stakeholders within home care – i.e. the Dutch patient federation (Patiëntenfederatie), the Dutch nurses' association (V&VN), branch organizations for healthcare, home care providers, and healthcare insurers (i.e. Actiz, Zorgthuisnl, and Zorgverzekeraars Nederland, respectively), and the NZa – have signed a covenant in which they laid down their joint intentions regarding the aims and design of a new experiment.[11] In this new experiment, running from 2022 until 2026, the number of home care providers and insurers that will contract home care based on the developed case-mix classification[6] will gradually increase. This successful step in working towards a nationally used home care prospective payment system shows the value of doing this together with stakeholders. It emphasizes the importance of participatory action research, where the right balance in between doing it with and for stakeholders can result in a new payment policy based on case-mix and outcomes that is not only informative but also really actionable for home care practice.

Additionally, this dissertation has added to the scientific knowledge base on case-mix classification and outcomes in home care. For case-mix classification, this dissertation has identified a scattered picture of knowledge about client characteristics that existed in current scientific and non-scientific publications. Learned from other countries seemed only possible to a very limited extent. This possibility has now be enhanced by the synthesis of internationally conducted research in this dissertation (see Chapter 2). Moreover, it is expected that more countries might have information on their case-mix model for home care, yet only available in national policy document or reports in country-specific languages. This dissertation has therefore contributed to making this information available at least for the Dutch context to not scatter the picture on case-mix classification even more than before and cohere with the available evidence.

Dissemination of findings

The knowledge produced by this dissertation has been disseminated in various ways during the past several years. Informing home care stakeholders has been of high importance throughout this process, also to increase support among stakeholders. Therefore, information has been presented at national and regional conferences for diverse audiences – including conferences and webinars for district nurses, insurers and/or policy makers –, at regular meetings of the NZa with branch organizations, and at multiple meeting at home care providers – including for directors, district nurses and client councils – especially those involved in the pilot study. Moreover, reports[1,2,6] from the NZa that included this dissertation's findings were shared with among others the government and branch organizations. Additionally, two Dutch articles about the studies conducted were published in the journal of the Dutch nurses' association to inform nurses[12,13], and one Dutch in the annual report of the Living Lab in Ageing and Long-Term Care (AWO), addressed at all long-term care providers, employees and clients, and educational institutes affiliated with the AWO.[14] Also, care-related Dutch news websites such as Skipr and Zorgvisie have dedicated multiple articles to the development of a new payment system in Dutch home care. Regarding scientific disseminations, the articles from Chapter 2 to 6 were submitted for publication in peer-reviewed scientific journals, of which three are accepted and open-access available (i.e. Chapter 2, 3 and 6). Furthermore, multiple poster presentations were given at international conferences. More detailed information on publications and presentations can be found in the Addendum 'Publications'. Lastly, this dissertation can contribute to the development of education, especially regarding the master Healthcare Policy, Innovation and Management at Maastricht University. For several years now, the development of a new payment system for Dutch home care has been part of a student assignment, as example of a real-world healthcare policy issue.

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