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ΤΙΤΛΟΣ ΠΡΑΞΗΣ: «Λειτουργική διασύνδεση φορέων Πρωτοβάθμιας Φροντίδας Υγείας με τις μονάδες υγείας με την χρήση ενιαίων προτύπων ποιότητας-διαδικασιών» MIS: 337424
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Αναφορά ανασκόπησης στην Ολλανδική βιβλιογραφία. Τμήμα Παραδοτέου 1.1.2: Μελέτη ανάπτυξης μεθοδολογίας καταγραφής διαδικασιών εφαρμογής λειτουργικής διασύνδεσης

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Αναζήτηση στις Ολλανδικές βιβλιογραφικές βάσεις:
Μια σύντομη παρουσίαση της αναφοράς του ερευνητή κ. Hans Van der Schaaf

Η παρούσα αναφορά στοχεύει στη παρουσίαση και το σχολιασμό των αποτελεσμάτων της αναζήτησης στις Ολλανδικές βιβλιογραφικές βάσεις στο πλαίσιο του παραδοτέου 1.1.2. (Π.Ε.1.1) Υποέργο 1, του ΟΠΣ 337424. Σκοπός αυτής της βιβλιογραφικής αναζήτησης ήταν να αποτυπώσει τη μορφή και την εξέλιξη του Ολλανδικού συστήματος Υγείας, το οποίο σήμερα θεωρείτε πρότυπο σύστημα υγείας με όρους λειτουργικής διασύνδεσης. Τέλος, στόχευε στη διεξαγωγή συμπερασμάτων για τη περίπτωση της Ελλάδας καθώς και μια σύντομη πρόταση για το πώς το Ολλανδικό σύστημα θα μπορούσε να εφαρμοστεί στην ελληνική πραγματικότητα.

Πιο συγκεκριμένα, χρησιμοποιήθηκαν δύο ομάδες πηγών πληροφόρησης: α) επίσημοι εθνικοί οργανισμοί της Ολλανδίας και δημοσιευμένες μελέτες που εξέταζαν το Ολλανδικό σύστημα εις βάθος και β) η προσωπική εμπειρογνωμοσύνη στις υπηρεσίες υγείας στην Ολλανδία. Οι δύο αυτές πηγές δεδομένων συνθέτουν το τελικό αποτέλεσμα διαχωρίζοντας το Ολλανδικό σύστημα σε δύο στάδια χρονικά, με κομβικό σημείο τη δεκαετία του ενενήντα.

Το σύστημα υγείας στην Ολλανδία πριν τη δεκαετία του 90΄ (κυρίως στη δεκαετία του 70΄) εμφάνιζε πολλά κοινά σημεία με το Ελληνικό. Για παράδειγμα, η δομή και οι λειτουργίες του αλλά και τα αποτελέσματα του που χαρακτηρίζονταν από χρονική υστέρηση, δυσκολία στη προσβασιμότητα προς υπηρεσίες και δομές υπηρεσιών υγείας και μη λειτουργικό σύστημα παραπομπής. Με αφορμή ένα βιβλίο των T. Peters et al, 1982 μελετήθηκε και αργότερα εφαρμόστηκε ένα νέο σύστημα που βασικό χαρακτηριστικό του ήταν η λειτουργική διασύνδεση μεταξύ των μονάδων υγείας αλλά και η πρόσβαση του ασθενή προς αυτές (integrated healthcare ή chain care στην Ολλανδία). Δίδονται παραδείγματα εφαρμογής αυτού του συστήματος και παραπομπές από τις επίσημες υπηρεσίες εφαρμογής του μοντέλου. Κύριο χαρακτηριστικό του συστήματος είναι η χρήση ενιαίων διαδικασιών ποιότητας και η οργάνωση συστήματος ενημέρωσης για τις παροχές, τις τιμές και τις ροές από και προς τις δομές υπηρεσιών υγείας.

Τέλος, υποστηρίζεται ότι ένα τέτοιο μοντέλο “chain care” θα μπορούσε μακροπρόθεσμα να εφαρμοστεί και στην Ελληνική πραγματικότητα αφού όμως πρώτα θα είχε προηγηθεί μια περίοδος πιλοτικής μελέτης με το ελάχιστο κόστος, ώστε να αποτυπωθούν τα αποτελέσματα του σε μικρή κλίμακα. Η παρούσα ανασκόπηση και περιγραφή του Ολλανδικού μοντέλου συνεισφέρει στην εξέλιξη του Υποέργο 1, παρέχοντας σημαντική πληροφορία η οποία επιβεβαιώνει το μεθοδολογικό σχεδιασμό του υποέργου ενώ παράλληλα δίδει πολύτιμες πληροφορίες για χαρακτηριστικά του «βέλτιστου» μοντέλου λειτουργικής διασύνδεσης. Τέλος, προσφέρει ένα σημείο αναφοράς για τα επόμενα στάδια και παραδοτέα του Υποέργου 1.

Ο επιστημονικός υπεύθυνος
Χρήστος Λιονής

Review of the Dutch bibliography and the Dutch health system

Introduction

In the Netherlands, the phrase “integrated health care” is most commonly reflected in the phrase “chain care”. Especially, the last 20 years several research studies have been done targeting to capture the dynamics of “chain care”.

The Dutch health care system had many similarities with the Greek one in the 70s, although it has been changed until then. Particularly, there were several types of functions and healthcare management, such as primary care, home care, general hospitals, revalidation centers, nursing homes and other. These types of healthcare functions also had their internal functions such as emergency care, ambulant care, wards, or operation rooms. Each function delivered a specific type of service, while the state of art of healthcare management was to organize and lead these functions to be operational both as bodies and with one another. Furthermore, patients’ accessibility and service was extremely difficult and ineffective most of the times, since the system’s main characteristic was the delay, malfunction. Concluding this healthcare system had no sense of integration and this is why it has been changed today, offering new perspectives.

The present report aims to describe integrated health care in the Netherlands today, as well as identify any tool that could possibly be used for the monitoring and evaluation of integrated health care in Greece.

Changing the perspective

The Netherlands’ current healthcare system was inspired by a scientific book entitled “In Search of Excellence is an international bestselling book “written by Tom Peters, Robert H and Waterman Jr in 1982. It explored the art and science of management used by leading 1980s companies with records of long-term profitability and continuing innovation. They assessed eight factors which were considered to be responsible for the success of the chosen corporations. *“Close to the customer - learning from the people served by the businesses”* was one of these factors. This book had a strong impact on the Dutch healthcare delivering “quality”.

Several disadvantages and weaknesses of the healthcare system came into light and later faced by the government. Even hospitals started to participated in this changing process. For instance, hospital described the difficulties existed regarding the pathways of patient; from one step to another. These pathways ware already in use by the previous functions but they were never described and standardized nor discussed among the professionals. During this time, the Netherlands had a booming economy which gave the opportunity to spend money

on the healthcare system and satisfy these needs, constructing new emerging qualities. So 'integrated care' was the next step in order to develop quality and effectiveness of care. Therefore, in order to make it operational a new paradigm of healthcare management has to be implemented.

Important features of chain care

a) Hospitals

During the nineties the Netherlands were working on a new healthcare insurance system in which only private insurers were responsible for the purchase of care. There would be no budgets anymore, nor for the insurers or the suppliers of healthcare. The suppliers were paid only for what they had delivered. Hospital care was important and expensive, although in primary healthcare they handle 95% of the healthcare problems (for 5% of the healthcare costs). In order to deal with this type of care and transform it in terms and principles of chain care (integrated), all hospital activities (except for emergency care) had to be described in this new way.

The results are based on the ICD 10 Diagnosis Treatment Combinations (DTC's). These DTC's describe all relevant aspects of a DTC: The percentage in care and cost volume, diagnoses, care products, care profiles, a summary of all this, the care chain, indicators and the opinion of the relevant patient group about what is considered to be 'quality of care' concerning this DTC. Of course today the step after treatment in the hospital also has chain quality. Before this next step is made everything that might be relevant had been assessed concerning what type of home care, revalidation care or any other type of care has to be delivered afterwards.

The new "face" of hospitals requires payment for every DTC after closing it, while on their websites you can find the cost prices of each DTC's and every type of treatment that concerns hospitals . This was a part of the new healthcare system and consisted an expensive and time consuming project in order to identify these processes.

The purchase guides for insurers concerning DTC's (and their cost prices) are available and can be downloaded from the website of the Zorgverzekeraars Nederland (https://www.zn.nl/beleidsthemas/inkoopgids-ziekenhuizen/icd10/#section=tabs-1).

b) Mental health and nursing care

Similarly to hospitals, mental health offers services after closing a DTC. Additionally, a DSM IV based on mental health purchase guide was constructed and is available at: https://www.zn.nl/beleidsthemas/inkoopgids-ggz/

Eight profiles of this service (ZZP's) where constructed concerning nursing care. They were based on the 'intensity' and 'complexity' of nursing services that have to be delivered; from simple 'home help' to 'intensive palliative care'. Again, each one of these eight profiles has its own cost prize.
When having a 'ZZP' of 4 or more profiles of care, a nursing home is indicated. These functions are presented in the following website:
https://www.zn.nl/beleidsthemas/inkoopgids-awbz/

c) General practice.

Although Dutch General Practice has high class quality and is standardized for most of its services, the National Association manages many times to become 'the self chosen laggard' when innovation is concerned. This was also the case concerning the introduction of DTC's. Today, the insurance companies are the ones that force General Practice to integrate their care with other relevant suppliers in a DTC way.

Of course the general practice organizations are very integrated today: G.P. (s), practice assistants and practices nurses cooperate in a standardized way, concerning many issues.
This standardization refers also in a DTC. For instance, special pathways are applied concerning DM2, COPD, Cardio Vascular Risk Management and often concerning mental health problems. Furthermore, nowadays general practice is becoming part of so called Care Groups. A care group includes all relevant suppliers concerning a specific complaint or problem; most times including hospitals. There are now care groups concerning DM2 and COPD, while CVRM is under construction.
A first benchmark concerning DM2 care groups has been made and is available in the following website: http://www.lvg.org/wp-content/uploads/Transparantie-Ketenzorg-Diabetes-Mellitus-2010.pdf

The process indicators were the level of HbA1c, the assessment of 'lipids', 'creatine' and 'blood pressure', 'urine indicators' ,'BMI', 'smoking ', 'fundus control' and 'feet examination'. They were not able yet to assess the causes of the benchmark variance. The same has to be assessed concerning the new integrated payment system. Concerning results of the other DTC's, they are not yet available, but are about to be in the next years. There is a special website concerning this type of developments: http://www.adviesgroepketenzorg.nl/. It's called 'advice group chain care' and concerns primary healthcare.

d) Clients Quality Indexes (CQI's).

Another important issue concerning assessing the success of chain care is to identify the way patients/clients assess its quality. For this reason Client Quality Indexes(CQI's) were and still are developed or under construction. Some are still 'function' related, but the number of 'process' related CQI's is growing (http://www.centrumklantervaringzorg.nl/vragenlijsten.html).

Concerning General Practice there are CQI's on DM2, hart failure, rheumatic arthritis, hernia, varices, while COPD and Parkinson are under construction. In these questionnaires all relevant 'links' and the total chain of care are assessed concerning the quality of performance.

Implementing chain care in Greece

There is a prize winning thesis 'Developing integrated care' of Mirella Mink, that the results of 15 years practicing 'developing chain care' are presented. She shows that implementing chain care has nine relevant clusters of issues to be managed and the process of constructing a care chain has four steps (M. Mink, 2011). These are the proposed clusters and steps for the case of Greek healthcare system and are presented below.

9 clusters and 4 steps for chain care (M.Mink, 2011)

Cluster 1: Patient-centeredness

This cluster is about developing integrated care and information flows tailored to specific (sub)groups of patients. Elements focus on integrated patient and care process supporting information such as front offices, self management support or information systems, and delivering care adjusted to individual needs (e.g. multi-morbidity).

- Collaboratively offering client information of the care partners
- Designing care for clients with multi- or co-morbidities
- Using self-management support methods as a part of integrated care
- Implementing care process-supporting clinical information systems
- Flexible adjustment of integrated care corresponding to individual clients' needs
- Developing a front office: single entry point for client information
- Using a protocol for the systematic follow-up of clients
- Developing care programs for relevant client subgroups

Cluster 2: Delivery system

Chain and client logistics, coordination mechanisms and procedures for streamlining the care process for the whole care chain is the main focus of this cluster. It is important to reach all agreements (e.g. logistics, sharing expertise), procedures (e.g. information exchange) or tools (e.g. care plans) in the care chain that are necessary from the client's initial entry into the care chain until the final contact are reflected in this cluster.

- Reaching agreements on referrals and transfer of clients through the care chain
- Reaching agreements on procedures for information exchange
- Using a single client-monitoring record accessible for all care partners
- Reaching agreements on procedures for the exchange of client information
- Developing connections between databases of partners in the care chain
- Offering case management for clients with complex needs
- Reaching agreements on chain logistics (e.g. waiting periods and throughput times)
- Using shared client treatment and care plans
- Using uniform client-identification numbers within the care chain
- Reaching agreements among care partners on the consultation of experts and professionals
- Reaching agreements among care partners on managing client preferences
- Reaching agreements among care partners on scheduling client examinations and treatment
- Reaching agreements among care partners on discharge planning
- Developing criteria for the inclusion and throughput of clients in the care chain
- Reaching agreements among care partners on providing care to waiting-list clients
- Bringing specialized nurses into action through the care chain
- Reaching agreements on linking clients to outside resources or community care partners
- Developing criteria for assessing clients' urgency

Cluster 3: Performance management

Measurement and analyses of the results of the care delivered in the care chain is the central theme of this cluster. Elements address performance targets at all levels, monitored by the standardized use of indicators. Indicators address client outcomes, client judgments, organizational outcomes and financial performance data. (Near) mistake analysis, feedback mechanisms and improvement teams are used to improve and manage the level of performance

- Defining performance indicators to evaluate the results of the integrated care delivered
- Providing feedback to care partners on transfers
- Gathering client-related performance data (health status, quality of life)
- Gathering data on client logistics (e.g. volumes, waiting periods and throughput times) in the care chain
- Using feedback and reminders by professionals for improving care

- Reaching agreements about the uniform use of performance indicators in the care chain
- Monitoring successes and results during the development of the integrated care chain
- Establishing quality targets for the performance of the whole care chain
- Monitoring and analyzing mistakes/near mistakes in the care chain
- Using a systematic procedure for the evaluation of agreements, approaches and results
- Monitoring client judgments and satisfaction for the whole care chain
- Gathering financial performance data for the care chain
- Making transparent the effects of the collaboration on the production of the care partners
- Monitoring whether the care delivered corresponds with evidence-based guidelines
- Establishing quality targets for the performance of care partners
- Installing improvement teams at care-chain level

Cluster 4: Quality care

This cluster contains elements that focus on the design of a multidisciplinary care pathway throughout the care chain, based on evidence-based guidelines and standards and clients' needs and preferences. A needs assessment of the specific client group is required for this purpose, combined with the involvement of client representatives in designing, improving and monitoring the integrated care.

- Systematically assessing the needs of the clients in the care chain
- Developing a multidisciplinary care pathway
- Involving client representatives in improvement projects in the care chain
- Using evidence-based guidelines and standards
- Involving client representatives by monitoring the performance of the care chain

Cluster 5: Result-focused learning

A learning climate of striving towards continuously improved results in the care chain is this clusters central theme. The elements address essential ingredients for improvement: defining goals for collaboration, identifying bottlenecks and gaps in care, and ways of learning and exchanging knowledge in an open atmosphere. Incentives are used to reward improved performance

- Stimulating a learning culture and continuous improvement in the care chain
- Defining and assessing the characteristics of the collaboratively delivered care
- Making transparent the benefits of the collaboration for each care-chain partner

- Collaboratively assessing bottlenecks and gaps in care
- Sharing knowledge among care partners about effectively organizing sustainable integrated care
- Striving towards an open culture for discussing possible improvements for care partners
- Learning by the exchange of information among professionals about the care process
- Integrating incentives for rewarding the achievement of quality targets
- Using knowledge and information for directing and coordinating the care chain
- Using collaborative education programs and learning environments for the professionals of care partners
- Linking consequences to the achievement of agreed goals
- Collaborative learning in the care chain in order to innovate integrated care

Cluster 6: Inter-professional teamwork

This cluster represents inter-professional teamwork for a well-described client group. The defined client group is the target to be reached by collaborating professionals, working in well-organized multidisciplinary teams in the care chain.

- Defining the targeted client group
- Working in multidisciplinary teams
- Reaching agreements on the availability and accessibility of professionals

Cluster 7: Roles and tasks

The need for clarity about each other's expertise, roles and tasks in the care chain is reflected in this cluster. Effective collaboration at all levels, with new partners and by allocating coordinating roles are the main components.

- Reaching agreements among care partners on tasks, responsibilities and authorizations
- Achieving adjustments among care partners by means of direct contact
- Ensuring that professionals in the care chain are informed of each other's expertise and tasks
- Installing a coordinator working at chain-care level
- Establishing the roles and tasks of multidisciplinary team members
- Realizing direct contact among professionals in the care chain
- Reaching agreements on introducing and integrating new partners in the care chain
- Directing the care chain by appointing a limited number of persons with coordinating tasks

Cluster 8: Commitment

This cluster's focus is on collaborative commitment and ambition in the care chain. They refer to commitment towards clearly defined goals and a collaborative ambition, apart from awareness of dependencies and domains. The commitment of leaders to the care chain and the awareness of working in a care chain are also components.

- Defining the ambitions and aims of the collaboration in the care chain
- Signing collaboration agreements among care partners
- Assuring the leadership commitment of the partners involved to the care chain
- Describing the tasks and authorities of leaders, coordinators and advisory boards in the care chain
- Establishing dependencies among care partners
- Guiding the care chain by emphasizing a collaborative commitment
- Structural meetings of leaders of care-chain organizations
- Reaching agreements about letting go care partner domains
- Stimulating trust among care partners
- Stimulating the awareness of working in a care chain
- Structural meetings with external parties such as insurers, local governments and inspectorates

Cluster 9: Transparent entrepreneurship

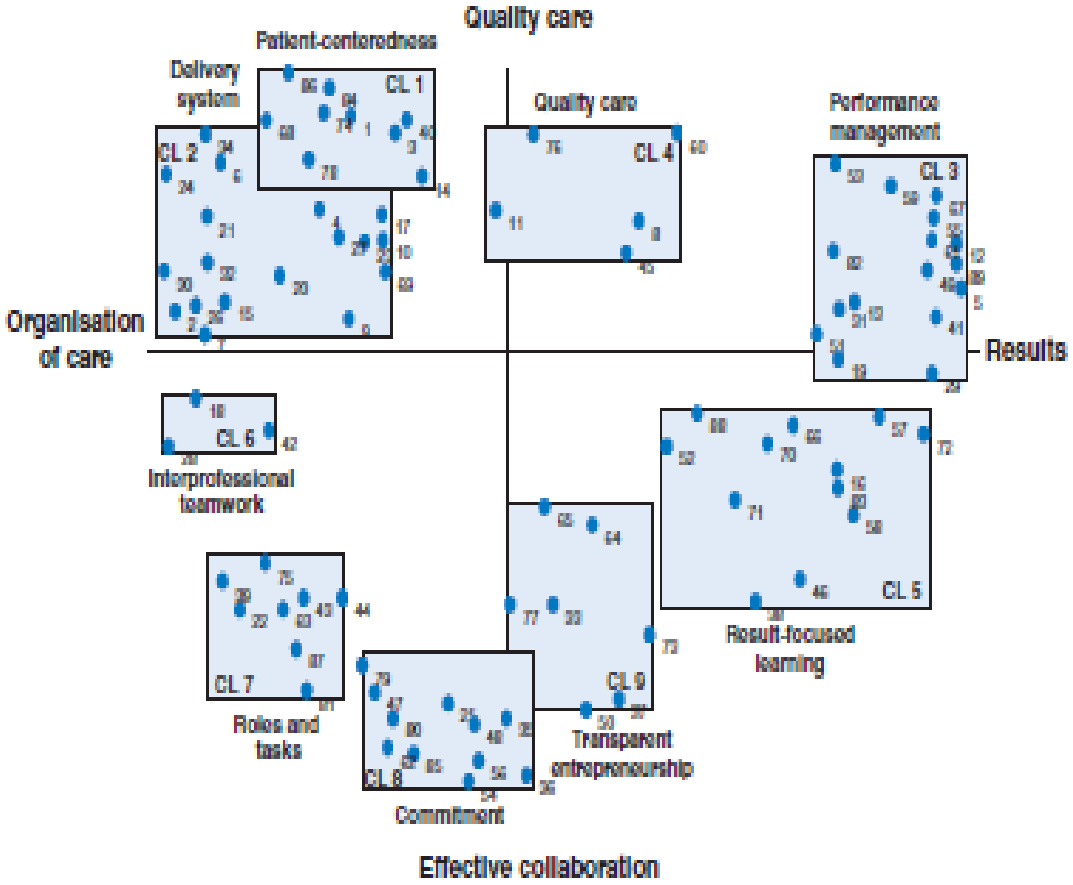
This cluster concentrates on space for innovation (experiments), leadership responsibilities for performance achievement and joint financial agreements covering the integrated care. Preconditions for entrepreneurship, including financial preconditions, are represented in the collection of elements.

- Making commitment to a joint responsibility for the final goals and results to be achieved
- Using a uniform language in the care chain
- Reaching agreements on the financial budget for integrated care
- Allocating financial budgets for the implementation and maintenance of integrated care
- Involving leaders in improvement efforts in the care chain
- Creating an open environment that encourages experiments and pilot projects
- Offering a single collaborative financial contract to financing parties by the collective of care partners

Four dimensions of the 9 clusters

The nine clusters are assessed concerning four dimensions:

- Organization of care
- Quality of care.
- Effective collaboration.
- Results.



PHASE 1: Initiative and design phase

1 - Defining the ambitions and aims of the collaboration in the care chain
2 - Defining the targeted client group
3 - Defining and assessing the characteristics of the collaboratively delivered care
4 - Assuring the leadership commitment of the partners involved in the care chain
5 - Committing to a joint responsibility for the final goals and results to be achieved
6 - Establishing dependencies among care partners
7 - Describing the tasks and authorities of leaders, coordinators and advisory boards in the care chain
8 - Reaching agreements on referrals and transfer of clients through the care chain

9 - Signing collaboration agreements among care partners
10 - Reaching agreements on procedures for the exchange of client information

PHASE 2: Experimental and execution phase

1 - Realizing direct contact among professionals in the care chain
2 - Using shared client treatment and care plans
3 - Bringing specialized nurses into action through the care chain
4 - Achieving adjustments among care partners by means of direct contact
5 - Using evidence-based guidelines and standards
6 - Monitoring successes and results during the development of the integrated care chain
7 - Reaching agreements among care partners on discharge planning
8 - Working in multidisciplinary teams
9 - Ensuring that professionals in the care chain are informed of each other's expertise and tasks
10 - Gathering data on client logistics (e.g. volumes, waiting periods and throughput times) in the care chain

PHASE 3: Expansion and monitoring phase

1 - Using a systematic procedure for the evaluation of agreements, approaches and results
2 - Flexible adjustment of integrated care corresponding to individual clients' needs
3 - Monitoring and analyzing mistakes/near mistakes in the care chain
4 - Reaching agreements on introducing and integrating new partners in the care chain
5 - Using collaborative education programs and learning environments for the professionals of care partners
6 - Involving client representatives in improvement projects in the care chain
7 - Designing care for clients with multi- or co-morbidities
8 - Collaborative learning in the care chain in order to innovate integrated care
9 - Developing connections between databases of partners in the care chain
10 - Making transparent the effects of the collaboration on the production of the care partners

PHASE 4: Consolidation and transformation phase

1 - Offering a single collaborative financial contract to financing parties by the collective of care partners
2 - Linking consequences to the achievement of agreed goals
3 - Integrating incentives for rewarding the achievement of quality targets
4 - Structural meetings with external parties such as insurers, local governments and inspectorates

5 - Sharing knowledge among care partners about effectively organizing sustainable integrated care
6 - Using collaborative education programs and learning environments for the professionals of care partners
7 - Monitoring and analyzing mistakes/near mistakes in the care chain
8 - Developing care programs for relevant client subgroups
9 - Reaching agreements about letting go care partner domains
10 - Reaching agreements on the financial budget for integrated care

Conclusions

Based on the above facts of the Dutch health care system, we could say that the Greek system has many common aspects with the Dutch one especially until 90s. If this new changing process and is adopted by the Greek government then significant results will be achieved in the case of Greece. This review suggests an application of this chain care in the Greek standards. Particularly, an experimental situation could be set up, with two general practice organizations. The first organization will keep on working with the traditional way of and the other one will adopt the Dutch model. In the end, the results in terms of cost effectiveness, patient satisfaction and integration will be compared. The local health care departments will inform about the project and will be asked to take place in the evaluation committee. The effectiveness of the “Dutch” model will be tested in the case of Greece with the lowest cost, with the use of a tool (eg. questionnaire) that will capture the present condition of health care and will compare it to the one after the intervention.

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Appendix

Sample of a proposed structure for the questionnaire

"Questionnaire concerning the kind of services your organization does deliver"

1.Name of the organization:

2. Address of the organization:

3. Postal code:

4.Tel./ email/ website:

5. What kind of services does the organization deliver:

	Primary care somatic healthcare services.	***No***	***Yes***
-	Help and support concerning informal care.	O	O
-	Information and advice	O	O
-	Prevention	O	O
-	Diagnostic services.	O	O
-	Therapeutic services	O	O
-	Nursing services.	O	O
-	Home help services	O	O

Primary care mental healthcare services.

-	Help and support concerning informal care.	O	O
-	Information and advice	O	O
-	Prevention	O	O
-	Diagnostic services.	O	O
-	Therapeutic services	O	O
-	Nursing services.	O	O
-	Home help services	O	O

Specialist somatic healthcare services.

-	Help and support concerning informal care.	O	O
-	Information and advice	O	O
-	Prevention	O	O
-	Diagnostic services.	O	O
-	Therapeutic services	O	O
-	Nursing services.	O	O
-	Home help services	O	O

Specialist mental healthcare services.

-	Help and support concerning informal care.	O	O
-	Information and advice	O	O
-	Prevention	O	O
-	Diagnostic services.	O	O
-	Therapeutic services	O	O
-	Nursing services.	O	O
-	Home help services	O	O

Pharmaceutical services.

-	Help and support concerning informal care.	O	O
-	Information and advice	O	O
-	Prevention	O	O
-	Diagnostic services.	O	O
-	Therapeutic services	O	O
-	Nursing services.	O	O
-	Home help services	O	O

Paramedical services.

→ What kind of services does your organization deliver ?

Our organization does deliver those services: ……

-	Help and support concerning informal care.	O	O
-	Information and advice	O	O

-	Prevention	O	O
-	Diagnostic services.	O	O
-	Therapeutic services	O	O
-	Nursing services.	O	O
-	Home help services	O	O

Psychological services.

-	Help and support concerning informal care.	O	O
-	Information and advice	O	O
-	Prevention	O	O
-	Diagnostic services.	O	O
-	Therapeutic services	O	O
-	Nursing services.	O	O
-	Home help services	O	O

Social services.

-	Help and support concerning informal care.	O	O
-	Information and advice	O	O
-	Prevention	O	O
-	Diagnostic services.	O	O
-	Therapeutic services	O	O
-	Nursing services.	O	O
-	Home help services	O	O

Other kind of services

➔ What other kind of services does your organization deliver ?
Our organization does deliver those services: ……

-	Help and support concerning informal care.	O	O
-	Information and advice	O	O
-	Prevention	O	O
-	Diagnostic services.	O	O
-	Therapeutic services	O	O
-	Nursing services.	O	O
-	Home help services	O	O

6. What kind of description does fit your organization the best ?

-	General practice	O	O
-	Health center	O	O
-	Hospital	O	O
-	Special somatic clinic	O	O
-	Special psychiatric clinic	O	O

- Paramedical center	O	O
- Home care organization	O	O
- Home help organization	O	O
- Nursery home	O	O
- Center for psychological problems	O	O
- Center for social problems	O	O
- Center for other services	O	O

7. To which kind of patients / clients does your organization deliver those services ?

- Men	O	O
Women	O	O
- Age between 0 and 15 years	O	O
Age between 16 and 25 years.	O	O
- Age between 26 and 40 years	O	O
- Age between 41 and 65 years	O	O
- Age between 66 and 80 years	O	O
- Age more than 80 years	O	O
- Low income groups	O	O
- Middle income groups	O	O
- High income groups	O	O
- People with non-chronic complaints / problems	O	O
- People with chronic complaints / problems	O	O

8. What kind of professionals do deliver those services ?

- G.P.'s	O	O → How many ?.....
- Medical specialists	O	O → How many ? .....
- Nurses	O	O → How many ?.....
- Home helpers	O	O → How many ?.....
- Paramedics	O	O → How many ?.....
- Psychologists	O	O → How many ?.....
- Social workers	O	O → How many ?.....
- Administrative staff	O	O → How many ?.....
- Other staff	O	O →How many ?.....
→ What kind of staff		

9. Who is paying for those services ?

- The patient / client himself	O	O
- The insurance of the patient / client	O	O
- The municipality of the patient / client	O	O

- The Greek church O O
- Others O O

→**Who ?**.....

10. What are the opening hours of your organization ?

- Only office hours O O
- 7 X 24 hours O O
- Other hours O O

→Which days and what hours ? ……

11. Do patients / clients need to make an appointment before using the services of your organization ? O O

12. Is there any special information patients / clients need to know before or when using the services of your organization ?

If there is such information please do describe this information here:

Questions concerning the delivering of integrated care by your organization.

Many care processes, special concerning chronic care, can be described as a chain of care events . A chain of care in which these events are strongly interlinked to each other in order to be able to deliver 'integrated care'.

We did select some types of complaints / problems patients / clients can or do present in order to assess whether your organization is delivering integrated care concerning those complaints / problems. These types are Diabetic Mellitus type 2, COPD, cardio-vasculair complaints / problems, stroke and dementia.

13. Diabetic Mellitus Type 2.

- Does your organization deliver services to patients / clients with Diabetic Mellitus type 2 ? O O

When this is not the case or you don't know you do please continue with question 14.

- When delivering these services , to how many patients / clients did your organization deliver them in 2012 ?
  We did deliver those services in 2012 to …… patients / clients.

- When delivering services of this kind are these services concerning professionals and departments WITHIN your organization integrated ? O O

- When integrated how good are they integrated ? Please give this integration a 'mark' between 0 and 10. Mark:

- Does your organization apply standards, protocols or procedures when delivering these services to these patients / clients ? O O

- When delivering services of this kind are these services concerning professionals and departments BETWEEN your organization and other relevant organizations integrated ? O O

- When integrated how good are they integrated ? Please give this integration a 'mark' between 0 and 10. Mark:

- Do these organizations apply standards, protocols or procedures when delivering these services to these patients / clients ? O O

14. COPD.

- Does your organization deliver services to patients / clients with COPD ? O O

When this is not the case or you don't know you do please continue with question 15.

- When delivering these services , to how many patients / clients did your organization deliver them **in 2012** ?
  We did deliver those services in 2012 to …… patients / clients.

- When delivering services of this kind are these services concerning professionals and departments WITHIN your organization integrated ? O O

- When integrated how good are they integrated ? Please give this integration a 'mark' between 0 and 10. Mark:

- Does your organization apply standards, protocols or procedures when delivering these services to these patients / clients ? O O

- When delivering services of this kind are these services concerning professionals and departments BETWEEN your organization and other relevant organizations integrated ? O O

- When integrated how good are they integrated ? Please give this integration a 'mark' between 0 and 10. Mark:

- Do these organizations apply standards, protocols or procedures when delivering these services to these patients / clients ? O O

15. Cardio Vasculair Risk Management (CVRM).

- Does your organization deliver services to patients / clients with CVRM ?
  O O

When this is not the case or you don't know you do please continue with question 16.

- When delivering these services , to how many patients / clients did you r organization deliver them **in 2012** ?
  We did deliver those services in 2012 to …… patients / clients.

- When delivering services of this kind are these services concerning professionals and departments WITHIN your organization integrated ? O O

- When integrated how good are they integrated ? Please give this integration a 'mark' between 0 and 10. Mark:

- Does your organization apply standards, protocols or procedures when delivering these services to these patients / clients ? O O

- When delivering services of this kind are these services concerning professionals and departments BETWEEN your organization and other relevant organizations integrated ?
  O O
- When integrated how good are they integrated ? Please give this integration a 'mark' between 0 and 10. Mark:

- Do these organizations apply standards, protocols or procedures when delivering these services to these patients / clients ? O O

16. Stroke.

- Does your organization deliver services to patients / clients with stroke ?
  O O

When this is not the case or you don't know you do please continue with question 17.

- When delivering these services , to how many patients / clients did your organization deliver them **in 2012** ?
  We did deliver those services in 2012 to …… patients / clients.

- When delivering services of this kind are these services concerning professionals and departments WITHIN your organization integrated ? O O

- When integrated how good are they integrated ? Please give this integration a 'mark' between 0 and 10. Mark:

- Does your organization apply standards, protocols or procedures when delivering these services to these patients / clients ? O O

- When delivering services of this kind are these services concerning professionals and departments BETWEEN your organization and other relevant organizations integrated ? O O
- When integrated how good are they integrated ? Please give this integration a 'mark' between 0 and 10. Mark:

- Do these organizations apply standards, protocols or procedures when delivering these services to these patients / clients ? O O

17. Dementia .

- Does your organization deliver services to patients / clients with dementia ? O O

When this is not the case or you don't know you do please continue with question 18.

- When delivering these services , to how many patients / clients did your organization deliver them **in 2012** ?
  We did deliver those services in 2012 to …… patients / clients.

- When delivering services of this kind are these services concerning professionals and departments WITHIN your organization integrated ? O O

- When integrated how good are they integrated ? Please give this integration a 'mark' between 0 and 10. Mark:

- Does your organization apply standards, protocols or procedures when delivering these services to these patients / clients ? O O

- When delivering services of this kind are these services concerning professionals and departments BETWEEN your organization and other relevant organizations integrated ? O O
- When integrated how good are they integrated ? Please give this integration a 'mark' between 0 and 10. Mark:

- Do these organizations apply standards, protocols or procedures when delivering these services to these patients / clients ? O O

18. Other kinds of integrated care.

Does your organization deliver other kinds of integrated care ?

- We do deliver these kinds of services integrated **WITHIN** our organization:

- We do deliver these kinds of services integrated **BETWEEN** our organization and other relevant organizations:

19. The importance of delivering integrated care.

- When asking you to assess the importance for your organization of delivering services in an integrated way what mark would you give this importance (between 0 and 10). Mark……..

20. ICT.

- Does your organization use software in order to register the services delivered to your patients / clients ? O O

- When using this, what is the name of this program ? : ……

- Does it have 'care integration qualities'? O O

21. Comments and advices.

- Do you have any comments and advices concerning this research, this questionnaire or what ever ? Please do describe them here.