

Summary The Future of curative care

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At the request of the Dutch Ministry of Health, Welfare and Sports (VWS) the STG has performed a concise scenario study into the future of hospital care. The reason for this request was the publication of two major advisory reports that the Ministry needs to take a standpoint on.

In June 1996 the Taskforce MDW ('Market mechanisms, deregulation and legislative quality) published the report 'The hospital unchained'. The Dutch Council for Health and Care' published in October 1996 a report titles 'The hospital as social enterprise'.

1. Objectives

The objective of this report is to create scenarios that project the possible results of future developments in the field of curative care in the year 2010. The possible consequences of the scenarios should be portrayed. As the project was executed in a relatively short period of time it needs to be seen as a 'thinking experiment'.

2. Domain

Curative care is about medical treatments (cure). Curative somatic care involves medical care (general practitioners, dentists, medical specialists, hospitals), obstetric care, home care and paramedical care. The size of the organisation and the presence of a diversification of medical equipment give the hospital a central role in curative care.

3. Critical uncertainties

On studying the general trends and specific developments in curative care two critical uncertainties became visible. These critical uncertainties constitute the dimensions of the scenario axes.

An important critical uncertainty in the future of curative care concerns the contrast between governmental regulation versus self regulation. The dimension government regulation versus self regulation concerns the division of tasks, responsibilities and authorities.

Who, which 'party' in health care gets legal steering responsibilities.

A second important critical uncertainty is the extent in which organisations in curative care are oriented at mutual integration. This critical uncertainty relates to the organisation of curative care and the way in which concerned parties in curative care relate to one another. This critical uncertainty is portrayed by the contrast network orientation versus disentanglement orientation.

Network orientation concerns the situation in which organisations work together in offering care services. The disentanglement orientation concerns the situation in which care organisations within strategic organisational forms concern themselves with independent specific parts of care.

These two critical uncertainties constitute the co-ordinates of the scenarios. Depending on the emphasis on both dimensions of the co-ordinates the following scenarios have been developed:

CARE CIRCUITS, CARE INSTITUTIONS, CARE COMPANIES and CARE CHAINS.

4. Scenarios

In order to draw consistent and plausible scenarios a number of core elements were formulated.

The following core elements were used in each scenario: 'general outline', 'the organisation of curative care', 'working in curative care', 'steering', 'regulation of responsibilities', 'financial aspects' and 'relation between parties'.

Scenario: CARE CIRCUITS

The 'Care circuits' scenario features regional coherence and co-operation between the different forms of curative care. This integration movement is largely stimulated by the government. The scenario focuses on regional division of centrally obtained financial means for a wide basic range of care provisions on the basis of clearly defined criteria of what is needed.

Care provisions can be found throughout the region. These provisions are regionally steered.

Within a care circuit there are several hospitals as specialized centres. Also small but technological well equipped healthcare centres where general practitioners and paramedics are responsible for care are integrated in this care circuit.

A regional care insurer decides over the allocation of the regional care budget to the different care providers.

Regional care councils, consisting of care providers, patients, employers and municipal authorities advise the regional care insurers.

The national government supervises the maintenance of care circuits in the region.

Scenario: CARE INSTITUTIONS

The 'Care institutions' scenario follows the present developments in curative care. In 2010 both the structure, the nature of the different provisions for health care and the mutual relations between parties can be compared to the situation of curative care in 1997. The government steers by legislation and instructions. Health care parties don't show any structural behaviour towards integration.

Government policy is characterised by incremental policy; measures are taken depending on the situation at hand. Most care institutions function highly independent. Temporary co-operation initiatives are formed for special projects. The government steers curative care by allocating funds to institutions and care insurers. The 'Buildingcontainment Careprovisions Act' give care institutions some freedom to adjust their premises in careful consultation with care insurers.

Scenario: CARE COMPANIES

In the scenario 'Care companies' self regulation is the most important characteristic.

In order to stimulate efficiency in this scenario a choice has been made for drastic deregulation and 'market mechanisms'. There is no longer a detailed supply steering, complex budgeting systems and interference with price setting mechanisms for services in the field of curative care.

Care companies are free to determine their offer of services and products. There is a limited number of mega care companies who offer a complete range of care services and a large number of smaller care companies that serve a specific segment of care.

There is competition between care companies. In order to strengthen their position on the market they sometimes enter into strategic alliances. Regional boundaries are of no importance in this scenario. Most consumers are well informed on the offer of care supplies, their insurance claims and the height of their contributions. Independent care advisors support consumers with their care purchases.

Scenario: CARE CHAINS

The characteristics of this scenario are the extend of 'tuning' and co-operation between the different forms of curative care.

In the late nineties a lot of hospitals have entered alliances with general practitioners, home care companies, nursing home and other primary health care provisions, in order to take a strong position in an ever changing healthcare system.

These alliances construct care chains. Care chains offer a total range of curative care provisions. Besides they are free to create their own specific services. Between these different care chains is regulated competition. Insurers have an important role in this scenario. Care steering by insurers according to the preferred-provider system has led to a situation in which both insurers and care chains in some cases have taken an interest in each others organisations. In a number of cases they have merged to one organisation.

5. Consequences

On the basis of the review criteria availability, accessibility, continuity, simplicity and coherence of the organisation of curative care and efficiency a first impulse is given for the possible consequences if the four scenarios. It is noted that the consequences of the scenarios may be judged differently on the basis of the users different interests.