### National Programme for Dementia Care

**Programme Period:** 2004-2007

**Initiative:** Ministry of Health, Welfare and Sport (VWS), inspired by the Dutch Alzheimer Association (Alzheimer Nederland)

**Goals:**
- Making community dementia care more complete and coherent

**Approach:**
- Dementia care professionals and informal carers in 57 regions nationwide were supported to:
  - Define improvement in community dementia care in the region from the perspective of the needs of dementia patients and their informal carers
  - Improve the most important weaknesses through intervention projects, with the support of Vilans, Centre of Expertise for Long-term Care and the Dutch Institute of Healthcare Improvement CBO

**Results:**
- National LDP top 5 problem areas in dementia care (see box)
- National LDP top 5 improvement projects carried out most frequently (see box)
- Better care:
  - Regional dementia care co-ordination improved
  - Case management started or expanded
- Regional information to the public significantly improved (booklets, websites)

**Challenges remaining:**
- Integration needs more specific attention
- Financial incentives of integration efforts are lacking: funding channels to address separate care providers
- Involvement of decision makers is still weak
- An overview of the state and development after end of programme is lacking

### National Programme of Development of Regional Integrated Dementia Care

**Programme Period:** 2008-2011

**Initiative:** Ministry of Health, Welfare and Sport (VWS)

**Participants:**
- Direction of programme by Ministry of Health Care
- Advisory board with representatives of national stakeholders in dementia care (care providers, care insurance agencies, local authorities, Alzheimer Nederland)
- Various contributors, Vilans is facilitating organisation

**Goal:**
- Two-stage programme for improving integrated dementia care at regional level
  - Tuned at the needs of patients and informal carers
  - Organised by regional care providers and regional long-term care funding agency

**Approach:**
- Guideline for funding of integrated dementia care drafted by Ministry of Health, Well-being and Sports (VWS), Alzheimer Nederland (for patients and carers), Acta (for care providers) and Zorgverzekeringsmaatschappijen Nederland (for regional LTC funding agencies), facilitated by CBO
- Indicators for monitoring progress of developments developed by Phexus, since 2010 carried out by Vilans
- Experiments of integrated care with pooled funding in regions with regional plans for only providers participating in an integrated dementia care network will be qualified for funding
- Research being carried out to find the best way of care and management for people with dementia and their informal caregivers
- Alzheimer Nederland’s regular ‘Monitor of integrated care’ shows the experiences of people with dementia and their carers (see Lemink and Werkman, 2011)
- The Ministry gives extra budget to support integration initiatives
- Vilans website supports the programme: www.zorgprogrammadementie.nl

**Results:**
- Guideline developed in March 2009 and used for funding integrated care
- Set of indicators for progress developed and used in 2010 and 2011
- Sixteen regions manage to draft integrated dementia care plans which are funded
- All regional funding agencies (Zorgverzekeraars) have included integrated dementia care in their purchasing policies (see Kupers et al, 2010)
- Standard of appropriate dementia care in preparation (to be ready by May 2012)

### Literature


### Challenges and Opportunities

**Challenges remaining**
- Roll out to all regions
- Commitment of local authorities for linking with social services
- Definite regulation of direct funding of integrated dementia care
- Finalisation of Dementia Care Standard

**Opportunities**
- Regional information to the public strongly improved (booklets, websites)
- Case management started or expanded
- Patients and caregivers experience results of improved care (from 2.00 to 2.41)
- Availability of case management is increasing (from 2.13 points to 2.54 points)
- Patients and caregivers experience results of improved care (from 2.00 to 2.41)
- Also presence of regional care plans, degree of organisation and structural funding have increased

**The Development Model for Integrated Care (Binkelman et al., 2011) showed that**
- The level of integration of integrated dementia care projects is approaching that of integrated stroke services, in spite of the fact that the dementia projects are significantly younger.

**Results**
- Progress on 6 dimensions in 2 years time
- Funding
- Case management
- Involvement
- Organisation
- Care plan
- Care management
- Results

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**State of Community Dementia Care by 2011**
- Patients and family carers have due information and services
- Number of regional networks is increasing
- Dementia care is gaining importance, and higher decision makers become involved
- Indicators show that the degree of integration is increasing (see Figure)
- Stakeholders in regional dementia care co-operate more (from 1.86 points on a 5-point scale in 2010 to 2.41 in 2011)
- Availability of case management is increasing (from 2.13 points to 2.54 points)
- Patients and caregivers experience results of improved care (from 2.00 to 2.41)
- Also presence of regional care plans, degree of organisation and structural funding have increased