

Buurtzorg Nederland Home Care Model Stimulates Thoughtful Discussion in Minnesota

October 17, 2011

Last week, visitors from the Buurtzorg Nederland (Netherlands Neighborhood care) home care non-profit agency participated in two programs that generated considerable thought-provoking discussion about whether the concepts of this successful approach to home care might have applications in Minnesota. On Oct. 10, Jos de Blok, founder of Buurtzorg Nederland, described his program at a meeting hosted by Dr. Robert Kane, University of Minnesota School of Public Health, that included academics, providers and public policy staff. On Oct. 11, AARP, Aging Services of Minnesota and the Minnesota HomeCare Association co-sponsored a second event -- a round-table discussion featuring de Blok; **Sharon Klefsaas**, Executive Director of Operations, **Presbyterian Homes and Services**; Representative Erin Murphy; Loren Colman, Assistant Commissioner of the Department of Human Services; Dr. Kane; Deb Holtz, the Ombudsman for LTC; and several home care representatives.

Buurtzorg Nederland is a five year old agency that was set up as a community care model, quite different from the traditional home care business model found in the Netherlands. It uses self-directed work teams and has no management teams, no HR or marketing staff. Currently it employs 4,000 nurses who work in 400 independent teams with only 25 people in the "back office." Ten coaches are available to the work teams on request. Instead of management meetings, communication and problem solving is done through Information and Communication Technology (ICT), and the ICT function is handled by an external company that Buurtzorg Nederland created.

The work teams each serve a geographic area, and they have about one full-time nurse for every 3,000 people in their area. About half of their nurses have a four-year nursing degree. They serve a wide range of clients who have chronic issues, complex diagnoses, dementia, and even serve children age 0-4. The nurses are generalists and handle all types of cases, though teams may have a specialist who helps with issues like wound care or palliative care. Although it is a relatively young agency, Buurtzorg is the home care provider for about 60 percent of all terminally ill people in the Netherlands.

Although the nurses provide direct care, part of their responsibility focuses on prevention, community health, and on finding creative solutions to their clients' needs. These solutions generally include using or creating a volunteer network to provide the services needed by neighbors. For example, if a client needs assistance three times a day, the nurse may stop in once, with volunteers handling the other visits. The heavy use of volunteers and the flexibility that the nurses have in finding non-traditional ways of meeting clients' needs is one of the reasons for the organization's success and efficient use of resources.

At Tuesday's panel discussion, Klefsaas began the response to the Buurtzorg approach by noting the challenges that providers face in this country, including that our system is not built on the strengths of the client, but rather on the level of disability. The regulatory environment, shortage of nurses and need for measurable outcomes are also challenges that Klefsaas noted.

Dr. Kane followed up with comments about the need to change the incentives in our current system and to challenge the assumptions underlying our system--for example, whether "people need all the care that is thrust upon them." He also commented on the "magical" belief that case management will "fill in the cracks" in the system. Several home care providers on the panel discussed how regulations and paperwork get in the way of client care and that there is no reimbursement for preventive care.

Rep. Murphy talked about her experience as a nurse and the importance of the "fundamental relationship" between a nurse and the person in the nurse's care. She suggested that there might be some ways to develop some creative approaches to providing home care services and expressed an interest in working more on this issue with other stakeholders. Deb Holtz discussed the need to look at outcomes and to provide real choices and affordable services.

A summary of the "take aways" from the roundtable discussion is found at http://www.agingservicesmn.org/inc/data/Buurtzorg10_11_11_Round_table_summary.pdf. This summary was prepared by Olivia Mastry, Seeking Mastery, LLC, who facilitated the discussion.

For further information:

Contact Mary Youle at myoule@agingservicesmn.org.