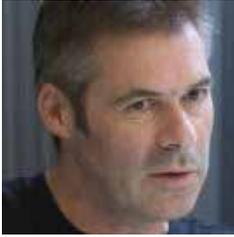




Buurtzorg Nederland



He has turned homecare in The Netherlands completely upside down. With Buurtzorg Nederland [Netherlands Neighbourhood-care], Jos de Blok has reintroduced the work of the district nurse. 'I saw that the profession was dying a slow death and that is what I wanted to prevent.'

Jos de Blok (50) was originally a district nurse and, until 2006, worked for regular homecare organizations. He also had management functions in those organizations. 'I entered the healthcare sector out of passion and compassion. I very much wanted to add something to the lives of others. District nurses don't have a job, they *are* their job. Over the past few years, that has seemed to disappear. Providing care had become something entirely different. It was suddenly all about production, protocols and administration. It was heading in the wrong direction.'

Personal responsibility

De Blok made an agreement with himself that he would not be a contented person until the profession of district nurse had regained its explicit social value. He then decided to start organizing that care himself. It started out on a small scale, but his organization, Buurtzorg Nederland, has expanded to the current two hundred and fifty independent teams throughout the entire country.

Buurtzorg Nederland is an organization in which district nurses and district healthcare workers themselves have the authority. 'Every team is responsible for its own clientele and is in close contact with family doctors and families. The teams are also responsible for their own financial results. The supporting office in Almelo is just that: supporting.' For Buurtzorg, there are no fancy locations or luxurious offices. The supporting office operates from the extension to his private home and is run by his partner, Gonnie Kronenberg. The Buurtzorg teams throughout the country also work from simple locations.

By acting 'normal,' the initiator is denouncing the system that has led to the over-paid managers of traditional and commercial homecare organizations. 'These days, it is incomprehensible why all these middle managers are necessary. And that does not even begin to explain the huge compensation that these people are given for taking part in the 'meeting circuit.' I feel that it is unethical that top management in healthcare is earning so much money. I think that even the 'Balkenende-norm' [civil

service salary cap equal to the salary of the prime minister] is too high. What you must do, is to ensure that the people providing care to the clients are well paid. That is an important pillar of our organisation.'

Many awards already

Jos de Blok's star is rising quickly. For example, over the past months, he has spoken regularly with under-secretary Jet Bussemaker and Health Minister Klink and he was even invited to talk to Prime Minister Balkenende. 'I am delighted to be able to say my piece at various think-tanks and committees. These are excellent opportunities to say what I think. I also think it is wonderful when Ms. Bussemaker expresses her appreciation for our approach on her weblog, as long as she presses on and turns that appreciation into concrete measures, says De Blok pragmatically.

De Blok's organization has already won various prizes: Case of the Year, the Nima Marketing Prize, the Best Practice Award and the Spider Award. In 2009, a comparative study done by Nivel showed that clients valued the homecare by Buurtzorg Nederland most of all.

The lightning-speed success in no way presents problems for the native of Zeeland who now lives in Twente. However, behind his down-to-earth attitude can be found an all-consuming passion. He seems almost prepared for the success. 'If you do something precisely the way it is meant to be done, it can, I believe, hardly fail. District nurses and healthcare workers apply to us spontaneously. We have never had to do any active marketing. That certainly says something. Strangely enough, I had sort of expected this kind of success. I had heard from so many colleagues that they had had enough. This new approach with the re-establishment of the old-fashioned and universal care values could almost not fail.'

As early as September 2007, Jos de Blok announced that he was striving to achieve national coverage with Buurtzorg Nederland within three years. In February 2006, after ten years' experience in management functions, he quit his permanent job with the Twente healthcare organization Carint and established Buurtzorg Nederland. With a business plan, he was able to secure a loan of € 250,000 from a bank. He also put in some of his own money. Wasn't that risky? 'I have always believed in this. But the risk lay, of course, entirely on my shoulders. If it were to fail, I would have had it. For the first six months, I did not take any salary.'

But it did not fail. After the first team in Enschede, a second team quickly followed in Utrecht. By September 2010, there are two hundred fifty teams. 'By the way, the overhead has not increased accordingly: fourteen staff members at the head office in Almelo and ten coaches who each manage 25 teams. The annual turnover is also growing. For 2010, it is moving in the direction of ninety million Euros.



Transfer of homecare teams

The spectacular growth can be attributed to the fact that entire teams from other homecare organizations transfer to Buurtzorg Nederland.

For some time now, De Blok has been negotiating with dozens of regular homecare organizations for more intensive collaboration. De Blok certainly does understand that restructuring an existing homecare organization is much more difficult than starting a new one, just as he started Buurtzorg Nederland. They will have to dismantle a major part of their overhead, and that costs time. In the Buurtzorg formula, there is no place for schedule planners, coordinators and mid-level managers. 'That restructuring takes years. We will probably start with a few teams which work according to the Buurtzorg Nederland method. In that way, an organization can gain experience and see if it suits them.'

They must then work according to the Buurtzorg-method. Thus far, the negotiations have stranded on the costs of laying off the supporting staff. In the Buurtzorg concept, there is hardly any

room for schedule planners and coordinating managers because the teams organize that, for the most part, themselves. The negotiations with, in particular, Thuiszorg Groningen, a subsidiary of the disentangled Meavita Nederland, were in an advanced stage. The Ministry of Health, Welfare and Sports [VWS] was prepared to finance the retraining. The costs for the social plan would have to be coughed up by Thuiszorg Groningen itself. That, however, turned out to be an insurmountable hurdle. And that was even without paying one penny on recruitment. 'The motivation of the staff is the motor behind the growth,' says De Blok.

Awbz [Exceptional Medical Expenses Act] can be simpler

The system has been made much too complicated, De Blok told under-secretary Bussemaker talking about the **VWS** recently at a gathering at the Ministry. He wrote down all of the **awbz**-functions for the homecare sector on a piece of scrap paper: Personal care, special nursing, etc. 'That system leads, in homecare organizations, to a dynamic all its own. Every week, nurses are busy for three to four days with Excel lists on which they must keep track of how much of which function they are supplying. It no longer has anything to do with the reality of the situation. In practice, you only have two main tasks: Nursing and care. Why don't you simply discontinue all those functions and make two rates?'

The special needs indication would also be much simpler, if it were up to De Blok. 'Place the determination of the indication -- as much as possible -- with the suitably certified nurses who have the initial contact with the clients. Of course, you must supervise this via spot-checks. They must show that they are doing it correctly.' And, homecare organizations must simplify their internal organization. 'Managers need to go and stand next to the professional to see what it is that he/she actually needs now in order to be able to do his/her work effectively. An organization like this is built from the ground up.'

Alienation

It is not surprising that the nurses are so happy at Buurtzorg Nederland. At many homecare organizations, they are becoming alienated from their profession. They have become imprisoned in administrative tasks. Their skill and expertise are barely called upon at all, anymore. 'In the hbo-v [Nursing College] there is barely any enthusiasm at all now for public health and district nursing. That is now dangling at the bottom of the list, while it used to be the highest possible achievement. As a district nurse, you no longer have a position of status alongside of the family doctor in the neighborhood. You are only busy managing caregivers. District nurses are seeing their profession crumble.'

At Buurtzorg Nederland, that is a completely different story. There, they are the pillars of the organization. Teams of highly-trained nurses manage a whole range of things themselves. 'Often, administrators do not understand that the commitment of highly-trained personnel is much more effective and yields better care, as a result of which organizations can operate up to thirty percent more cheaply. Every district nurse understands this immediately.'

Subdividing: a disastrous path

The cause of the malaise is, according to De Blok, the product-oriented approach that first appeared around ten years ago in the homecare sector and is, by now, widespread. In this vision, care is seen as a product that you can chop up into various activities. You then try to carry out these activities as cheaply as possible. The entire fundamental process of registration, intake, planning and supply has been divided up. These activities are all done by different people. The idea behind this is that, if you subdivide the processes, it is more efficient and, therefore, cheaper per hour.

However, according to De Blok, that is precisely wrong. The subdividing leads to all sorts of coordination moments. Homecare organizations have, therefore, hired coordinators for this who must make sure that everyone works well together. Above them, there is then a manager who is responsible for the success of the entire process. And, thus, an enormous overhead system is created that can only be maintained by sufficient turnover. 'If the financial pressure increases, there is the tendency to subdivide the process further and, increasingly, to hire people who have an even lower level of training. There are homecare organizations which put together "dream teams" in which the indication is the guiding factor for the level of people you hire. You have people who have reached the level of administering pills and giving injections, others are allowed to do bandaging and some are even allowed

to do specialistic tasks, such as connecting morphine pumps. That is crippling for the motivation of the nurses and the quality of the care and, moreover, it costs society barrels of money.'

Low overhead

The product-oriented approach leads to homecare organizations wanting to increase production as much as possible. The central focus is on the execution of tasks, such as washing and putting on stockings. That is diametrically opposed to the vision of care that Buurtzorg Nederland has. 'The focus of district nursing must be the relationship with the client and the solving of problems. Patients are insecure, must be given self-confidence after an illness or if the body is starting to deteriorate. That process is of vital importance. You must be able to anticipate how the client perceives his illness, how the environment is dealing with it, how the interaction is playing out and how you can support the volunteer help as much as possible so that the client feels secure. In this way, you create a restful atmosphere. That increases the capacity. The question is how to find other solutions within that process. That demands nursing expertise. The tasks that the nurse carries out here are of secondary importance.'

How is it possible that Buurtzorg can indeed hire expensive nurses while regular homecare organizations say that they hardly have any money for them? 'Our average salary costs are, of course, somewhat higher,' acknowledges De Blok, 'but I have removed all of those coordination moments. We do not subdivide the care. The nurse who comes to the home of a client does everything: intake session, personal care, dressing wounds, medical-technical activities. The advantage of having one person do everything is that the average contact time increases. If you send four people, then each of them must travel there, be busy short time and also gear their activities to one another,' says De Blok with a smile.

Furthermore, Buurtzorg has computerized the entire work process as much as possible. The employees do not have to do their own administration. That all works via an intranet system, where they enter data, starting with the intake session. The indications, planning, scheduling and their own data are all there. Time-keeping is, for example, not necessary. It is sufficient to correct any deviations in the planning. The employees do have a workstation and much more time for consultation than in other organizations.

Finally, the lines of communication at Buurtzorg are short because there are no managers 'Teams may operate according to their own judgment. That is also the way we used to do it in home nursing.'

No bonus

The Buurtzorg Nederland work method leads to remarkable results. Not only are the employees and the clients extremely satisfied, the organization has also measured how the care supplied is related to the indication. Buurtzorg supplies, on average, only 45 percent of the care that is indicated. If the lead time is counted – how long people are in care – then it is even only twenty percent of the indication.

You might expect that an organization that works so effectively would get a bonus, but that is not what the **awbz** is all about. The current **awbz** only rewards you for the number of hours that you work. Strange, De Blok feels. 'The healthcare office does not ask what a healthcare provider does during those hours. This is curious if you think about the amount of money involved. For many patients, we are talking about 3500 Euros per week. That can run to a couple hundred thousand per year. You would actually expect that a healthcare office would want to know what the optimum care is for that group of patients and what the fastest possible lead time is.'

But no, the **awbz** does not invite organizations to think about the best way to remove their clients from care more quickly. If you supply less care, you burn your own fingers because that means less income. Isn't Buurtzorg Nederland affected by this?

'The turnover that we could achieve is more than we actually do, De Blok admits. 'However, I am not motivated by turnover, but by the best solution. And that does not have to be at the expense of the net result. Our employees supply more hours of care than they would elsewhere, because the effectiveness is greater. A great deal of their time is spent on client care. That is the time that we can charge.'

In the current **awbz**, the scant effectiveness of the regular homecare sector can do little harm. But what happens if a portion of the homecare sector goes to the healthcare insurers, as the **ser [Social Economic Council]** advises for the recovery-oriented homecare sector? Healthcare insurers are not interested in costs that are as low as possible per hour of care provided. Insurers want the best price-quality ratio per client. 'If I can provide a better quality of care in half the time to, for example, clients with dementia, then wouldn't the insurer rather do business with me than with someone who needs twice the number of hours? I estimate that the **awbz** can certainly be thirty percent cheaper.'