



Ministry of
Health, Environment and Nature

“Un Korsou Salú” *A Healthy Curaçao*

Towards Managing Health & Wellness instead of solely Disease Management

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Policy Director
Ministry of Health, Environment & Nature
Curaçao
12th CCHFI, 8-10 October 2018,



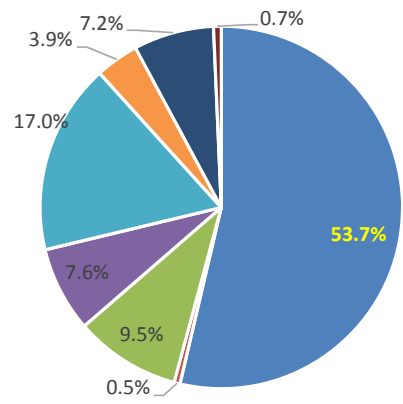
AGENDA

- Health Accounts 2016
- The Road Towards A Healthy Curaçao
- Time For Action



Results

SHA Healthcare Functions (M ANG)	2016	%
HC.1 Curative care	397,2	53,7%
HC.2 Rehabilitative care	3,9	0,5%
HC.3 Long-term care	70,0	9,5%
HC.4 Ancillary services	56,3	7,6%
HC.5 Medical goods	126,1	17,0%
HC.6 Preventive care	28,6	3,9%
HC.7 Governance, and health system and financing administration	53,0	7,2%
HC.9 Other health care services not elsewhere classified	5,1	0,7%
Grand Total	740,1	100,0%



- **HC.1 Curative care**
- HC.2 Rehabilitative care
- HC.3 Long-term care
- HC.4 Ancillary services
- HC.5 Medical goods
- **HC.6 Preventive care**
- HC.7 Governance, and health syst. and fin. Admin.
- HC.9 Other health care services not elsewhere classified



AGENDA

- Health Accounts Curaçao
- The road towards a Healthy Curacao
- Time for action



Un Korsou Salú

Definition of Health (WHO – 1948)

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

What we should aim for ...

UNIVERSAL HEALTH

Everyone has equal chances to be healthy

Our vision



DILEMMA



Everybody's focus

Which is currently translated to ...

UNIVERSAL ACCESS TO HEALTHCARE

Equal access to care, whenever it is needed

And experienced as ...

UNIVERSAL HEALTH COVERAGE

Right to all care, without financial barriers



The current reality; the tip of the iceberg

- **Daily people are admitted with strokes in the hospital**
 - 40 % younger than 65 years old | 10% younger than 50
 - Increasing trend
- **65 percent of Curaçao's population has overweight²**
 - Nevertheless would 75% of the population rate their health as '(very) good' and 20% as mediocre
 - Over 1/3 indicates to have a chronic disease
- **Main causes of strokes and kidney failure (dialysis)**
 - High blood pressure and diabetes mellitus
 - Both can be caused and worsened by lifestyle factors
 - Obesity is an important indicator for health problems



5 – 50
20 – 80

¹ GGz: Curaçao Stroke Questionnaire 2010-2017

² VIC: Nationale Gezondheidsenquête 2017



Reforms of current Health Delivery System necessary to prevent avoidable Burden of Diseases

HEALTH SITUATION

SHORTCOMINGS CURRENT CARE

End of Life

Intensive
(catastrophic) care /
Palliative care

**Chronically
ill**

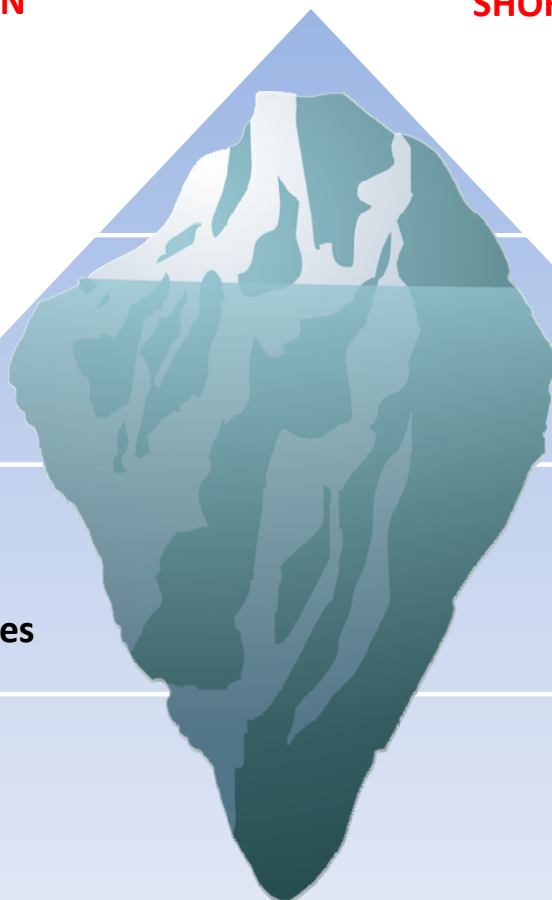
Fragmented chronic
care / 1-size-fits-all
chain care

**Short-term
illness episodes**

Lack of collaboration
between and within
the disciplines

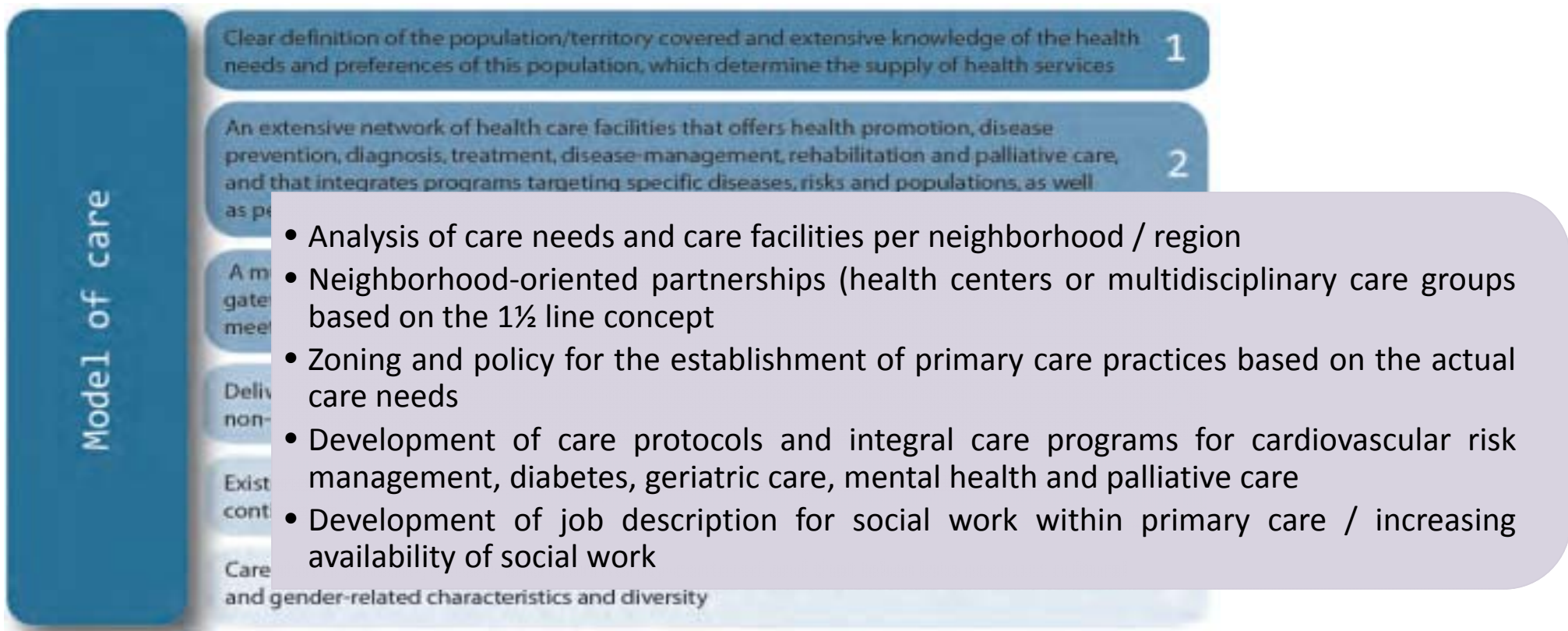
'Healthy'

Collective prevention
Life course 0-12 years





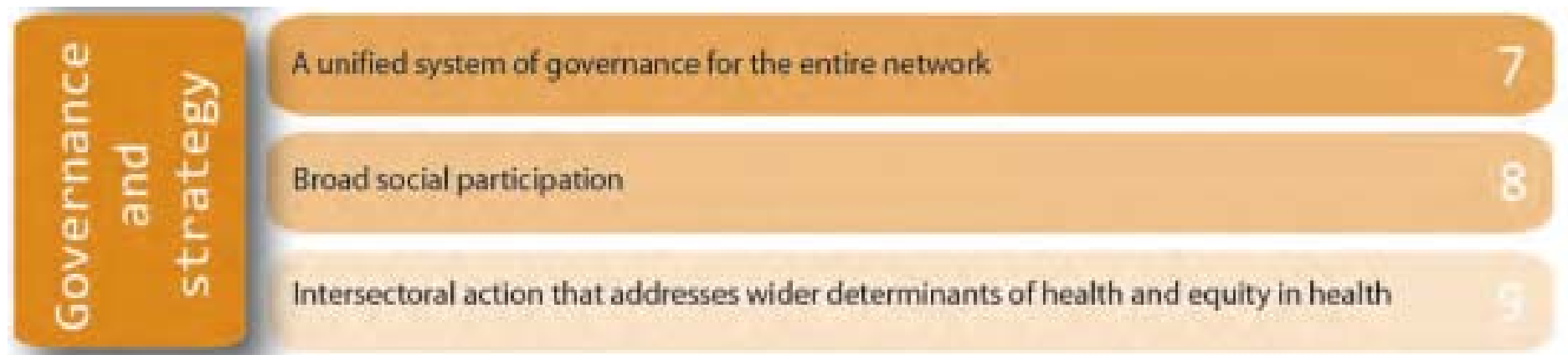
Reforms of the Model of Care



Source: PAHO – Integrated Health Services Delivery Networks (IHSDN)



Reforms of Governance and Strategy



- Adapt and develop legal frameworks
- Patient participation in integral care, f.e. patients (expert by experience), patient associations and/or community organizations
- Intersectoral cooperation to promote prevention and care (supporting and complementing primary care from the other sectors and care areas)



Reforms of Organization and Management

Organization and management

Integrated management of clinical, administrative and logistical support systems 10

Sufficient, competent and committed human resources for health that are valued by the network 11

An integrated information system that links all network members with data disaggregated by sex, age, place of residence, ethnic origin, and other pertinent variables 12

Results-based management 13

- Professional development (training and retraining in the field of prevention and Primary Health Care)
- IS4H: Information Systems for Health (electronic patient dossier with standardized data collection and registration)
- Development of monitoring and evaluation system (measurement of efficiency and effectiveness of integrated primary care)



Reforms of Financial Allocation and Incentives

Financial
allocation
and
incentives

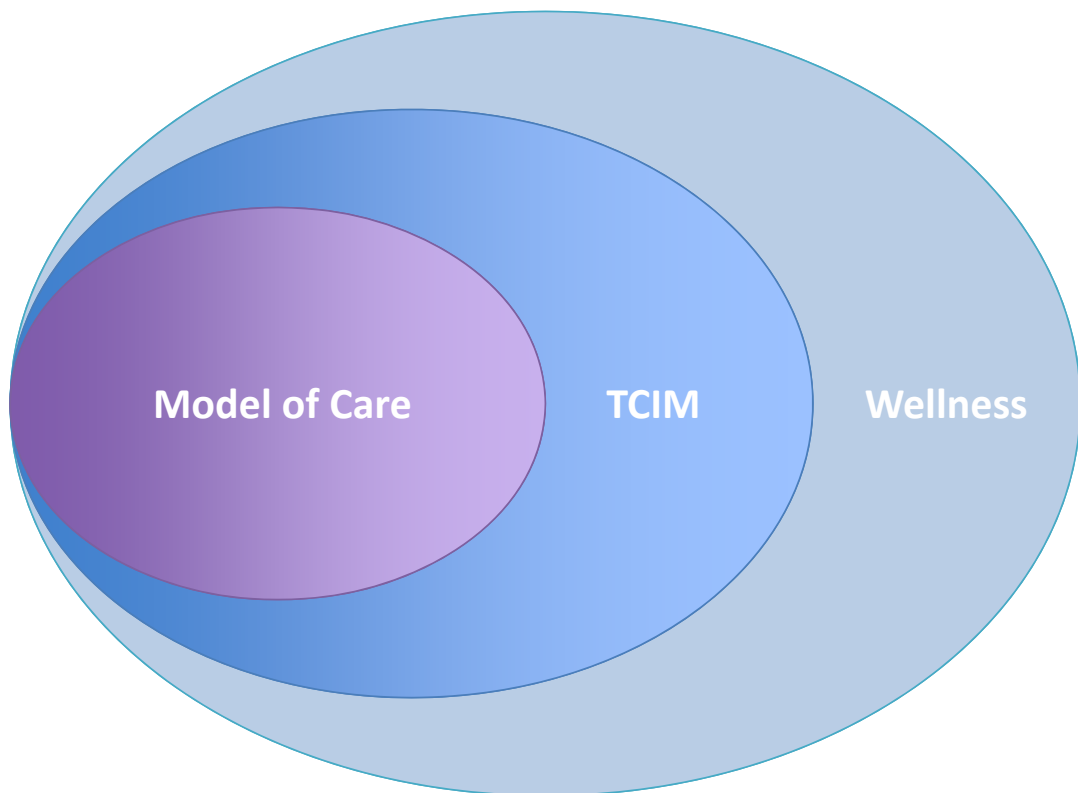
Adequate funding and financial incentives aligned with network goals

14

- Value-Based Reimbursement System for primary care (efficient and effective reimbursement model to promote integrated care provision in primary care)
- Integral funding of care for chronic diseases
- Reimbursement of an integrated healthcare offer in health insurance



Holistic Approach towards individuals is necessary for Universal Health



The Road towards Universal Health



Wellness & Health approach: prevention is better and cheaper than curing avoidable diseases and complications

HEALTH SITUATION

SHORTCOMINGS CURRENT CARE

REFORMS

End of Life

Intensive (catastrophic) care / Palliative care

Case management

Coordination of intensive care and *psychosocial support* of patient and family

Chronically ill

Fragmented chronic care / 1-size-fits-all chain care

Integral care (CVRM unit)

Collaboration within and between health & wellness, guided by *Individual Care Plan*

Short-term illness episodes

Lack of collaboration between and within the disciplines

Patient focused care

Reforms of reimbursement system to enforce patient centered care

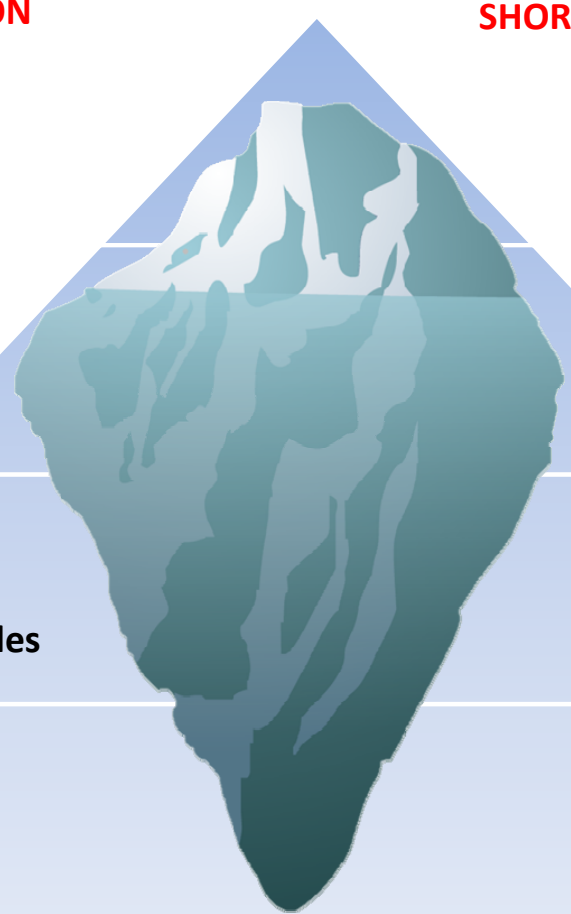
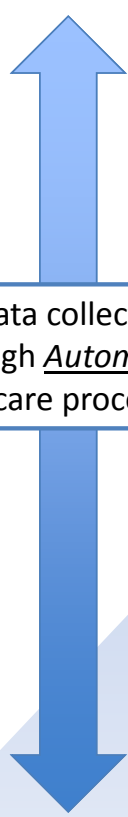
'Healthy'

Collective prevention Life course 0-12 years

Prevention and Wellness:

Life course approach / Wellness approach / HiAP: Prevention is better than cure / focus on hidden problems

Data collection through *Automization* of care processes





AGENDA

- TCIM and Wellness essential to realize a Healthy Curaçao
- The road towards Curacao Health & Wellness 2020
- Time for action



The Wellness Approach

- Established Wellness committee by the government
- Established Wellness foundation
- Alignment with PAHO and WHO
- Implementation of several wellness programs
- Review of Law & Regulation
- Raise public awareness and engagement





TCIM

- Alignment with and support from PAHO & WHO
- Established Unit for Traditional & Complementary Medicine within the Ministry
- June 2018 , First conference in TCIM in Curaçao organized by the Ministry
- Collaboration with Colombia: research on local herbs & pharmaceutical functions
- Review of Law & Regulations
- Raise public awareness & engagement



Natural Resources

- Enhancing local agriculture production, workshops on innovative methods
- Collaboration with Colombia and the Netherlands regarding Agriculture
- School for Fishery
- Home-,school- & community farming
- Fish breeding zones established
- Minimize Land pollution; establish X-team and clean up days
- Minimize Air Pollution continuous measurement of air quality
- Minimize Sea pollution
- Approved Policy on Agriculture, Fishery, Environment & Nature
- Review law & regulations



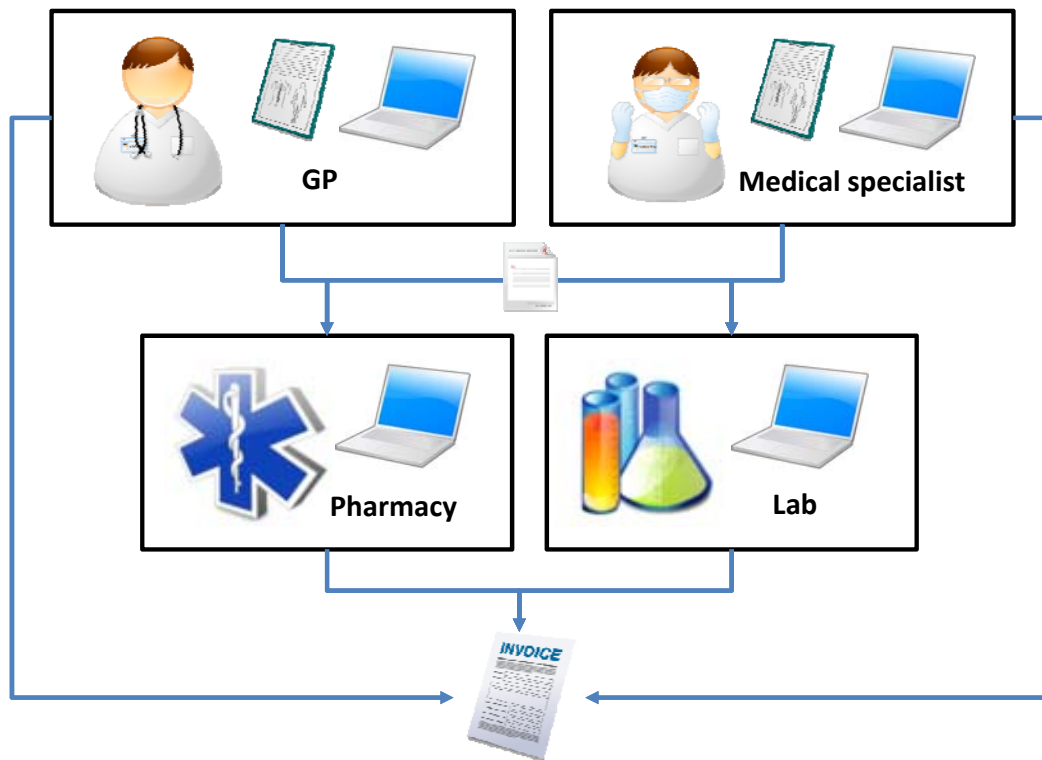
Modern/Allopathic Medicine

- Alignment with Universal Health Strategy of WHO and PAHO
- Elimination of shortcomings through implementing the strategic lines of Integrated Health Service Delivery Network concept
- Abundancy of opportunities to realize Universal Health

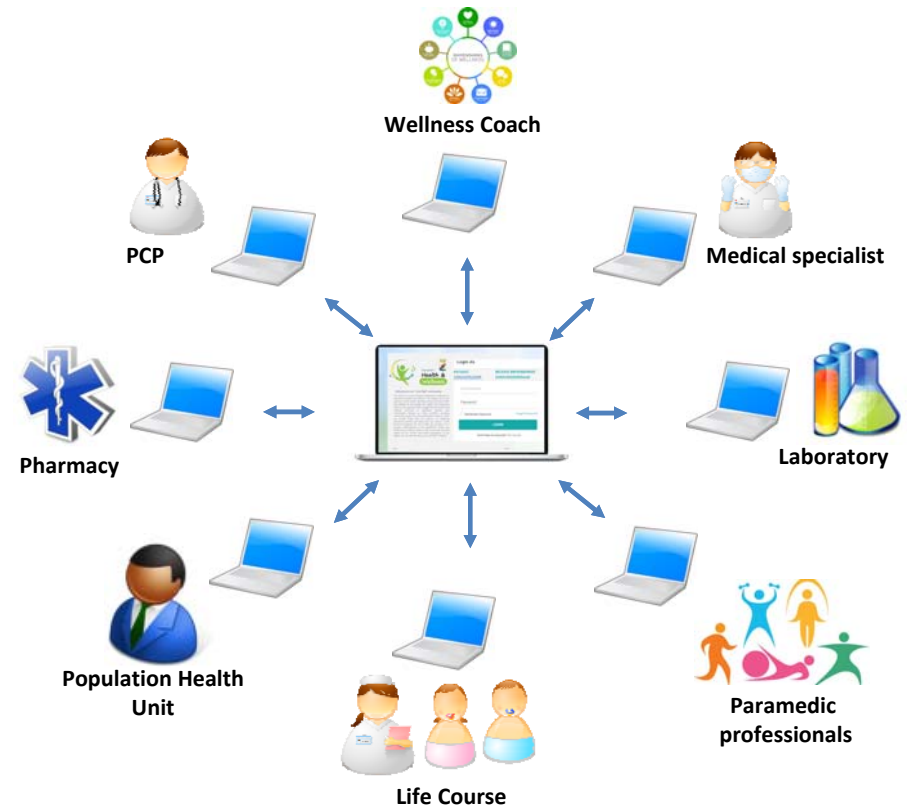


From the current fragmented care to multidisciplinary collaboration in CH&W Platform

CURRENT SITUATION

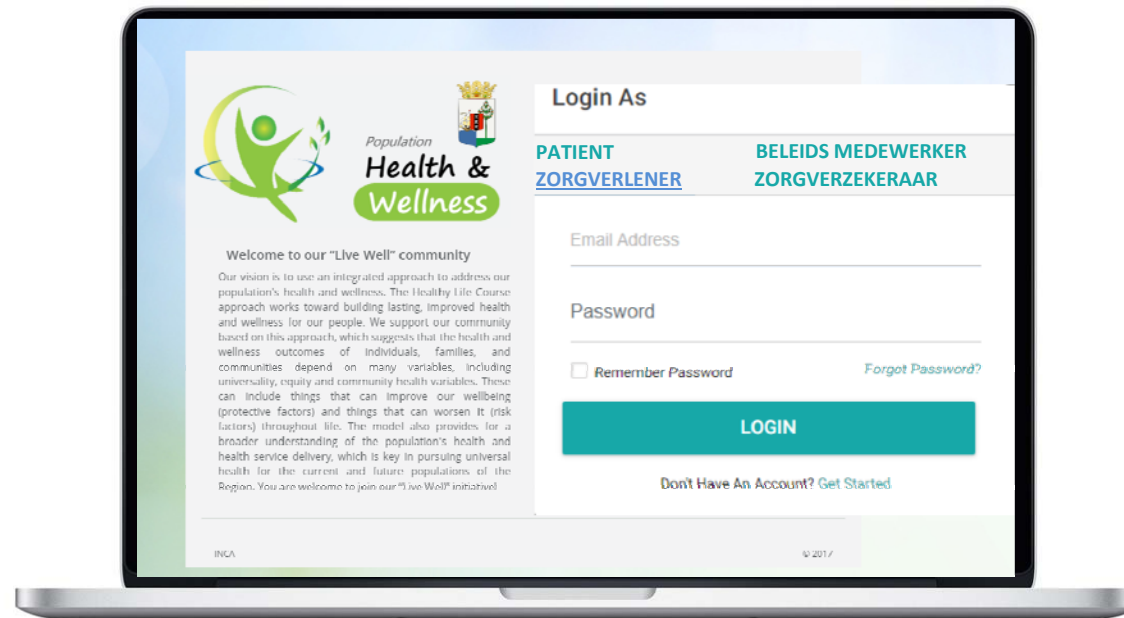


HEALTH & WELLNESS 2020





All stakeholders receive a dashboard and activity center relevant for them



The Primary Care Physician works from a custom made activity center

Dr. R. M. Martina - Huisarts
824194519
Sentro Mediko Konbaliidat Den Kuido

OVERLIJDENSVERKLARING MELDING INFECTIEZIEKTEN AANVRAGEN LABORATORIUMONDERZOEK NIEUWS ZOEKEN

ALERIS

- Dhr. Alberto, Juan geboren 24/04/1963
29/03/2018 15:09 @ Centru Mediko Bilevenyat
Systolische Bloedruk 180
- Mw. Martina, Samantha geboren 23/01/1950
02/04/2018 05:47 @ Curaçao Laborator y Services
Theophylline Spiegel 40 mg/L
- Mw. Soriana, Elizabeth geboren 30/01/1936
16/04/2018 05:47 @ Diagnostic Center Curaçao (DCC)
Nuchter Glucose 2 mmol/L
- Dhr. Augustino, Mariol geboren 28/09/1960
17/04/2018 11:42 @ Medisch Centrum Dominguito

AGENDA 17/04/2018

TIJD	NAAM	NHID	GESLACHT	GEB. DATUM	LEEFTIJD
08:15	GIRGORIE, MAURILIO	596560092	♂	13/07/1970	47
08:30	CLARK, AMY	794567601	♀	21/01/1964	53
08:45	DE LANNOY, RENSLY	500264731	♂	11/06/1985	32
09:00	BALENTINA, SORAYA	255014037	♀	16/02/1994	24
09:15	LASTEN, VIRGINIA	985530274	♀	12/11/1957	60
09:30	ZIMMERMAN, LARISSA	200648731	♀	01/03/2006	12
09:45	CHANG, VERROESJKA	406734625	♀	27/06/1988	29
10:00	MARTINA, JURICH	374210096	♀	17/01/2001	17
10:15	MAMBRE, SHIERLY	824679528	♀	17/02/1945	73
10:30	FRANSISCA, SORIA	97452475	♀	14/04/1998	20
10:45	VAN DER VEEN, VALESKA	36552478	♀	24/05/2012	05
11:00	WILLEMS, CHARLELLE	24156796	♀	12/05/1987	30
11:15	YANO, MARLON	24568937	♂	14/02/1999	19
11:30	WALLE, JAYDEN	36521489	♂	03/08/2001	16
11:45	SCHOOP, VALERIE	79645824	♀	01/07/1995	22
12:00	HE RIMANS, VANE-SSA	35778558	♀	08/11/1991	26
12:15	GRIFFITH, MANFRED	96658741	♂	30/11/2009	08
12:30	DAANTJE, VALERIE	25745685	♀	25/02/2003	15
12:45	MONTERO, VERONICA	95175324	♀	15/12/1962	55
13:00	DA SILVA, MENO	98563214	♂	04/09/1954	63
13:15	VAI FRIJAN, KASCHA	75489637	♀	11/10/2003	14
13:30	CORT-VEEN, WENDY	42587413	♀	08/12/1978	39

MIJN PRAKTIJK

Aantal Patiënten: 2000 (Eigen Praktijk), 2150 (Andere Praktijken)

Aantal Consulten Per dag: 20 (Eigen Praktijk), 23 (Andere Praktijken)

Aantal CVR Per 1000 Patiënten: 563 (Eigen Praktijk), 400 (Andere Praktijken)

CARDIOVASCULAR RISK

MIJN PRAKTIJK

Risicogroep	MIJN PRAKTIJK	ANDERE PRAKTIJKEN
BMI < 20	5%	2%
BMI 20-25	20%	15%
BMI 25-30	35%	25%
BMI > 30	40%	30%
HbA1c < 6.5	10%	8%
HbA1c 6.5-7.5	35%	25%
HbA1c 7.5-8.5	45%	35%
HbA1c > 8.5	10%	12%
Systolische Bloeddruk < 120	10%	8%
Systolische Bloeddruk 120-130	35%	25%
Systolische Bloeddruk 130-140	45%	35%
Systolische Bloeddruk > 140	10%	12%

ZORGMONITOR

Map van Curaçao met locaties van praktijken.

Buttons: CARDIOVASCULAR RISK, COPD, DIABETES MELLITUS, HIV/AIDS, DENGUE, ZIKA, CHIKUNGUNYA, FIJTR INSTELLINGEN

Note:
Solely illustrative,
the final activity
center is still being
prepared



The Wellness Coach works from a custom made activity center

New Tab x
https://portaal.gmn.cw

R. Martha - Wellness Coach
992404734
Sentro Pa Bienestar i Salu

INTAKE FORMULIER HEALTH & WELLNESS CURRICULUM BELANGRIJKE ADRESSEN NIEUWS ZOEKEN

ALERIS

- Mw. Laurence, Yvette geboren 11/01/1979
21/03/2018 12:42 @ Buurtcentrum Brievengat
Woede aanval op bureau
- Mw. Leeflang, Minerva geboren 11/06/1968
02/04/2018 10:37 @ Brasari
Paging tot zelfmoord
- Mw. Jansen, Sophia geboren 31/10/1981
04/04/2018 16:32 @ Sentro di barrio Janwe
Aidsbehandlings problemen ivm ISLA rook
- Dhr. Schoop, Marlon geboren 28/09/1960
11/04/2018 16:32 @ Home

TODO

- Dhr. Martha, Sharon
Zelfredzaamheid interventie
Afgesond | Bezig ✓
- Dhr. Martina, Sherwin
Besluitvaardigheden
Afgesond | Bezig ✓
- Mw. Pourié-Cova, Edseline
Medicatie verplichting controle
Afgesond | Bezig ✓
- Mw. Balentin-Kirindogo, Charley
Vervolg consult

MIJN PATIËNTEN

Emotioneel	Spiriteel	Intellectueel
37%	76%	19%
Sociaal	Fysiek	Beroep
56%	11%	36%

ZORGMONITOR

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ALLE PATIËNTEN

Emotioneel	Spiriteel	Intellectueel
52%	52%	49%
Sociaal	Fysiek	Beroep
75%	25%	37%

Wellness Indicatoren - Mw. Lasten, Virginia

Emotioneel	Spiriteel	Intellectueel
Sociaal	Fysiek	Beroep

In staat zijn om te begrijpen en te accepteren van je gevoelens en die van iemand anders.

Woede
Niet voldoende individueel betrokkenheid met een sterke uitgang, slecht ingetrokken gevoelens door onzekerheid met betrekking tot sociaal [meer...](#)

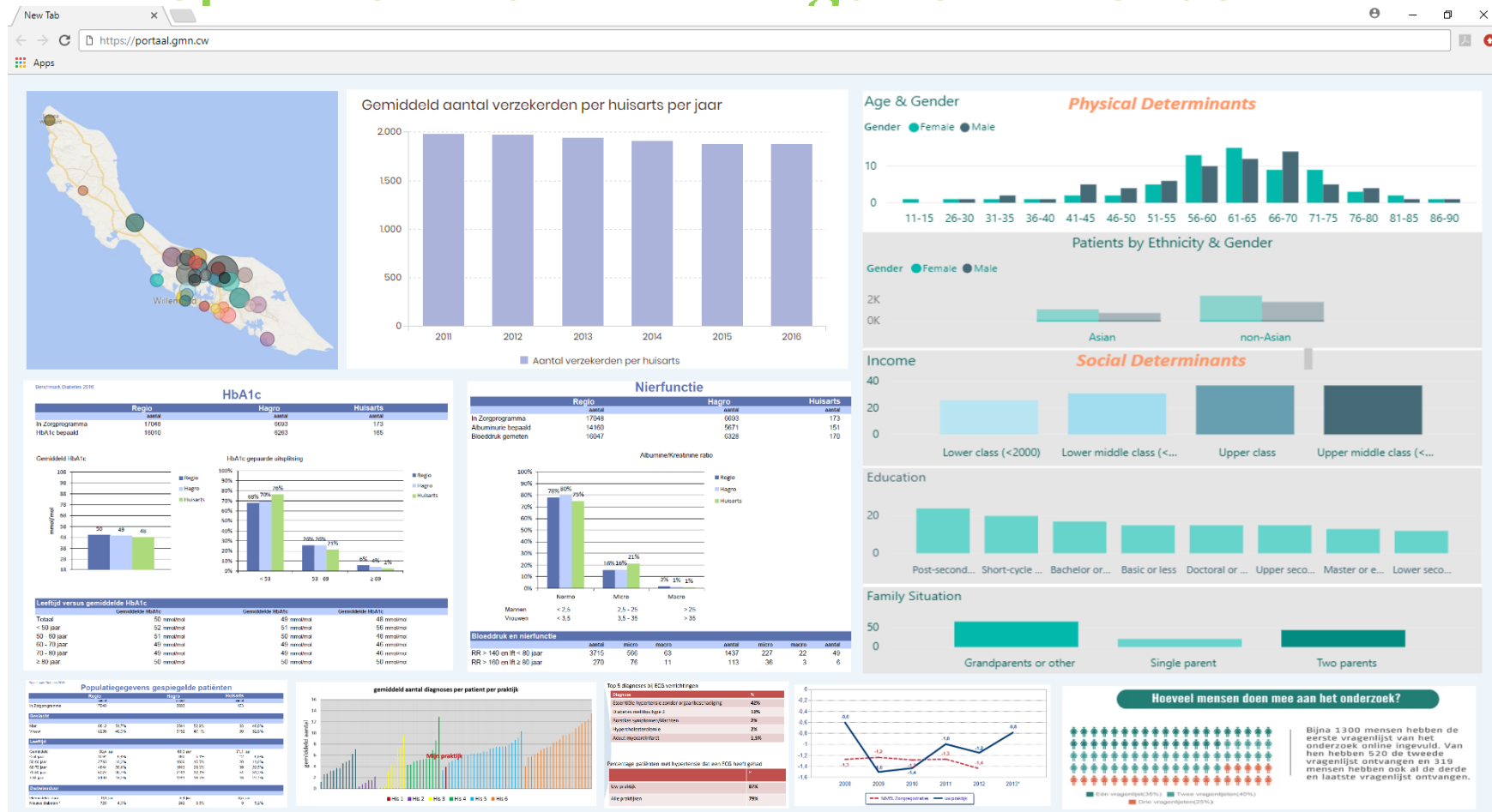
Blijdschap
Onvoldoende frustratie met bureau heeft ze recent verblijdende nieuws ontvangen dat haar zuje na herhaalde pogingen tot kunstmatig insomnatie ettelijk in verwachting is geraakt. [meer...](#)

Verdiel
Het overlijden van haar man 3 jaren terug zorgt nog voor regelmatige huilbuien en gemiddeld veel fysiek pijn. [meer...](#)

Frustratie
Wegens haar rollige overtuiging (dristendom) ziekte het voelt dat haar zo onvoldoende georiënteerd is als een gezond probleem. [meer...](#)

PATIËNT AANWILDLIJN IMPORT ZORGTEAM EIJR

The aggregated data comes together in the Population Health Management Dashboard



Note:
Solely illustrative,
the final PHM is
still being
prepared

