Decentralized healthcare: the shape of things to come?

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Hospital development in the 20th century

- Rising standard of living: novel expectations and problems
- Shifting trends in urban planning and development
- Technological and medical advances: focus on ever more complex interventions
- Centralizing trend in healthcare delivery: up-scaling, mergers, super- and subspecialisation
- Financial and regulatory incentives
New age of healthcare

Increase in numbers of people with diabetes in the world 1995-2030

- 1995: 135 million
- 2000: 171 million
- 2030: 366 million

Current pressures on healthcare delivery systems:
- Re-emergence & revitalisation
- Diversity
- Hospital
- Acute Care 1950 - 2005
- Chronic Illness 2005
- Community, Lifestyle
- Morbidity compression but also co-morbidities

DRG’s
PFI’s
System changes

Cross border

Finland
Italy
Netherlands
Romania
European Union
The end of the hospital-centric era?

Decentralized models of healthcare delivery services and infrastructure

Chains of smaller-scale facilities distributed around the catchment area (city, urban conglomeration, region)
Northern Ireland: complete reshuffling

Decentralized approaches in practice

- Acute Hospital
- Regional Hospital
- Local Hospital
- CHC
- Non-health agencies
- Other Community Facilities

1. 150-300 Thousand
2. 20-70 Thousand
3. 4
4. 1.7 Million
Coxa (Tampere) Finland:
Specialist elective orthopaedic facility
New regional framework

[Diagram showing interlinked pathways between GP clinics, acute hospitals, and trauma centers]
Other examples

- Italy: Re-organization of services and infrastructure in Tuscany region
- Spain: The Alzira Project, Valencia
- UK: Momentum, pathways to healthcare (North Tees)
- Australia: community hospitals
Core Hospital

Venhoeven CS Architecten / Itten + Brechbühl AG

Decentralized approaches in speculative design
Fair care – Care fair

Arkkitehtitoimisto
Harris-Kjisik Architects
Big Bang

Decentralized hospitals in speculative design

C. Weeber and others
Is decentralization of services the key to sustainable, safe, affordable healthcare?

Recent research by DuCHA and EUHPN is inconclusive

- Evidence base for benefits of decentralization is ambiguous
- Powerful drivers, but also anti-drivers and barriers to change
Future models of care

Driver(s)

Paradigm shift to preventative medicine and chronic care best served in small-scale, close-to-home health centres

Anti-driver(s)

No hard evidence (and some contrary evidence) for better outcomes through devolution of services to community health centres
Consumers & urban development

Drivers and anti-drivers

Convenience care
Healthcare as core element in sustainable urban and regional developments

Acute hospitals powerful icon
Natural community focal point
Resistance to change from citizens and municipal authorities

Decentralization
Financing and regulatory systems

Driver(s)

- Integrated care models
- Prevention of costly acute episodes
- Lower capital costs in tariffs

Anti-driver(s)

- Perverse incentives
- Financing systems do not operate across boundaries
- “Border disputes”
- Quality regulations
Operating efficiency healthcare providers

Driver(s)

Reduced need for expensive equipment and infrastructure
Cheaper staffing
Better fit between capital expenditure and gains
Increased flexibility

Decentralization

Staffing inefficiencies
Inefficient use of equipment
Increased need for logistics

Anti-driver(s)
Market competition

Mate van concurrentie ziekenhuizen 2008

Drivers and anti-drivers
Where are we headed?

Closure threatens Vlietland Hospital
Thank YOU!

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