Skill-mix innovation in the Netherlands

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The skill-mix innovation of interest
How did the Netherlands get from before to after?

Paradigm shift
(e.g. the 2002 report of the Council for Public Health and Care “Task shifting in healthcare”)

Major skill-mix reform strategies
(e.g. mental health care reform; long term care reform)

Specific skill-mix innovations
(e.g. modernization of health education; adaptations to Individual Healthcare Professions Act)
The big barrier that had to be overcome
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“Of all policy problems, the professional domain thinking and psychological barriers experienced by professionals are considered the most persistent problem by both health workers themselves as well as the Council for Public Health and Care.”

On the road from before to after
The Individual Healthcare Professions Act (‘BIG Act’) defines the tasks and responsibilities of health workers.

Nurse Specialists (est. 2009) have completed a 2-year Master’s degree in Advanced Nursing Practice. They work at the interface between medical and nursing care. There are 5 nurse specialisms.
Skill-mix innovation: Art. 36A applied to Nurse Specialists

The BIG Act contains the so-called ‘experimental article’ (Art. 36A), enabling a designated group of health professionals to perform reserved procedures for a period of up to 5 years. Additional criteria are included in an Order of Council.

In Dec. 2011, Art. 36A was applied to Nurse Specialists, allowing them to perform reserved procedures for an experimental period of 5 years. Upon positive evaluation, a permanent arrangement would be included in the Act.
Reserved procedures that Nurse Specialists were allowed to perform during experimental period (2012-16)

<table>
<thead>
<tr>
<th>Nurse Specialism</th>
<th>Acute</th>
<th>Chronic</th>
<th>Intensive</th>
<th>Preventive</th>
<th>Mental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Endoscopies</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Catheterization</td>
<td>X</td>
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<td>Injections</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Punctures</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Elective cardioversion</td>
<td>X</td>
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<tr>
<td>Defibrillation</td>
<td>X</td>
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<tr>
<td>Prescribe prescription-only-medicines</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Stakeholder involvement throughout the entire process
Independent evaluation of Art. 36A for Nurse Specialists

October 2017: the independent authority for Nurse Specialists was permanently included in the Individual Health Care Professions Act.

- More Nurse Specialists performed reserved procedures.
- The frequency with which Nurse Specialists performed reserved procedures increased.
- Nurse Specialists had more independence in indicating reserved procedures.
- The number of contact moments between Nurse Specialists and Medical Specialists was halved.
Lessons from the road

Enabling factors:
- Experimental nature of the skill-mix innovation
  - Little resistance around introduction
  - Habituation period
- All relevant professional organisations were involved throughout the entire process
- Evaluation conducted by an independent party