

*Outcome of
assessment*

**Support during the self-management
of chronic diseases**

Summary

In this report CVZ unravels the concept of *support during the self-management of chronic diseases* (henceforth referred to as self-management) and assesses the extent to which activities regarded as self-management should be included among the benefits insured according to the *Zorgverzekeringswet* (Zvw, Health Insurance Act). This report does not discuss the AWBZ.

The growing attention being given to self-management and increased autonomy in health care motivated CVZ to investigate the importance of the concept of self-management in chronic (somatic and psychiatric) diseases.

Definition

CVZ applies the following definition. *Self-management is getting patients with a chronic disease to manage and – as far as possible – accept responsibility for treating their own chronic disease (including coping with the physical and social consequences of the disease and making any required lifestyle adjustments) and to carry out any necessary actions themselves.*

Self-management is not, as such, designated as a care-form within the framework of the Zvw. CVZ has examined support during self-management in treating chronic diseases to determine whether it is an insured benefit in the form of medical care (article 2.4, first paragraph of the Bzv^a) or medical devices (article 2.9, first paragraph of the Bzv). CVZ has reached the following conclusion.

Medical care

According to CVZ, the following activities that promote self-management are part of the treatment of chronic diseases as normally provided by G.P.s, medical specialists, clinical psychologists and paramedics^b:

- education and information specific to chronic diseases;
- motivating patients with a chronic disease to cope with their disease as far as they are able and to determine their own personal treatment goals;
- support, focusing on care for patients with a chronic disease, with attention centring on the provision of information and education, the formulation of treatment goals, help and feedback (aimed at reaching personal treatment goals), even over distance (via the telephone and/or electronically) and during acute situations outside normal office hours;
- recording information about the disease, its treatment, treatment goals, agreements made and their evaluation in the medical file and/or care plan;

^a Bzv = *Besluit zorgverzekering* (Health Insurance Decision).

^b Article 2.4 of the Bzv refers to paramedical care and elaborates upon this care in article 2.6 of the Bzv as care normally provided by physiotherapists, remedial therapists, etc. For the sake of brevity, this report refers to care such as that normally provided by paramedics.

- the (digital) infrastructure for providing and organising care.

Medical devices

The medical devices necessary for self-management can be included in the medical devices and medical care benefits insured under the Zvw.

- Medical devices that patients with a chronic disease need for the treatment of their chronic disease can be included in the medical devices benefit as long as the medical device falls into one of the categories (or function-oriented descriptions) of medical devices included in the paragraph on medical devices in the Health Insurance Regulation (*Regeling zorgverzekering*).
- Medical devices that a person with a chronic disease uses at home can also be regarded as (long-distance) medical care normally provided by medical specialists. The cost-effectiveness of the treatment must have been proven. CVZ explored the interface between medical devices and medical care in its report *Defining medical devices and medical care*.

For new medical devices CVZ will be adhering to the procedures described in the report *Assessment framework for medical devices*. Devices that are in general use (for example, a computer) and out-of-pocket devices, will not be assessed.

Exception

Education that focuses on promoting patients' problem-solving capacity is about general human capabilities, whereby there is no question of a relationship with a particular disease. This form of general education is part of training and education. For this reason it is not designated as medical care for patients with a chronic disease that is normally provided by G.P.s, medical specialists, psychologists and paramedics.

Consequences?

CVZ points out that, within the boundaries of the Zvw, a multitude of possibilities exist for promoting and stimulating the self-management of chronic diseases. However, in practice, it seems that a number of obstacles do exist.

Insured clients

Patients with a chronic disease are not always sufficiently equipped to accept greater responsibility. CVZ expects that guidelines and care standards will contribute to transparency in the care of patients with a chronic disease. Individual care plans will provide these patients with support and guidance which will help them to carry out their self-management plan.

Professionals

Furthermore, training courses and refresher courses for professionals are not yet sufficiently geared to the changing division of roles between the patients with a chronic disease and those who treat them.

Health insurers

Health insurers can promote self-management and reinforce the implementation of instruments that are available in health

care practice via their health insurance policies and how they purchase care.

***Budgetary
framework for
health care***

As far as CVZ is currently able to determine, this assessment has no consequences for the Budgetary Framework for Health Care.

Risk equalisation

As far as CVZ is currently able to determine, this assessment has no consequences for risk equalisation.