

Subject:	Nursing in AWBZ institutions
Summary:	<p>The <i>College voor zorgverzekeringen</i> (CVZ) is frequently faced with questions about when is nursing in AWBZ institutions regarded as AWBZ-care and when does nursing represent care that is insured via the <i>Zorgverzekeringswet</i> (Zvw). In particular this is about situations involving medical specialist care. Clearly, medical specialist care in itself is funded via the Zvw. The questions focus on nursing care that is necessary in connection with that medical specialist care. CVZ acknowledges that the regulations do not provide an unequivocal answer and therefore they examined the history of the law and other arguments that play a role here. What emerged is that the legislator has always envisaged the realisation of care provided integrally for certain target groups within the AWBZ.</p> <p>CVZ elaborated upon this for the sector involving care of the elderly. The conclusions also apply to other AWBZ sectors. Where AWBZ-treatment with residence for somatic or psychogeriatric disorders or limitations are involved, the specialist in geriatric medicine (<i>specialist ouderengeneeskunde, SO</i>)¹ has final medical responsibility.</p> <p>The field of expertise of an SO specifically focuses on comorbidity and the complex care requirements of the elderly. The SO is often also responsible for carrying out the treatment that has been indicated by a different medical specialist, and is in charge of managing multidisciplinary care. All nursing care involved is then included under the AWBZ. If (carrying out) the treatment is beyond the field of expertise of the SO, the other medical specialist will be responsible and that medical care will fall under the Zvw, with or without the involvement of nurses. These are exceptional situations. This will generally involve admission into hospital.</p> <p>This is no different if a nurse (e.g., a nurse specialised in geriatric care) takes over the tasks of the geriatric specialist. It is still care that is normally provided by geriatric specialists. This is governed by the professional norms and guidelines with the professional group of SOs.</p> <p>If residence involves nursing but does not involve treatment, then all nursing that is common for the target group of the institution will fall under the AWBZ. In addition nursing may be involved that is necessary in connection with medical specialist care within the framework of the Zvw. That which applies in the home situation also applies to cases involving residence with guidance.</p> <p>CVZ also examined the consequences of implementation. In individual cases substantially more care is sometimes necessary than the care that has been taken into account in the 'package of care/support for this degree of gravity' (<i>zorgzwaartepakket</i>). This has not yet been properly regulated. The State Secretary has intimated that a budget for supplementary care will shortly be made available.</p>

¹ This used to be the nursing home doctor.

	If a <i>structural</i> alteration takes place in the degree of gravity of certain groups of clients, then the NZa will be able to alter the package of care/support for that degree of gravity and its funding.
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