New (Knowledge) Infrastructure for Patients with Severe Acquired Brain Injury: the Dutch Model

Jan Lavrijsen, MD, PhD
Head of the Knowledge Center PDOC,
in particular long-term care
Radboud University Medical Center
Nijmegen, The Netherlands





New (Knowledge) Infrastructure for Patients with Severe Acquired Brain Injury: the Dutch Model

Nobody should fall between the cracks

Outline

- Background
- Expertise Network (EENnacoma)
- Chain of Care
- New Knowledge Infrastructure PDOC
- Lessons



Unique Academic Medical Specialty

- Elderly Care Medicine (1990-2009: nursing home medicine)
- 3y postgraduate training program
- Incl. (geriatric) rehabilitation, long-term care, palliative care
- Advance Care Planning
- Specific target groups, e.g. severe ABI, PDOC



Long-term care PDOC in the 8os

- Patients without consciousness, without rehabilitation
- Families without hope
- Professionals without specialty
- Everyone without knowledge
- First landmark case (Stinissen 1974-1990)
- Problematic long-term care

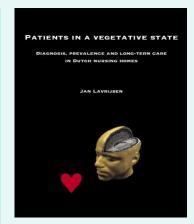


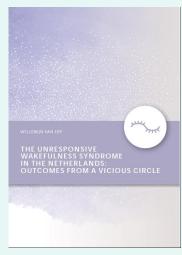




PDOC in The Netherlands

- > 90s: ethical & medico-legal framework
- Lowest prevalence UWS: 0.2/100.000 (2003, 2012)
- Lowest prevalence MCS: 0.2-0.3/100.000 (2021)
- < 2019: specialized rehab. reimbursed up to the age of 25
- 2012: 54% UWS patients no access to rehab.
- 2021: 53% MCS-patients admitted to rehab.
- Cohort UWS 2021-2018: 50% withdrawal ANH, survival > 33 y





Vicious circle < 2019

• Undertreatment in the acute and postacute phase leads to overtreatment in long-term care



End-of-life decisions

Tendency to discontinue treatment

Epidemiology

Low number of patients
Chances of recovery
unknown





Care organization

Suboptimal treatment

Expertise Network Severe Acquired Brain Injury (EENnacoma, > 2016)

- EENnacoma = 'ONE after coma'
- Research Group: 'Nobody should fall between the cracks', Radboudumc (2012)
- 9 care organizations:
 - 1 Specialized Rehabilitation Center (PDOC)
 - 8 Nursing Homes
- Professionals in the lead
- 'Figureheads' to connect science and practice
- Mission and vision



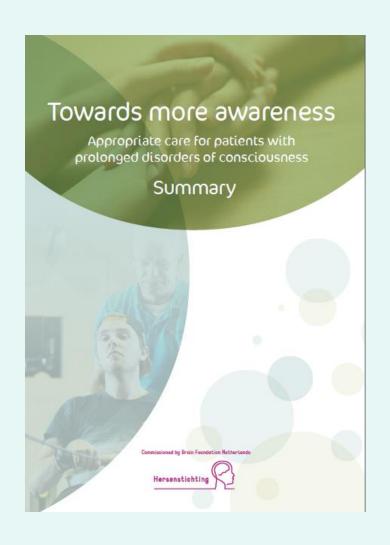
Appropriate Care for Patients with PDOC

Based on science and best practice

Adequate rehabilitation

Network of expertise

Chain of care, mobile team



National Care Standard TBI

• Supraregional and national organization of care for adults with sever traumatic brain injury and PDOC

Statement:

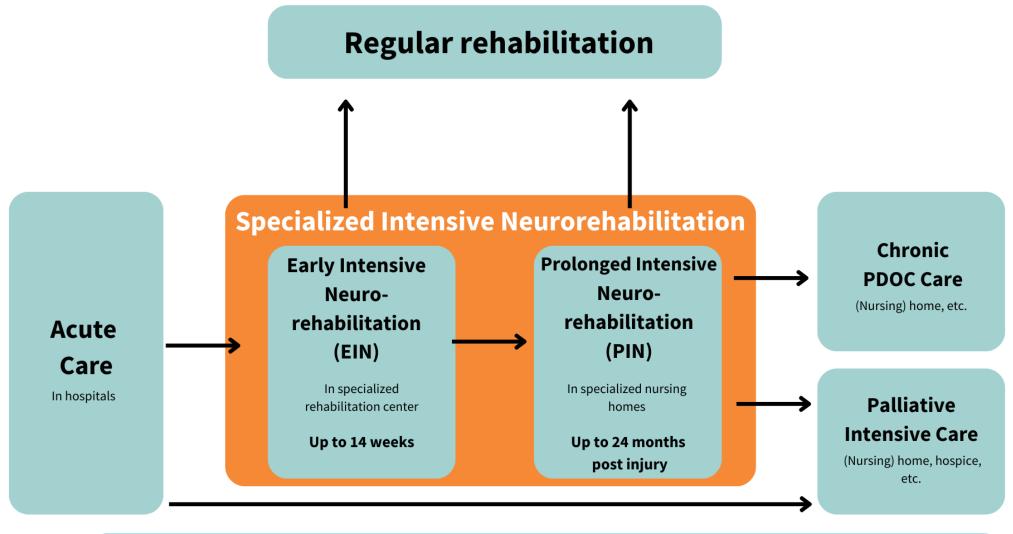
- 'Let the content of this care be leading for organization and funding'
- *Upcoming:* New Care Standard TBI/stroke recommends access to the specialized chain of care



Care Standard Traumatic Brain Injury Brain Foundation Netherlands, 2014

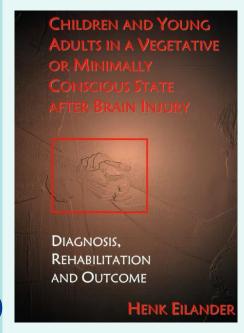
PDOC Chain of Care > 2019





Early Intensive Neurorehabilitation

- 1987: developed for children & young adults (0-25y)
- 1994: specialized team (directed by rehabilitation physician)
- Two-thirds of patients regained consciousness
- < 2019 reimbursed up to the age of 25
- > 2019 for all ages
- Reimbursed by Dutch basic Health Insurance Act (Zvw)



Early Intensive Neurorehabilitation

- Centralized in a single rehabilitation center
- Maximum of 14 weeks treatment
- 20-25 therapies weekly, 5x30 min daily
- Intensive counceling families
- 44% regained consciousness, 6% mortality



Prolonged Intensive Neurorehabilitation

- After Early Intensive Neurorehabilitation
- In 3 dedicated nursing homes
- Up to 2 years postinjury, 4-8 beds
- Multidisciplinary team (directed by Elderly Care Physician)
- Intensive counceling families
- Advance Care Planning
- Care Program (2022)
- Reimbursed by the Long-term care act (Wlz)



Nationwide prospective cohort study Intensive Neurorehabiliation (EIN & PIN)

Quantitative outcomes

- Level of Consciousness
- Functional outcome
- Complications, mortality
- Quality of life
- Burden of relatives
- Cost effectivity

Qualitative outcomes

- Quality of life
- Quality of dying
- Decision-making, ethical dilemmas
- Impact on relatives
- Impact on professional caregivers

Chronic PDOC Care

- After Prolonged Intensive Neurorehabilitation
- In 2-4 Regional Centers of Expertise
- Minimum 2-4 beds
- Multidisciplinary team (directed by Elderly Care Physician)
- Care program (2022), including:
 - Advance Care Planning
 - Moral deliberations
 - End-of-life decision-making
 - Family guidance



New support: Centers of Expertise in Long-Term Care

- Under direction of Ministry of Health & Welfare and Sports
- 8 target groups 'Low Prevalence, High Complexity'
- Including PDOC
- To improve quality of care, (knowledge) infrastructure
- Transitional phase > 2021
- Audit proof criteria, independent audits
- After approval ongoing funding:
 - Knowledge Center
 - Centers of Expertise long-term care



KPMG Advisory, report 2019 Centers of Expertise Long Term Care

Topics audit Knowledge Center PDOC

- Expertise
- Findability
- Research infrastructure, agenda
- Funding, grants
- Collaboration
- Competency profiles, education
- Development of products
- Implementation
- Shared data system



June 2023, Certificate Celebration PDOC

Met all criteria at maximum level: 4 y accr.





Uniform registration in PDOC network



What was helpful?

- Facts, (prevalence) studies
- Unity among experts, EENnacoma
- (Com)passion
- Personal commitment, trust
- Support families, organizations, agencies
- No financial, religious or political incentives
- Societal impact, media attention, blogs, ..







Lessons to cross bridges

- Appropriate care in each phase is possible
- Nobody with PDOC falls between the cracks!

