

The Difficulty to Get Psycho-Social Cancer Care Reimbursed: *Cancer Patients' Use and Evaluation of Psychosocial Care after Drastic Changes in Dutch Health Care Policy*

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Introduction: The Dutch health care insurance companies and the governmentally national health care legislation did restrict the offer of counseling for cancer patients and raised as well the fees for the counseling. The conditions concerning the financial cost for the patients became higher for less counseling in 2012-2015. These changes were often not well communicated to the therapeutical centres and their clients. In a study about the perceived and communicated effects of these changes were explored concerning the inflow of clients and their treatment evaluation.

Method: The data was based on the yearly answered questionnaires at a big cancer centre, filled in after finishing the therapy by the clients. For this purpose, two groups of clients were formatted based on the occurring health insurance and legislation changes: clients receiving psycho-oncological care and filling in questionnaires in 2012/2013 (N=334) and clients from 2014/2015 (N=360). Analysing of the differences between both groups concerning inflow and evaluation, the differences in background characteristics were taken in account by using multivariate tests.

Results: The results show that in 2014/2015 in comparison with 2012/2013 the clients were more often women, were more often a relative, were older, were longer diagnosed with cancer, and had more often received for them an unknown cancer prognosis. Also differences in the evaluation of the care were found on two treatment aspects. Clients in 2014/2015 were more complaining about the information provided about the therapy, their active participation by choosing a therapy, and about the counselors itself, e.g. their trustworthiness. Almost identical results were found for the three most commonly followed therapies separately: individual counseling, cognitive behavioural therapy, and art therapy.

Discussion: The results indicate that the insufficient communication about the changes in the health care insurance as well as the national legislation of care conditions did harm the psychosocial counseling of cancer patients. The psycho-oncological care became less easily accessible and more negatively evaluated for some groups of clients. These effects might be caused by the changes in health insurance and legislation. Restrictions about the design, the subjective data, changes of therapists, and illness states of the clients will be discussed.

Biography:

Adriaan Visser (1941), PhD, studied social psychology at the Free University, Amsterdam (NL). The published thesis (1984) was on the methodology of the measurement of patient satisfaction. Worked the rest of his life mostly as health psychologist, engaged in education of university and high school students (psychology, medical, nursing), research in health care, implementation of health care changes, writing, and editing. Nearly 100 grants have been awarded and a lot articles published on patient education, organization of health care, dental care, diabetes, fibromialgie, psychosocial cancer care, breast cancer, prostate cancer, palliative care, aging, family planning, psycho-neuroimmunology (PNI), depression, mindfulness, complementary medicine, and spirituality.