

DEMMA Foundation

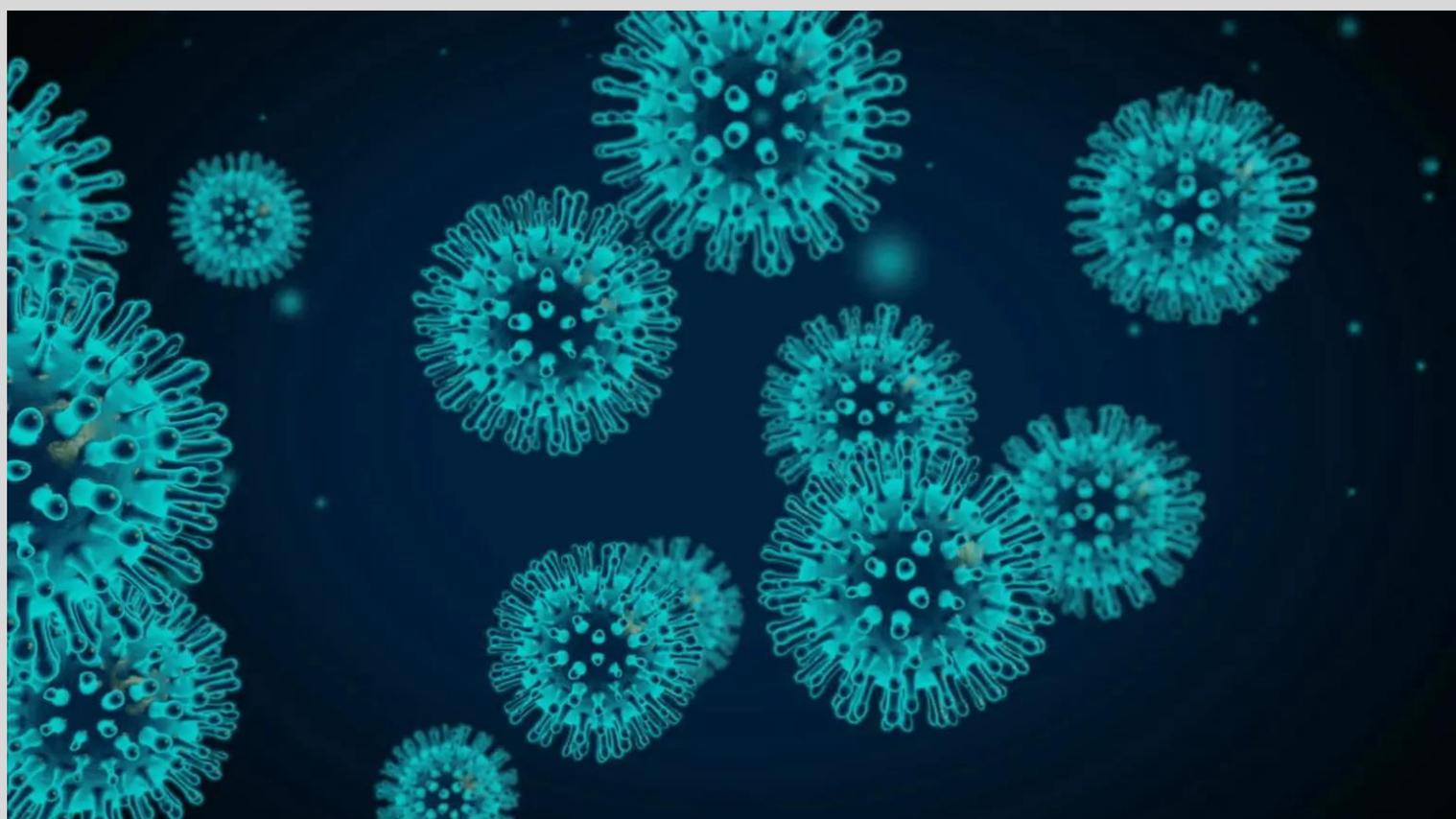
Drenthe Exchange Mytisch Medical Agency

The Netherlands

www.demma.nl

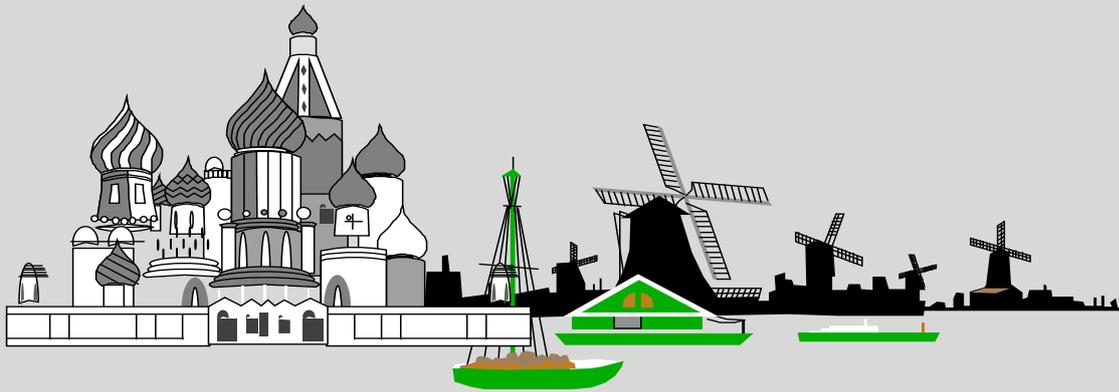


since 1991



(Covid-19 virus)

ANNUAL REPORT 2020



INTRODUCTORY ADDRESS of the CHAIRMAN

2020 was overshadowed by the COVID-19 pandemic. Health care systems in both our countries were stretched over extreme limits and subsequently DEMMA activities were severely reduced: Exchange Programmes were not possible due to travel restrictions, meetings and contacts took mainly place through Skype, Zoom, Teams etc. or via Mail. We have received messages from Mr. Andrey Tretyakov, Director of Mytischy Hospital and from Mr Vladimir Chorov, Urologist of Mytischy Hospital (and newly appointed DEMMA-M focal point), that after normalisation of the situation DEMMA Exchange Programmes will be resumed with renewed enthusiasm. In 2020 we have had the opportunity to do further work on the Poliklinika project. We are still convinced of existing learning points and options for innovations for the Dutch Healthcare System from experiences and practices in the health care in Russia. Our views were presented to representatives of the Dutch Ministry of Health Care, the Dutch Ambassador in Moscow, the King's Commissioner in the province of Drenthe as well to various groups of medical professionals. We are planning in 2021 to gain support for a broader study and will report in due course. We are very pleased with the membership acceptance of Mrs Jetta Klijnsma, King's Commissioner in the province of Drenthe, of the DEMMA Committee of Recommendation. The DEMMA board also welcomed Mrs Karen Grevers, Pharmacist in Assen, as a new member.

Jan Burggraaff MD

ABOUT the FOUNDATION

DEMMA (Drenthe) board members

J.M.Burggraaff MD, Jan : retired Gynaecologist, Emmen – Chairman (1)

P.S.J.Z. Mulkens MD PhD, Paul: retired ENT Specialist, Assen – Secretary (2)

R.J.Hissink MD, Rutger: Vascular Surgeon, Emmen – Treasurer (3)

H.Hagedorn MD, Heike: retired GP, Assen – Deputy Secretary (4)

E.J.Lutgert LLM, Ernst: business consultant, Assen – Representative CoR (5)

A.Schuiling-Morgatcheva, Alyona: Teacher/musician – culture & communication officer (6)

K.Grevers RPh, Karen: Pharmacist Assen–Member (7)



from L-R standing: 3, 4, 5; sitting: 6, 1, 2

Honorary members:

C.P. Tuinman MD, Kees: retired Occupational Health Advisor, Voorschoten

G. de Groot, Guus: Correspondent interpreter, Assen

DEMMA–M (Mytisch) board members

A.Tretyakov MD, Andrey: Head of Mytisch Hospital – Chairman

J.Suslova MD, Jekaterina: Deputy Director of Mytisch Hospital (poliklinika's) – secretary

V.Chvorov MD, PhD, Vladimir: Urologist Mytisch Hospital – Focal point

N.Lapina Sc PhD, Natalya: Molecular biologist – Member

L.Saarkoppel Professor, MD, Liudmila: Chief doctor Neurologist of Erismani Institute Mytisch -Member

A. Lebedev MD, Alexander: Cardiologist Mytisch Hospital – Member

A.Melentev MD, Andrey: Cardiologist Erismani Institute Mytisch - Member

Committee of Recommendation (in alphabetic order)



Mrs. Jetta **Klijnsma**, His Majesty's Commissioner in the Province of Drenthe agreed membership of the CoR

Mr. Victor S.**Azarov**, Mayor of Mytischki Region. Russian Federation

Mr. Jelle **Brandt Corstius**, Dutch publisher and Russia correspondent

Mr. Karel **Loohuis**, Mayor of Hogeveen. The Netherlands

Mrs. Jetta **Klijnsma**, His Majesty's Commissioner in the Province of Drenthe

Mr. Ernst **Lutgert** LL.M., business developer and entrepreneur in S.E. Asia Pacific regions
(Drenthe)

Mr. Marco **Out** Msc, Mayor of Assen, capital city of Drenthe

Mr. Derk **Sauer**, CEO Independent Media - The Moscow Times

Mr. Rob **Swartbol**, His Majesty's Ambassador in Moscow

Contacts with the Embassy of The Netherlands in Moscow

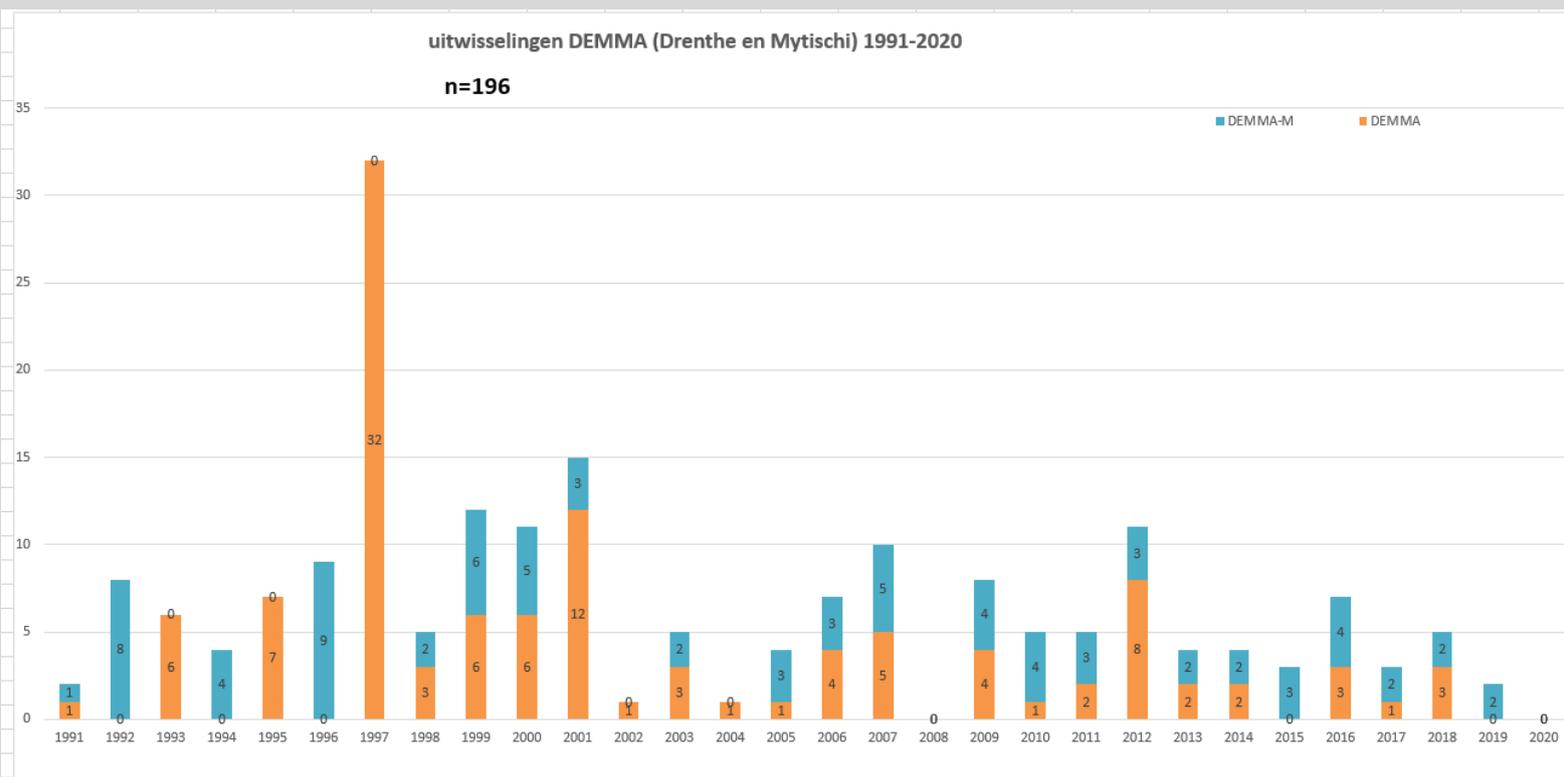
DEMMA have regular contacts with the Ambassador of The Netherlands in Moscow (Pereulok 6). It started in 1998 with baron de Vos van Steenwijk, who still lives in Drenthe. From that time on, with six successive ambassadors. Mrs. Renée Jones-Bos, the previous ambassador, paid a working visit to Mytischki hospital last year in December 2019. She retired in September. The current ambassador Mr. Rob Swartbol agreed to succeed her as member of the Committee of Recommendation. However due to ill health conditions Mr. Swartbol had to leave his post. From 2018 onwards DEMMA also remained in touch with Mr. Maarten Broekhof (Second Embassy Secretary). He moved to another post in the Hague at the Ministry of Foreign Affairs with focus on The Republic of Mali. The DEMMA Foundation likes to express their gratitude to him for his interests and commitment. His successor is named as Julie Nielen who is supposed to start in Moscow in January 2021.

MEETINGS – EXCHANGES - PROJECTS

OVERVIEW 2020 ACTIVITIES:

- No exchange projects in 2020
- Project “1.5-level Health Care” the Poliklinika as a source of inspiration

History of DEMMA Exchange Programmes: statistical data 1991-2020 (n=196)



In 2008 we were faced with an overall financial crisis; no exchanges took place. A comparable situation occurred this year, now due to COVID-19 restrictions, and again no exchange programmes.

Board meetings

The 2020 DEMMA board meetings were subsequently reduced in number. They did meet three times only: on January 9th, July 3th, and on December 9th (Zoom meeting). Venues were in Assen, Emmen and one Zoom meeting.



Ongoing collaboration with the Province of Drenthe.



There is little to report on the collaboration projects with the Province of Drenthe. DEMMA will continue trying to get more interests in the ‘1.5’-level Health Care project. The foreseeable benefits and learning points deserve to be addressed more intensively.

As mentioned Mrs. Jetta Klijnsma agreed to join the CoR. We will re-raise the issue in the near future.

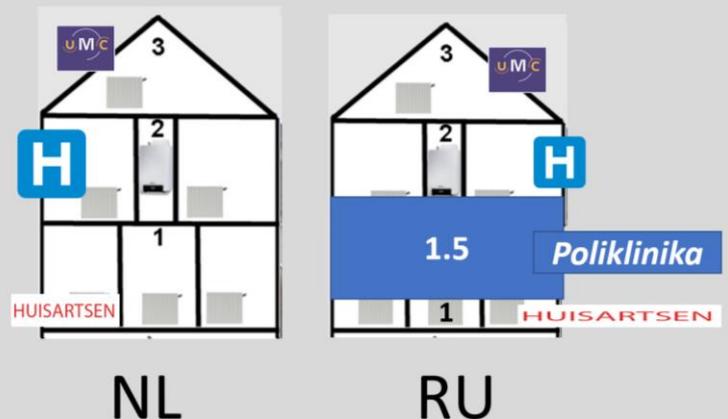
Project 1.5 level Health Care “The Poliklinika as a source of inspiration”

Introduction



All DEMMA Exchange programmes were put on hold, but it gave us the opportunity to look in more detail at the Poliklinika Project. Towards the end of 2020 The Ministry of Health, Wellbeing and Sports, up to then very much involved with managing the COVID-19 crisis, could be approached on this topic. A first meeting was agreed (digital) in the beginning of 2021. An important observation in the Netherlands is an existing gap between the 1st level of Health care, as provided by GP’s, and the 2nd level as provided by hospitals and medical specialists. There isn’t yet a proper position definition for a 1.5

level Health Care in The Netherlands. It is merely seen as a slightly upgraded 1st level of health service or as a downgraded second level of health care. There is also a clear overlap between the two. A first superficial research indicate that historical, conservative, territorial and financial arguments are raised in discussions on this subject. A 1.5 level of care in The Netherlands as such does not exist. DEMMA have over the 29 years of partnership with Russian colleagues



working in both levels of care, obtained a balanced view of the practicality of 1.5 level of care as is provided in Russia.

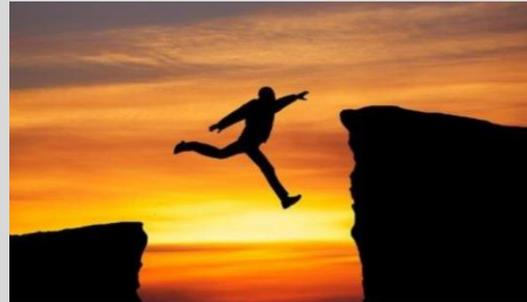
Poliklinika as a model for an efficient and effective 1,5-level Health Care system.

Generally speaking, Health Services in The Netherlands and Russia are similar and provided at three levels. The main difference however is the perceived large gap between the 1st and 2nd level in The Netherlands, not as such seems to be present in Russia.

An explanation for this gap could be in the organization of the first line. To refer a patient to a hospital or to a medical specialist has significant



consequences as it enhances an increase in very costly expertise and diagnostics. Over the years it has resulted in increasing Health Care budgets in The Netherlands and in increasing insurance premiums. The Governmental drive to reduce costs resulted in turn in limitation in access, and generation



of waiting lists in hospitals. To redress this issue will be a major challenge in the near future. How to facilitate a smoother transfer from this (very efficient) 1st line service into a very expensive specialist/ hospital treatment service.

In Russia one may characterize the “Primary Health Care” (PHC) with an outpatient setting and with day hospitalization as circumscribed, solid and generalistic 1st line care. But PHC is in fact subdivided in a generalistic and a specialistic component.



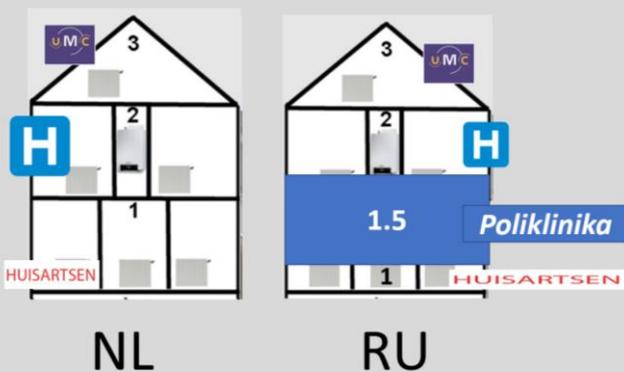
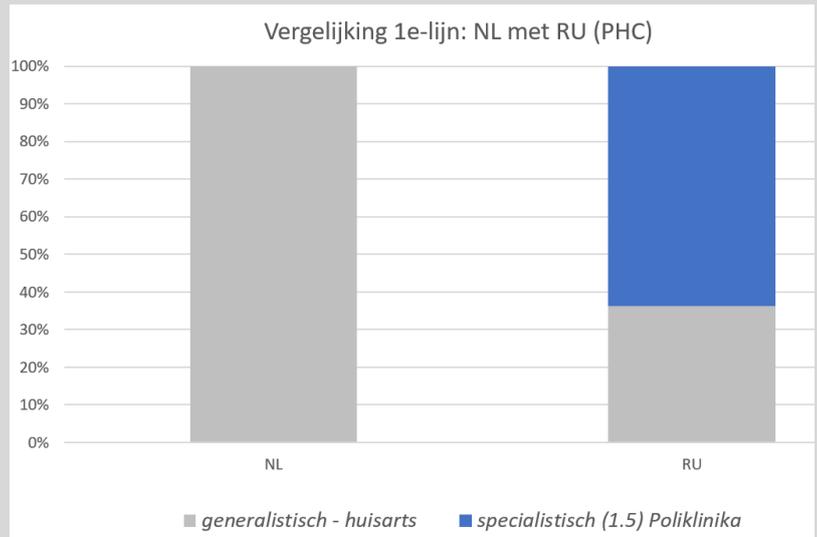
Federal law dated 21/11/2011 (N) 323-FZ (ed. by 29.07.2017) "on the fundamentals of protection of the health of the citizens in the Russian Federation."

- Article 33. Primary health care **primary health care is the basis** of the system for providing medical care and includes activities for the prevention, diagnosis, and treatment of diseases and conditions, medical rehabilitation, monitoring of pregnancies, healthy lifestyle and health education of the population.
- Organization of primary health care to citizens in order to be closer to their place of residence is **carried out by territorial-district basis**. Primary medical care is provided by medical physicians, therapists and paediatric general practitioners (family doctors)
- **Primary health care is provided in an outpatient setting and in the day hospital.** In order to provide citizens with primary health care when sudden acute diseases, conditions, exacerbation of chronic diseases, not involving a threat to the life of the patient and do not

It should be noted that the PHC system only properly works in urban areas; in rural areas in Russia practitioners operate equally as generalists. The specialist component of PHC is realized in the so called “Poliklinika”, outside the hospital environment. The relation between both PHC components needs to be established in the near future.

Poliklinikas in Russia, extramural, robust, polyclinical care centers with facilities for day treatment (with adherence of about 40.000 patients) prove to bridge a smaller gap between the 1st and 2nd line Health Care.

Comparing the levels of the models, it is realistic to suggest that the generalistic care in Russia operates possibly at a lesser level than in The Netherlands, but considering that PHC also enhances some 2nd level care, compensates it fully. Less complex 2nd level treatment is provided in PHC centers with 1st level service on low threshold and cost-efficient basis. What type of physicians would be required to work in such setting? General Practitioners with further training in disciplines of their choice such as for example in lung or pediatric diseases or in minor surgery, could work two days in their own practice and in the remaining days in the 1.5 level care centers. Another option is for medical specialists in their pre-retirement carrier phase. Less but more flexible hours and no night calls.



Is there any added value for the Netherlands to introduce such a PHC system? In DEMMA we are aware that political differences between Russia and The Netherlands were already present back in 1991, when the Foundation was established, as there are also today. From the mutual exchange programmes we have perceived that listening to and learning from each

other at equality basis, without prejudice is a recipe for quality improvement also in our medical work. With major changes ahead post COVID, we hope to share our experiences and views with the Ministry of Health, Wellbeing and Sports. We believe the subject is of major interest for the Health Insurance sector as well. DEMMA Foundation are open for any facilitation of communication or for further research.



De kernvraag

Posting a Dutch medical student in Mytischy

A new project! Fifth-year medical student Thomas van der Korst was preparing himself for a short internship in Social Medicine in Mytischy. The initial start was planned in spring 2020. His focus of attention would be on the organization and on the social medicine aspects of the Russian Poliklinika system. His report was to include pros and cons in respect of possible implementation of such system in The Netherlands. However due to the COVID-19 travel restrictions the programme was cancelled. A possible restart resume of the project will be considered at a later stage.

FUNDING and FINANCE

Funding



The main source of income is the loyal support DEMMA Foundation receives year by year from Treant Group (hospitals in Emmen, Hoogeveen and Stadskanaal) during the so called Dwoyka visits. Dwoyka's are annual two-week orientation visits to Drenthe of two Mytishchy Region Medical Doctors. Our guests are offered hotel accommodation and meals. As explained above, no exchange programmes were completed this year. A novelty for DEMMA is to offer small advertisements to businesses on their website for a modest fee. Accountancy and Tax Consultancy bureau for Medical Professionals in Groningen "Noord Negentig" subscribed in 2019 and will continued to do so in 2020.



Financial report

The financial records have been audited by a DEMMA Committee, and proved to be in good order. Low expenses this year due to the above-mentioned limited activities. For further details please refer to the DEMMA Treasurer.

References:

- Minutes DEMMA board meetings 2020
- Financial report 2020
- DEMMA notitie "Hoe kan de 1,5-lijnszorg (anderhalvelijnszorg) in NL leren van de 1^e-lijnszorg in RU? De *Poliklinika* als inspiratiebron" (DEMMA-website: pagina *Reports*)

English translation: Kees Tuinman, DEMMA honorary member

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