

The Impact of Laws and Regulations on the Administrative Burdens Within Healthcare

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Abstract: Despite all improvement initiatives such as the national action plan [De-]Regulate Healthcare by the Dutch Ministry of Health, Welfare and Sport in 2018 to create more time for care within the Netherlands, the administrative burden for care workers is still increasing. Managers of healthcare institutes struggle with efficiently implementing government legislations in day-to-day operations. They indicate that the time spent on administrative tasks demanded by municipalities and national authorities is too much. In addition, they also indicate that there is a lack of consistency and uniformity when it comes to the way care workers handle administrative tasks. This way of working causes additional, and often ad hoc, work in the run-up to an audit. It seems that before laws and regulations are effectively implemented, new laws or regulations again demand attention. This looks like a vicious circle, but research to confirm this is not found yet. Therefore, the following research question is formulated: "What is the impact of laws and regulations on the administrative burden with regard to the primary and supportive processes of Dutch long-term care?" An explanatory multiple case study was conducted to answer the research question. Three case studies were carried out during September 2019 to January 2020. Based on these studies, we have concluded that between 29% and 62% of the total perceived administrative burden by long-term care professionals can be related to legislation.

Keywords: healthcare, administrative burden, long term care, laws and regulation, public governance

1. Introduction

Healthcare and Long-Term Care (LTC) within the Netherlands is becoming increasingly expensive and the expected shortage of personnel continues to increase, while the volume of care is expected to continue to increase (Jeurissen, et al., 2018). The cause of this is attributed to the fact that the Netherlands is aging and the number of care recipients is subsequently increasing. The study of Hanekamp, et al. (2020) shows that LTC professionals spent an average of 35% of their workable time to administrative tasks (see Figure 1), while 23% of the time spent on administrative tasks is deemed acceptable. Six out of ten respondents believe that they experience an increase in administrative burdens. This result is consistent with other studies (Van Veenendaal, 2008; Joldersma, et al., 2016; Ministry of Health, Welfare and Sport, 2018; De Lint, 2019). The administrative burden is seen as one of the main reasons that less time is available for primary care. The increasing administrative burden has a negative impact on the functioning and job satisfaction of healthcare professionals (Hanekamp, et al., 2020). It is therefore not surprising that the turnover rate of healthcare personnel is very high (Joldersma, et al., 2016; V&VN, 2019).

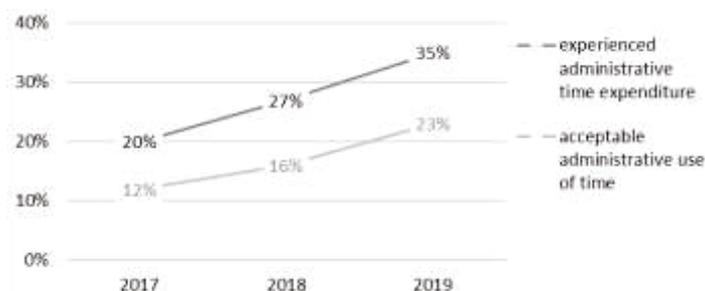


Figure 1: Administrative time expenditure (in% of total working time) within LTC (Based on Hanekamp, 2020)

The main purposes of administrative tasks within a healthcare setting are related to *accountability, quality of care, epidemiology* and *scientific research* (Sprenger, 2018). In case of LTC organizations, external independent administrative bodies (IABs) play an important role when it comes to information requirements regarding accountability and quality of care. These IABs require information, for example, on compliance status (Van Der

Steen, 2019) and quality of the services LTC organisations offer (Blume, 2017). The effect of these (increasing) information requirements is that the sector is becoming over-regulated (Erickson, et al., 2017; Hobma, 2017).

There have been several improvement initiatives in recent decades (Ikkersheim, et al., 2010; Ikkersheim, et al., 2011; Mens, et al., 2015; Aartsen, 2018; Maas, et al., 2020). These initiatives often had an internal focus, such as optimizing processes and information systems or removing rules. This internal focus works if the external environment is relatively stable. However, laws and regulations are changing on a regular basis (Kraaijeveld, 2018; RV&S, 2019). Based on these findings, our preliminary hypothesis is that LTC organizations are trapped in a vicious circle: external information requirements are constantly changing, while at the same time it takes time to adequately embed these requirements into their administrative systems. Therefore, our research question is as follows: *“What is the impact of laws and regulations on the administrative burden with regard to the primary and supportive processes of Dutch long-term care?”*

The research method is based on a parallel explanatory multiple case study. At three care organizations in the LTC a combination of qualitative and quantitative research methods is used.

In the next section the concepts of this research: *administration burden, laws and regulations* and *primary and supportive processes Dutch LTC sector* are discussed. The method section describes the research approach and the results of this research are described in the findings section. An answer on our research question is provided in the conclusion section and the limitations with recommendations for further research are listed in the last section.

2. Theoretical perspective

2.1 Administration burden

Blommaert & Blommaert (2016, p. 443) speak of administration as: “The systematic collection, recording and processing of data aimed at providing information for the benefit of the management sector, function and control of a household and for the accountability that must be accounted for it.”

The administrative burden is the perceived burden an individual has with the implementation of the policy (Burden, et al., 2012). According to Nijsen (2003), administrative burdens are hidden costs and discussions on the theme are strongly political. The emphasis is on the degree of government interference and on the inefficient way in which the administration is organized. This brings him to the following statement (p. 415): “Transfer of information costs are the integral costs of activities that companies must carry out in order to comply with specific obligations to transfer information to the government and on top of which the costs are incurred to meet the general accounting requirements”.

Authorities demand more accountability for outsourced services and simultaneously want to reduce the pressure and costs of administrative burdens at non-profit organizations (McGregor-Lowndes & Ryan, 2009). With the search for this cost reduction, the search for the so-called 'red tape' also starts.

The term "red tape" is the leading pejorative symbol of government bureaucracy in the English language. Most of the discussions on this are thoughtless denunciations of what is considered the inefficient and malicious effect of government (Kaufman, 1977). Bozeman subsequently raised the red tape to a new level, namely that of a clearly defined and researchable phenomenon of public and private government (Goodsell & Tech, 2000). According to Bozeman (2000), red tape is conceptualized as a set of rules that “entail a compliance burden without advancing the legitimate purpose they were intended to serve” (p.12).

2.2 Laws and regulations

Administrative rules are created, through legislation, rulemaking, and other processes of formal rule creation. Originally registration laws are enacted by other laws, making it clear what needs to be registered. Nowadays, other laws - framework laws (Van Gestel & Vleugel, 2013) - use open standards and therefore order to draw up rules and registrations yourself, for example in food safety. Supervisors such as the Healthcare Inspectorate, the Dutch Food and Consumer Product Safety Authority and the Social Affairs and Employment Inspectorate can impose additional requirements, including registrations. The same applies to the implementing bodies such as care offices of the health insurers and municipalities. Healthcare providers themselves can also request

mandatory registrations, which sometimes lead to 'superfluous registrations', which they impose as regulations on their employees. For this purpose, Article 7: 660 of the Civil Code states that the employee is obliged to comply with these regulations (Stapersma & Mak, 2018).

The LTC Act, the Social Support Act, the Youth Act and the Special Admission to Psychiatric Hospitals Act, which were investigated for administrative burdens in this study, are all framework laws. For the delegated regulations, organizations are then created to deal with the implementation of such a law. Such organizations are called independent administrative bodies (IAB). For the care office, for example, the law stipulates that an IAB must conclude written agreements with healthcare providers (overheid.nl¹, n.d.).

Finally, the 2012 Public Procurement Act is a translation of a European directive for public procurement. In order to ensure a fair playing field, governments should not simply award contracts privately to a party. Municipalities and healthcare providers make agreements about the quality and structure of rates. Support is being created in various EU countries to prevent contracts in the social domain from competing (Kiers, 2019).

2.3 Primary and supportive processes of the Dutch LTC sector

Hammer and Champy (1993) define a process as a *“set of partially ordered activities intended to reach a goal”*. A primary process is initiated from outside an organisation, e.g. the chain of activities that realises the delivery of a product to a customer. A supportive process creates the conditions for the primary process to be carried out (Aguilar-Saven, 2004). When it comes to the primary process of LTC, professionals perform administrative tasks related to legislation. Although nursing activities within the primary process have changed with time and technology, it is evident that evaluating how nurses spend their time has been of interest for decades. For example, Gran-Moravec & Hughes (2005) show that registered nurses (RNs) spend more time on medication administration than on documentation. However, Qian et al., (2016) reported that documentation is the most time consuming activity in nursing work, in addition to medication administration and verbal communication, and that these three activities are also the most frequent.

According to Stapersma and Mak (2018): *“It seems that more and more forms and checklists are appearing in healthcare. Healthcare workers spend a lot of time with it. Precious time that they would much rather spend on their clients.”* In the same report, they divide all registrations arising from national legislation into eight themes: (1) the file, (2) the care plan, (3) forced admission and treatment, (4) medication, (5) quality and safety, (6) food safety and hygiene, (7) the indication, administration and the care agreement for a personal budget and (8) information security. Within these eight themes, the researchers provide an overview of the registrational tasks to be carried out by healthcare workers and registrational tasks carried out by supportive staff. Within the Dutch LTC-sector there are different funding flows, each with its own specific set of rules and regulations with respect to registration and reporting. Nursing home organizations for example must comply with more than 451 external rules (Hanekamp et al, 2020).

Especially LTC professionals working in small-scale residential facilities had to take over more and more administration from the facility and thus supportive processes. For example checking food in the refrigerator for the expiry date and measuring the temperature of running water for legionella prevention every month. For supportive processes, healthcare employees are also obliged to provide accountability information, such as tracking the presence of clients and the number of hours of care the client requires (Hanekamp, et al., 2020). Therefore, it is unclear which activities belong to primary or supportive processes.

3. Method

For this study an explanatory multiple case study (Yin, 2014) is performed from September 2019 till January 2020. A holistic design was preferred because it had to become clear what the impact of different laws and regulations is on the broad context of long-term care. A multiple study design makes it possible to compare differences and thereby generalize the findings to other cases (Yin, 2014). The following cases were selected based on the most relevant laws and regulations within the broad context of this research (LTC within the Netherlands):

Case 1. The administration burden in relation to the LTC Act. This Law is implemented in December 2014 (Overheid.nl¹, n.d.). The context focused on primary LTC processes of elderly care.

Case 2. The administration burden of the Special Admission in Psychiatric Hospitals Act. This Law is implemented in October 1992, and replaced by the Mandatory Mental Health Care Act in January 2020 (Overheid.nl⁴, n.d.). The context focused on primary LTC processes of addiction treatment.

Case 3. The administration burden related to the Social Support Act and the Youth Act. Both laws were implemented in the 2014-2015 period (Overheid.nl^{2,3}, n.d.). The context focused on supportive LTC processes of mental disability care.

All three selected organizations for this study are large LTC healthcare institutions with multiple locations in the Netherlands.

The research process was the same for each case. First, the selected law has been studied for potential registration points. These points have been verified by performing exploratory interviews with LTC personnel involved in the process and own observations. Subsequently, it was examined how much time was spent on the administrative tasks, how much of these tasks were related to formal rules and regulation and how burdensome these tasks were according to the employees. In the case of the supportive processes, this information has been retrieved by interviews. For the primary processes observations were carried out where possible and a survey was conducted.

Table 1 presents in detail the used method per case and research phase. The collected qualitative data is qualitative analysed with Excel.

Table 1: Used methods per case and research process phase

		Case 1	Case 2	Case 3
1st	Focus on	Primary process	Primary process	Supporting processes
	Exploratory interviews	N=12 with LTC personnel and managers	N=4 with outpatient assistances (focus group), physician director, law officer, secretary	N=15 with contracting, counter, declaration & control and accountability.
	Observations	4 locations observed, during the day and night shift	The main location with hospitalization observed	5 departments observed
2nd	Survey sample size	90	48	
	number of respondents	N=39	N=34	

After collecting and analysing the research data from each case, comparing the results of the three cases was the final step. This was done based on:

- The total number of hours spent during a day shift of 8 hours.
- The total number of hours that can be allocated to the legislation.
- The experienced administrative burden attributable to the legislation.

4. Findings

4.1 Case 1 - Primary care process Long-Term Care Act

As previously indicated, care workers must register on the eight items (Stapersma & Mak, 2018). The exploratory interviews and observations confirm that these elements are recorded during day and night. The total observed time to record all elements during the day or at night averaged 2.6 hours per working day (8 hours).

In the second phase, a survey of health workers asked how much time was spent on administrative actions (on average at least 1.9 hours per working day) and which administrative actions took the most time. The open answers are categorized based on the specific items. Because each respondent was able to provide an answer representing one or more items, each respondent was awarded a total of 3 points. In the event that a respondent gave an answer that corresponded to one item, then the item received 3 points. If the answer matched three items, then each item received 1 point. In addition to this question, the respondent also had to indicate which

administrative action was not necessary. Also, this answer was categorised based on the specific items. The results are presented in table 2.

Table 2: Survey results Law Long-Term Care

Case 1						
Items	Care plan	Client file	Medication	Quality	Total	Other
total points	12,5	34	11,5	0	58	59
% of total	11%	29%	10%	0%	50%	50%
Not necessary	3	3	1	4	11	17
% of total	8%	8%	3%	10%	29%	44%

These results show that in total 50% of all administration is related to legislation and 29% of respondents indicated that the items related to legislation are not necessary and can therefore be considered a burden. Not all items were mentioned by the respondents. This does not mean that they are not tracked, but it does mean that they are not among the items that consume the most time or are a nuisance.

4.2 Case 2- Primary care process Special Admissions to Psychiatric Hospitals Act

Various parties are involved in the registration of a judicial application related to the Law Special Admissions to Psychiatric Hospitals. Namely: the general practitioner, the healthcare institution, the police, the public prosecutor, the lawyer, the judge and the healthcare and youth inspector. The patient's core characteristics, the type of authorization and the decision of the judge are recorded (Ministry of Health, Welfare and Sport, 2018). The exploratory interviews and observation confirm that these elements are registered in the context of the Law Special Admissions to Psychiatric Hospitals, but further actions are also being recorded. After gathering the possible actions, a list of 12 items has been compiled which has been checked by the LTC professionals.

In the second phase, a survey of health workers asked how much time was spent on each administrative action and which administrative action was the biggest burden (Table 3). Not all items are listed in Table 3. Items not declared as an expense have been omitted. The items that remain are good for 74% of the total indicated administration time (2.4 hours per working day at least).

Table 3: Survey results Law Special Admissions to Psychiatric Hospitals

Case 2							
Items	Treatment progress	Measure ments	Contact with client	Treatment plan	Judicial application	Total	Other
Min time	36 min	2 min	30 min	13 min	11 min	92 min	15 min
% of total	25%	2%	21%	9%	7%	90%	10%
Burden	12	1	3	1	4	21	13
% of total	35%	3%	9%	3%	12%	62%	38%

These results show that 90% of all administration is related to legislation and 62% of respondents indicated that the items related to legislation are a burden. The registration around the treatment process is the biggest time consumer and burden in case of the Law Special Admissions to Psychiatric Hospitals.

4.3 Case 3 - Support care processes Social Support Act and the Youth Act

In case of the Social Support Act and the Youth Act, there is an obligation to draw up a treatment plan between client and care provider and a family plan that goes from client to municipality. The care provider is also obliged to register the number of care hours provided that are linked to the care allocation. At the end of the year, the healthcare provider will provide the municipality with an approved auditor's report, which complies with national guidelines. Finally, the healthcare provider must systematically collect, record and justify data on the quality of the aid.

Agreements to supply these data are made in advance between the healthcare parties involved and these agreements are evaluated afterwards. These steps are taken up by support services of the healthcare

organizations and are therefore not part of the primary process. Therefore the whole process around the administration of the Social Support Act and the Youth Act is divided in five activities:

- 1. Care contracting (2.3 FTE),
- 2. Counter (3 FTE),
- 3. Register (primary process)
- 4. Declaration & Control (1.8 FTE)
- 5. Care accountability (2 FTE)

All supportive processes are processed in total by 9.1 FTE (full-time employees). Prior to the implementation of the Social Support Act and the Youth Act, only the *Counter*, *Register* and *Declaration & Control* activities were carried out. A total of 4.3 FTEs was recruited for the care contracting and accountability activities. Before the Social Support Act and the Youth Act were implemented, the care arrangements were organized through central government. By implementing these laws, accountability was decentralized to the municipalities. The activities *Counter* and *Declaration & Control* did not grow in FTEs, while decentralization meant that more work had to be done. It is therefore assumed that the overall increase in FTEs due to the design of the two new activities can be fully attributed to the legislation. With regard to the administrative burdens, the *Care contracting* and *Care accountability* activities have been set up almost entirely ad hoc. Each contract is tailor-made and almost every information overview (at least 80%) is set up and delivered at the request of the municipalities. So in the supportive process, 45% of the combined activities are a burden for the organization (*Contracting*: 100%, *Counter*: 0%, *Declaration & Control*: 0% and *Care accountability*: 80%).

4.4 Case comparison

Table 4 shows that the total time spent on administration per working day for case 1 and 2 corresponds to the national experience. These numbers apply to primary healthcare processes. The activities that can be performed by personnel other than LTC professionals are included in the supportive processes. Case 3 shows that in the case of at least the Social Support Act and the Youth Act, 9.1 FTE is employed.

Table 4: Hours spend on administration per dayshift (8 hours)

Primary process		Total		% of a dayshift
Case 1	Long-Term Care Act (opinion employees)	1.9	hours a day	24%
	Long-Term Care Act (observed)	2.6	hours a day	32%
Case 2	Special Admissions to Psychiatric Hospitals Act (opinion employees)	2.4	hours a day (at least)	30%
Support processes		Total		% of a dayshift
Case 3	Social Support Act and the Youth Act	9.1	FTE	-

The hours per case that can be allocated to the relevant legislation are shown in table 5. This shows that at least 47% of the total administrative hours can be attributed to the consequences of a law. The other hours mainly relate to internal activities (placing orders, sending emails and scheduling issues).

Table 5: Hours assignable to law and regulation per dayshift (8 hours)

Primary process		Total		% of a dayshift
Case 1	Long-Term Care Act (opinion employees)	0.9	hours a day	50%
	Long-Term Care Act (observed)	1.3	hours a day	50%
Case 2	Special Admissions to Psychiatric Hospitals Act (opinion employees)	2.2	hours a day (at least)	90%
Support processes		Total		% of a dayshift
Case 3	Social Support Act and the Youth Act	4.3	FTE	47%

The part of the total administrative burden that can be attributed to legislation is shown in table 6. This shows that to an extent a law may be related to an administrative burden. However, there is no clear picture of the

amount of burden for a specific law across the country. This probably depends on the law and the way in which it has been translated into concrete registration points by the implementing agencies.

Table 6: Administration burden assignable to law and regulation

	Primary process	Total
Case 1	Long-Term Care Act	29%
Case 2	Special Admissions to Psychiatric Hospitals Act	62%

	Support processes	Total
Case 3	Social Support Act and the Youth Act	45%

5. Conclusion

In this study an explanatory multiple case study was conducted to answer the research question:

“What is the impact of laws and regulations on the administrative burden with regard to the primary and supportive processes of Dutch long-term care?”

This study shows that laws and regulations create both perceived and measured administrative burdens for the people who work in LTC. For LTC primary process, healthcare workers spend 24% to 32% on administrative tasks of all available care time for clients during an 8-hour dayshift. These findings largely correspond to the figures that Hanekamp (2020) has found for 2018 - 2019, namely 27% to 35%, see Figure 1. For this study, this means that 68% up to 76%, of an 8-hour dayshift remains for immediate care. In other words: a quarter to a third of the available care time is spent on administration. A striking difference is the percentage of what administrative time is now spent on legislation and regulations. For the LTC Act, half of the administrative time goes there and the other half goes to other administrative tasks. For the Special Admissions to Psychiatric Hospitals Act, however, this is 90% and only 10% other administrative activities. In addition to the time spent on primary processes, LTC organizations have established supportive processes to relieve the primary process. Case 3 shows that 47% of the total time can be allocated to legislation and 45% of these activities are not standardized, which can be classified as a burden on the organization.

Analogous to this outcome is also the outcome for the perceived administrative burdens of employees. Here too, the administrative burdens arising from the Special Admissions to Psychiatric Hospitals Act take the most time, according to the employees, namely 2 hours and 24 minutes. This saves half an hour with the experiences of their colleagues who register under the Long-Term Care Act; they register 1 hour and 54 minutes. In addition, for the Law Long-Term Care, the observed time spent on administration exceeds that of the experienced time on administration by 42 minutes. The administrative tasks that absorb the most time at the Special Admissions to Psychiatric Hospitals Act are successively the ‘Treatment Progress’ (25%) and the description of the ‘Contact with client’ (21%). ‘Treatment Progress’ is considered the most burdensome of these. For the Long-Term Care Act, in this context, most administrative tasks had to be carried out to draw up and maintain the treatment and care plan; 29% and 11%, respectively.

Although we like to offer solutions to the problem of administrative burdens, our conclusion only provide insight into the impact of legislation and regulations on the administrative burden within LTC organizations. This insight can help managers implement the right governance structure and leadership to reduce administrative burdens. Follow-up research is needed to provide solutions.

6. Limitations and recommendations

We have mainly looked at the impact of legislation on the administrative burden, but it remains unclear how this can be avoided or how the risk of red tape can be reduced. Sutherland (2020) highlights key themes to enhance the value of health care, such as data linkage across health sectors and a standardized cost and outcome information. Information Technology (IT) has been seen as a panacea in recent decades for these themes, but given the ever-increasing administrative burden, this does not seem to have a positive impact on the administrative burden. Further research in this area is needed to clarify how IT can help.

Looking at the results, there are differences between the observed time and the perceived time. This study showed that law related administrative tasks that take the most time also received the most points for

unnecessary registrations. The impact of the administrative burdens on the primary process can be influenced by the creation of a partnership between legislators, regulators and healthcare workers (Virant and Kovač, 2010) and by integration management of administrative tasks (Michel, et al., 2017). A partnership allows the regulator to gain a better insight into the relevant information about the actual state of affairs. And on the other hand, the addressees consider an ordinance more legitimate if they had the opportunity to participate in its formation, even if not all of their comments were taken into account. Future research is needed to give insight to how LTC professionals implement legislation and regulations into their primary process in such way that they experience the administration less as a burden. We propose a broad observation study to get a better understanding of actual registration time.

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