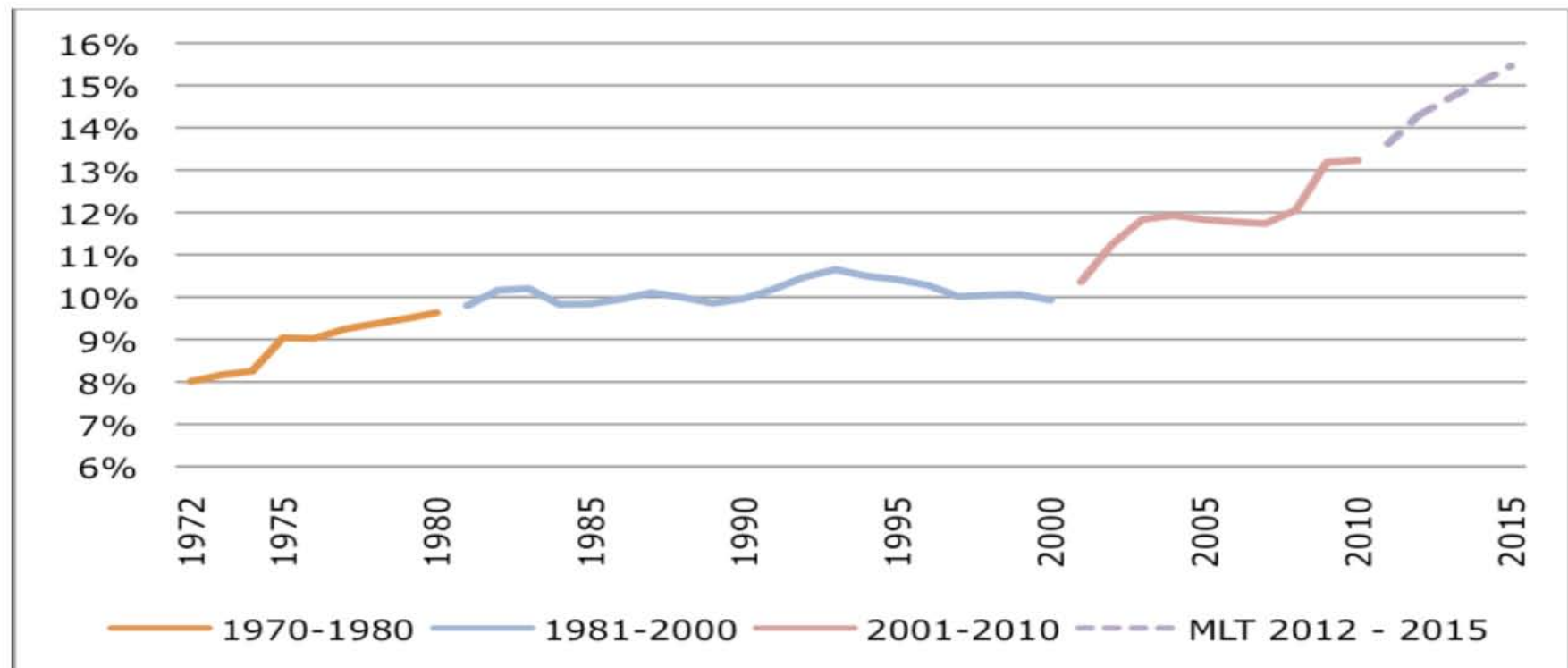


The challenge...

Health care expenditure as part of the GNP



Source: rapport Taskforce Beheersing
Zorguitgaven, juni 2012

Public goals, private execution



Ways of limiting the demand for health care:

- Investing in prevention
- Reducing supply induced demand
- More direct payments
- Improving quality of care: better care costs less
- Limiting coverage: reduction of the package



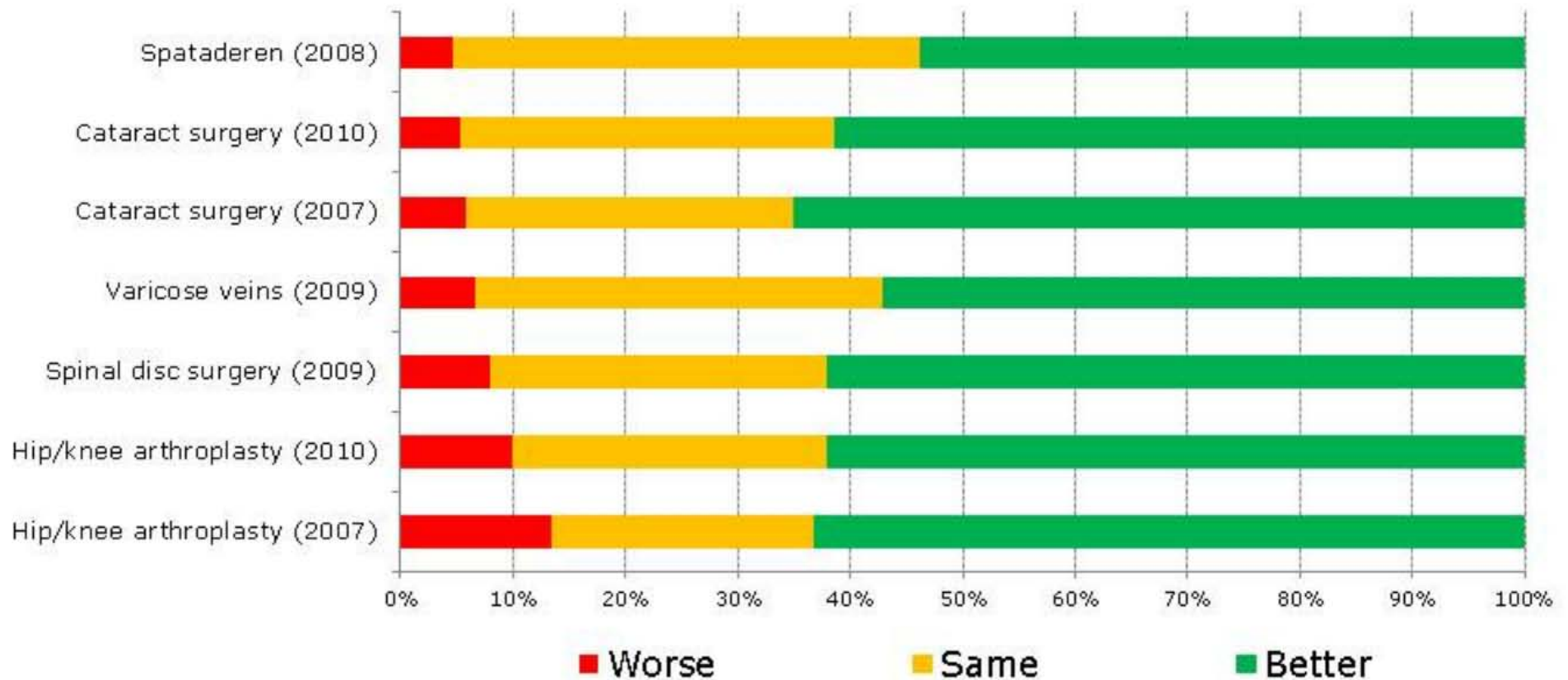
Zorginstituut Nederland:

- > Promoting development of standards
- > Package Management

Better care?

**Health Consumer Powerhouse:
Dutch healthcare system no. 1 in
Europe**

Patient reported physical functioning after surgery compared to before surgery



Causes of variation:

1. Professional uncertainty

- **Lack of evidence, causing**
 - **random variation**
 - **differences between medical schools**
 - **differences between hospitals**
- **Innovation, causing**
 - **different paces of adoption**
 - **broadening of original indication**

2. Differences in

- **Patients' needs**
- **Patients' preferences**



Gipsraum - Windows Internet Explorer

http://www.unfallchirurgie-innsbruck.at/page.cfm?vpath=bereiche/unfallchirurgischer_notfallbereich/gipsraum

Bestand Bewerken Beeld Favorieten Extra Help

gebrochenes Bein Zoeken

Favorieten SongPopAnniek Z. is nu Son... Naamloos bericht Web Slice-galerie Aanbevolen websites


Gipsraum Diana Delnoij - CKZ - Outlook...

Gipsraum

- Schockruume
- Kontrollambulanz
- OP
- Sonderstation 11 Nord
- Erwachsenenstation 7 Nord
- Erwachsenenstation 7 Süd
- Observationseinheit 7 Süd
- Erwachsenenstation 6 Nord
- Kinderstation 5 Nord
- Tagesklinische Station
- Fotolabor
- Klinikkoordination
- Sekretariate

GIPSRaum

Das Team



- Insgesamt 10 Mitarbeiter, ausgebildet in Gips- und Repositionstechniken
 - von 8 - 16 Uhr sommers 4 und winters 5 Mitarbeiter
 - von 16 - 19 Uhr 2 Mitarbeiter
 - von 19 - 8 Uhr 1 Mitarbeiter

Internet | Beveiligde modus: uitgeschakeld

Start

Adres

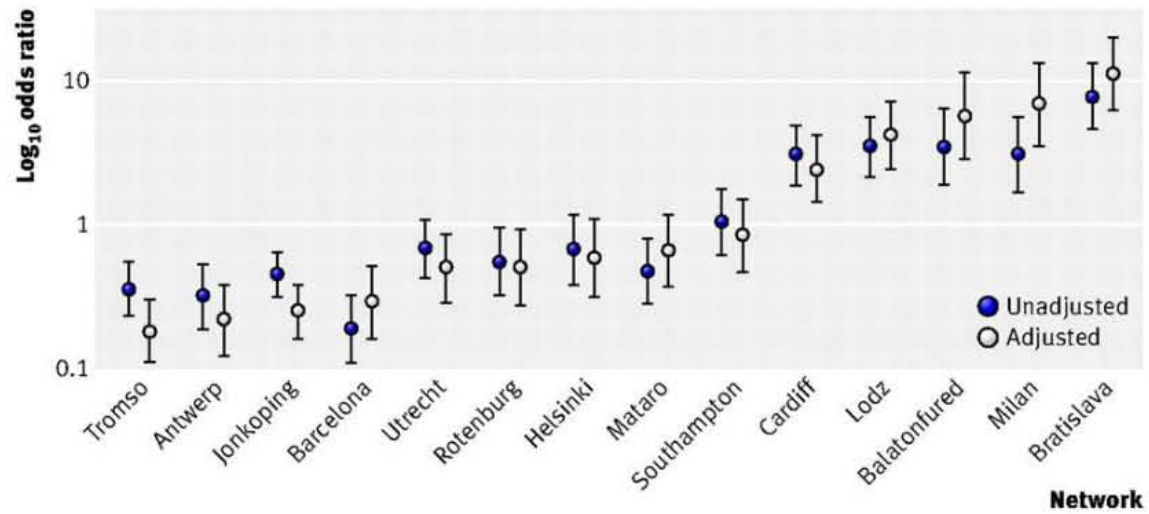
Koppelingen

11:43
21-10-2012



- insgesamt 10 Mitarbeiter, ausgebildet in Gips- und Repositionstechniken
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Fig 3 Unadjusted and adjusted odds ratios for antibiotic prescribing by network (both adjusted for clustering within clinician).



Butler C C et al. *BMJ* 2009;338:bmj.b2242

©2009 by British Medical Journal Publishing Group

BMJ

Non-adherence e.g. because of:

- Lack of awareness, familiarity, agreement, efficacy, motivation, knowledge ...^{1, 2}
- Organisational constraints¹ and lack of time^{1, 3}
- Guideline ambiguity, lack of evidence^{1, 2}
- Incompatibility with patient preferences^{1, 4}

1. Francke A, Smit M, de Veer A, Mistiaen P. Factors influencing the implementation of clinical guidelines for health care professionals: A systematic meta-review. BMC Medical Informatics and Decision Making, vol. 8, 2008, nr. 38
2. Lugtenberg M, Zegers-van Schaick JM, Westert GP, Burgers JS. Why don't physicians adhere to guideline recommendations in practice? An analysis of barriers among Dutch general practitioners. Implement Sci. 2009 Aug 12;4:54
3. van den Berg MJ, de Bakker DH, Spreeuwenberg P, Westert GP, Braspenning JC, van der Zee J, Groenewegen PP. Labour intensity of guidelines may have a greater effect on adherence than GPs' workload. BMC Fam Pract. 2009 Nov 28;10:74
4. Lugtenberg M, Burgers JS, Besters CF, Han D, Westert GP. Perceived barriers to guideline adherence: a survey among general practitioners. BMC Fam Pract. 2011 Sep 22;12:98

The Dutch quality institute:

Proposed legal tasks:

- Stimulate and -if necessary- initiate the development of national quality standards;
- Stimulate the implementation of these standards and appropriate use of care;
- Collect and publish information about the quality of care in order to facilitate consumer choice.



What do we need?

Development of quality standards & indicators:

- From the perspective of patients' multiple needs (rather than doctors' single diagnoses);
- Following the patients through the system (integrated care);
- Focussed on measuring added value and outcomes that are relevant for patients;
- Based on evidence with respect to effectiveness, safety, patient-centeredness and efficiency.



Will the activities of the Quality Institute lead to:

- **Better guidelines / quality standards?**
- **More adherence to guidelines / quality standards?**
- **Transparency about quality of care?**

Will adherence to better guidelines and transparency lead to:

- **Better outcomes for patients?**
- **Less practice variation?**
- **Lower healthcare costs?**
- ...

- > Promoting development o
- > Package Management



Critical appraisal of the present package of insured care

Two step approach:

First, determine for which problem we are willing to pay.

Second, determine for which solution we are willing to pay.

Aspects related to the problem:

- 1 Individual need for care
- 2 Presence of a disease or handicap
- 3 Seriousness of the disease or handicap

Aspects related to the solution:

4 Character of the intervention

5 Ability to pay

6 Relevance to the professional and patient

7 Quality in comparison to the alternative

1

Is there an individual
need for care underlying
the intervention?

Vaccinations?



Newborn screening?



2

Is there a disease or
handicap underlying
the intervention?

Prevention of pregnancy?



Maternity care?



3

Is the disease or
handicap serious
enough to warrant
solidarity?

Cold sore?



Fungus nail?



4

Is the intervention
directed at the health
care problem?

supportive care?



transport costs



But...is the intervention
an integral part of of a
treatment (plan) ?

preserving sperm in case of cancer



5

Is paying for the
intervention an option
for the patient?

Cheap medicins



Generally used care



But...is the intervention
an integral part of of a
treatment (plan) ?

Tube feeding



6

Is the intervention
considered to be good
care by the professional
and patient?

Goede zorg
voor iedereen met COPD



Zorgstandaard COPD





7

Is the intervention at
least as good as the
alternative?

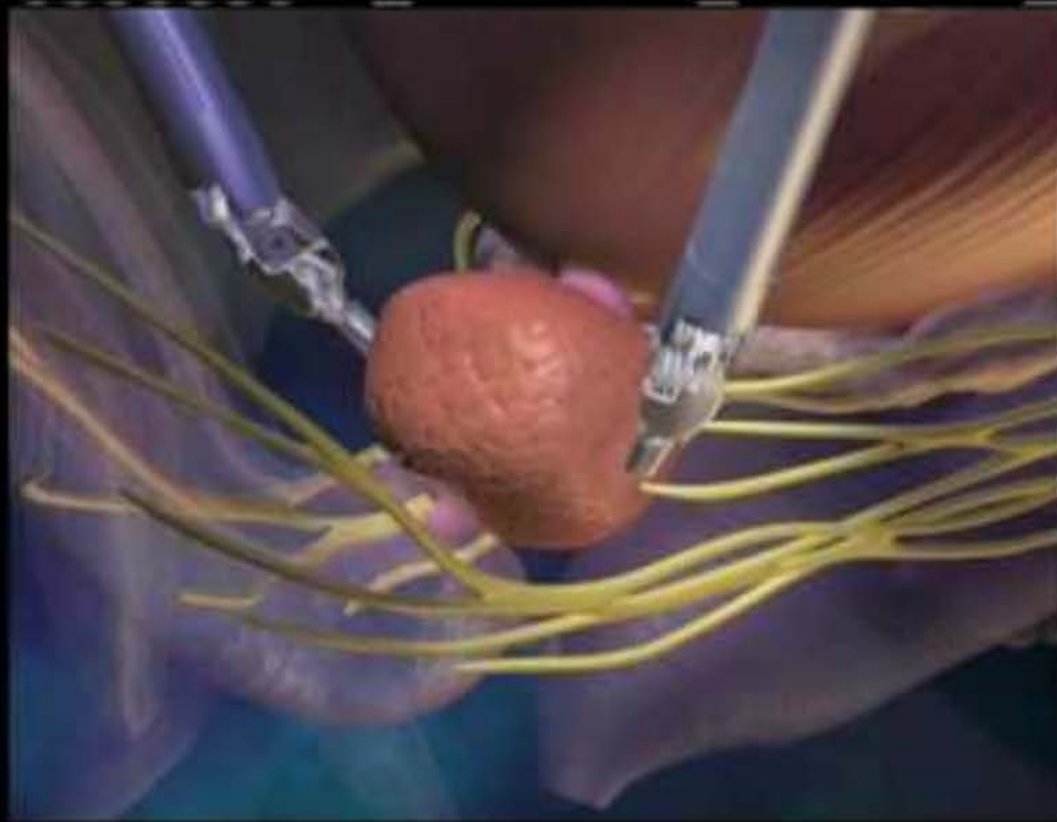
Watchful waiting



in stead of ear drum tubes



or prostate surgery



Reimbursement

