Zorginstituut Nederland

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Zorginstituut Nederland

Going Dutch

Defining the Dutch basic benefit package

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Dutch health care insurance system

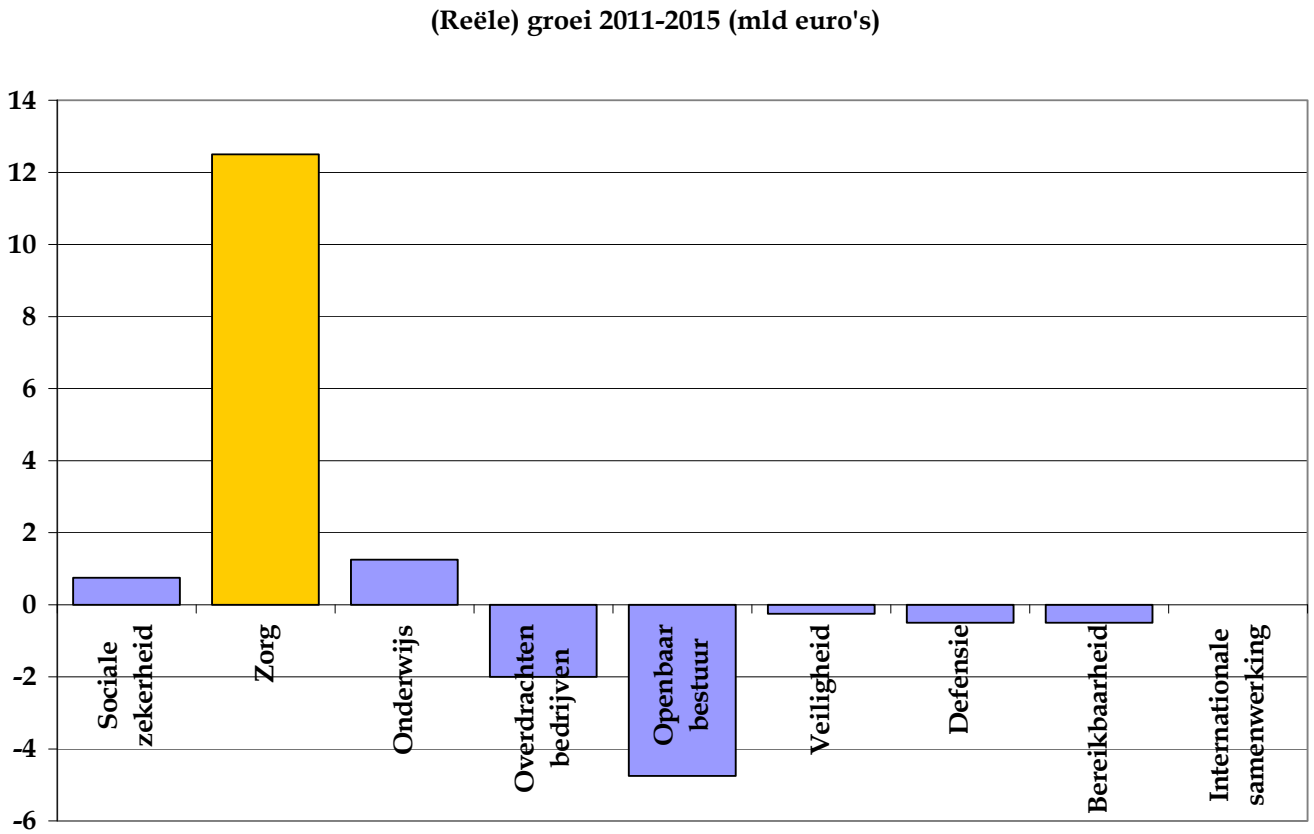
Bismarck model system

Untill 2006: compulsory sick fund insurance for employees under income treshhold (70%);private insurance for people with higher incomes

From 2006: Health insurance act (Zorgverzekeringswet, Zvw)

- Private insurance based system within public boundaries
- Participation in health insurance is mandatory for everybody
- Large basic package defined by government
- Nominal and income related premium
- Additional insurance (not mandatory) >90%

Context: Budgetary growth 2011-2015 (€ billion)



Individual costs on health care insurance

Adult pays € 4,862 a year

Average family pays € 11,000 a year = 25% of income

Family pays in 2040 a year = 47% of income

So cost containment is an issue!

Position ZIN (Dutch Health Care Institute)

Semi governmental body

Tasks

- managing the basic health care package;
- encouraging improvements in health care quality;
- advising on innovations in health care professions and education;
- implementing arrangements for special groups of (un)insured persons;
- funding;

Tasks: safeguarding public conditions

What could go wrong?	Public conditions	Tasks to safeguard public conditions
Some citizens are unable or unwilling to take out insurance	Obligation to take out insurance	Care allowance **Regulations for special groups**
Health insurers could start selecting according to health risks	Obligation to accept all-comers	**Risk Adjustment**
Health insurers could undermine the package of care	Obligation to provide care (basic package)	**Health Care Quality** **Health Care Coverage** **Health Care Professions**

Health Care Coverage: well-balanced basic care package

- Basic package should cover care that
  - is necessary and which really works
  - is accessible
  - is affordable

- Health Care Coverage programme of the National Health Care Institute
  - clarifies whether (new) treatments are sufficiently effective to include them in the basic package (assessment outcomes)
  - advises Minister of Public Health, Welfare and Sport about
    - basic health care package's contents
    - entire health care system

What's in the basic package?

- Care given by doctors;
- Dental care for children;
- Farmaceutical care (extramural)
- Helping aids;
- Nursing;
- Care, for instance at child birth;
- (Hospital) stay;
- Transportation.

- Long term care (*AWBZ, Exceptional Medical Expenses Act*)

Definition in the law

- Partly an ‘open’ system and partly a ‘closed’ system
- Open system may lead to ‘negative list’
- Closed system may lead to ‘positive list’

- Extramural pharmaceuticals are only reimbursed if they are on a positive list
- Other medical technologies (e.g. hospital care) are not reimbursed when they are on a negative list (for instance IVF more than 3 attemps)

Health Care Coverage: package criteria

- Necessity:
  - is the disease serious enough?
  - is insurance the right instrument?

- Effectiveness: does the treatment do what it is supposed to do?

- Cost-effectiveness: what does it cost to obtain these results? Is this ICER acceptable?

- Feasibility: is including a given treatment in the package sustainable and feasible?

Inclusion criterium: Effectiveness (is in law)

Suitable evidence; what level of evidence can be expected?
Systematic search for established medical science and medical practice

- International databases (Medline)
- Cochrane library
- International network of agencies for health technology assessment
- (INAHTA)
- International and national guidelines
- International and national health care institutions
- Expert opinions

Decision

- Evidence of effectiveness
- Evidence of effectiveness only for a specific group
- Evidence of effectiveness under certain conditions
- Evidence promising but not proven
- No evidence for effectiveness

Necessity: two dimensions

- Burden of disease (medical necessity)
- Need for health insurance (insurance necessity)

Burden of disease

Can/ should we quantify burden of disease and which method?

- Proportional shortfall;
- Fair innings;
- Rule of rescue;

At this moment: Global burden of disease WHO

Future: capability?

Need for insurance

Chance of an event and possible (financial) consequences

- Can we foresee the need for an intervention?
- Can people save money and pay for themselves? (affordability)
- Any chances on substitution of costs or cost savings?
- Any chances on moral hazard?
- Own responsibility

Example: walker; smoke cessation; glasses
Risk; cumulation of costs for individuals

Cost effectiveness

Pharmacoeconomic guidelines for conducting economic evaluations;

Not only for pharmaceuticals but also for (expensive) non-pharmaceuticals;

Politically/social difficult concept: “no maximum costs on a human life”

Example: expensive drugs for Pompe and Fabry disease (2012)

Bad press and angry social media

Problem: heterogene effects and high prices cause bad cost effectiveness

Feasability: applicable and sustainable

Budget impact

Organisational aspects

- Can the care be delivered in the current health care practice?

Example

- Use of new targeted oncology drugs that need advanced genetic testing; benzodiazepines

Social, ethical, legal aspects

Evaluation process

- Agenda setting
- Scoping
- Assessment
- Appraisal
- Decision by Health institute
- Decision by MOH

Process is not as lineair as it seems!

Agenda setting

- Annual agenda of topics, after consultation of stakeholders;
- Topics to be adressed during the year; questions asked by MOH, health insurer(s), patient movements, scientific associations and so on;
- Risk based priority setting;

Scoping

What will be the major issues on a topic?

PICO

Patients

Indication

Comparator

Outcomes

But also: is childlessness a disease; is addiction a disease? Does it classify for health insurance?

Assessment

Gathering and assessing information on the evaluation criteria.

In case of (extramural) pharmaceuticals by manufacturer

Report on the evidence

Checked by scientific advice board (WAR) (clinical, pharmaceutical, methodological experts)

Appraisal

Combining all the information and weiging all arguments;

Which criterium is dominant and why in this context?

More societal arguments? Rareness, life threatening disease, children, opportunity costs

Appraisal committee (ACP):

Experts on ethics, patients persepctive, long term care, governmental experience, health economics, HTA, sociology

Future: MCDA?

Procedural judgement; transparency of the process.

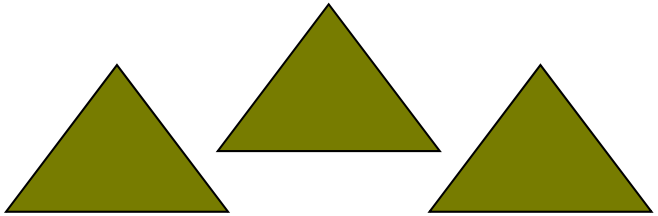
Consultation of stakeholders

Public meetings

Basic Coverage
MoH

Quality
Affordable
Accessible

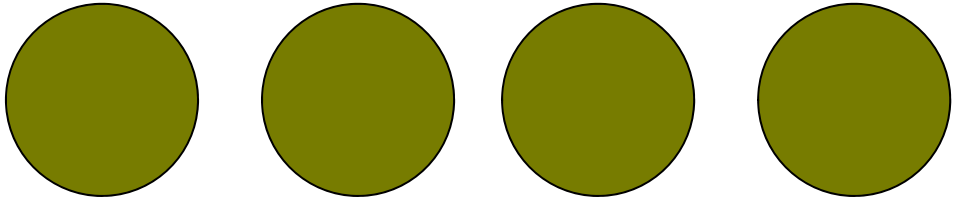
Appraisal
ACP /
Board ZIN



Social value
judgements

Stakeholders

Assessment
ZIN/WAR



Assessment
Criteria

Strenghts and weaknesses

Strenghts

- Clear criteria;
- Transparent process;
- Public support for criteria;
- Equal accesss to interventions for everybody
- All arguments taken into account; no cut off points or treshholds

Weaknesses

- Uncertainty about information; no black and white decisions possible;
- How long can we afford to wait for perfect information?
- Lack of or incomplete information; what level of evidence are we willing to accept?
- Lack of relevant outcome indicators, for instance, for long-term care
- How do we involve stakeholders without losing transparency in the process?
- Lack of support when criteria are applied; “patients lobby”, bad press; you can see the patients that are deprived, not the patients that can’t be helped (opportunity costs)

Future developments and challenges

- Conditional inclusion in anticipation of further evaluation for inventions that are ‘promising, but as yet unproven’;
- Cost effectiveness as a legal criterium for basic package and guidelines;
- More awareness of costs by patients and doctors;
- Less “yes or no” decisons about the package; more appropriate use of interventions; starting and stopping rules, registries, indication committees;
- Finding better tools for risk based priority setting;
- Combination of policy instruments; negotiating on prices
- International cooperation in evaluating the evidence and in decision-making based on these evaluations

What can we learn from one another?