National Health Care Institute: benefits package and healthcare quality

Diana Delnoij
May 2016
National Health Care Institute: Benefits Package

https://youtu.be/ks6uvrQzeqM

- Basic benefits package should cover care that is
  - necessary and effective
  - accessible
  - affordable

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

Tasks:

• Encourage and support health care parties to develop quality standards, such as guidelines, and relevant measuring instruments, such as indicators;
  – If necessary, take over this development

• Encourage health care parties to comply with these standards, to use ‘good practices’ and to innovate

• Provide insight into the quality of care by collecting and publishing quality information
Health Care Quality: things we do (1)

- Compiling overview of quality standards and indicators

- Assessing quality standards and indicators by applying process criteria, e.g.
  - Were all relevant parties, including the patient or client, involved in drawing up the standard?
  - Is a patient version of the standard available?

- If criteria are fulfilled: include standard/indicator in special Register
Health Care Quality: things we do (2)

- Care-providers measure the outcomes of care, based on quality standards. We determine:
  - which data should be made public
  - how often and on which level of aggregation

- Health Care Quality programme publishes quality information
  - public database
  - kiesBeter.nl
Why a governmental body? What was the problem?
Professionals have developed over 1200 guidelines, however:

- Most guidelines do not take multimorbidity into account;
- Only a minority include a patient version;
- Patients are involved, but little evidence on effective participation;
- In longterm care guideline development lags behind;
- Guidelines and indicators are often developed and used separately;
- Publicly disclosed quality information is not based on clinical registries, hampering cyclical quality improvement;
- Quality indicators are about structure/process, not about added value for the patient;
- There is a problem with guideline adherence and patient compliance;
- There is hardly any evidence on how to improve successfully;
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, processes and outcomes that are relevant for patients;
- Based on evidence with respect to effectiveness, safety, patient-centeredness and efficiency

And:

- Further research on the persisting problems of implementation and improvement.
How do we get there? (1)

We use our legal instruments:

1. **Prioritization** of the development of quality standards;

2. **Assessment** of quality standards & indicators and underlying measuring instruments;

3. **National register and quality library** of quality standards & indicators;

4. **Public disclosure of quality information** based on indicators that meet the assessment criteria.
Prioritization

Topics in 2015-2016

**Transparency in healthcare**
- Minister of Health has declared 2015 to be the ‘Year of Transparency’
- National Health Care Institute determines quality indicators to be made public

**Shared decisionmaking in primary care**
- Programme to stimulate and enhance SDM and use of decision aids

**Quality of intensive care**
- Intensive care doctors were unable to agree on a newly developed guideline; National Health Care Institute takes over

**Quality of obstetric care**
- Midwives and obstetricians have failed to reach agreement on a newly developed guideline; National Health Care Institute takes over

**Quality of nursing home care**
- Topic is high on political agenda after extensive media coverage in november 2014
Assessment of standards & indicators

https://youtu.be/zAT-yS4k6No

Criteria for quality standards e.g.:
- Involvement of relevant stakeholders (patients, providers and third-party payers);
- Based on AGREE;
- Availability of a patient version.
- Information standard: https://youtu.be/WvvYxBz9EQU

Criteria for indicators & measuring instruments e.g.:
- Validity, reliability, discriminatory power.
- Clear instructions regarding registration of data, preferably in registries
Public disclosure on consumer website

https://youtu.be/Rn7SRz19H9k

Quality information presented in context:

- What is/are your health problem(s)
- Which kind of treatment or care options are available?
- What are pros and cons of these options?
- Who provides this treatment or care?
- Where can you find these providers and what is their quality?

www.kiesbeter.nl
How do we get there? (2)

Apart from our legal tools, we use a number of other instruments to promote the delivery of good care, e.g.:

- R&D, in close cooperation with academic institutions
- Organisation of and participation in conferences, workshops etc.
- ‘Soft’ tools such as roundtables:

  [Link](https://youtu.be/0ICdvTHNlGw?list=PLjgkYtbqpRSusYEQ_Ik0RTZmptNje6upr)
Thank you for your attention