



Zorginstituut Nederland



ZINNIGE ZORG

Zinnige Zorg and IZZI

In search of Obsolescence

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October 25, Bilbao

Agenda



- Health care Netherlands
- Zorginstituut – Health Care Institute of The Netherlands
- Zinnige Zorg Program
 - History
 - Methodology
 - Data science
- Results (Examples)
- Current status
- Lessons learned
- About IZZI



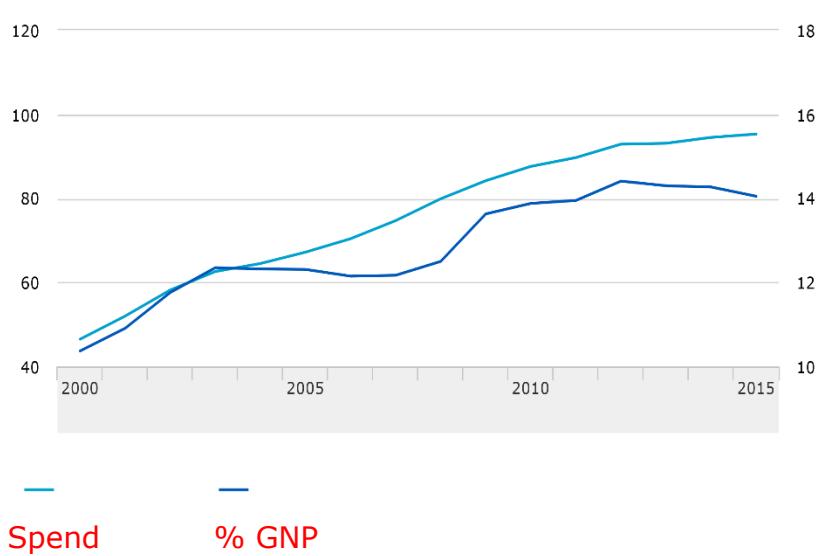
2015

16.8 million people

Life expectancy:
Men - 79,1
Women - 82,8

Healthcare spend
95 BILLION Euro = 14 % of GNP
5.628 Euro per person

#1 at annual Euro health consumer index





Mission: Taking care of good healthcare

no more than needed and no less than necessary

Every person in the Netherlands is entitled to health care offered in the basic care package. We all contribute to this through our health insurance.

The National Health Care Institute determines and advises on which types of health care are included in the basic care package and which are not.





Reasons to initiate Zinnige Zorg Program

- Signals that there is inappropriate use of the health care system
- Restricting access may lead to insufficient care
- We believe that Total Quality approach will lead to better health, improved care and reduction of unnecessary costs
- Everyone feels that it is necessary to let “the air out”, but it is difficult to find where





Objective: Stimulating the appropriate care in the exam room

We would like to achieve Zinnige Zorg through a systematic analysis of the covered health care, as covered by the public health care insurance. We do this by:

“Identification and removal of inefficient and unnecessary care, resulting in improvement of the quality of care for the patient and his health, and the avoidance of unnecessary costs. This all is achieved in close cooperation with relevant parties in the health care.



Methodology

- Systematic analyses per ICD-10 chapter
- 4 phases: screening – in depth review- implementation - monitoring
- On basis of patient pathways
- With Zorginstituut EBM perspective
- In cooperation with all relevant parties
- Focus on improvement of quality of care
- Avoidance of unnecessary costs (as a result)
- With International benchmarking (IZZI)





Methodology

Purpose: promoting appropriate care in the consultation room



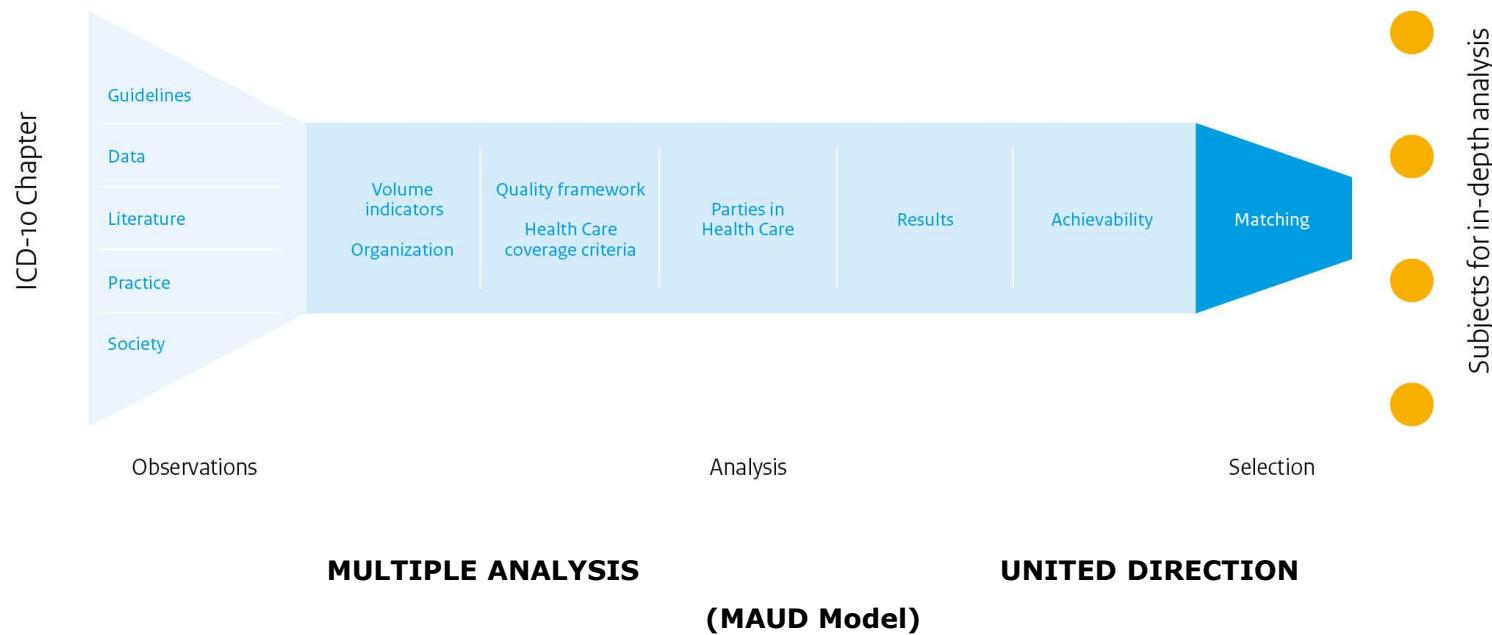


- Identify stakeholders
- Collect signals
 - Further analysis / challenge of guidelines
 - Literature research
 - Expert opinions (official / unofficial)
 - Data analysis (Business Intelligence)
 - Information on status Quality (PROMs, Register etc.)
- Identify running initiatives and upcoming innovations
- Systematic analysis of current situation (develop the “picture”)
- Initiate research on current practice
- Present and discuss analysis and topics parties
- Decide on topics for further analysis



Methodology

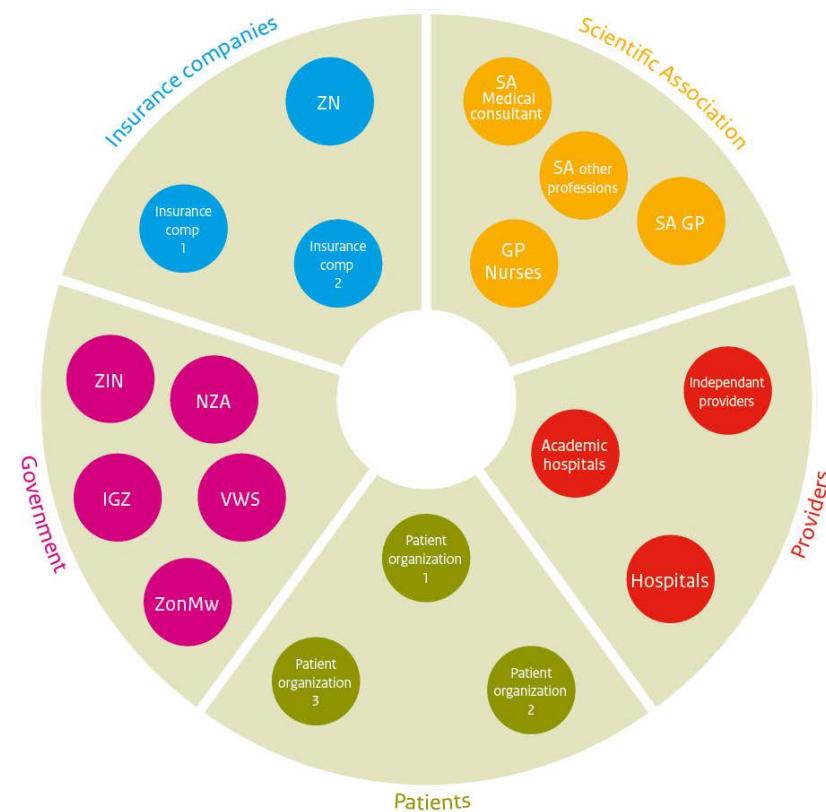
Phase 1 | Screening





Stakeholder engagement

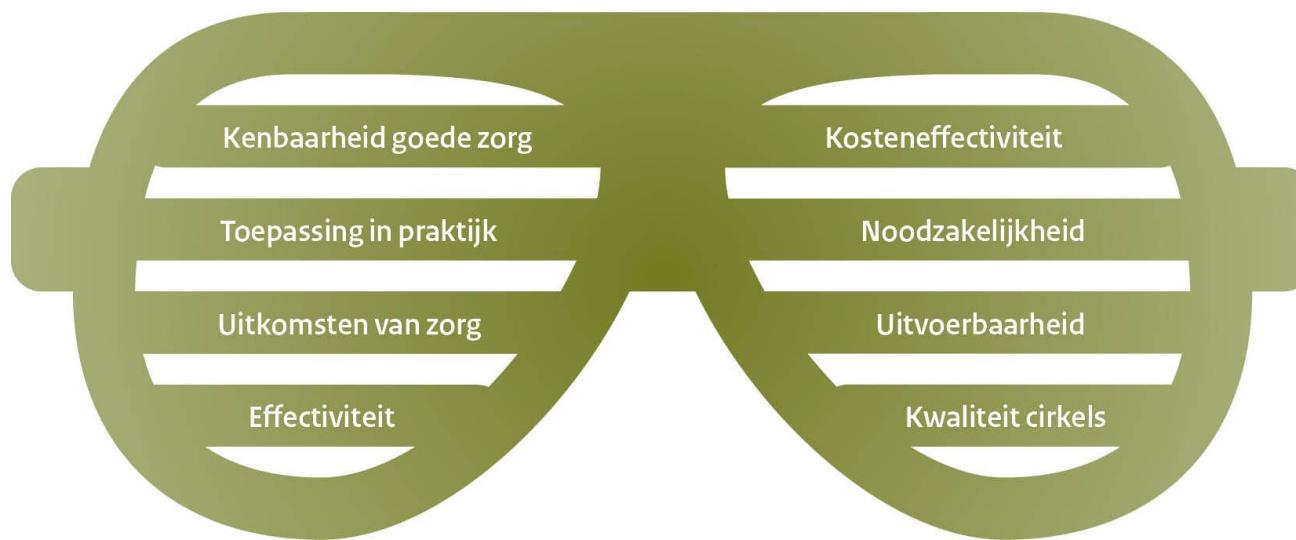
- Intensive co-operation
- Clear responsibilities
- Commitment
- Clear procedures and processes
- Shared successes
- Ownership shifts to stakeholders





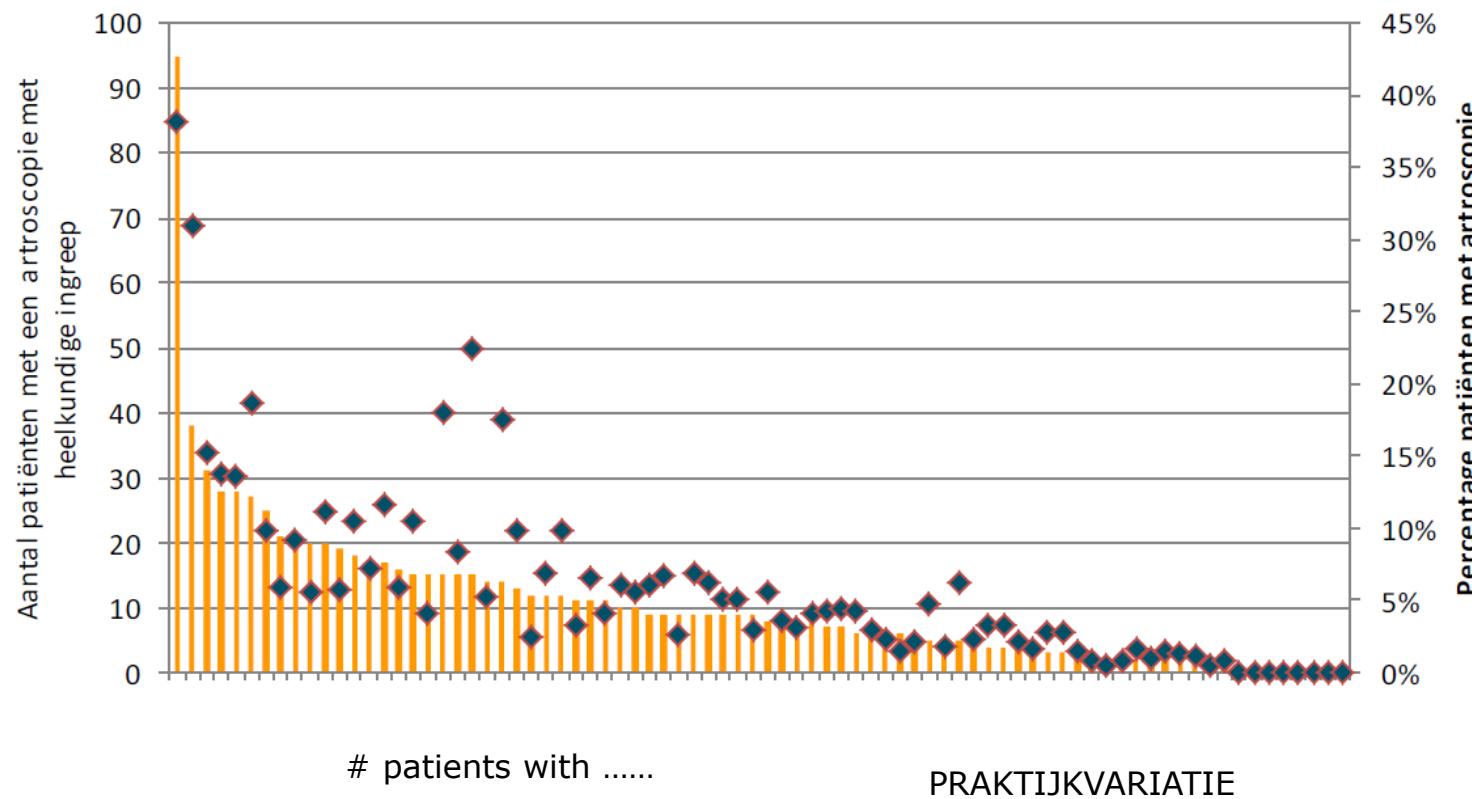
Perspective

- Zorginstituut has perspective from both reimbursement and quality
- We identify 8 elements
- In short:
 - Did we define good care?
 - Is this applied in practice?
 - Is this proven to be (cost) effective?



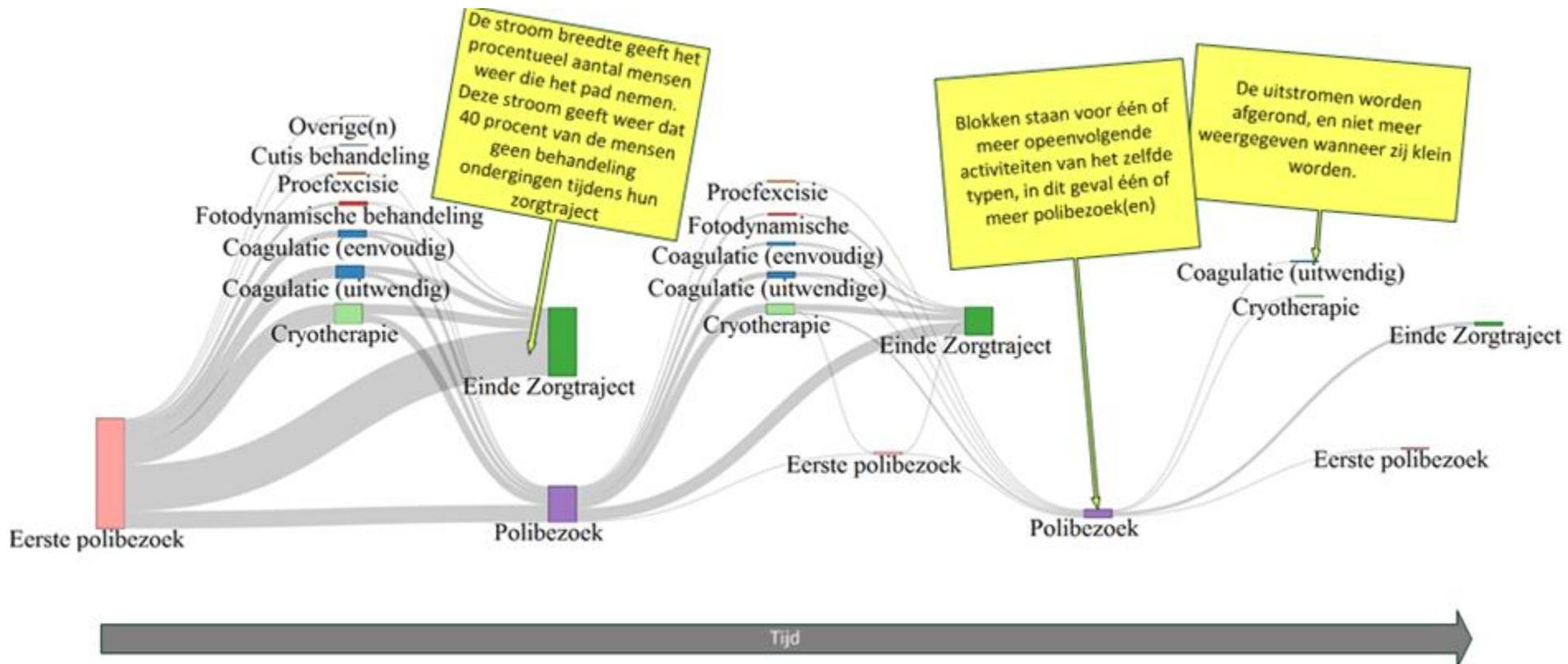


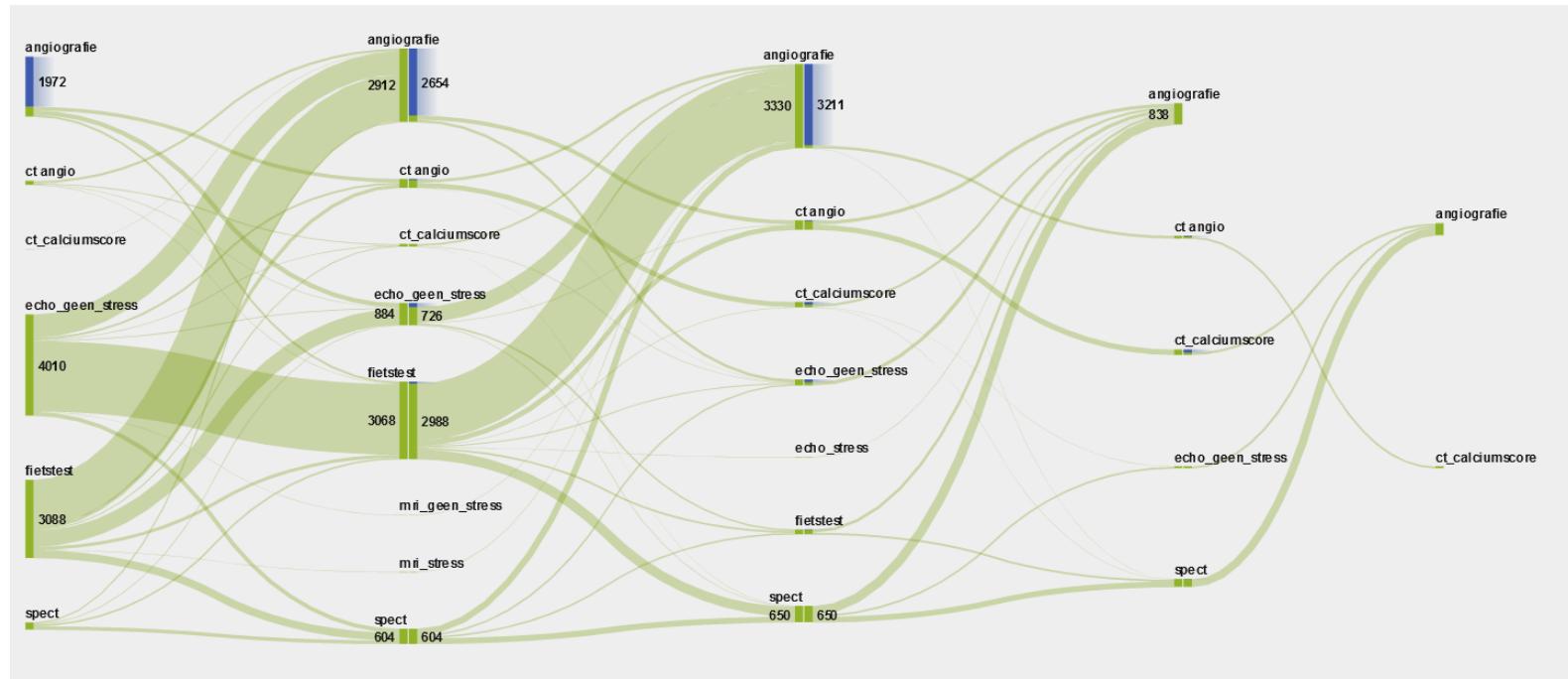
Use of Data: Moving from classical variation graphics.....



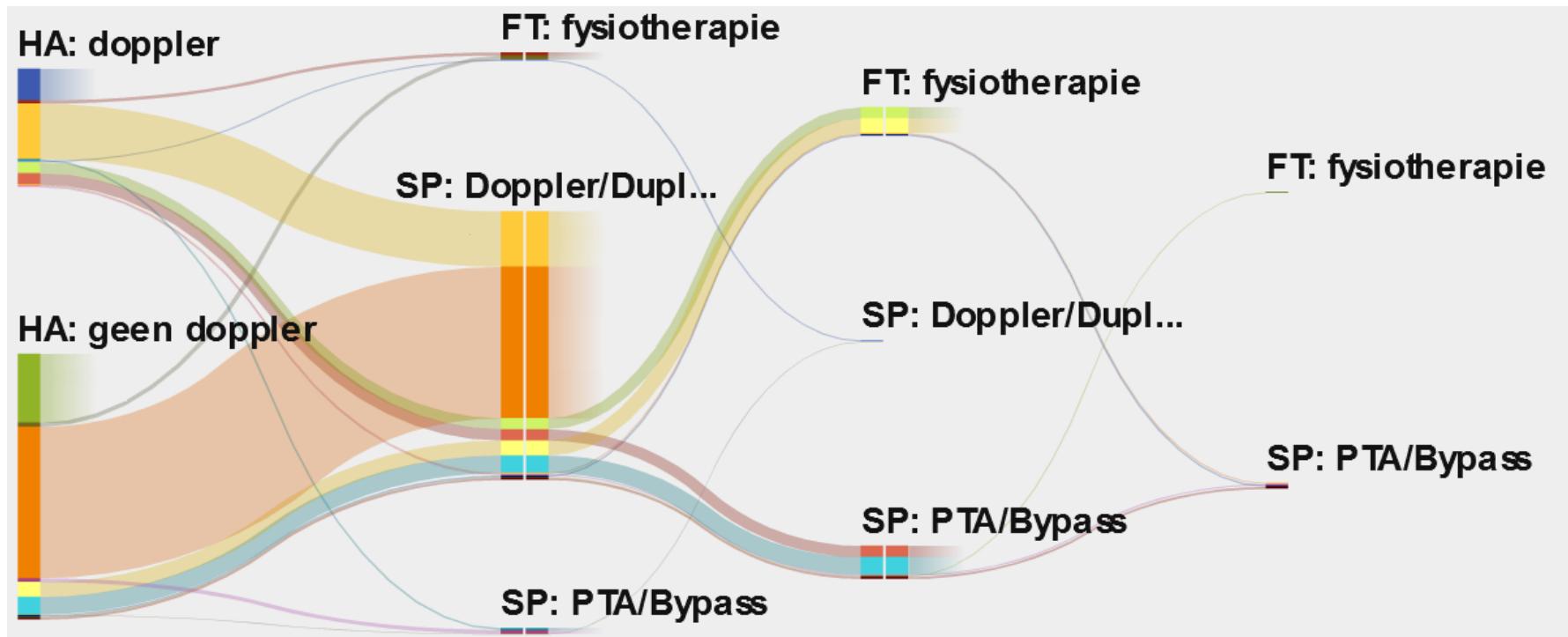


..... to patient pathways graphics





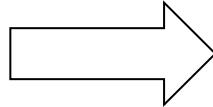
Example: Use of tests before the first angiography



Example: Patient pathway PAOD

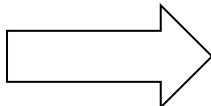


PAOD "Peripheral Arterial Occlusive Disease - Etalagebenen"



Action plan with parties:

- Improve quality of diagnosis (GP)
- Proven the effectivity of supervised walking therapy
- Training is now the first treatment in medical guidelines

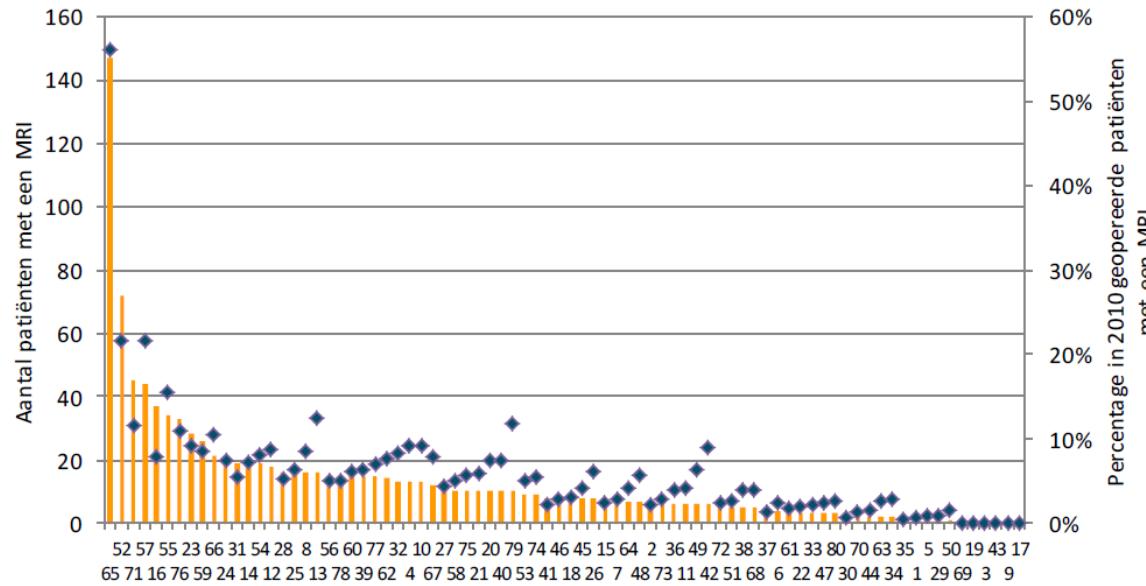


Effects:

- Health:
 - Diagnosis close to home
 - More exercise
 - Positive for whole body
 - Delay / prevention of operations
- Avoidance of unnecessary costs (21,5 mio)



Knee and hip osteoarthritis



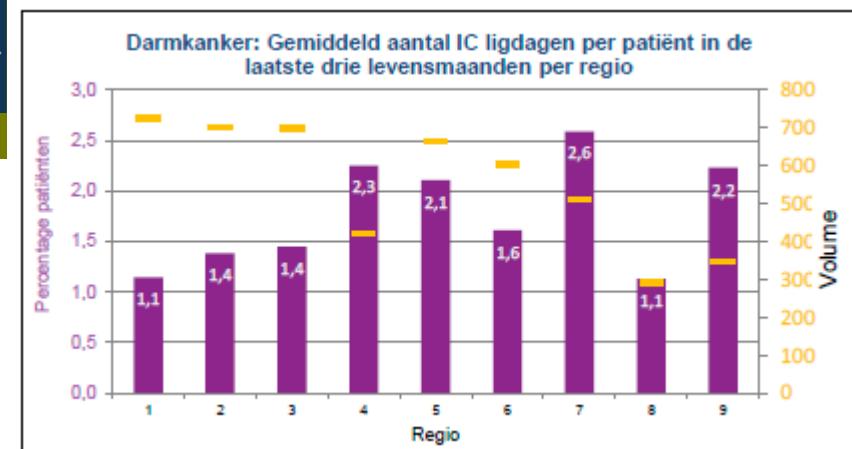
Figuur 12a Aantal patiënten met MRI en het percentage van de in 2010 geopereerde patiënten dat een MRI kreeg per algemeen ziekenhuis.

Analysis: High number of MRI's without indication in guidelines
Action: Reduction of MRI's

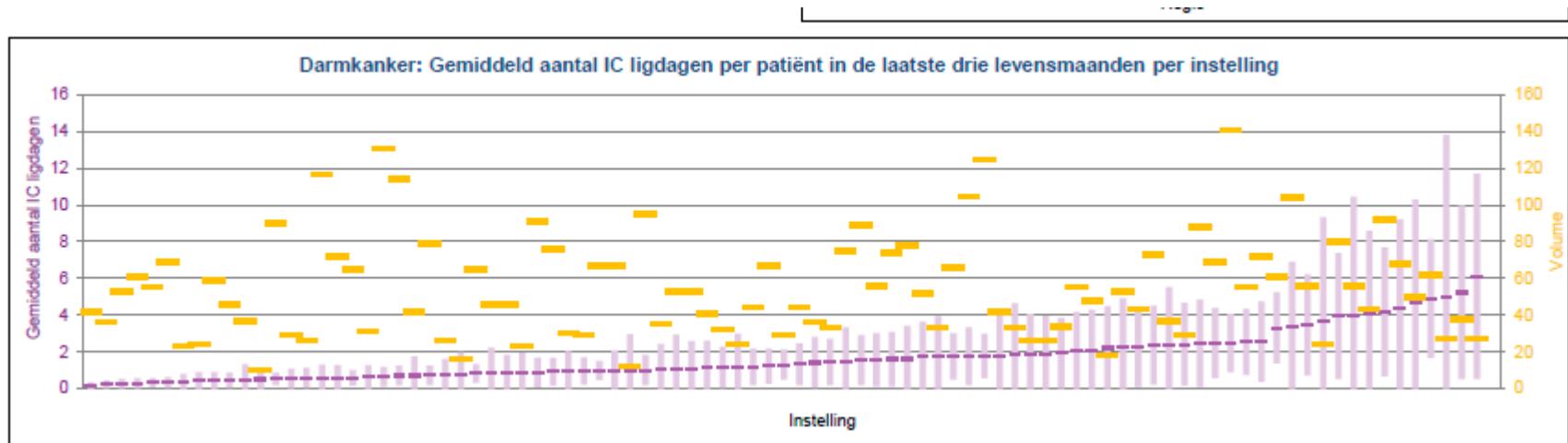
Results (examples)



End of life



Hospital days in final 3 months per area

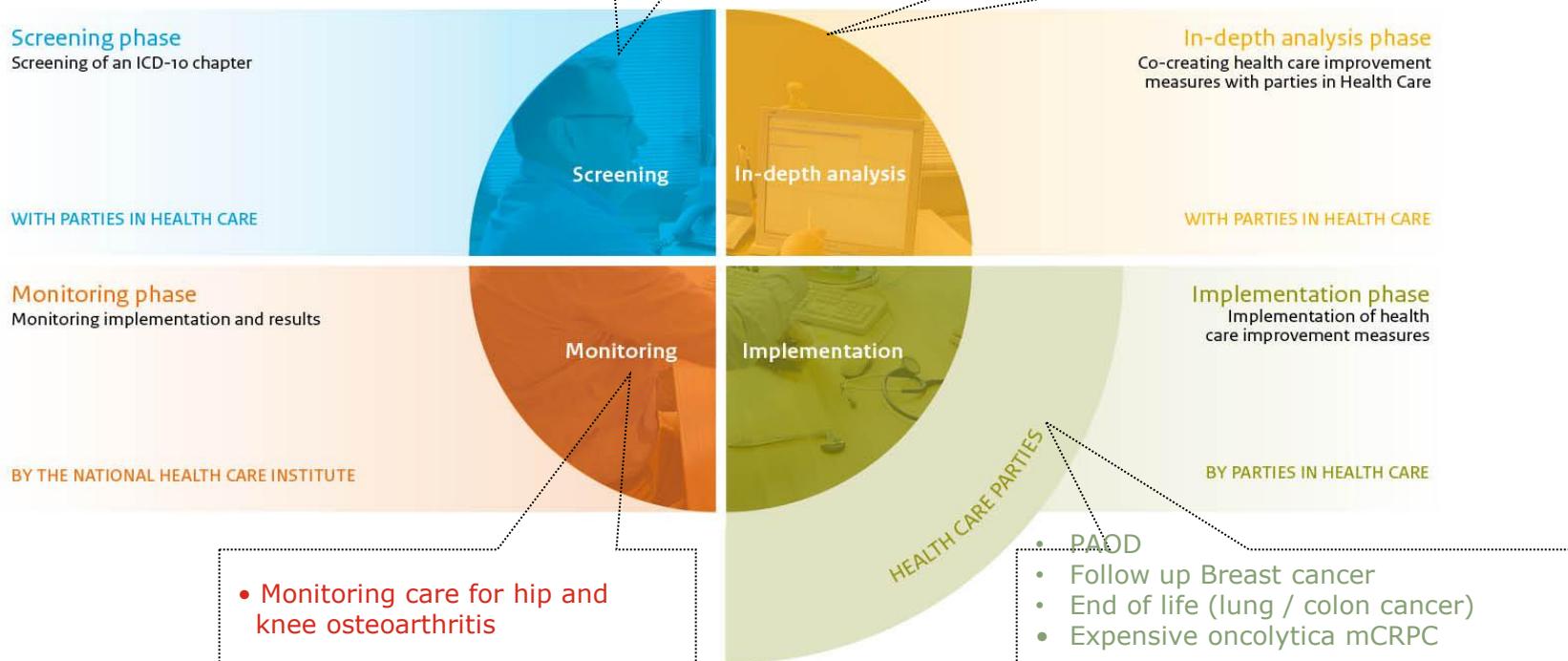


Number of MRI's (no indication in guidelines)



Methodology

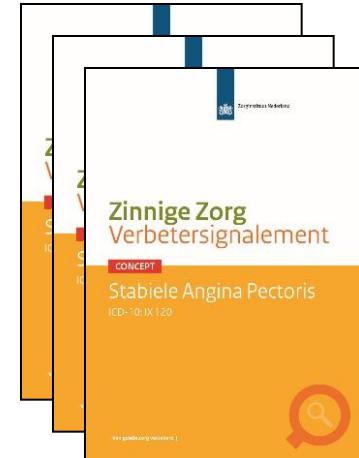
Purpose: promoting appropriate care in the consultation room





Published

- Systematic analysis (Screening phase)
 - “Neoplasms”
 - “Diseases of the circulatory system”
 - “Diseases of the respiratory system”
- In depth analysis
 - Hip and knee osteoarthritis
 - POAD
 - Follow up breast cancer
 - Cancer - End of Life
 - Expensive oncolytic (renal cell carcinoma)
 - Oncolytic metastatic castration resistant prostate cancer



Note: English summaries available soon



I Z Z I

I Z Z I - International Zinnige Zorg Initiatives

The appropriate care network

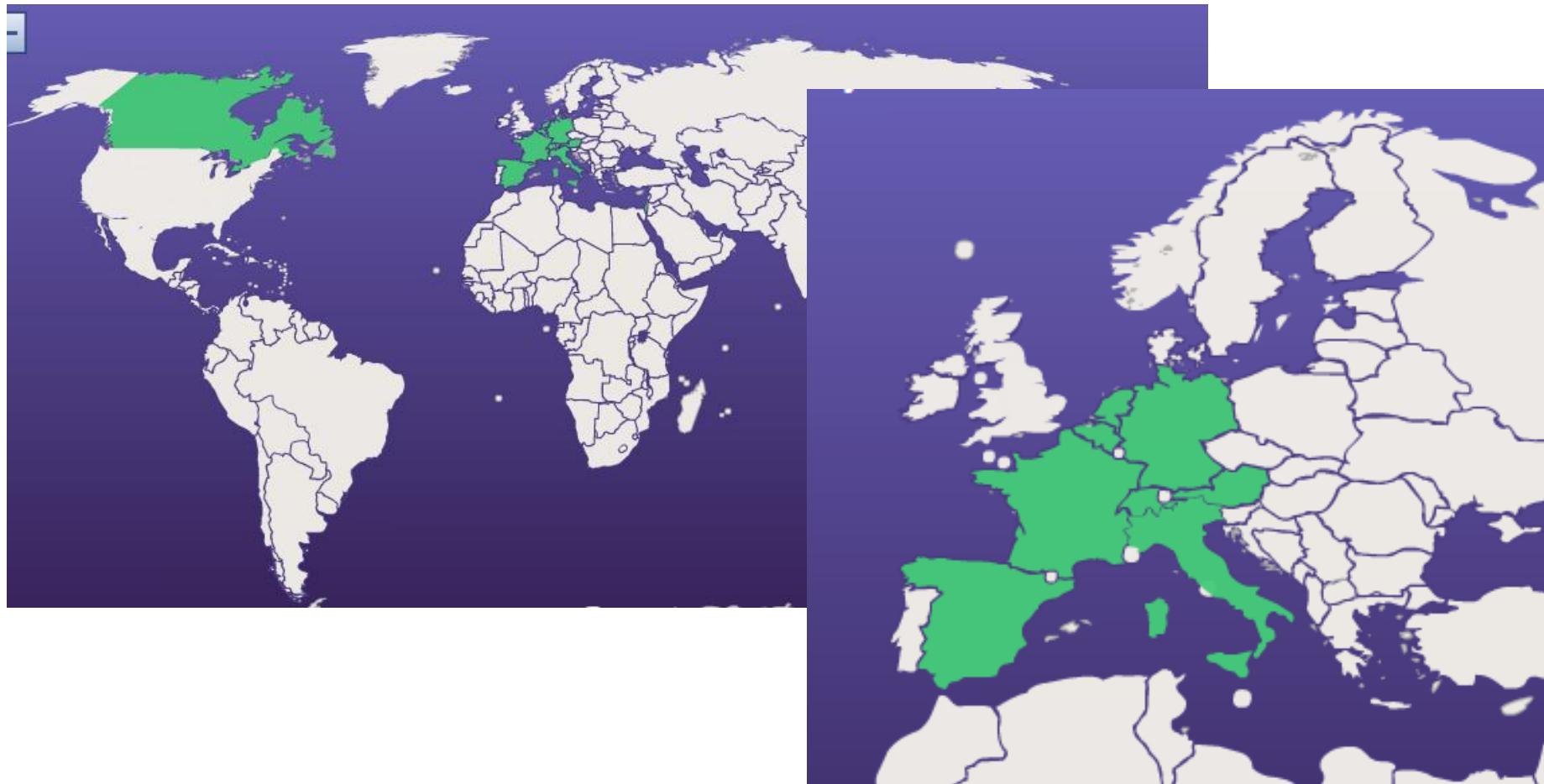


IZZI – International Zinnige Zorg Initiatives

- Founded in 2014
- Joint initiative from various public institutes
- Informal international network
- Benchmarking, learning
- Sharing experiences, methodologies, successes, failures
- Discuss and help develop the various initiatives that stimulate appropriate care in our countries
- Independent of health care system



Participating countries at this moment





Guidelines

- There is no formal organization, no contribution fees
- All discussions are confidential
- Presentations distributed to members of the network only
- Each member can suggest and present topics and new members
- Secretarial office held by Zorginstituut Nederland
- Contribution to the network according to ability, needs and experiences

THANK YOU



Thank you !

You can contact us at ZinnigeZorg@zinl.nl or hpaalvast@zinl.nl