Erasmus School of
Health Policy
& Management

Healthcare Priority Setting in the Netherlands

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Content

- Healthcare system
- Decision process, criteria, and framework
- Support for proportional shortfall
- Preferences for severity and age
- Views of citizens with regard to priority setting

... in the Netherlands

Healthcare system

Healthcare is publicly funded through five Healthcare Acts.

Tax funded:

- Youth Act
- Social Support Act
- Public Health Act

Insurance funded:

- Long-Term Care Act
- Health Insurance Act

Health Insurance Act

Insurance:

- Mandatory for everyone of >= 18 years
- Broad coverage of curative healthcare services
- Insurance companies obliged to accept anyone at same premium and contract competing care providers

Rationing:

- Implicit: deductibles and co-payments
- Explicit: delineating the basic benefits package

– Decisions made by the Ministry of Health, Welfare & Sports
– Informed by the Dutch Health Care Institute (ZIN)

Decision process

Assessment phase:

- Quantitative assessment of decision criteria

Appraisal phase:

- Qualitative assessment of results assessment phase by an independent appraisal committee:

– Nine experts
– Public agendas, minutes, reports, and meetings
– Interested parties can attend meetings, request speaking time, and respond in writing to reports

Decision criteria

- Necessity
  - Of care
  - Of insurance
- Effectiveness
- Cost-effectiveness
- Feasibility

Formulated by the Dunning Committee in 1991 and put into practice by ZIN.

Necessity of care

- Criterion related to who is considered ‘worse off’ in terms of health in society
- Defined and operationalised in terms of proportional shortfall:

$$\frac{Absolute\ shortfall\ of\ QALYs}{Remaining\ QALY\ expectation\ in\ absence\ of\ the\ disease}$$

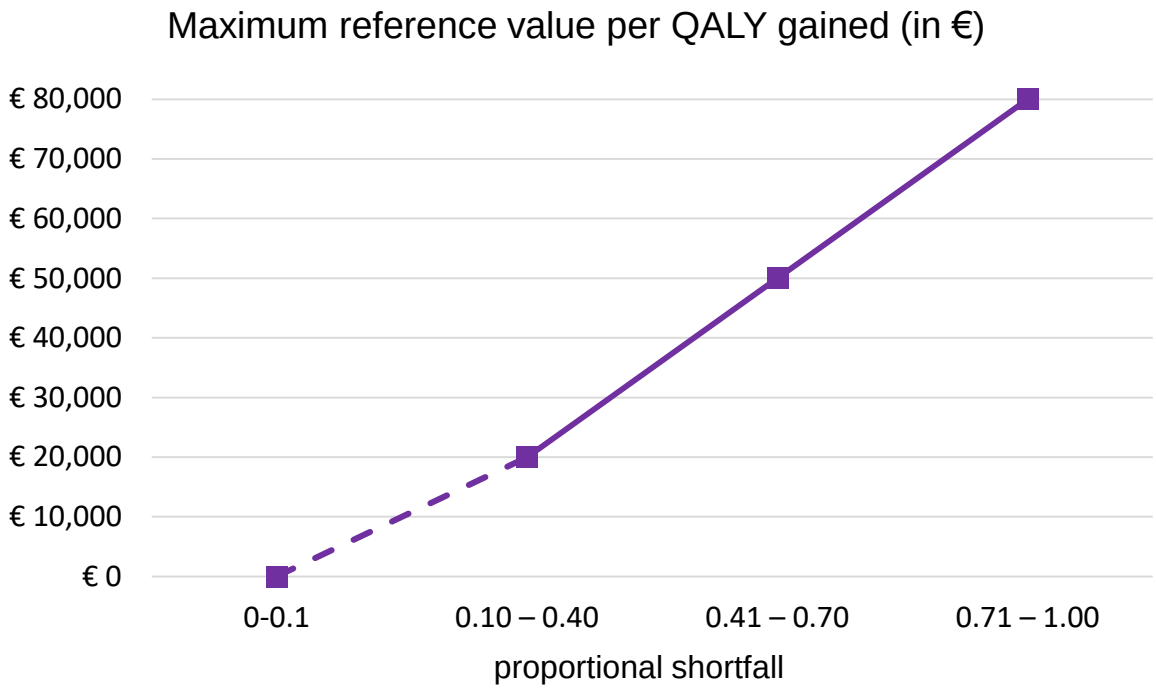
- Measured from on a scale from 0 to 1
- Health gains in those with higher scores are valued more

Choice for proportional shortfall

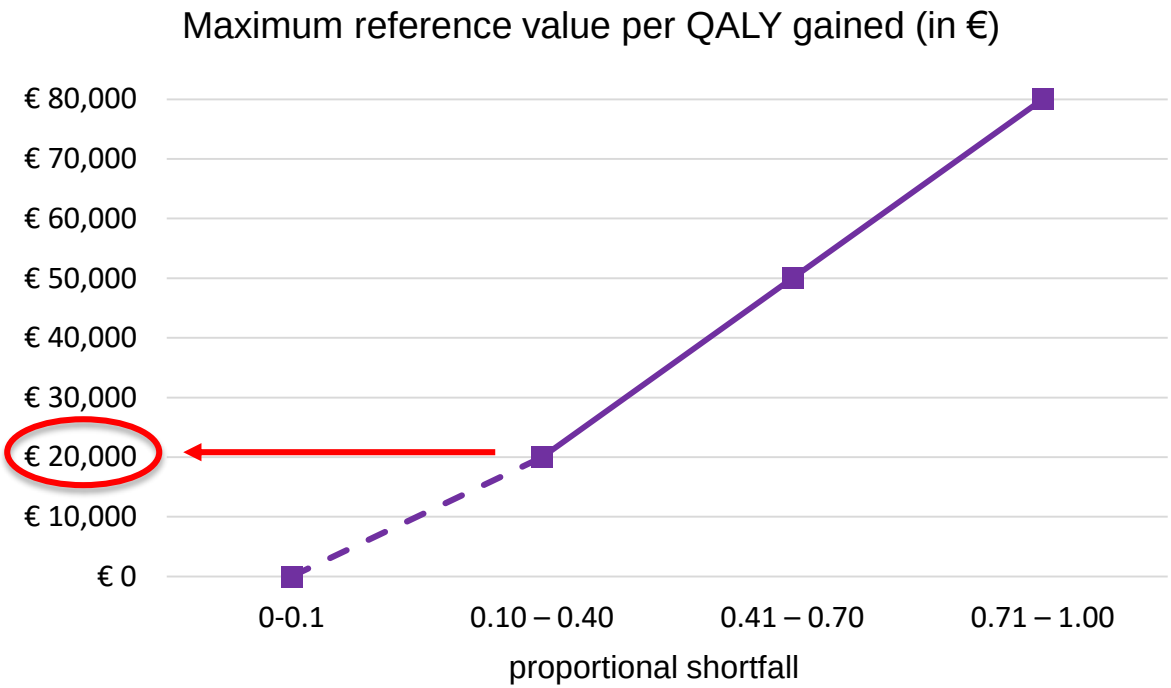
Rationale:

- Balances concerns for ‘fair innings’ and ‘severity of illness’
- Avoids ageism in reimbursement decisions

Decision framework



Decision framework



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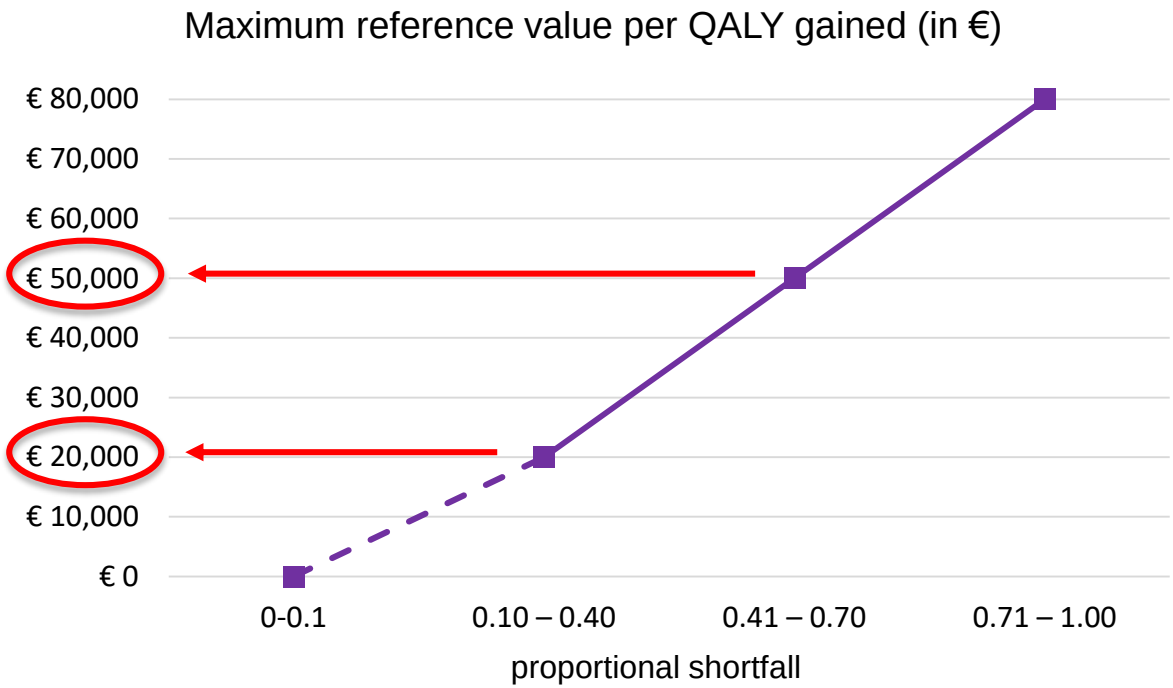

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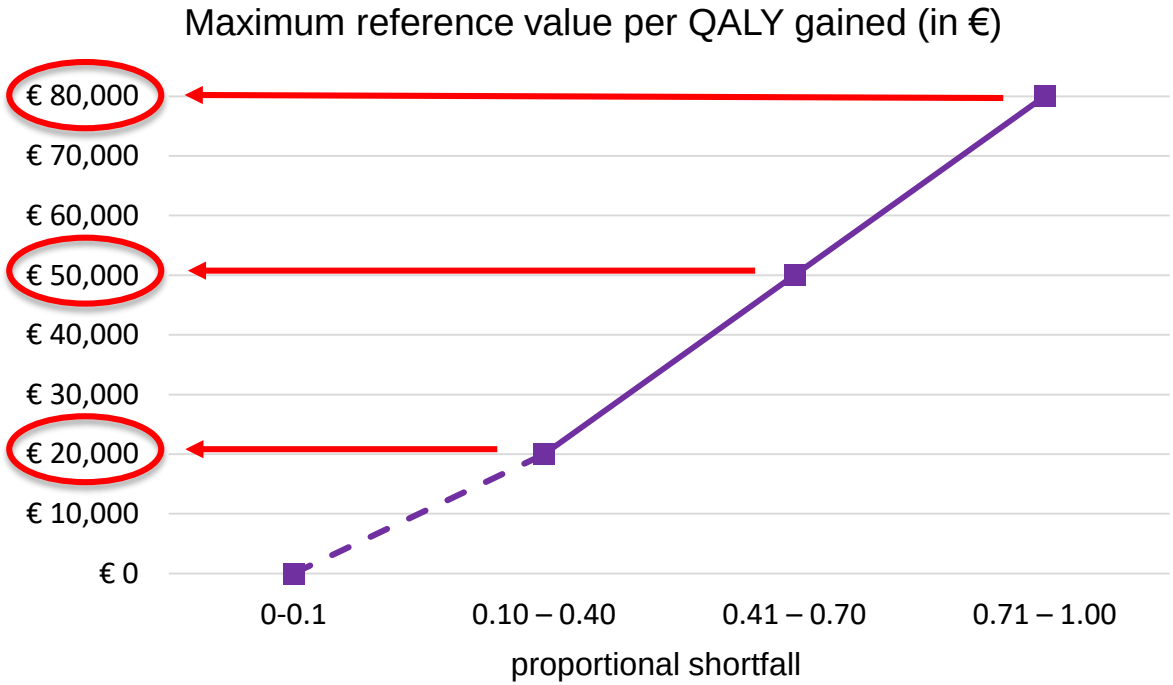

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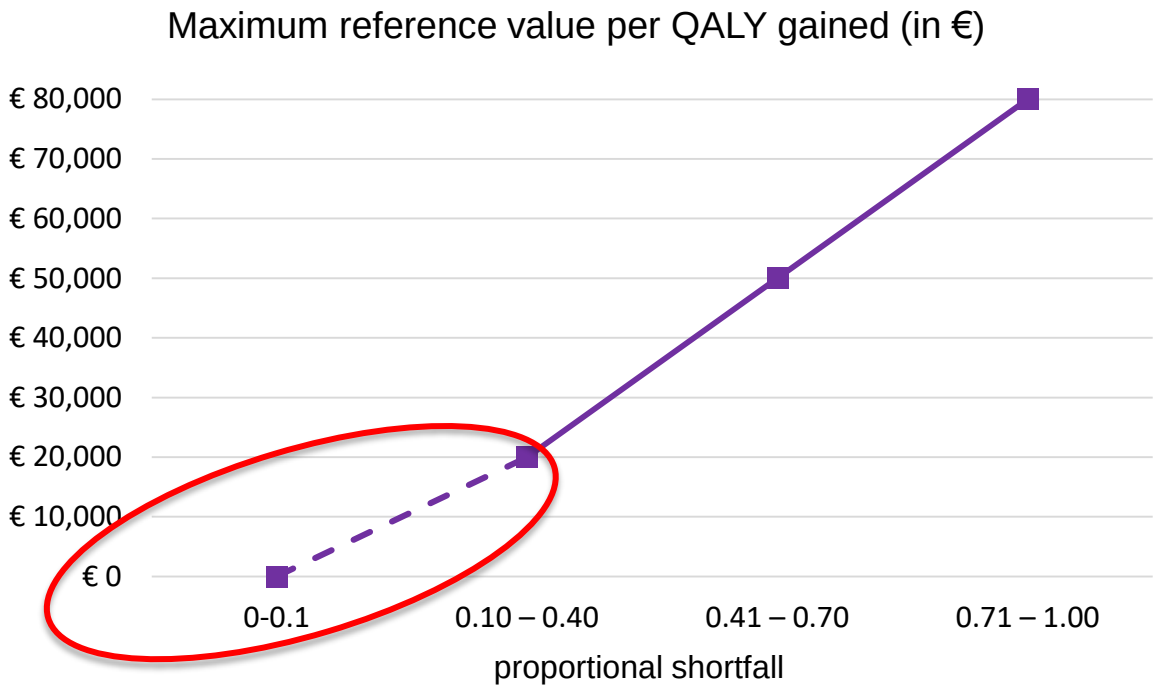

Support for proportional shortfall

Proportional shortfall is increasingly used in decision-making practice.

However, consequence of applying proportional shortfall is that older patients may more frequently be prioritised.

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Support for proportional shortfall (2)

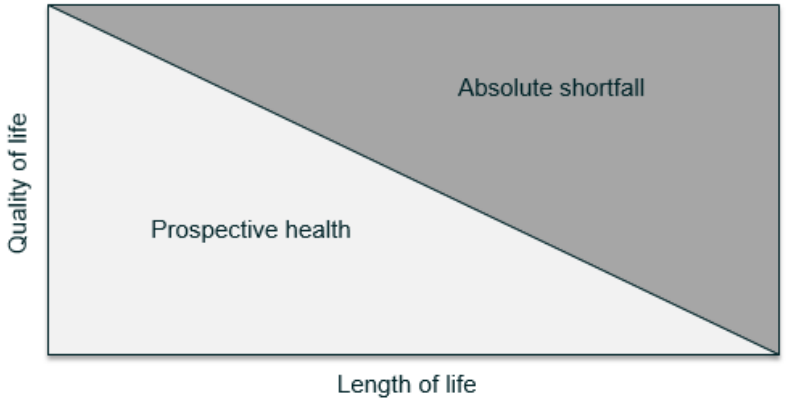
Empirical evidence:

- Society generally prefers prioritising younger over older patients
- Preferences for age stronger than those for severity

Support for proportional shortfall (3)

ZIN report 2018:

- Supports and proceeds use of proportional shortfall
- Recognizes its limitations
- Uses supplementary information on absolute shortfall and prospective health to inform decisions



Moving forward..

ZIN continues the use of proportional shortfall, so how to move forward?

Adjust proportional shortfall?

- Align proportional shortfall with preferences for prioritising younger patients
- ‘Neutralise’ proportional shortfall to meet the objective of avoiding ageism

Adjust reference values?

- Reflect severity-related preferences within different age groups

Preferences for severity and age

A study was conducted in 2018 with the aim to examine the trade-off between preferences for severity and age in reimbursement decisions.

Preferences elicited based on small and large differences between patients:

- Severity
- Age
- Severity and age

Preferences for severity and age (2)

When patients have the same age:

- Preference for reimbursing treatment for more severely ill patients

Preferences for severity and age (2)

When patients have the same age:

- Preference for reimbursing treatment for more severely ill patients

When patients have the same severity level:

- Preference for reimbursing treatment for younger patients

Preferences for severity and age (2)

When patients have the same age:

- Preference for reimbursing treatment for more severely ill patients

When patients have the same severity level:

- Preference for reimbursing treatment for younger patients

When patients have different ages and severity levels:

- Preference for reimbursing treatment for younger patients, regardless of severity level

Support for absolute shortfall

Preferences were better aligned with absolute shortfall than with proportional shortfall.

However, consequence of applying absolute shortfall is that younger patients may more frequently be prioritised and older patients never reach higher severity levels.

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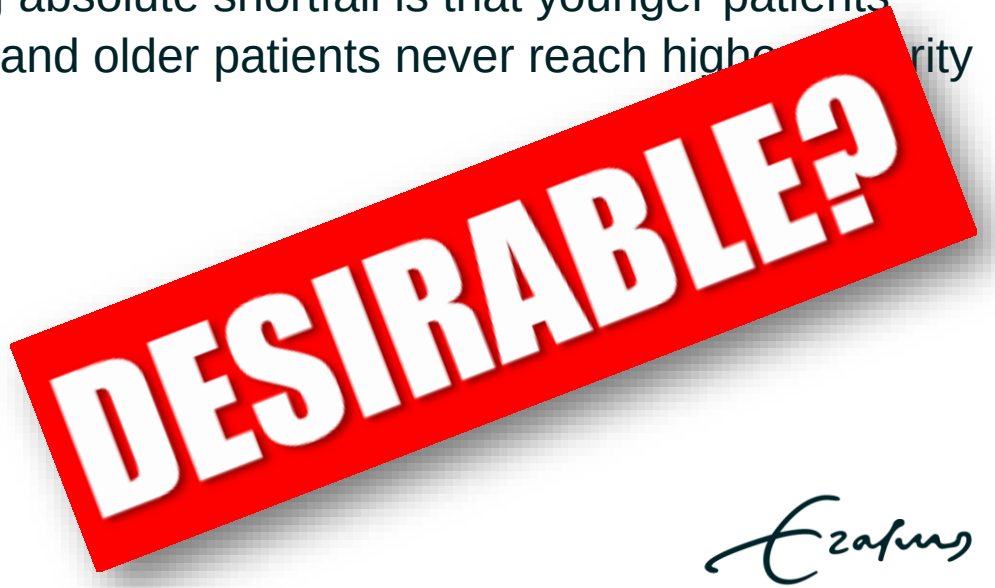


Societal preferences for priority setting

Outcomes of reimbursement decisions are not always aligned with societal preferences.

Decisions often lead to public debate and controversy:

- Substantial part of population is opposed to priority setting
- Considerable heterogeneity in support for different decision criteria, sometimes preferences are conflicting

Zeldzame ziektes worden te duur. Nu Pompe en Fabry. Welke volgt?

Nieuwsanalyse
Een duur medicijn voor de zeldzame spierziekte van Pompe wordt mogelijk niet meer vergoed. „Ergens moet je een grens trekken."

Door onze redacteuren
WIM KÖHLER en
FREDERIEK WEEDA

ROTTERDAM. Zijn leden zijn geschrokken en sommigen zijn zelfs in paniek, zegt Erik van Uden, van de Vereniging voor Spierziekten. De honderd tot 150 Nederlanders die lij… den aan de zeldzame spierziek… Pompe hoorden gisteren… medicijn mogelijk… vergoed.

levensjaar dankzij een medicijn hooguit 37.000 euro kosten. Preciezer gaat het om QALY's (*quality adjusted life year*). Dat zijn levensjaren … de kwaliteit van leven is … 2007 adviseerde …

zame ziekte dan gewoon … had? Aan de andere kant: we … veel ándere behandelingen … goeden als we voor één pat… ton kwijt zijn."
Aan Fabry en Pompe, … beeld, geeft Nederland elk ja… 55 miljoen euro uit, voor enk… patiënten. Het zijn …

Is haar leven 170.000 euro waard?

Zorg Studente Robin Kok (25) heeft taaislijmziekte. Ze schreef een brief over haar begrip voor minister Sch…ppers, die een du… medicijn niet wil vergoeden.

Rik Wassens 18 oktob…

Stel: er …

'Peperduur middel tegen spierziekte alleen tegen lagere … in basispakket'

De Amerikaanse farmagigant Biogen moet d… ver… en voordat het kan word… advies…

… wel of niet … basispakket … vraag

…worden vergoed uit het basispak… …aast Pompe gaat het om de zi… Fabry (stofwisseling). Aan … tes lijden nog geen 200 Ne… …rs. De medicijnen ervoor … …arlijks per patiënt tusse… …0 en 900.000 euro. …atiënten van Pompe of Fabry … telden gisteren dat de medici…

…rkje heeft de spierziekte SMA © Peter van trijen/pix4profs

'Peperduur middel tegen spierziekte alleen tegen lagere prijs in …ket'

…t Biogen moet de prijs …en voordat het …

NRC HANDELSBLAD

Rudyard Kipling
Mowgli de moordenaar
De Jungleboeken staan symbool voor blanke arrogantie.

Belastingontwijking
Mysterieuze dochter
Heineken benadeeld in elf landen in Afrika de fiscus

Advies: levensverlengend medicijn tegen kanker 'te d…

Gezondheidszorg Voor het eerst zegt een adviesorgaan dat een medicijn niet zonder meer vergoed mo…

Het draait altijd om heel moeilijke keuzes in de zorg

Bezuinigen op de zorg kan op verschillende manieren. Aan de top: minder dure medicijnen voor zeldzame ziektes. Of aan de basis: mensen zelf laten betalen voor maagzuurremmers of rollators. Maar kiezen is moeilijk.

Door onze redacteur
FREDERIEK WEEDA

ROTTERDAM. Het medicijn voor de ziekte van Pompe kost vier tot zeven ton per patiënt per jaar. Te veel, concludeert het College voor Zorgverzekeringen in een uitgelekt advies. Zo veel is één extra levensjaar niet waard. Krijg je dat middel dertig jaar toegediend, dan kost je de samenleving al gauw tien miljoen euro.
Maar je kunt het ook anders zien. Want het gaat maar om een kleine groep patiënten – 100 tot 150 mensen in Nederland hebben de erfelijke ziekte van Pompe. Soms blijkt het pas als ze … zijn. Voor die groep kan de samenleving … uitzondering maken? Al met al … miljoen euro per jaar; iets meer … samen besteden aan … advies.

af dat voortaan alleen nog ervaren vakgenoten aneurysma-operaties mogen doen. Een aneurysma is een buikslagader die zo is opgerekt dat hij kan knappen. Als een klapband. Een ingewikkelde operatie kan het leven van de patiënt redden – jaarlijks wordt die in Nederland zo'n 2.000 keer uitgevoerd. Voortaan mogen alle vaatchirurgen die operatie doen die er minimaal twintig keer per jaar mee te maken hebben. Dat gebeurt in zo'n 70 van de 100 ziekenhuizen.
En dus kan de aneurysmapatiënt (vaak ouderen) niet meer terecht in elk ziekenhuis om de hoek. Dat zal levens kosten – want acute aneurysma moet onmiddellijk geopereerd worden.
Maar er is aan gerekend: „De kans op tijdverlies in de ambulance overlijdt naar een ziekenhuis met veel ervaring is kleiner dan als de operatie dichtbij gedaan door onervaren chirurgen", zegt Peter van den Akker er… Gemiddeld overlijd…

Involving the public

Policy makers increasingly seek to involve the public in decision making:

- Better align outcomes of decisions with societal preferences
- Actively involve the public in shaping new policies
- Increase legitimacy of and support for decisions

Involving the public (2)

Much experimentation with applying deliberative methods for guiding reimbursement decisions. For example, focus groups and citizen panels in Canada and the UK.

However, very little is known about their effect on:

- Reimbursement decisions
- Views and preferences of participants

Citizen panel “Choices in healthcare”

A citizen panel was held in 2017 with the aim to:

- Obtain insight into the decision criteria the panel considered relevant
- Examine whether and how panel participation influenced the views of participants




Citizen panel “Choices in healthcare” (2)

The panel:

- Twenty-four citizens
- Eight “mentality groups” reflecting different values and lifestyles
- Variation in age, gender, and geographical spread

The panel met during three full weekends in September and October 2017:

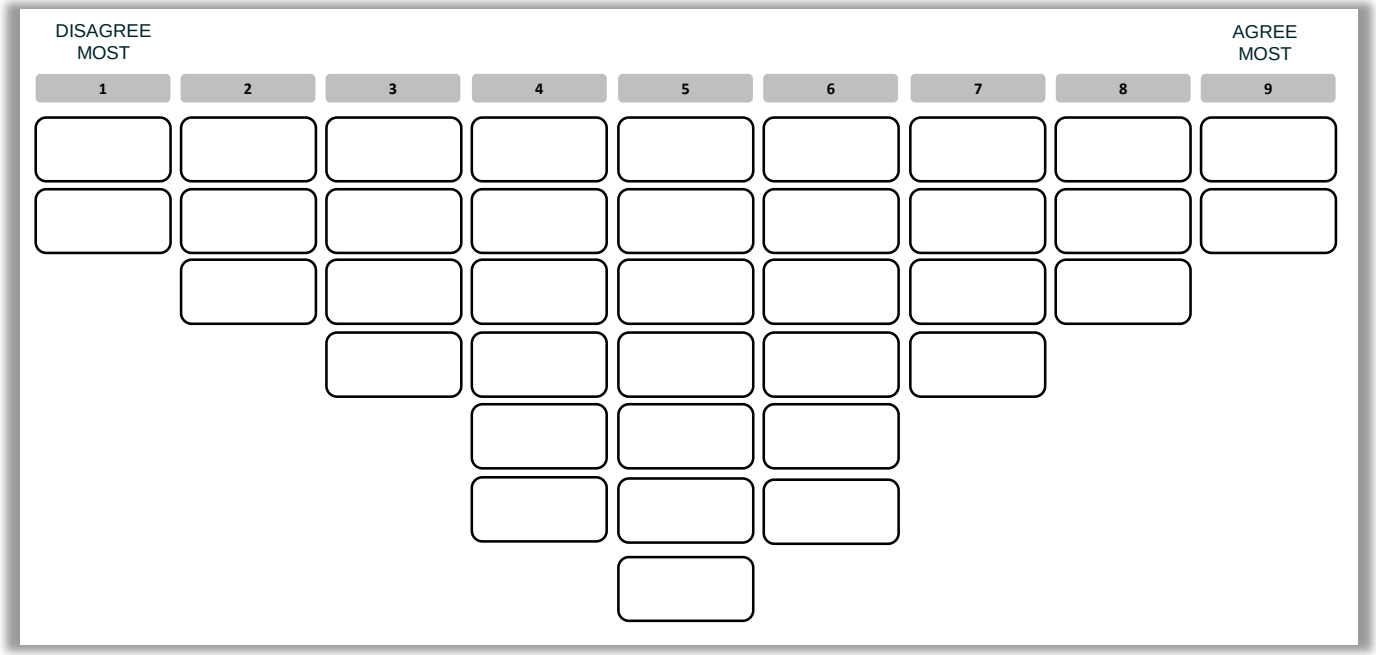
- Deliberated on eight reimbursement cases
- Consulted with experts
- Performed two ranking exercises with 35 statements *before* and *after* participation

Case 1: Dental braces for adolescents
Case 2: Alzheimer’s disease
Case 3: Stomach acid
Case 4: ADHD for children
Case 5: Eculizumab for aHUS
Case 6: Preventive body scan
Case 7: Obesity
Case 8: Hip prosthesis for elderly

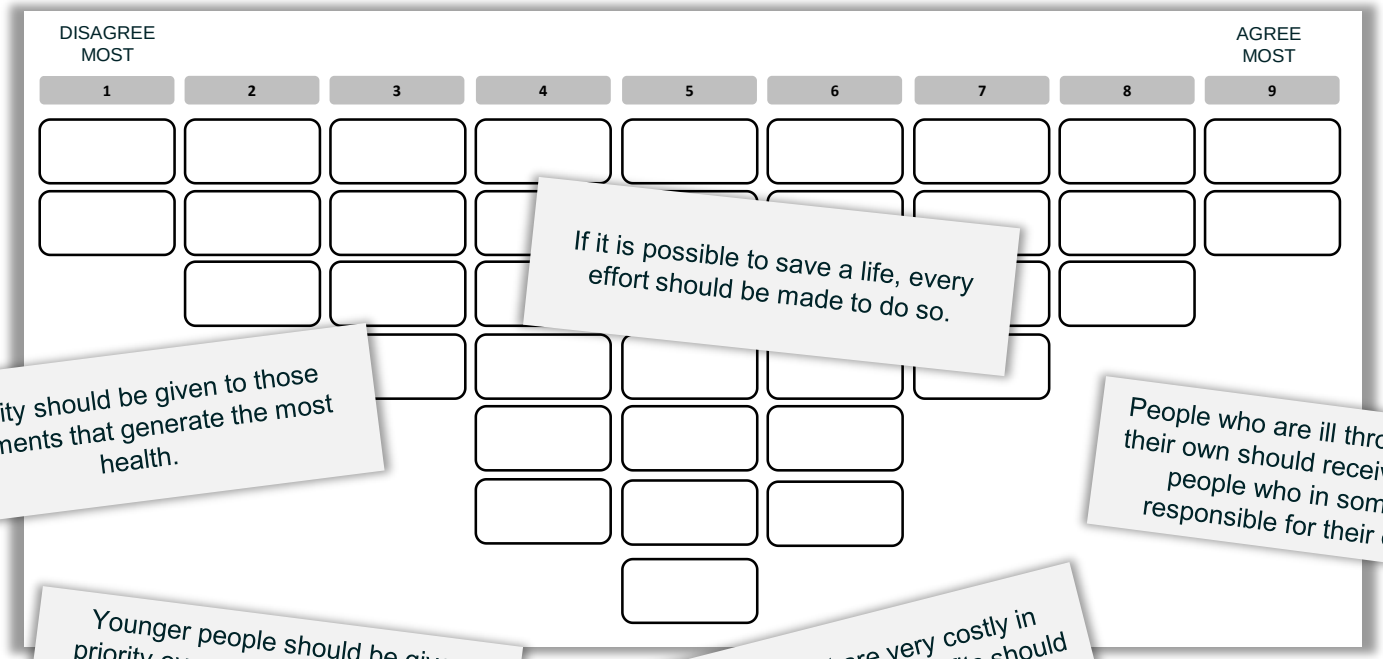
Statements in six domains

Domain	Characteristic
A. Characteristics of the patient	1. Age(ism)/fair innings
B. Characteristics of the illness	2. Severity
	3. Rarity
	4. Rule of rescue
	5. Probable cause/culpability
C. Characteristics of the treatment	6. Availability
	7. Costs/budget impact
	8. Efficiency
D. Health effects of treatment	9. Size of the effect
	10. Length vs. quality of life
	11. Start-point before/end-point after treatment
	12. Direction of the effect: health gain/loss avoidance
	13. Supply induced demand
E. Broader effects of treatment	14. Being dependent/caregiving effect
	15. Having dependents/family effect/productivity
	16. Dignified end of life
F. Moral principles	17. Patient choice
	18. Values
	19. Income/contribution
	20. Equality

Ranking of statements



Ranking of statements



If it is possible to save a life, every effort should be made to do so.

Priority should be given to those treatments that generate the most health.

People who are ill through no fault of their own should receive priority over people who in some way are responsible for their own illness.

Younger people should be given priority over older people, because they haven't had their fair share of health.

Treatments that are very costly in relation to their health benefits should not be reimbursed.

Before the panel

Three distinct viewpoints on priority setting:

1. Right to healthcare, equal access based on need, treatment should be based on patients' choice regardless of costs

2. Right to healthcare, acknowledgement of limited resources, emphasis on effectiveness and preventive treatments

3. Emphasis on broader benefits of treatment, priority to younger patients and those with families that are heavily burdened by the illness

After the panel

Again three distinct viewpoints on priority setting.

Views 1 and 2 were fairly similar, however:

1. Less support for view 1. Those with this view became less opposed to priority setting and more considerate of costs
2. Less opposed to out-of-pocket payments for healthcare

New view 3 emerged:

3. Emphasis on health maximization, (cost-)effectiveness of treatment, and priority to younger patients

Changes over time

Views partly remained stable, specifically regarding:

- Equal access
- Priority based on patients' need
- Health effects of treatment

Three striking changes:

- Increased understanding and acceptance of priority setting
- More considerate of costs
- Emergence of cost-effectiveness as a decision criterion

Some unanswered questions..

Severity measure:

- Can severity and age be considered in isolation of each other?
- How to deal with the (difference in) consequences of applying a severity measure for different age groups?

Citizen panels:

- When is it best to involve citizens in the decision-making process?
- Do participants' views still represent those of the public over time?
- Will decisions be regarded as legitimate and supported by the public when informed by views that resemble those of experts?

Takk!

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