Federatie
Medisch
Specialisten

Choosing Wisely – the Dutch approach

Huib Cense, surgeon, chairman of the Council Quality of Care and vice-president of the Dutch Association of Medical Specialists

Federatie Medisch Specialisten

The Netherlands: some facts and figures (cure)

> 17.000 million in habitants

Health insurance mandatory
- 4 dominant insurance companies
- 1453 euro nominal annual premium

10.000 general practioners
- 80% self-employed

22.000 medical specialists
- 50% self-employed

79 hospital organizations
- 8 Academic + 71 general
- 120 hospital locations, 137 outpatient clinics

>220 independent treatment centers
71 other clinics (rehabilitation etc.)

Gross goverment expenses
- 80 bln euro healtcare total
- 51 bln euro cure total
  - 26 bln euro secondary care

Federatie
Medisch
Specialisten

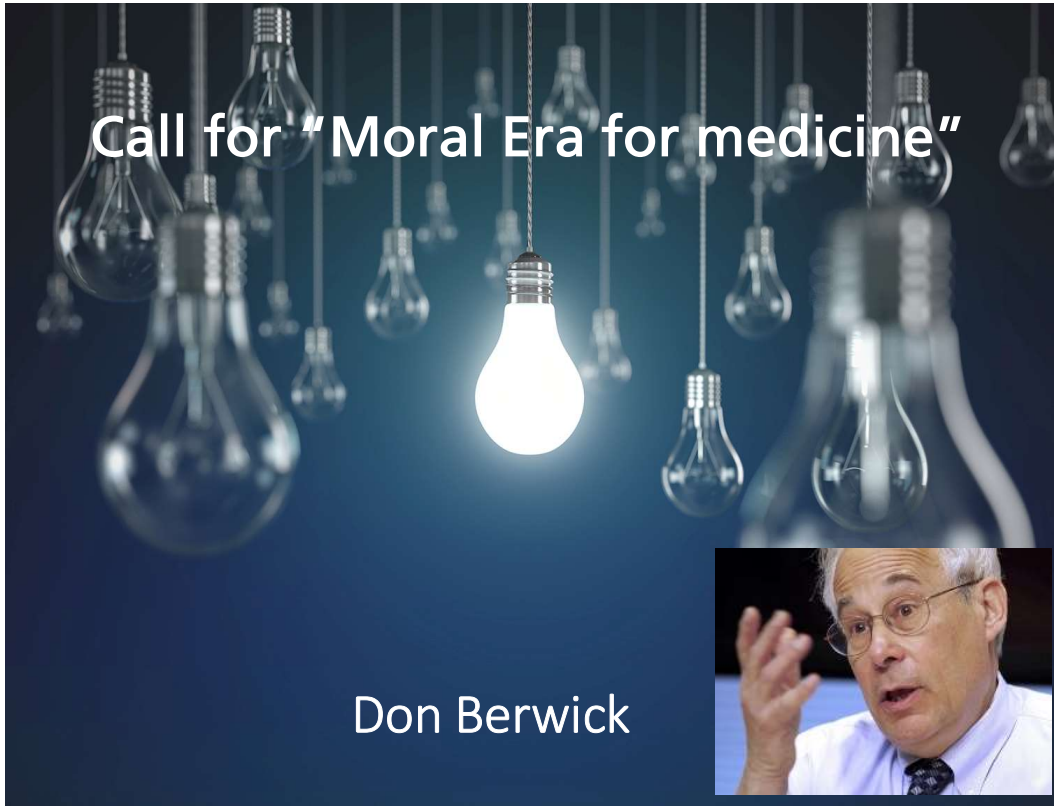
Dutch association of medical specialists

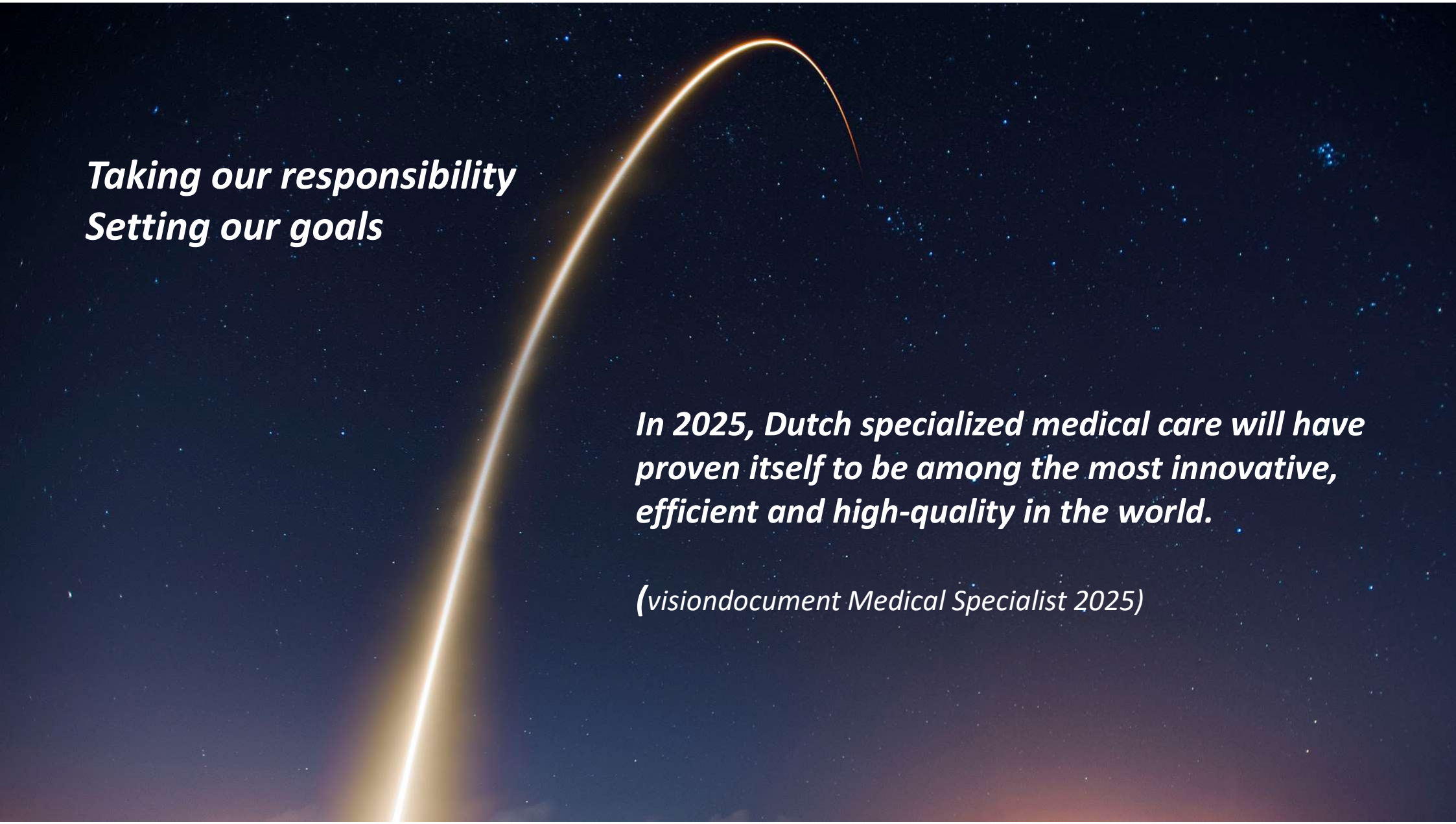
- Federation of the 33 scientific societies of medical specialists
- Board of 6 medical specialists
- Representative organisation of all 22.000 medical specialists.
  - *Main pillars of interest*
    - **Quality**
    - Education
    - Research and innovation
    - Reimbursement

Federatie Medisch Specialisten

Our challenges

- Demographics are changing
- Costs are rising (i.e. due to technological innovations, medicins etc).
- Less health care workers
- Fast digitalization of health care
- Societal changes
- Indication of over- and underuse of care
- Doctors under magnifying glass





Taking our responsibility
Setting our goals

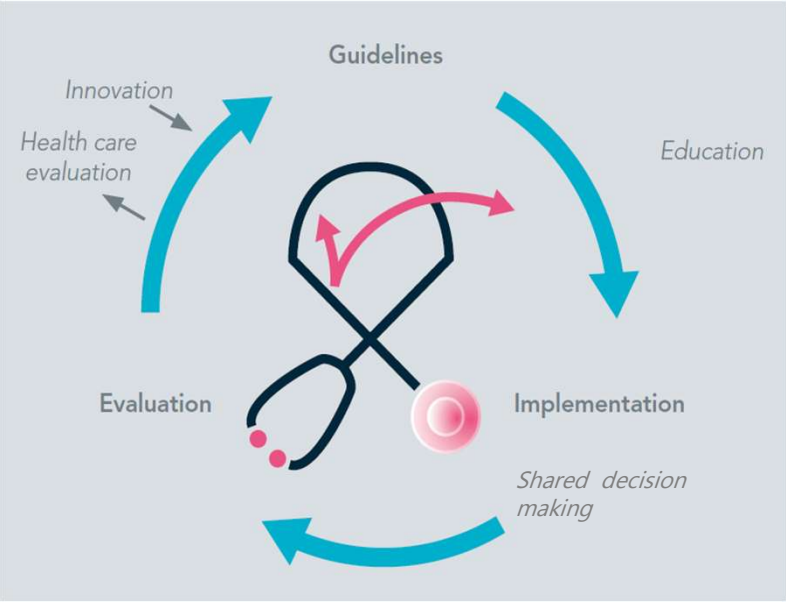
In 2025, Dutch specialized medical care will have proven itself to be among the most innovative, efficient and high-quality in the world.

(visiondocument Medical Specialist 2025)

Federatie
Medisch
Specialisten

Quality cycle of medicals specialists in the the Netherlands basis for our ambition

- Multidisciplinary (evidence-based) **guidelines** drawn up by scientific societies, taking into account the patient perspective
- **Shared decision making**
- **Quality measurement** to follow up on implementation, enable improvement and patient choices
- **External peer review** through site visits, medical audit and continuous assessment of individual performance
- Continuous medical and professional **education**
- Scientific **research**



Federatie Medisch Specialisten

Partnering with Choosing Wisely services our ambition

Our ambition for 2025 : In 2025, Dutch specialized medical care will have proven itself to be among the most innovative, efficient and high-quality in the world.

Choosing Wisely's primary goal is to improve quality of care (health outcomes) by helping physicians and their patients to make wise(r) choices about the appropriate care for the individual patient

Federatie Medisch Specialisten

Wise Choices (Verstandig Kiezen) / Choosing Wisely Netherlands

- Physician led and patient supported program
- Started in 2013
- Campaign initiated by the Dutch Association of Medical Specialists (FMS) and Netherlands Organization for Health Research and Development (ZonMw)
- Patient Federation Netherlands (PFN) is partner

Patiëntenfederatie Nederland
samen de zorg beter maken

ZonMw

Federatie Medisch Specialisten

Choosing Wisely Netherlands: a rocky road

"why a new initiative? We have our own succesfull initiative"

" why do not's? we have our guideline recommendations"

Campaign not automatically embraced by all scientific societies

- Strong guideline culture in the Netherlands
- (Surgical) societies were focussing on measurement and improvement (and having results!)
- Strong urge to research questions on what we do NOT know about the effectiveness of (50%) everyday treatments (and we anyhow offer)
- Suspicion among medical specialists , resulting in ignorance reluctance

" why focus on do not's when have no clue about the effectiveness of 50% of treatments"

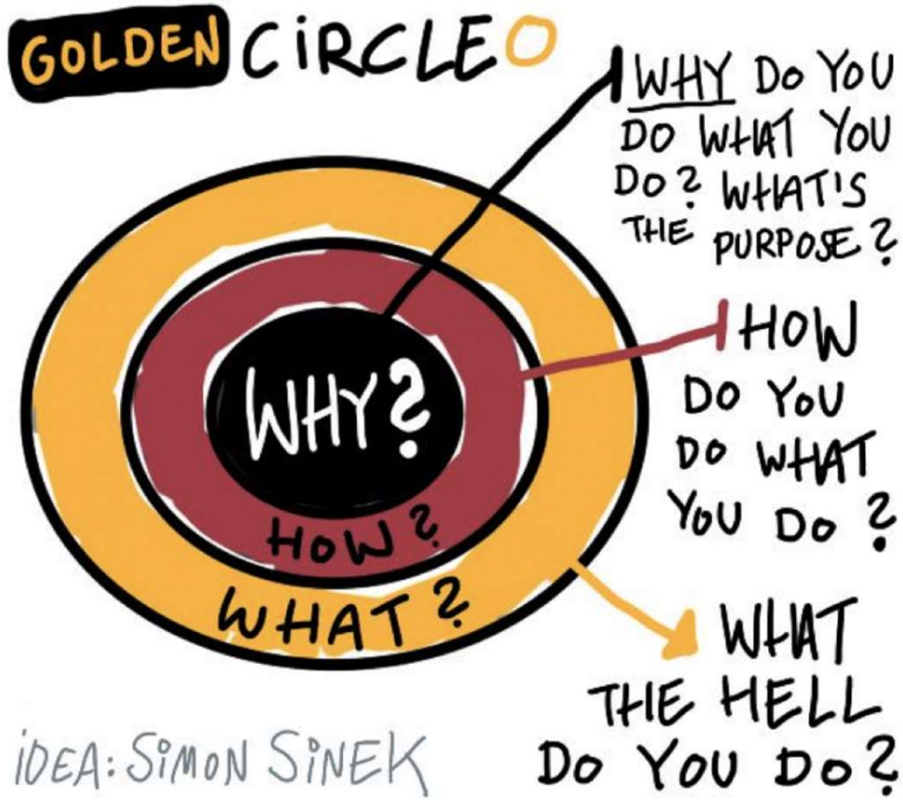
" It is about the money not quality"

Federatie Medisch Specialisten

Dutch approach to Choosing Wisely

If our goal (WHY) is to improve quality of care (health outcomes) by helping physicians and their patients to make wise(r) choices about the appropriate care for the individual patient – it does not matter HOW we do not, but that we do it

Improving quality is the goal, saving costs pleasant byproduct



Federatie Medisch Specialisten

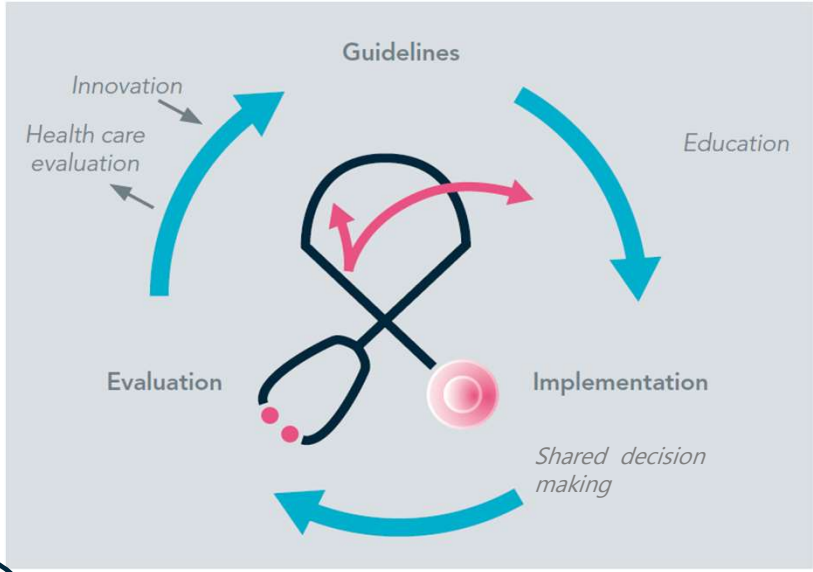
Dutch approach to Choosing Wisely: four pillars

1. **Wise Choices (do not's)**
   Implementation tools for guideline recommendations

2. **Clinical practice variation research**
   Quality measurement/registries and audit

3. **Health Care Evaluation**
   Research on "knowledge gaps"

4. **Shared Decision Making**
   Campaign, decision aids, patient information



Federatie Medisch Specialisten

Health care evaluation: research on questions about effectiveness

Do we need to prescribe cholesterol lowering drugs to elderly people (80+) who previously did not take these drugs?

Dutch Society for Clinical Geriatry

What is the optimal diagnosis and treatment (injection or surgery) in carpal tunnel syndrome?

Dutch Society for Neurology

Federatie
Medisch
Specialisten

Taking our professional responsibility!

Noblesse oblige - Adel verpflichtet

The next steps:

- Embed new knowledge in your guidelines
- Create patient materials
- (De)implement the evidence
- Monitor, share and talk your results
- Address differences, help laggards and audit practices if necessary

Impossible? NO! I give the floor to Simone van Dulmen

Deimplementation of low-value care

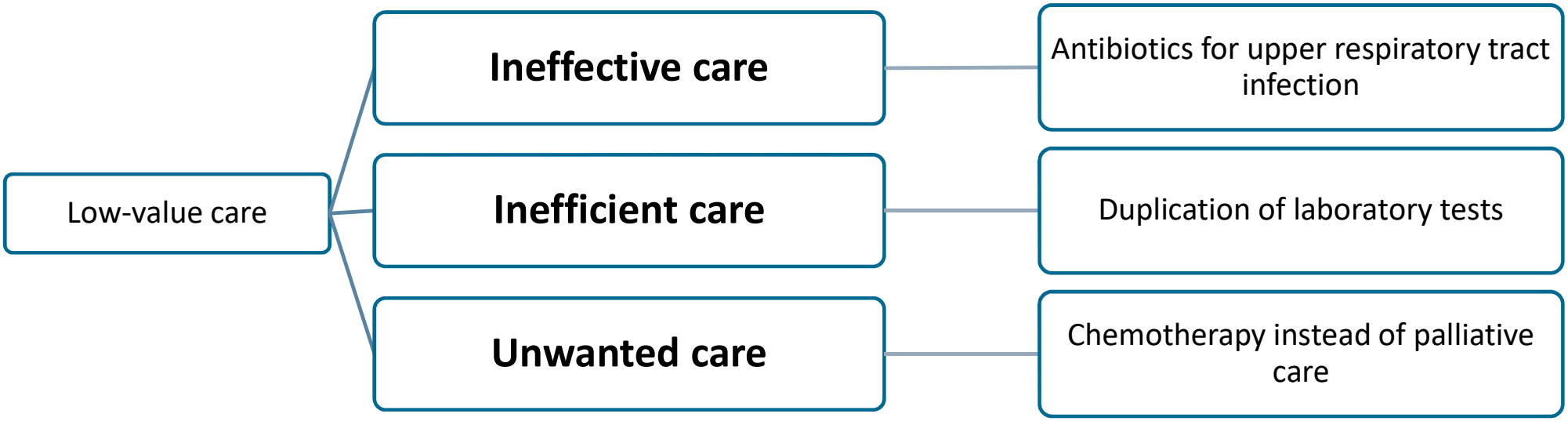
Dr. Simone van Dulmen
Senior researcher IQ healthcare
Radboudumc
The Netherlands

What is low-value care?

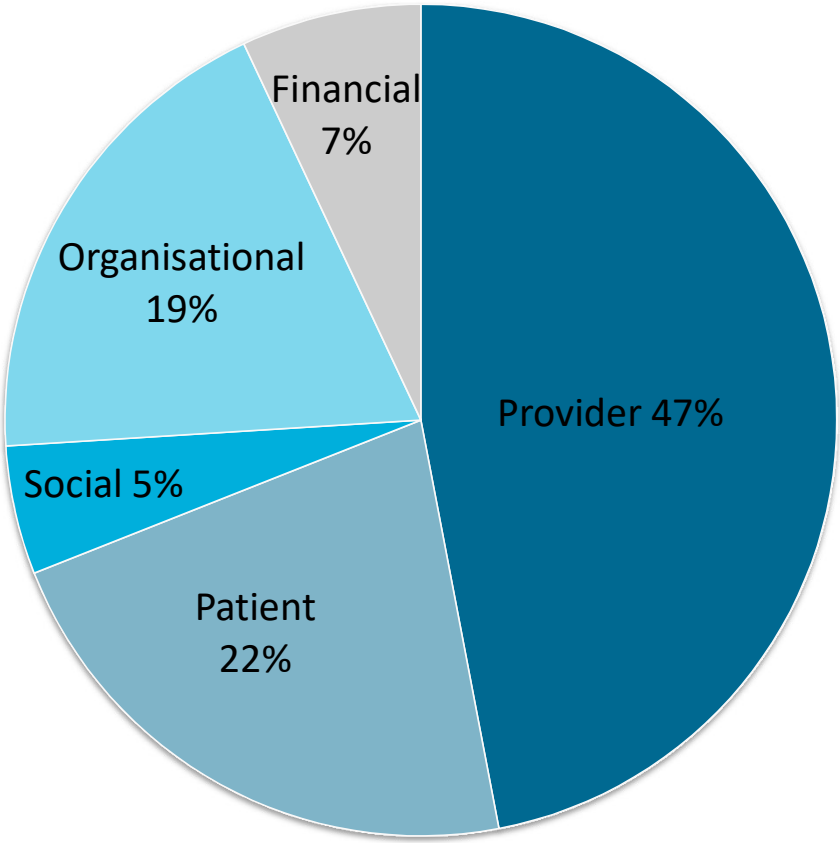
Care that is proven of
little or no value to the patient

"Off hand, I'd say you're suffering from an arrow through the head, but just to play it safe, I'm ordering a bunch of tests."

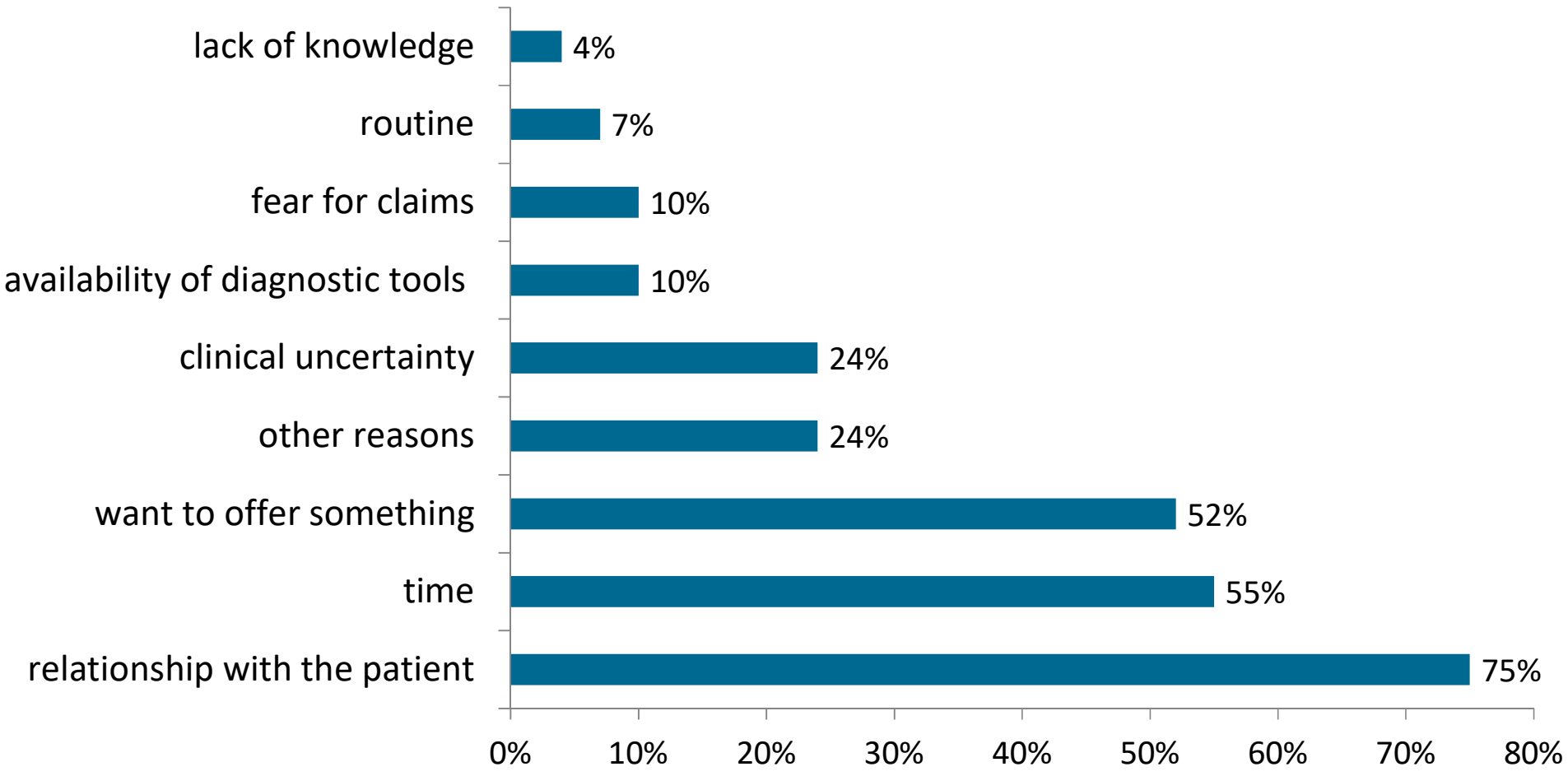
Types of low value care



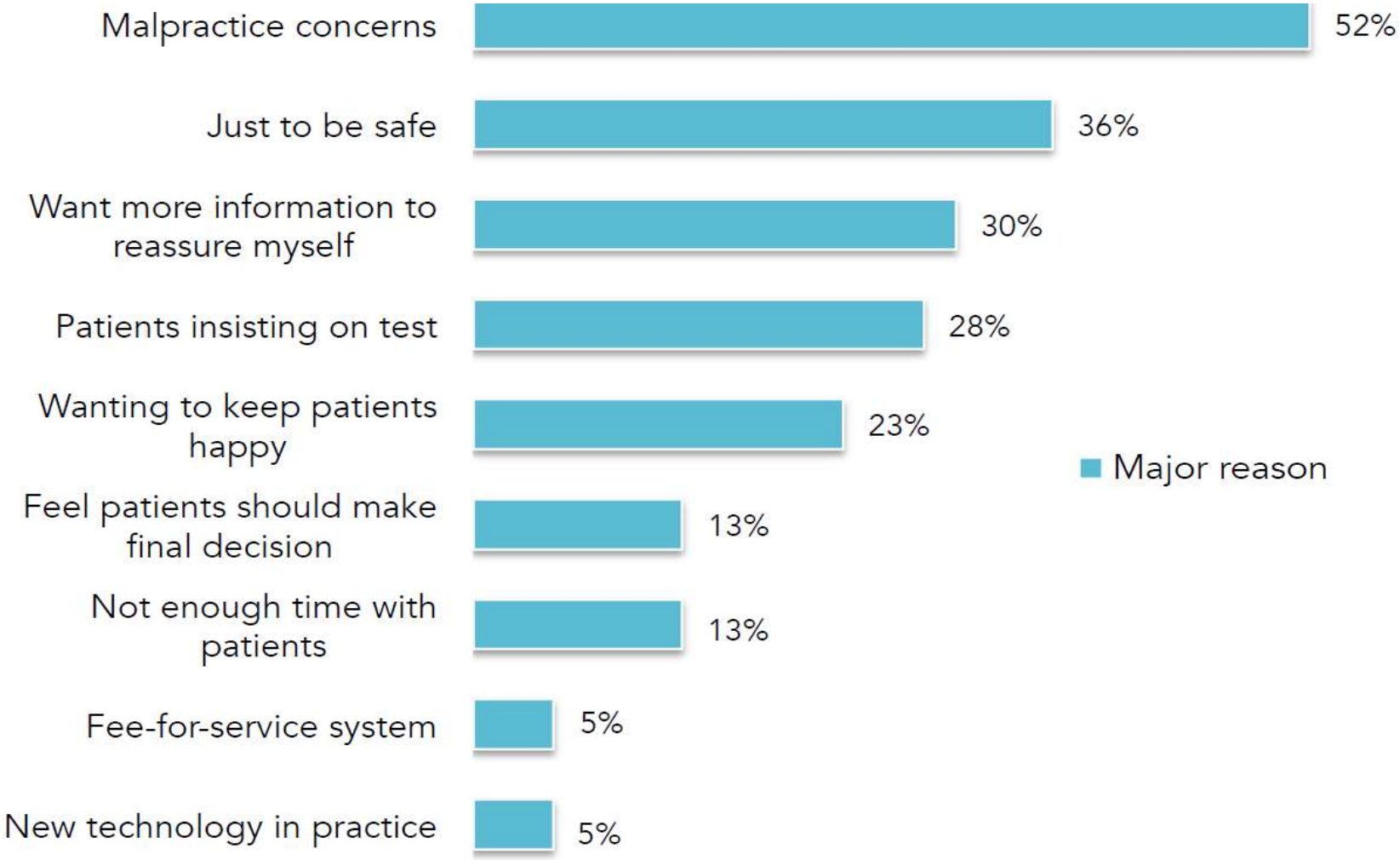
Barriers and facilitators for reducing low-value care



Motives cultural different NL



Motives cultural different US



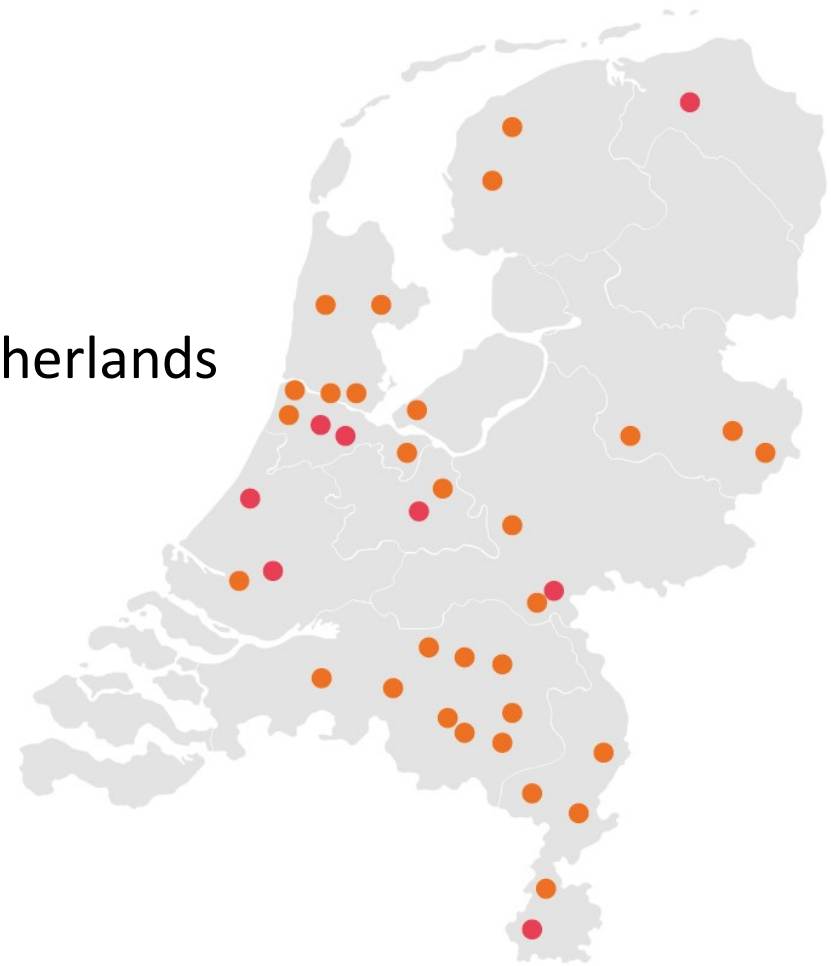
Choosing Wisely, 2014

To do or not to do?

National program for reducing low-value care

Aims:

- Identify and quantify low-value care in the Netherlands
- Reduce low-value care practices
- Learn about how to successfully and sustainably reduce low-value care



We reduced …

Corticosteroids COPD

Surveillance CT scans lymphoma

Knee arthroscopies and MRIs

Intravenous and urinary catheters

Vitamin D and B12 tests

Diagnostic testing internal medicine

Surveillance visits basal cell carcinoma

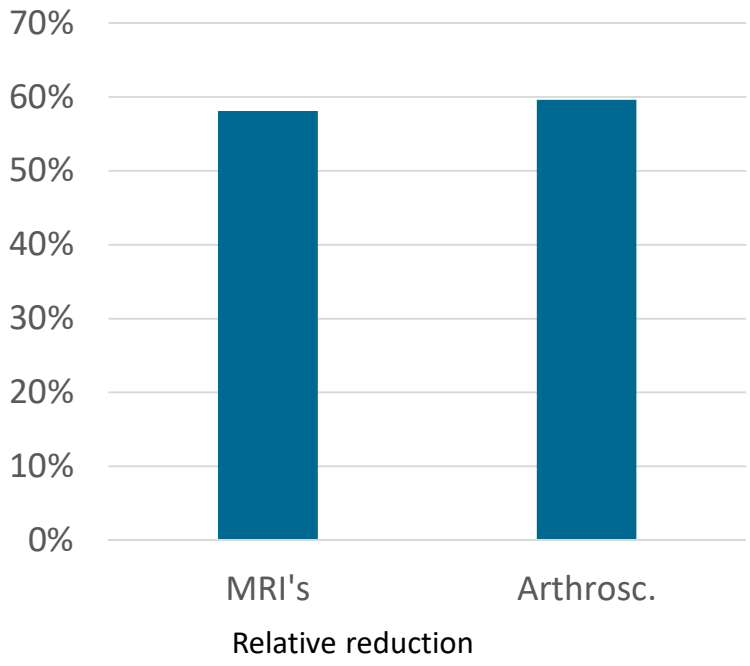
Gastroscopies for dyspeptic patients

Knee arthroscopies and MRIs

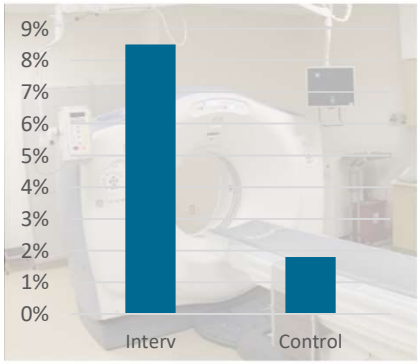
- CW recommendation: Do not perform knee arthroscopies and MRIs for orthopedic patients aged 50 years or older

Intervention

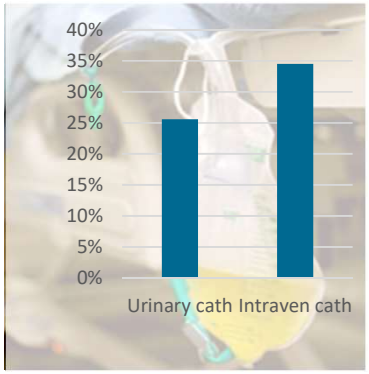
- Intervention: patient information
- Interactive training for professionals
- Clinical champion



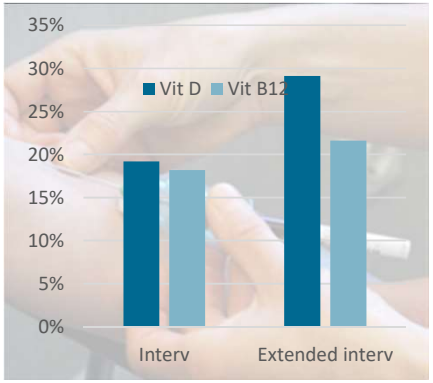
Some preliminary results



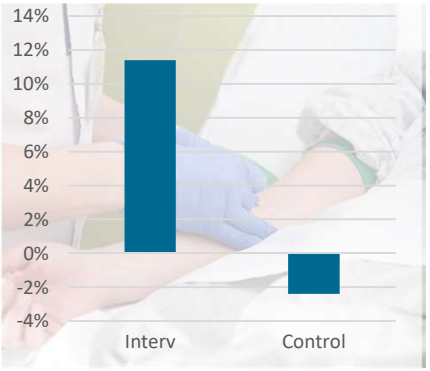
Surveillance CT scans lymphoma



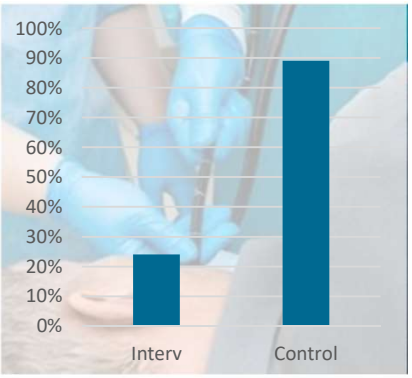
Intravenous and urinary catheters



Vitamin D and B12 tests



Diagnostic testing internal medicine



Gastroscopies for dyspeptic patients

Lessons learned

- Convincing evidence
- Support from care providers and management
- Tailor de-implementation strategy
  - Education, feedback and patient information
  - Use existing organisational structures
- Focus on improving quality and not on saving costs
- Requires a programmatic approach and investment

Questions?

Want to know more?

- www.doenoflaten.nl
- www.demedischspecialist.nl

- Or contact us at
  - Simone.vandulmen@radboudumc.nl
  - Tijn.kool@radboudumc.nl
  - raadkwaliteit@demedischspecialist.nl

Citrienfonds is een initiatief van

NEDERLANDSE FEDERATIE VAN UNIVERSITAIR MEDISCHE CENTRA

ZonMw

Federatie Medisch Specialisten