

## Executive summary

At the end of June 2006, the report *Zinnige en duurzame zorg (Sensible and Sustainable Care)* was published, addressing issues such as which criteria should be applied in order to identify priorities for the funding of care from collective resources. However, the report left two key questions unanswered: what constitutes 'fairness' and what roles and responsibilities do the various stakeholders have in the prioritisation process?

### *Fairness*

It is generally accepted that age, sex, ethnicity, sexual orientation and socio-economic status should not play any part in decision-making regarding the funding of care from collective resources. The Council endorses this view, subject to the qualification that exceptions may be justified where there is scientific evidence that the efficacy of an intervention is influenced by such a characteristic and there are firm grounds for excluding the possibility that the observed efficacy differences are attributable to other factors.

Nor is it justifiable to withhold care from people if their need of it is attributable to their own behaviour. However, the Council would qualify this principle too, by adding that care may be withheld in cases where research has shown that continuation of the causal behaviour will render the care ineffective.

In the second phase of the process of deciding whether a form of care should be funded from collective resources (the appraisal phase), the decision in principle made at the end of the first (assessment) phase – primarily on the basis of disease burden and cost-effectiveness – should be reviewed to ensure that it is not unintentionally in conflict with the principles of fairness and solidarity. In this context, consideration should be given to matters such as personal responsibility and social spin-off effects. It is possible that consideration of such matters will lead to the decision in principle being reversed.

### *The process*

The Council sees the process of deciding which forms of care should and should not be funded from collective resources as divided into four phases:

- *Agenda-setting* (scoping): defining the priorities for the decision-making process (the forms of care concerning which a decision is most urgently needed)
- *Assessment*: analysis of the intervention or care form on the basis of quantifiable criteria – in particular disease burden, efficacy and cost – to decide whether in principle it should be funded from collective resources
- *Appraisal*: community review of the outcome of the assessment phase, involving the application of non-quantifiable criteria – derived from the principles of fairness and solidarity – and culminating in a definitive decision (which may or may not overturn the decision in principle)
- *Implementation*: ensuring the forms of care that have been identified as warranting funding from collective resources are indeed funded in this way and that other forms of care are not

The Council supports the designation of the Health Insurance Board (CVZ) as custodian of the communally funded care package under the Health Care Insurance Act (ZVW). However, the Council advocates an integrated approach to decision-making regarding the makeup of the insured package, and therefore wishes to see the CVZ given the same

powers in relation to the forms of care that are governed by the Exceptional Medical Expenses Act (AWBZ) as it has in relation to forms of care governed by the ZVW.

If the process of deciding what care should be funded from collective resources is to function properly, a number of basic conditions must be met.

First, the parameters within which the package custodian is to work must be defined by the minister. These parameters should consist not only of legislation and regulations, but also of directives on the disease burden threshold and cost-effectiveness threshold to be applied.

Second, the assessment process should be based upon a suitable methodology. Enough scientific information is available to enable a start to be made using the approach suggested by the Council and to support more widespread application of the methodology currently employed primarily for the assessment of pharmaceuticals. Nevertheless, further research is needed to support the development and operationalisation of criteria for decision-making concerning the makeup of the insured care package. In particular, the Council believes there to be a need for research into efficiency within the care sector, starting with the methods – including outcome indicators – used to determine efficiency.

Third, if the decisions are to enjoy public support, it is important that the process is transparent and provides adequate opportunity for public input, and that the interim decisions are made known.

Other important actors in the process include care consumers, care providers and care insurers. Care consumers contribute to definition of the package agenda, provide experience-based expertise to support the formulation of guidelines and respond to the intended and unintended effects of the decisions that are taken.

Care providers and scientific and professional associations in particular define the guidelines for diagnosis and treatment (in collaboration with patients/client organisations) and for non-medical forms of care. They use an evidence-based approach wherever possible. The CVZ refers to these guidelines when arriving at decisions regarding the makeup of the insured package.

Care insurers also highlight issues to support definition of the package agenda. They additionally play a leading role in the implementation of decisions.

The Council would like to see provision made under the Health Care Insurance Act, so that an intervention could be temporarily approved or funded on a conditional basis. This implies that the intervention would be evaluated after a defined period of time to determine its efficacy, cost-effectiveness and so forth on the basis of data collected in the field. This approach could be taken both with innovative interventions and with established forms of care, particularly those concerning which there is initially insufficient information to support proper assessment.

Finally, the Council wishes to emphasise the importance of subjecting the ‘decision in principle’ reached at the end of the assessment phase to ‘community review’. The Council believes that the community review should be performed independently, by parties other than those responsible for the assessment. To this end, the Council recommends setting up a special committee within the CVZ, whose members are proposed by representative groups and appointed by the Crown.

*Illustrations of the assessment and appraisal mechanism*

The second part of this publication contains five examples illustrating how the Council sees the proposed methodology working.