

Sensible and sustain- able care

Recommendations produced by the Council for Public Health
and Health Care to the Minister of Health, Welfare and Sport

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Summary

The aging population and the continuous advance in technology are cause for concern about the sustainability of the collective healthcare system. Everyone, after all, is entitled to good health and proper care. In order to achieve this, the available resources must be deployed as fairly and as efficiently as possible. This can be done by better organizing healthcare, by avoiding unnecessary mistakes, by preventing treatment from being carried out in locations where there is insufficient expertise, and so on. It is also important to properly determine what can and what cannot be financed from collective resources.

The healthcare system has to be sustainable

In almost every country there is a limit on the level of collective resources that can be spent on healthcare, even in the most prosperous nations. This means that the demands on healthcare systems cannot always be met. It is impossible to deny that limits will always have to be placed on the amount of public funds spent on healthcare. This immediately gives rise to the question: "How are the limits to be set?" The question has been pored over by committees and enquiries both in and outside the Netherlands. One of the most well known committees was the Dunning Committee which, in 1991, presented the 'Dunning funnel'. The conclusion was that payment for treatment should only be considered on the basis of four filters, or 'sieves', in other words, four criteria. These were necessity, effectiveness, appropriateness, and self-responsibility. In practice, it has not proved easy to apply the 'funnel'.

Public resources are limited

Research carried out by ZonMw (Netherlands Organization for Health Research and Development) among others has shown that decisions regarding payment or non-payment for medical treatment are only based to a limited degree on 'hard' factors such as cost-effectiveness, and much more on less transparent considerations as a result of pressure by lobby groups like consumer organizations, the media, and so on. This means that limits are indeed being set at present, but on an ad hoc and somewhat random basis. The result is that the available resources are not being deployed as efficiently as possible.

Financial resources are not being deployed efficiently

Until now this has not led to insurmountable conflicts. However, it is quite plausible that it will do so in the near future. This is due, among other things, to the development of medi-

Cost developments will lead to conflicts

cal technology, such as the introduction of costly medicines, and the aging population. Society will have to make a choice: are we to carry on as at present, or do we opt for a system that is as transparent and sustainable as possible, with the aim of deploying public resources for maximum benefit in terms of health and quality of life, and to divide them fairly in order that healthcare can remain affordable. The recommendation here is for the latter option.

It is clear that there is a good deal of consensus about the question as to what criteria should be used for laying down priorities regarding the financing of healthcare from public resources. These criteria are:

- necessity/need for healthcare: the greater this is, the greater the entitlement to financing from public resources;
- effectiveness and costs: the greater the value for money offered by healthcare in terms of better health or greater quality of life - evidence based healthcare – and the lower the costs involved, the greater the entitlement to financing from public resources;
- justifiability: the criteria should be fair in the eyes of the general public; they should guarantee equal access to healthcare.

Agreement about the criteria to be used

Many committees, including the Dunning Committee, have proposed that the criteria they recommended be applied sequentially. The Council for Public Health and Healthcare (RVZ) recommends that the criteria be applied coherently, with a distinction being made between quantifiable and non-quantifiable criteria. Any decision as to whether treatment should be paid for from public resources would begin with an analysis based on quantifiable criteria: the criterion ‘necessity’, measured in terms of how great a burden an ailment is, involving a normative interpretation of one of the justifiability aspects, and the criterion ‘effectiveness and costs’. This totality of considerations would lead to a provisional decision as to whether public funds should be used. This is the assessment phase.

Criteria should be applied as a whole

The result of the assessment phase should then be used for the purpose of looking at the societal aspects. This appraisal phase would deal with non-quantifiable criteria, leaving room for a societal correction of the provisional decision that was made on the basis of the ‘technical’ criteria. Should the outcome of the societal examination be different from that of the assessment phase, the new verdict should be explicitly justified. To

Societal aspects are important

ensure that this two-phase system is actually used, and that the accent is not placed on the appraisal phase, as is the case at present, an authorized body should make certain that the decision-making process is conducted properly over the two phases.

This is conditional on the establishment and application of guidelines for the purpose of the assessment methods used, in order that the outcomes of each assessment are consistent. The reliability of the assessment, and the results thereof, should be clearly visible. In addition, the effectiveness of the assessment should also be borne in mind, as in some cases it will not be effective to carry out such analyses.

Guidelines are necessary for methods of assessment

The Council favours a transparent system. This is only possible by stating what limits are to be set during the assessment phase in advance, rather than allowing them to remain undefined. The Council recommends that the provisional decision as to whether treatment should be financed from public resources should be based on an ailment burden threshold and a ceiling for the costs of treatment per QALY per year, in relation to the ailment burden, with a maximum to be established. It is not the task of the Council to determine these limits: they should be set by democratic means. As a basis for debate in this area, the council suggests a threshold of 0.1 per ailment - treatment for conditions with a burden of 0.1 or less would not be paid for – and a ceiling of €80,000 per QALY per year as a maximum in the case of ailments of 1.0 for the costs of treatment.

Transparency is required

Politicians must set the limits

This means that assessment phase is translated into a mathematical model, which at present is far from complete and in which not every methodological problem has been resolved. However, the Council is of the opinion that an incomplete quantitative approach, in which the limitations are known, is preferable to a purely qualitative approach with a great deal of randomness and lack of transparency. It could be compared to the primitive method designed by Beaufort for measuring the strength of the wind.

Start with a quantitative approach...

In 1805, Sir Francis Beaufort conceived the scale for measuring the strength of the wind which now bears his name. The scale describes the behaviour of a frigate when sailing in the wind. Values 0 to 4 describe the way the ship sails through the water, with all sails raised. One sail is lowered for each of the values from 5 to 9. In the case of 10 to 12, it is a matter of

survival. For shipping, this turned out to be a useful tool. The British Navy made the use of the Beaufort scale compulsory in 1838.

In comparison to present-day methods of measuring the strength of the wind, the Beaufort scale is primitive. Nevertheless, there are countless sailors who owe their lives to the fact that the power of the wind was expressed in numerical terms.

It is true that in this model, account is taken of aspects of fairness by making allowances for the nature of the ailment, but that does not mean that all fairness aspects are covered. Other aspects of fairness can also be partly quantified and play a part in the assessment and appraisal phases. In developing the assessment phase of the model, for example by encompassing more effectively present-day social opinions and trends, the appraisal phase can be strengthened.

...then a qualitative assessment

Assessment strengthens appraisal

There are currently no details available on effectiveness and costs of many types of treatment, especially in the care sector. Nor is it possible that such information will become available in the foreseeable future, due to the time and expense involved. The Council recommends that priority be given to research into the effectiveness and costs of those treatments that make the greatest call on public resources, and into those that can be expected to yield the greatest benefit. Given that mental handicap and dementia are the most costly diagnosis groups, priority should be given to research into the effectiveness and cost-effectiveness of care for these groups. The Council recommends that this research be included in the ZonMw efficiency programme.

Give priority to research into expensive treatment

The council would like to emphasize that these recommendations relate only to the methodology to be used in the assessment phase for determining what should and what should not be financed from public resources. More details of the appraisal phase and of the roles and responsibilities of the various parties, including politicians, government, professionals and citizens, will be given in a second set of recommendations on this matter. The Council has opted to produce these recommendations first, describing the methodology and global procedure. For the next stage, it is important that these recommendations can count on the support of politicians, government, and society generally. The Council therefore calls on the Minister for Health, Welfare and Sport to discuss this matter in parliament.

These recommendations cover the method; a subsequent set of recommendations will deal with who does what.