

# IMPLEMENTATION SCIENCE: TRANSFORMING THE LANDSCAPE OF INSURANCE OPERATIONS

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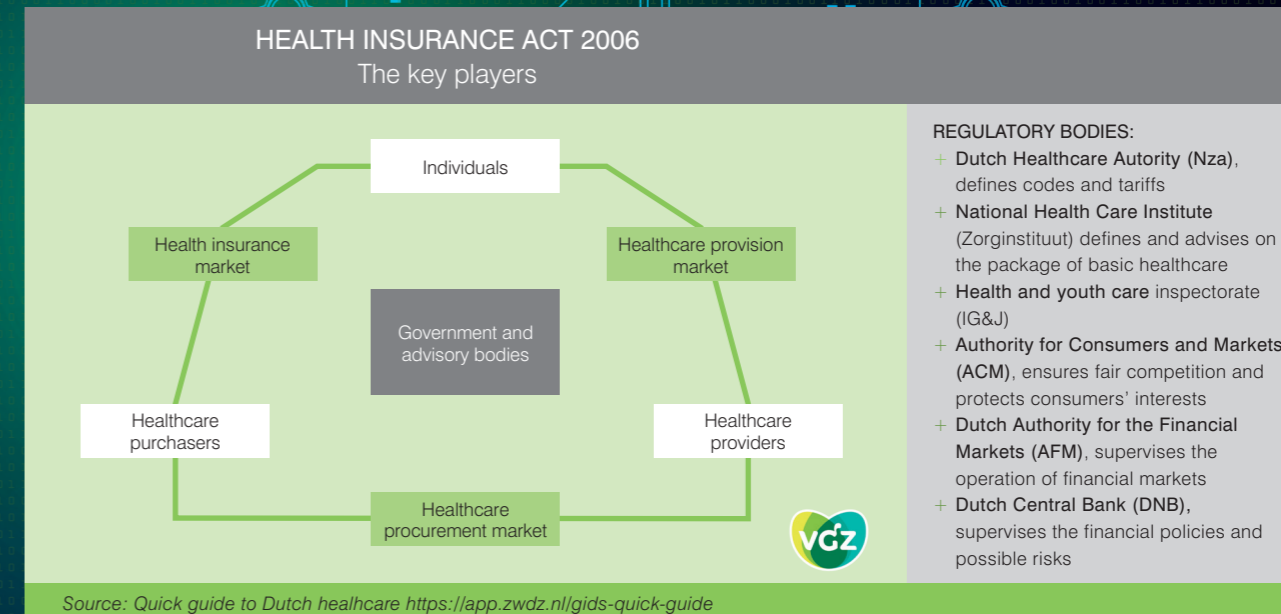
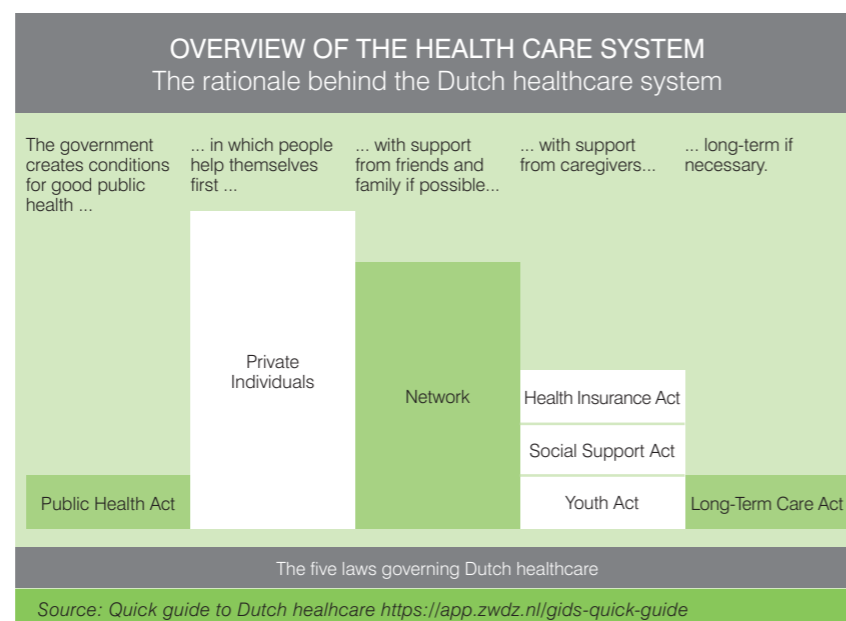
In the Dutch healthcare system, the medical advisor of a health insurer advises the insurer on whether an innovation is of interest. The primary responsibilities of health insurers in the Netherlands are twofold: improving the quality and availability of care while ensuring its long-term affordability. These objectives can sometimes be at odds.

## Dutch Healthcare Structure

- + Green blocks in the figure below: laws and regulations.
- + White areas: pertain to an individual's personal responsibility. The central government manages public healthcare through the Public Health Act. Furthermore, individuals are responsible for their own health. If one cannot manage on their own, they are encouraged to consult their network. Three primary support networks ensure access to quality care:
  1. Health Insurance Act
  2. Social Support Act (WMO)
  3. Youth Act (both of which are now managed by municipalities)
- + The final block represents the Long-Term Care Act for chronic illnesses.

## Highlights of the Dutch Healthcare System

- + Cost, quality, and effectiveness should be as transparent as possible.
- + Healthcare growth is predetermined.
- + Mandatory health insurance; free for those under 18, funded through income taxes.
- + Health insurers must accept everyone for the basic package (solidarity principle), and an individual's health doesn't affect premium cost.
- + The Minister determines the composition of the basic package, with any changes subject to government approval.



## Regulatory Authorities in Dutch Healthcare

- + Dutch Healthcare Authority (NZa): Definition and tariff setting.
- + National Healthcare Institute (ZIN): Package content.
- + Health and Youth Care Inspectorate (IG&J): Healthcare quality.
- + Authority for Consumers and Markets (ACM): Monitors competition and questions insurers about mergers and collaborations. For instance, when hospitals collaborate closely, insurers can offer advice to the ACM
- + Dutch Authority for the Financial Markets (AFM) and Dutch Central Bank (DNB): Due to significant financial stakes, both monitor the system closely.

## From Innovation to Clinical Practice

In the Netherlands, innovations often originate from industrial, technical, academic, or pharmaceutical sources. Introducing them to healthcare is more of a hurdle race than a sprint. In 2022, several relevant reports were released:

- + Integrated Care Agreement (IZA)
- + Signaling Appropriate Care for Cancer Patients (by the National Healthcare Institute)
- + Appropriate Emergency Care (by the NZa)

These reports emphasize the importance of evidence-based personalized care. The IZA centralizes "appropriate care".

It also discusses the concentration of complex care and the overall hospital care volume. More healthcare will take place at home, requiring added infrastructure and organization.

## Implementing Innovations in Clinical Practice

Questions from the National Healthcare Institute and insurers:

1. Is the innovation truly new or is it part of an existing treatment?
  - + If part of existing technology for treatment:
    - + Does it improve clinical outcomes?
    - + Does it enhance care quality?
    - + Does it improve quality of life?
    - + Are there no complex changes in costs?

For entirely new innovations, different criteria are considered and stakeholders must decide who should be involved. The Healthcare Institute has set evaluation criteria, indicating that insurers can conduct their evaluations. The ZIN and the NZa are the penultimate steps to approval. This is a crucial document for understanding the path from research to implementation and payment.

For a new therapy, it's essential to have cost-effectiveness (savings; non-inferiority isn't enough with rising costs). Interventions must be evidence-

based and test performance must be known. For a new diagnostic test, it should be clear if a "new patient group" can emerge (e.g., like with the COVID test).

Every hospital now has an innovation budget 1.5 billion euros nationally; allocated proportionally between primary and secondary care institutions).