



Quality = Efficiency
Choosing Wisely



Choosing Wisely Netherlands Campaign



Orde van Medisch Specialisten



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Choosing Wisely Netherlands Campaign

What is the aim of the Choosing Wisely Netherlands Campaign?

The Dutch Association of Medical Specialists (OMS), scientific associations and ZonMw launched the Choosing Wisely Netherlands Campaign. The Federation of Patients and Consumer Organizations in the Netherlands (NPCF) is a partner in the campaign. The goal is for care professionals and patients to work together to realize quality improvement in care, while keeping costs under control. The campaign is meant to answer the question of how we can spend the 'care euro' as efficiently and practically as possible, especially as the cost of care continues to rise. This must not detract from the high quality of care we offer in the Netherlands. Therefore, Choosing Wisely Netherlands supports medical specialists and their patients to make joint decisions about the suitable use of care. The doctor discusses in greater depth with the patient the best treatment at the right moment.

What does the Choosing Wisely Netherlands Campaign involve?

Choosing Wisely Netherlands is a coherent whole of activities that systematically lead to quality improvement and, as a result, cost savings. The campaign consists of several components that have areas of overlap:

1 Wise Choices

Wise Choices are proven recommendations (evidence) for a particular treatment. They are meant to stimulate doctors and patients to talk about what the most suitable treatment is at the right moment. These conversations about the benefit and necessity of certain medical tests and treatments can significantly contribute to improving the quality of care. This can lead naturally to cost management. It does not mean searching for the cheapest treatment method but deciding jointly on the most suitable treatment for the individual patient. Wise Choices is published by the scientific associations of medical specialists. The NPCF helps to distribute the materials.

Example: Wise choices for a hernia of the lower back

'Do not operate if the only symptom is back pain'

Leg pain is often also present with a back hernia. If leg pain is present, an operation generally only relieves the leg pain while the back pain persists. Treating the back pain without surgery ultimately produces the most effective result.



2 Shared decisions

Research has shown that patients who decide options together with their caregiver are not only more satisfied, they make wiser choices in medical terms. Conscious choices reached after consultation by the patients can lead to cost savings because the chosen options are often less invasive or diagnostics or treatment options are refused. To arrive at these wise choices, it is necessary that the patient:

- is conscious of the fact that there is more than one treatment option and that the patient can be consulted about the choice;
- is clearly informed about all possible options, with doing nothing also being a possibility;
- is presented with the advantages and disadvantages of the different options;
- is explicitly asked what he thinks about the advantages and disadvantages and what he finds important;
- comes to the most suitable choice in consultation with the doctor.

The NPCF and OMS have made it their aim to ensure that Shared Decisions will become standard in every doctor's office. A joint program is currently being organized to support this aim.

Example: care evaluation

Absenteeism due to carpal tunnel syndrome (a pinched nerve in the wrist) costs 26 million euros annually in the Netherlands. There is a great variation in practice for its diagnosis and treatment. Doctors sometimes choose to operate as the treatment strategy, or often injection. We currently do not know what the most effective and efficient treatment is. By researching this, we not only improve the care for these patients, we might also achieve cost savings.

3 Care evaluation

Guidelines provide the knowledge base for medical measures and must improve the quality and efficiency of the care. Not all care is described in the guidelines, however, and there is a lack of proof for much of the care provided. This is not surprising: 'medicine' has existed for thousands of years, while the principles of 'evidence-based medicine' were only developed a few decades ago. The consequences are: variations in practice, potentially less worthwhile care, and even unsafe situations are possible. Care evaluation in the form of effectiveness studies leads not only to evident quality improvement but also to considerable efficiency gains. Scientific associations of medical specialists therefore developed knowledge agendas: overviews of treatments whose effectiveness has not been confirmed and must be examined.

4 Variations in practice

By making variations in practice evident and pointing them out, understanding their causes and initiating improvements where necessary, the appropriate use of care is encouraged. The activities should supplement the existing activities or bundle them. For example, several scientific associations conducted research in the past few years into variations in practice and developed improvement activities, including the development of 'Wise Choices'. This year a general conceptual framework for appropriate use was developed. The NPCF also highlighted variations in practice with the 'Care Atlas' (Zorgatlas). Joint interpretation of variations in practice is the focus of pilots started in collaboration with the National Health Care Institute (ZINL).

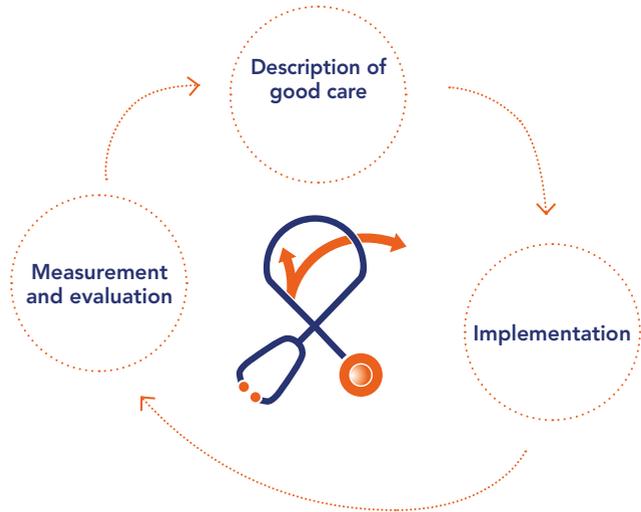
Why was this campaign initiated?

The number of chronically ill patients and ones with lifestyle diseases is rising. The costs of care spiral upwards, while the potential labor force is shrinking. The euro spent on care is becoming scarcer. The longevity of the health care system is under pressure, which presents us all with a major challenge. Many health care parties feel it is important to make wise choices in care. Certainly at times when the focus lies on the rising cost of care and terms like efficiency and practicality. The Choosing Wisely Netherlands Campaign is meant to show that quality improvement and cost management can be combined and that the parties in the field can assume responsibility.

How does the campaign contribute to quality improvement?

The Choosing Wisely Netherlands Campaign combines different elements. As these elements are linked, they create a driving force (improvement cycle) for quality improvement. This distinguishes the campaign from other individual quality projects. The principle underlying this improvement cycle is based on the integrated quality policy of medical specialists.





The improvement cycle consists of the following steps

Description of good care

First of all, describe what good care is. Medical specialists do this in their guidelines. In the program section 'Wise Choices', scientific associations clarify five 'evidence-based' recommendations that doctors and patients should consider when making a wise choice about treatment. By communicating this explicitly and developing decision-supporting material (together with the NPCF), patients and doctors can jointly decide on what is good care for the individual patient.

Implementation

With 'Wise Choices', the implementation of 'good care' is stimulated. The developed 'Wise Choices' are being distributed in collaboration with ZonMw and the NPCF. For a number of wise choices, implementation material is being developed, like a video for patients and a flowchart.

Example: quality control cycle

Recent Dutch research supports the power that can emanate from such a quality control cycle. The doctoral research of Ronald Damhuis (17 October 2013) revealed that the quality of cancer care in the Netherlands has improved spectacularly in the past few years. The postoperative mortality has dropped by 25% since 2009. This is not only due to advances in technical possibilities. After the Dutch Cancer Society (KWF) argued that cancer care could be improved, medical specialists and patients formulated the minimum standards and cancer care was concentrated. The outcomes of care were measured, and based on the result, improvements were implemented. Audit and quality reviews support this process. Healthcare insurers have made the standards and quality information part of the care purchasing. At the same time, on the basis of signals from the Health Care Inspectorate (IGZ) that the quality of surgery could be improved, improvements were implemented, guidelines formulated, which are now being elaborated in detail. In brief, there is a learning system, which warns when something can be done better and defines how it can be better. Improvements are implemented and measured, which lead to new signals and then to implementing new improvements.

Measurement and evaluation

After implementation of the 'good care', what actually happens in practice is measured. In the Netherlands, for example, this is done by researching variations in practice. The data about variations in practice do not give a complete picture of the care administered, but can be valuable when carrying out further research into the appropriate use of care. Furthermore, data from clinical registrations can provide more sensible information about the appropriate use of care. Where necessary, improvements can and must be implemented. This can lead to a revised description of what good care is within the guidelines.

In the Netherlands, the various activities are viewed in context as much as possible, leading to a systematic improvement cycle. By actively committing to an improvement cycle, the driving force to improve the quality of care is activated. This is also called 'integrated quality control policy for medical specialists'. By using a systematic approach to quality, an important contribution is made to reducing the cost of care.



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Who is taking the initiative?

The campaign is an initiative of the Dutch Association of Medical Specialists (OMS), scientific associations and ZonMw. The NPCF is a partner of the campaign and closely involved with its implementation in practice. The campaign is based on the American 'Choosing Wisely' campaign. In other countries like Canada, Germany, Australia and New Zealand, campaigns have been started to stimulate appropriate use of care.

What is the added value for the patient and the medical specialist?

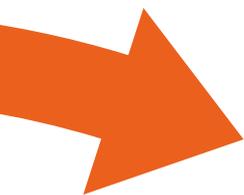
Patients have more clarity about the different treatment options and can make choices more easily, together with their doctor. In addition, they help the medical specialists to provide the same high quality of care, while making an important contribution to a future-proof healthcare system. Medical specialists receive supportive material for conversations with patients to help them give a good explanation of the treatment options and whether treatment is useful or not. More information about the cause of variations in practice and the effects of certain treatments helps doctors to gain insight, and eventually improve their own working method.



Where can I find more information?

More information, the various 'Wise Choices' and our contact details can be found on the special campaign website www.choosingwiselynetherlands.org.

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