SBK online workshop: 'Who actually asks the patients? - More quality with the Netherlands model'

An 'Outcome driven care' model for Germany?

Siemens Betriebskrankenkasse, the largest company health insurance fund in Germany with more than one million people insured with it, has not only dedicated itself for two decades to the task of constantly developing the fund with the help of surveys of insured persons, but has also been analysing benchmarks in neighbouring European countries for several years in order to learn how they manage and improve their healthcare systems from the patient's perspective - with the help of PREMs and PROMs. We began by looking at the UK, followed by Denmark and, most recently, the Netherlands. The topic of the latest SBK online workshop was: 'Who actually asks the patients? - More quality with the Dutch model'.

>> While Prof. Dr Willem Jan Bos (LUMC & St. Antonius Hospital, Linnean Initiatief) spoke about the results of the national 'Outcome driven Care' strategy introduced in 2018 with the aim of collecting and publishing patient-reported outcomes for 50 per cent of the disease burden, and Prof. Dr Maria Karsten (LUMC & St. Antonius Hospital, Linnean Initiatief) spoke about the results of the national 'Outcome driven Care' strategy introduced in 2018. Maria Karsten (Senior Consultant at the Charité Breast Centre and Head of the Pro Routine Project) presented the background to the PRO-B study, Dr Gertrud Demmler (Board Member of SBK Siemens-Betriebskrankenkasse) introduced the presentations from the perspective of one of Germany's top 20 health insurance companies.

According to Bos, there are a large number of PROM initiatives in the Netherlands. Some are nationwide, such as the Dutch Institute for Clinical Audits (https://dica.nl). According to Bos, it creates defined questionnaires on 26 indications with the involvement of healthcare professionals and patients. Since 2018, hospitals have also been able to use a daily dashboard to use data analyses to optimise the services they provide. According to Bos, the wealth of data provided helps everyone involved to decide on individual treatment paths in a direct exchange, contributing to better therapy management and an equally improved doctor-patient relationship.

Thanks to the national 'Outcome driven Care' strategy introduced in the Netherlands in 2018, Prof Dr Willem Jan Bos from LUMC & St. Antonius Hospital in Nieuwegein can report tangible improvements: Since the regular exchange with other clinics on quality indicators, a 50 per cent reduction in the mortality rate for dialysis patients has been recorded, for example. In addition, the national dialysis figures have remained constant since 2008 - despite an ageing population and increasing demand. Bos: 'The use of PROs has helped us to better align treatments with needs.' A comparison between Germany and the Netherlands shows, for example, that the prevalence of dialysis and kidney transplantation in Germany is 80.7 per 100,000

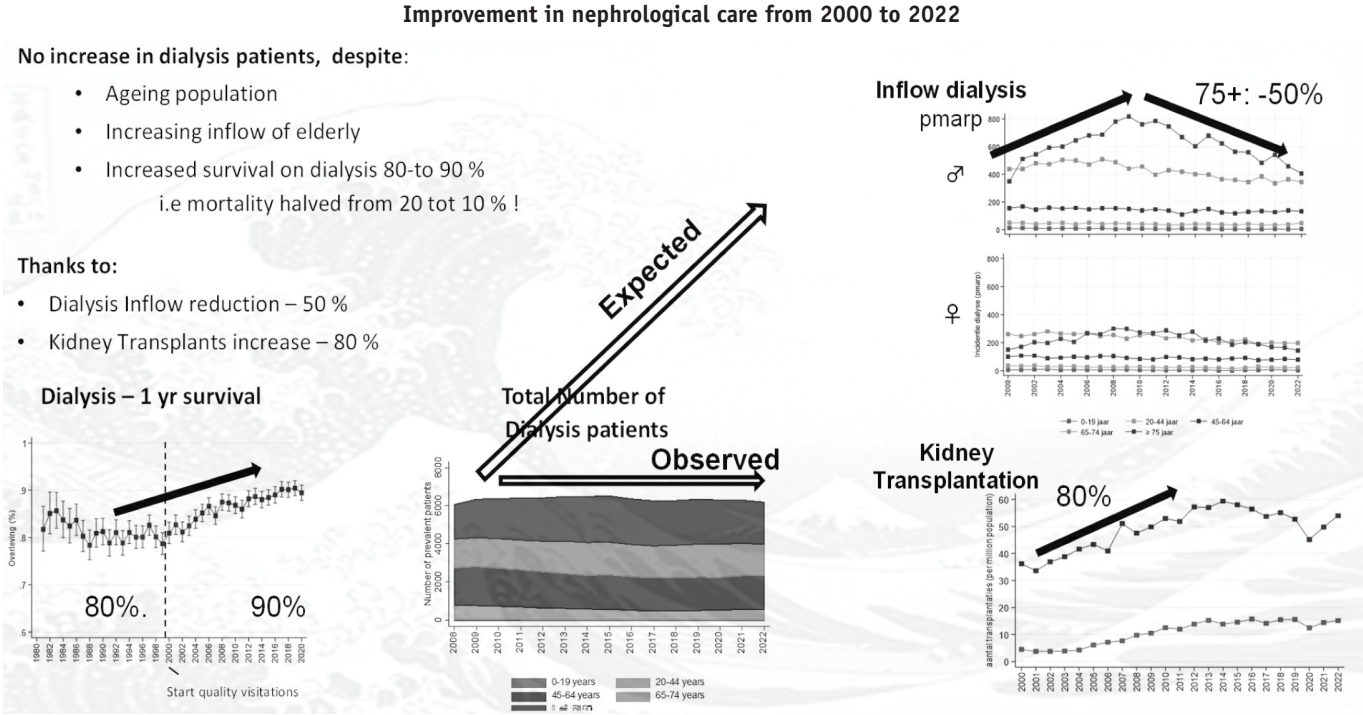


Fig 1: Improvement in nephrology care 2000-2022. From presentation: 'Combining a top-down and bottom-up approach to improve and personalise care in the Netherlands', by Willem Jan Bos, Dept of Nephrology, LUMC & St Antonius Hospital (Siemens Betriebskrankenkasse webcast, 28 October 2024).

Zitationshinweis

Stegmaier, P.: 'An 'Outcome driven Care' model for Germany?', in „Monitor Versorgungsforschung“ (06/24), S. 22–23. http://doi.org/10.24945/MVF.06.24.1866-0533.2664

patients according to the OECD (Health at a Glance, 2011), compared to just 36.8 in the Netherlands and 47.9 (Netherlands) and 30.6 (Germany) for kidney transplantation. According to Bos, the following points have led to these differences: better prevention, no unnecessarily early onset, more kidney transplants and conservative treatment.

However, Bos also cites the bottom-up example of the Santeon alliance, in which seven top clinical hospitals in the Netherlands work together to continuously improve care in their hospitals through benchmarking. 'We do this by learning from each other, continuously innovating and improving,' can be read on the Santeon website (www.santeon.nl). The shared conviction that the quality of hospitals in the Netherlands must and can be improved was the reason for founding Santeon in 2007. He continues: 'The seven Santeon hospitals work together continuously. Better quality of care means better medical results, but of course also greater patient satisfaction. In our hospitals, the interests of the patients always come first. Patients are actively involved in their treatment process.'

In his presentation, Bos also provided a link to a scientific article by Dr Noel Engels et al. ('Santeon's Lessons from a Decade of Implementing Value-Based Health Care'), published in NEJM Catalyst (1). In this article, which aims to fill gaps in the literature on VBHC implementation, the authors use the new strategic agenda for value transformation to share more than ten years of Santeon's experience in implementing VBHC. The authors provide an overview of Santeon's implementation methods, describe challenges and lessons learnt, and show how value transformation was achieved with specific examples from obstetrics, chronic kidney disease treatment and breast cancer care. In breast cancer treatment, for example - according to the article's abstract - system-wide improvement initiatives led to an increase in breast-conserving surgery on an outpatient basis (from 391 in 2014 and 2015 to 458 in 2016) and a reduction in reoperation rates due to positive tumour margins (from 39 in 2014 and 2015 to 33 in 2016). According to the authors, these results were subsequently used to negotiate a collective value-based reimbursement model with insurance companies.

The Siemens company health insurance fund does something similar, as SBK board member Dr Gertrud Demmler explained. On the one hand, health insurance funds are trustees of the insured's money, but at the same time have the task of providing good health care systemically. The Siemens company health insurance fund has been fulfilling this for more than 20 years with the help of feedback from policyholders. Demmler: 'Our aim has always been to say that we want to be the best health insurance company from the perspective of our policyholders. Who else but the insured can give us this label?' She is absolutely certain that without this systemic approach, the health insurance fund she manages would not have developed further in terms of quality and would not continue to do so in the future.

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The commitment to improving quality requires a completely different attitude to the way transparency or quality is viewed in Germany today, explained Demmler: 'There is talk of traffic lights according to the motto: If you're not good, you're kicked out and the others stay in the system. This is the mindset that is strongly associated with quality in Germany.' In her opinion, this attitude is one of our biggest obstacles to innovation and quality. This is aggravated by a lack of basic willingness and a negative attitude towards collaboration itself.



SBK-board member Dr Gertrud Demmler

All stakeholders in the healthcare system must understand, the SBK board member demands, that 'we can only improve by working together' and must stop seeing external comparisons as a form of external control. Demmler, referring to the example of Santeon and the pro-routine project presented by Prof. Dr Maria Karsten (Charité Breast Centre): 'I therefore believe that we need a massive bottom-up movement.' At its core, quality orientation can only come from the professions themselves. Although 'some external quality standards' could be defined, these would not trigger any far-reaching positive development.

Her credo is: 'Non-quality costs money.' As can be seen from the example of the Netherlands, this requires a joint commitment in the healthcare sector, as this is the only way to create a new orientation towards an 'outcomedriven care' model. However, in her opinion, many small bottom-up initiatives alone would not be of any use. According to Demmler, we need a fundamental agreement in the healthcare system so that they don't come to nothing: 'We want to move away from quantity and towards more quality.' This reversal would build bridges in our fragmented and bureaucratic system.

Until then, a health insurance fund like the SBK can only do what it has been doing for a long time: promoting the idea of quality through quality contracts with hospitals and other contractual partnerships as well as innovation projects. <<

by: MVF Editor-in-Chief Peter Stegmaier

Literature

1: https://t1p.de/e3j7r

Links to the 'travelogues' of the SBK:

Finnland: https://t1p.de/p1m7m
Großbritannien & Dänemark: https://t1p.de/vy3jk