Patient-reported outcomes in the Netherlands

Routine use in clinical practice and performance measurement

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From global perspective to local application

1. PRO measurement: perspectives from experts and leaders in the United States, England, and the Netherlands

2. Current application in the Netherlands at national level

3. Use of Routine Outcome Monitoring in mental health services
Perspectives of experts and leaders in 3 countries

Feasibility of using patient-reported outcomes in clinical practice and performance measurement

Philip Van der Wees, Maria Nijhuis-van der Sanden, John Ayanian, Nick Black, Gert Westert, and Eric Schneider
Key questions

1. What are current approaches for using PRO measures in clinical practice and performance measurement?

2. What are determinants for further implementation?

3. Is it possible to integrate the collection of PRO for uses in clinical practice and performance measurement?
## Participants (n=58; 88% response)

<table>
<thead>
<tr>
<th>Country</th>
<th>Reporting programs</th>
<th>Measure developers</th>
<th>Clinical practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>10</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>4</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>England</td>
<td>3</td>
<td>3</td>
<td>4</td>
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</tbody>
</table>
Current Approaches in PRO measurement

- National approaches for performance measurement: NHS (England), CMS (US), Miletus (Netherlands)
- Local approaches for use in clinical practice: individual healthcare organizations, predominantly in the US and the Netherlands
- Integrated approaches for use in clinical practice and performance measurement: Minnesota Community Measurement (US), and Mental Health Services (Netherlands)
Integration of PRO measurement
Data collection for different purposes

Is it possible to integrate data collection for PRO measurement in clinical practice and performance measurement?

Advantages of integrated data collection:
- Meaningful use in clinical management and quality improvement
- No duplication of efforts – multiple uses of data

Disadvantages of integrated data collection:
- Establishing routine data collection in clinical practice
- Establishing reliable and valid data for performance measurement
- Tension between providers and purchasers
National approach

Patient-Reported Experience (PREMS) and Outcomes (PROMs) by the Miletus Foundation

With acknowledgement to Caroline van Weert

1 Director of Miletus Foundation
National approach

• Miletus is collaborative of purchasers
• PREMs + PROMs after treatment
• Post-then-pre-test design
• Pilots for ~10 conditions (elective surgery, chronic conditions)
• Sample of patients via purchasers
• Online, reminder, paper questionnaire

Example:
**Hip and Knee replacement: HOOS-PS, KOOS-PS, VAS, EQ5D**
N=73 orthopedic departments/clinics
N=13,228 patients
Response: 71%
Kwaliteit van zorg bespreekbaar
Figuur 1b. HOOS-PS ‘pre’ score per zorgaanbieder (niet gecorrigeerd voor zorgzwakte). Hoe hoger de score (0-100), hoe meer moeite de patiënt ervaart tijdens activiteiten met de heup.
Kwaliteit van zorg bespreekbaar
Integrated Approach

Routine Outcome Monitoring in mental health services

With acknowledgement to Edwin de Beurs\textsuperscript{1} and Annet Nugter\textsuperscript{2}

\textsuperscript{1} Scientific Director National Benchmark Mental Health
\textsuperscript{2} Head of research mental health service “GGZ Noord-Holland-Noord”
Routine Outcome Monitoring

- Initiated by individual organizations in mental health services
- Data collected at clinical level for screening, diagnosis, evaluation of care
- National policy since 2011: mandate to submit data to national registry
- Benchmark for internal use at provider level – Quality Improvement
- Benchmark at organizational level for purchasers - Contracting
- Pay for performance based on data submission (process)
Routine Outcome Monitoring

- In all patient groups: children, adolescents, adults, elderly
- Set of generic and specific instruments
- Assessments pre-, during and post-treatment

**Example:**

**Mental disorders: Outcome Questionnaire (OQ-45)**
- Symptomatic Distress (SD)
- Interpersonal Relations (IR)
- Social Role (SR)
Outcome Questionnaire - 45 (OQ-45 - score van laatste meting)

<table>
<thead>
<tr>
<th>Schaal</th>
<th>Score</th>
<th>Normale populatie</th>
<th>Psychiatrische patiënten</th>
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<tbody>
<tr>
<td>Symptomatische Distress (SD)</td>
<td>37</td>
<td>Hoog</td>
<td>Beneden gemiddeld</td>
</tr>
<tr>
<td>Interpersoonlijke Relaties (IR)</td>
<td>21</td>
<td>Zeer hoog</td>
<td>Hoog</td>
</tr>
<tr>
<td>Aanpassing aan de Sociale Rol (SR)</td>
<td>6</td>
<td>Beneden gemiddeld</td>
<td>Laag</td>
</tr>
<tr>
<td>Angst en Somatische Distress (ASD)</td>
<td>15</td>
<td>Gemiddeld</td>
<td>Laag</td>
</tr>
<tr>
<td>Totaalscore</td>
<td>64</td>
<td>Hoog</td>
<td>Beneden gemiddeld</td>
</tr>
</tbody>
</table>

Score client | Norm Normale populatie | Norm Psychiatrische patiënten

Graphische weergave van de scores voor verschillende schalen.
Adult patients (n=1540): pre-post change
OQ-45 rate of change and treatment duration

![Graph showing OQ-45 rate of change and treatment duration with different session ranges: 1-5 sessions, 6-9 sessions, 10-16 sessions, >16 sessions.]
Behandeleffect rapportage

Behandeleffect - Volwassenen kort, Klachten en symptomen

Behandeleffect over periode

- Landelijk gemiddelde: \( n = 231 \)
- 99-GGZ Groot Hart: \( n = 247 \)

Zorgverzekeraar

Behandeleffect (\( \Delta T \))
Conclusions

1. Two separate worlds: PRO in clinical practice and PRO for performance measurement

2. Example of mental health shows feasibility of integrated approach, but also tension between providers and purchasers

3. Main challenges: establishing routine and valid (electronic) data collection; bridging different interests of providers and purchasers

4. Further policy: Tailoring to system characteristics; bringing patients in the lead