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**Reference**  
1371415-178499-PZO

**Annex(es)**  
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**Your letter**

Date  
Subject Outcome based healthcare 2018-2022

*Correspondence must be  
addressed exclusively to the  
return address, stating the  
date and the reference of this  
letter.*

Dear President,

When you are sick, you want a good treatment that suits your personal circumstances. As medical treatments evolve, it is increasingly important for doctors and other healthcare providers to discuss all options with the patient and jointly make the best choice. That is what this letter is about.

What care is best is an individual matter. A mother with a baby who lives in a third floor flat without an elevator and who has a broken ankle will require a specific type of cast that allows her to use the stairs. A professional athlete with an inguinal hernia will want to recover as quickly as possible and may be willing to undergo an operation and the associated risks, while an elderly lady may prefer to wait and see how she recovers. Eardrum tubes are not necessarily always the best option for ear infections in small children, as they also have potential disadvantages (no diving, risk of a runny ear). The decision to undergo chemotherapy in order to address every risk of metastasised cancer may be a natural choice for a young father, but perhaps less so for a person who feels they are living in the twilight of their life.

In other words: the time when there was a single best treatment for every condition is long past. Our goal is to no longer always do what is medically possible, but to offer patients the treatment that best suits their specific situation. The treatment that best supports the patient in living the life they want to live.

Many care organisations and healthcare providers also believe this is important. This effort is ongoing throughout the Netherlands.

- A hospital such as the Elisabeth TweeSteden (ETZ) in Tilburg, for example, developed an approach for lung cancer patients to select the most suitable treatment method, in part based on previous patient experience.
- The Onze Lieve Vrouw Gasthuis, Medisch Spectrum Twente and the Erasmus MC, among others, are collecting information about patients' personal experiences following a treatment.

- The association of tertiary teaching hospitals (STZ) are participating in the international 'What matters to you' day<sup>1</sup>, which places the patient's personal experience first.
- Several young doctors are organising continuing medical education activities to promote outcomes based practice<sup>2</sup>.
- Medical organisations (such as the Dutch College of General Practitioners via thuisarts.nl) are making patient information available and developing decision-making aids to help patients gain insight into their treatment options and the advantages and disadvantages of each.
- The Patient Federation also informs patients about the importance of making a conscious choice when selecting treatments, and how to discuss the matter with doctors.<sup>3</sup>

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This movement was initiated within the healthcare sector and was recently supported by all parties in the administrative framework agreement for specialist medical care. It was agreed that by 2022, outcome information would be available for 50% of the disease burden, and that shared decision-making in the consultation room will be promoted. This goes to the heart of a healthcare provider's work: helping people to maximise their quality of life. Addressing this matter explicitly improves job satisfaction among healthcare providers. The things that really matter to individuals are once again important. And so is the important contribution a healthcare provider can make. Among patients, this increases trust in the doctor, reduces regrets about treatments, and can sometimes lead to less far-reaching interventions<sup>4</sup>.

These developments will not be implemented on their own. Almost everyone wants to be involved in decisions regarding medical treatments<sup>5</sup>. However, less than half of all patients currently feel they can have a constructive conversation about the matter with their doctor<sup>6</sup>. Healthcare providers indicate that they sometimes feel like they need to reinvent the wheel within their own little domains. The question of how to measure and compare patient quality of life after treatment remains. And what if a patient has multiple conditions? How can you exchange information safely, while respecting patient privacy? How do you discuss these complex choices with patients? This new approach to contact between patients and healthcare providers may raise questions or have unintended negative consequences. This is a matter that requires discussion. And how can you organise your hospital in order to ensure there is enough time and room for guiding people through their choices, for example if they elect not to undergo surgery?

I believe it is important for the government to stimulate developments that strive to make healthcare providers and patients equal partners in conversations and shared decisions. At the same time, I want to address the dilemmas these developments raise, and support both healthcare providers and patients in this

<sup>1</sup> The annual international 'What matters to you?' day was held on 6 June 2018.

<sup>2</sup> For example, doctors who are cooperating in the organisation *Value in Care*

<sup>3</sup> Campaign *Ask 3 questions*, with the cooperation of the Federation of Medical Specialists, among others

<sup>4</sup> Among others 3goedevragen.nl, ZonMw & CZ (2016), *Accelerating shared decision-making in the Netherlands*

<sup>5</sup> Source: NPF factsheet, survey on shared decision making administered to several thousand patients, 94% of whom indicated they wanted to be involved in decision-making.

<sup>6</sup> Source: NPF factsheet

process.

These steps can only be taken if we join forces, together with patients, healthcare providers and health insurers.

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I want to achieve this across four domains:

1. *Greater insight into outcomes*: by collecting scientific data about patient quality of life after a treatment,<sup>7</sup> we can better determine what constitutes good care. This will also allow patients to be better informed about advantages and disadvantages experienced by others in a similar position.
2. *More shared decision-making*: we want to support good conversations between patients and healthcare providers. By informing patients about their choices. And equipping and challenging healthcare providers to enter the conversation and ask the question: what really matters to the individual patient?
3. *Promoting outcome based organisation and payment*: creating more room for personalised treatment demands flexibility and guidance from care organisations. This may require more consultations prior to a treatment, but this can also make treatment or aftercare more efficient. Healthcare provision will become increasingly integrated. Individual process indicators used to justify a decision may potentially be replaced as we move to looking at the overall care outcomes for individual patients. This will help reduce regulatory requirements. In short: how can we create the necessary atmosphere and focus<sup>8</sup> within existing frameworks?
4. *Better access to relevant and up-to-date outcomes information*: IT systems offer growing opportunities. In order to utilize real-time patient information to guide personalised treatments, for healthcare providers to continuously learn from personal results, and to allow the implementation of state-of-the-art knowledge. Information must be accessible in order to provide patients with personalised options.

The Coalition Agreement 'Confidence in the future' has earmarked €70 million for this development. How these funds will be used is outlined in the enclosure.

As you can read in the plan, we are aligning activities with the multitude of interesting initiatives taken by the healthcare sector itself. For example, we are cooperating closely with the Linnean initiative: over 100 doctors, nurses, administrators, experts and patient representatives who have joined forces to place this topic - choosing the best treatment together - on the agenda and implementing it in daily practice.

Additionally, you will note that practically all activities we are deploying are joint efforts with partners in the field. The National Health Care Institute plays an important role in the development and deployment of information. The Patient Federation and organisations of medical specialists play a crucial role in initiating a good conversation in the consultation room. Countless researchers, experts and healthcare providers contribute to the development of scientific knowledge and the bringing together of good ideas.

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<sup>7</sup> In line with e.g. ICHOM indicators.

<sup>8</sup> Parties have indicated that in practice, existing national frameworks offer sufficient room to manoeuvre, but that formulating concrete solutions within said frameworks remains a challenge.

This is a development with strong ambitions. At the heart of the matter is the principle that patient and healthcare provider are equal partners. The healthcare provider has medical expertise, while the patient knows what is important to them.

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The discussion with health care professionals, a broad range of ideas, and a clear willingness to cooperate make it clear: we have the necessary momentum. We are looking forward to tackling the challenge together!

In order to share the initial results, I will organise a congress on outcome based healthcare in 2020, to present positive results as well as challenges and any unforeseen downsides. We will evaluate interim results to learn and adjust our course along the way.

Finally, I previously made a number of commitments. Please find an overview of these commitments enclosed.

Yours faithfully,

The Minister for Medical Care and Sport,

Bruno Bruins