How to reduce overuse in healthcare?

Lessons from the Netherlands

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THE CLIMATE IS CHANGING

SO SHOULD WE

#ACTNOW
The Dutch healthcare system

- Health insurance mandatory
- Strong primary care: first GP than hospital
- 13500 GPs/5000 practices
- 70 hospitals for 17.5 million inhabitants
- CH: 275 hospitals for 8.7 million inhabitants
Life expectancy at birth by gender, 2021

Source: OECD
Health expenditure per capita 2020

Source: OECD
Expenditure on retail pharmaceuticals per capita 2020

Source: OECD
Inpatient/outpatient use 2019

Figure 10. The Netherlands has the lowest inpatient use in the EU

Number of doctor consultations per individual

Source: OECD
Program To do or not to do? 2015-2023

• Part of the international movement **Choosing Wisely**

• **Aims:**
  1. Identifying and measuring low-value care
  2. Reducing low-value care
  3. Preserving the results and spreading the interventions
1. Identifying and measuring low-value care

- Do not do lists for medical specialists, GPs and nurses
- Choosing Wisely Recommendations
- Using (administrative) databases for measurements
- Call for proposals among healthcare professionals
2. Reducing low-value care: 23 regional projects

- 5 GP projects: for example reducing vitamin assessments
- 3 nurse projects: for example reducing auscultation for checking the position of a gastric tube
- 15 medical specialist projects: for example reducing gastric endoscopies for dyspeptic complaints

Main principles:
- Healthcare professional lead
- Patients involved
- Tailormade strategy
- Facilitated and coordinated by our team
3. Spreading of effective interventions

- SPREAD Framework
- Three learning collaboratives
  - Reducing low-value laboratory tests
  - Reducing unnecessary urinary and intravasal catheters
  - Reducing follow-up after treatment for basal cell carcinoma
- Two national campaigns
It takes a crowd to spread: learning collaboratives

- (Digital) Contact with peers 3-6x a year:
  - Stimulating: how to start
  - Motivating: it is realistic
- Peer to peer: safe environment
- Central coordination
- Sharing experiences, challenges, successes and data
National campaigns

Vitaminegebrek? Meestal niet! Bloedonderzoek is bijna nooit nodig

Slik vitamine D als u
- weinig buiten komt
- een donkere huidskleur heeft
- een sluier of burka draagt
- zwanger bent
- vrouw ouder dan 50 jaar bent
- ouder dan 70 bent

En geef het uw kinderen tot 4 jaar.

Neem de folder mee! Voor meer informatie thuisarts.nl

Stap 1
De maag

We leggen eerst uit hoe de maag werkt. En welke maagklachten er zijn.

Ga verder
Lesson 1: Healthcare professionals are motivated to reduce low-value care; they should be in the lead and need to be facilitated.
Lesson 2: There is no magic bullet: design a tailormade strategy based on barriers and facilitators

Van Dulmen et al, 2020 BMJ open
Lesson 3: Clinical leaders are crucial to motivate and inspire colleagues and deal with resistance
Lesson 4: Reducing means seducing
Lesson 5: Benchmark information is essential; it provides insight and motivates
Lesson 6: Reliable patient information is key
Lesson 7: Use publicity to inform the public

Toename in websitebezoek op de Maagklachten-pagina's op Thuisarts.nl
Meer websitebezoek in januari 2023 dan in de laatste ze maanden van 2022

![Graph showing increased website traffic for stomach complaints in January 2023 compared to the last months of 2022](image-url)
Les 8: Reducing low-value care requires patience

Coenen, 2022; Eur J Pain

Dutch Journal of Med, 2021
Lesson 9: Reducing low-value care is possible but don’t expect miracles

11% less lab diagnostics department Internal Medicine

13% less follow-up after treatment for basal cell carcinoma

61% of the patients with stomach complaints did not choose for a gastric endoscopy

25% less urinary catheters and 33% less intravasal catheters

20-30% less orders for vitamin B12 or D by the GP
Lesson 10: Pay attention to sustainable results right from the start otherwise the effects will disappear
A new program: Healthcare evaluation and appropriate care

The Circle of appropriate care:
• On the agenda: Which healthcare practices need to be evaluated?
• Evaluation: Does it work or not? Is treatment A more effective than treatment B?
• Implementation: if it works, implement the service; if it doesn’t, reduce it.
More information:

- [https://todoornottodo.nl](https://todoornottodo.nl)

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