



English summary

> Tapped potential

Evaluation of the Efficiency Studies
programme 2006-2017

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Summary

Since 1999, the Efficiency Studies (DO) programme by ZonMw (The Netherlands Organisation for Health Research and Development) funds research on efficiency and effectiveness of healthcare. ZonMw developed the programme on behalf of the Ministry of Health, Welfare and Sport (VWS). As part of the commissioning to continue DO for 2019-21, VWS requested ZonMw to evaluate DO's process and impact. ZonMw appointed an external evaluation committee to oversee the evaluation. This independent committee consists of representatives from stakeholders (patients, researchers, policy makers and healthcare providers, institutions and insurers). It has asked the support of consultancy firm Strategies in Regulated Markets (SiRM) to execute the evaluation.

Research method

The evaluation is based on insights from interviews, a focus group, desk research and an online questionnaire for leaders of research projects previously supported by the DO programme. SiRM consulted over 60 experts, project leaders and other stakeholders. We performed desk-research for the process and impact evaluation. We enriched our findings with an online questionnaire for the latter.

Health gains and economic returns – both part of the impact evaluation – were calculated for a selection of 24 high-potential projects. We consulted the project leaders of all these high-potential projects.

Process evaluation DO programme

DO's review committee and strategic committee, and the focus group participants would like the programme to resume supporting research on the organization of healthcare. They point out that this kind of research, for example on substitution and task reallocation in healthcare, can contribute considerably to efficient healthcare. Since 2014, the DO programme does not support research on organization of healthcare, because it requires different research methods and a different composition of the review committee.

Since 2013, the DO programme also includes targeted calls, on top of the open calls for projects. For the open calls, the budget of subsidised projects with research in specialised medical services, mainly in a hospital setting, was relatively high compared to the share of spending on such services. Conversely, the budget of subsidised projects focused on elderly care was relatively small. It is too soon to draw conclusions about the targeted calls of DO because that part of the programme has not been active long enough. The subsidies for the targeted calls are earmarked for specific topics. The process of how policy makers select and budget for these topics of research is still developing.

Interviewees regard ZonMw as the appropriate party to select project proposals for subsidies. They hold a positive opinion about the way ZonMw assesses research proposals.

Almost all of the interviewees indicate that the implementation of research findings is insufficient, in spite of ZonMw's increasingly concrete conditions and assessment criteria regarding implementation. Interviewees indicate that market players and regulatory authorities need to take on a more active role to increase implementation.

Impact evaluation DO programme

The scientific returns of the DO programme are high. Three-quarters of the subsidised projects resulted in a scientific publication, of which 90% in international scientific journals, most of which belong to the top 25% impact factor in their scientific field.

The social returns appear to be considerable as well: public attention for healthcare efficiency has increased over the last ten years. Results of approximately 30% of the projects are implemented in guidelines.

The projects approved by the DO programme yielded high health gains and economic returns. The programme yielded nearly 7,500 quality-adjusted life years (QALY's) and estimated economic returns of € 1.1 billion, of which € 0.3 billion as monetized QALY's. The calculation of health gains and economic returns is based on 24 high-potential projects selected by SiRM. € 480 million of the economic returns were cost savings, of which € 280 million on healthcare spending and the remaining € 200 million on social costs. We were unable to verify the actual impact of the programme on healthcare expenditure. Cost savings in healthcare generated by DO were likely used to cover other healthcare costs.

The health gains and economic returns SiRM calculated could be an underestimation and possibly an overestimation:

- An underestimation because they were calculated on only 24 high potential projects (out of a total of 308 finished projects) using conservative assumptions, such as a maximum duration of 10 years for effects of an intervention.
- A possible overestimation because we allocate project yields fully to the DO programme, we extrapolate yields from a research setting and we estimate implementation rates of interventions based on interviews with project leaders and desk-research.

SiRM notes that the yields of the DO programme could have been much higher: There is untapped potential as many positive research findings were not fully implemented. With ambitious yet realistic levels of implementation, the health gains could have been 13,000 QALY's and the economic returns € 4.1 billion.

Recommendations

SiRM recommends ZonMw and VWS to resume supporting research on the organization of healthcare. ZonMw would have to consider if the current review committee is adequately equipped to review this type of research projects, or if an extra committee would have to be appointed.

Other recommendations aim to strengthen the role of market players and regulatory authorities in the implementation of research findings:

- The Dutch Federation of Medical Specialists (FMS) and the scientific associations of medical specialists could collaborate more closely with ZonMw to ensure that research findings are incorporated in guidelines and implemented in practice. SiRM recommends scientific associations to inform physicians (more) actively on research findings, especially findings on evaluations of healthcare practise.
- Healthcare insurers can play a more active role in the implementation of research findings. When financial constraints prevent implementation, healthcare insurers and providers should work together to find a solution, for example with shared savings contracts. Insurers need access to detailed project information in order to fulfil their role
- Patient representatives can influence implementation of research findings. Increased involvement of patient representatives in the design and execution of projects is an important step to commit them to the research findings. In addition, the patient representatives need tailored project information from ZonMw.
- The National Healthcare Institute (ZIN) can stimulate the implementation of research findings. This would fit in her programme Zinnige Zorg (appropriate care). ZIN has stated that it intends to focus more on evaluations of healthcare practice.

SiRM recommends ZonMw to set up an information system with (management) information for involved parties. This system should also contain information on whether research findings are implemented in guidelines and/or in clinical practice. Furthermore, SiRM recommends ZonMw to disseminate research findings more actively. Either by giving presentations in person or by alerting involved parties and stakeholders of interesting research findings via the aforementioned information system.

Lastly, we recommend evaluating the targeted calls of the DO programme in three to five years.