

## **Performance indicators mental health care in the Netherlands**

In 2006, the Dutch government introduced a regulated market in large parts of the health care system, including a major part of the mental healthcare. For approximately € 3.4 billion of revenues, health insurers and mental health care providers have to reach agreements on price and quality of mental health services. To ensure a level playing field, the Dutch government financed the development of a DRG-based financial remuneration system and performance indicators for mental health care.

After implementation, Dutch mental healthcare now uses four pillars for transparency: efficiency, outcome, client opinion and safety. For every pillar, data are gathered on the individual (client) level, collected, and reported on local and national level. Together, the four pillars form an integral system for performance assessment.

### **Efficiency of mental health care services**

In 2006, the Dutch government introduced a DRG-based financial system (in Dutch DBC) for mental health care. After a transition period with safety nets, this system will become fully functional as of January 2013. There are 140 DBC's for treatment and 7 DBC's for use of accommodation, such as clinical and day-care facilities. The invoice for this client to the health insurer contains a code with information on the diagnoses (according to DSM IV), the time spent by specific professionals and the price of services delivered.

### **Performance indicators on outcome, safety and client satisfaction**

From 2008 onwards, service providers collect the relevant data and send these to a national database. The results of every service provider are published on the internet. Since 2010, the Dutch mental health care publishes 10 performance indicators:

#### *Effectiveness of treatment and support*

1. Reduction in the severity of symptoms as reported from the perspective of the client (CQ Index) and the measured change in severity of problems (Routine Outcome Monitoring)
2. Change in daily functioning of life (Routine Outcome Monitoring)
3. Change in perceived quality of life (Routine Outcome Monitoring)
4. Drop out of treatment against the advise of the professional
5. Availability of a screening procedure for somatic disorders by patients with schizophrenia
6. Timely contact following discharge from a clinic

#### *Safety*

7. Medication safety, measured by availability of up-to-date medication list and information provided on side-effects of medication (CQ Index)
8. Coercion, encompassing restraint, seclusion and forced medication
9. Perceived safety of client (CQ Index)

#### *Client satisfaction*

10. Client opinion (measured by the CQ Index) on informed consent, on freedom of choice between professionals and/or treatments, on fulfilment of wishes in care delivered, on the evaluation/adjustment of treatment or support, on the coordination of care, on housing and living conditions in a clinical setting or sheltered housing, on approach of clients by professionals.

## **Routine Outcome Monitoring**

Creating a transparent, effective and efficient mental health care system requires a focus on outcomes and effect of treatment, support and rehabilitation. Routine Outcome Monitoring (ROM) offers clients and professionals in Dutch mental healthcare an important tool to manage treatment and support. It facilitates continuous improvement of the performance of professionals and organisations alike. Outcome management also provides all stakeholders with a unique insight into the effectiveness of healthcare delivery (performance assessment).

In 2009, the Dutch Association of Mental Health and Addiction Care, the National Platform of Clients and Family in mental health care and the professional associations of psychologists and psychiatrists developed a shared vision on Routine Outcome Monitoring in mental health care. In the future, ROM should facilitate:

- shared decision making in treatment on the level of clients and professionals;
- professional reflection on the level of teams, departments and/or providers;
- (scientific) research on regional and national levels;
- transparency on relevance and effectiveness of treatments and guidelines,
- transparency on effectiveness of service providers and mental healthcare organizations at a national level.

Dutch mental health care then embarked on the nationwide implementation of Routine Outcome Monitoring (ROM). Briefly, this comprised the following elements.

- Expert groups developed a national standard for outcome questionnaires.
- Mental health care organisations perform standardised outcome measurements at the start, during and at the end of the treatment, support and/or rehabilitation.
- Mental health professionals use these questionnaires to adjust treatment and the support they provide. Professionals and clients will get a clear view on the course of complaints and treatment, enabling a well-founded base for shared decision-making. The measurements are part of the client's records.
- The Mental Healthcare Benchmark Foundation collects the individually measured and anonymised outcome measurements and by presenting the contributes to mutual learning process and (scientific) research by professionals, institutions and client organisations alike.
- Collecting outcome measurements and client experiences at a national level will give mental health organisations and the organisations responsible for funding mental health care the best possible insight on the effectiveness and quality of care.

Routine Outcome Monitoring enables a single data source – the outcome measure – to be used as a tool at micro-level (shared decision-making), meso-level (purchasing mental health care, peer review) and macro-level (insight into the relevance and effectiveness of mental health care, scientific research).

## **More information**

For more information on this subject, please contact the Dutch Association of Mental Health and Addiction Care (GGZ Nederland):

Chris Nas

[CNas@ggz nederland.nl](mailto:CNas@ggz nederland.nl)