e-mental health implementation in the Netherlands

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Content

- Legal and policy framework
- Availability, use & acceptance
- Increasing implementation: financing and reimbursement (zorgverz. VIPP); education
- Cost effectiveness
- Future: integrated health care in neighborhood setting)
Arq, psychotrauma expert group (1973; 2007) consists of 9 partner organizations that are specialised in the aftermath and consequences of traumatic events. Each partner organisation has his own expertise and experience, in prevention, diagnostics, treatment, research, policy advice and training.
eMEN objective:
Promoting more affordable, accessible, effective and empowering mental health by operationalising a transnational cooperation platform for e-mental health product innovation, development, testing, implementation and knowledge exchange.
What is Interreg NWE?

A European Territorial Cooperation programme with the ambition to make the North-West Europe area a key economic player and an attractive place to work and live, with high levels of innovation, sustainability and cohesion

1. Innovation
2. Low carbon
3. Resource and materials efficiency

€ 370 million for project funding (ERDF)
Total budget: 5.36 million euro

Interreg funding: 3.22 million euro

Duration: 42 months

June 2016 – November 2019
Legal and policy framework (1)

- **Main policy actors:**
  - *Ministry of Health, Welfare and Sport (i.e. Innovation programme and new healthcare)*
  - *Nictiz* – expert center for eHealth; standards, eHealth monitor etc.; partner in MedMij, VIPP
  - *National Health Authority (Nza)*; e.g. makes the rules for treatment; oversight care providers and insurance companies
  - *Insurance companies Netherlands (ZN)*: umbrella organisation of 10 health insurance companies in the Netherlands
  - *Mental Health Netherlands (GGZ Nederland)*: umbrella organisation of the Dutch mental health care sector.
Legal and policy framework (2)

- Total government budget in 2017: € 265 billion; total spending on health care: € 97.5 billion (€5,691,- euro average pp!)
- Total spending on mental health care: € 6.5 billion
- In the EU, the Netherlands spends the most on mental health care as % of national income
- >40 % of hospital care can go to the home
- More personalised medicine → 60-70% of drugs do not have the intended effect!
- Shift has taken place from specialized to basic and primary mental care; and reduction of intramural care
Legal and policy framework (3)

- **Types of mental health care providers:**
  - POH-GGZ (at GPs)
  - Basic MH
  - Specialised MH
  - Long term MH
  - Forensic care

- Not a clear economic model for EMH; focus on quality, outcomes and value (patient centred and technology enabled)
Legal and policy framework (4)

Reimbursement system:
- Diagnostic and Treatment Combination (DBC); treatment indicator 1-7; max. 12 months
- 10% extra on top of DBC payment when using EMH
- Promote pilots from insurance companies → reimbursement more focused on results, not number of sessions/time only (e.g. Menzis)
- 10% of patients returns within 2 years
- Clear costs reductions in basic and specialised MH care → more spending in less expensive POH-GGZ (GPs)
Availability, use & acceptance (1)

- EMH is available in almost all general and expert mental health treatment centres; structural use is low: <15%
- 98% of health nurse practitioners for mental health have used at least one form of EMH for their patients (2017)
- Main platforms used: Minddistrict, Karify, Therapieland, Jouwomgeving, Telepsy
- For professional care: limited number of validated apps available
60-70% of EMH projects are total failure
Available EMH not suitable for all patients (education level, cultural background, digital skills etc.); ‘best fit’ approach
Need for guidelines: for which patients, type of EMH?
Quality differences in mental health care are substantial → 80% of professionals is not applying quality standards in treatment
No thanks!
We are too busy
Increasing implementation (1)

- From 2019 it will be easier to claim digital medical consults – new guidelines for reimbursement
- Closer cooperation between health insurance companies → pushing technology and organisational change; more inside in good practices
- National ‘Generic module eHealth’ for supporting care professionals in mental health; the use of quality standards will be integrated in the new reimbursement system
- Surviving the treatment market of tomorrow requires → changing the primary care process and the secondary administrative and logistic process
Increasing implementation (2)

- Closer cooperation between health insurance companies → pushing technology and organisational change; more inside in good practices:
- Care which is of better quality is often cheaper, i.e. patients receive better treatment → less after care and medication. At the moment there is a negative incentive for treatment centers; if they reduce the number of treatment sessions they lose income! Pilot project (Menzis) → efficiency gains flow almost fully back to the treatment center.
Increasing implementation (3)

- From 2020 a digital personal health file (PGO) for all citizens
- EMH training and curriculum development → focus on more practical skills and blended care
- Blockchain? Not fast enough, storage capacity, energy, privacy risk (information cannot be erased)
- Some treatment centers might not be able to adapt fast enough
- Digital technology moves faster than research
  - Do not stall progress by mapping every potential problem before it happens!
Increasing implementation (3)
Successful cooperation
How interdisciplinary cooperation determines the success of e-mental health

For the effective implementation of e-health, collaboration between various disciplines within the implementation process is very important. The eMEN platform facilitates this interdisciplinary collaboration at both national and international levels. Where does your organisation stand when it comes to e-mental health? And what is the value you can add in the implementation and scaling up process?

STAKEHOLDERS IN THE E-MENTAL HEALTH IMPLEMENTATION PROCESS

PURPOSE OF EACH STAKEHOLDER IN THE IMPLEMENTATION PROCESS

Interreg North-West Europe eMEN
European Regional Development Fund
5 modules:

i. Exploring the world of e-mental health
ii. Launching and sustaining progress
iii. Engaging patient in e-mental health
iv. Leadership for e-mental health innovation
eMEN cooperation platform

e-mental health innovation and transnational implementation platform North West Europe (eMEN)
'E-mental health is disrupting the modalities of care as it modifies, in a major way, what we know of, believe we know about, psychiatric disorders' (Morgiève et al, 2018).
Thank you for your attention
...and please join our eMEN cooperation platform!
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