

e-mental health implementation in the Netherlands

Oyono Vlijter eMEN project leader

eMEN seminar "E-mental health in Europe: learning from our neighbours"

Berlin, November 29th 2018



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, diagnotics, 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

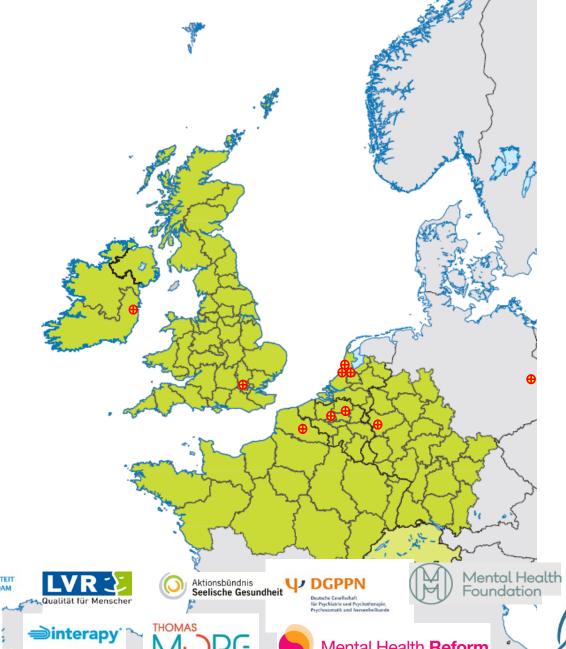
€ 370 million for project funding (ERDF)

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)





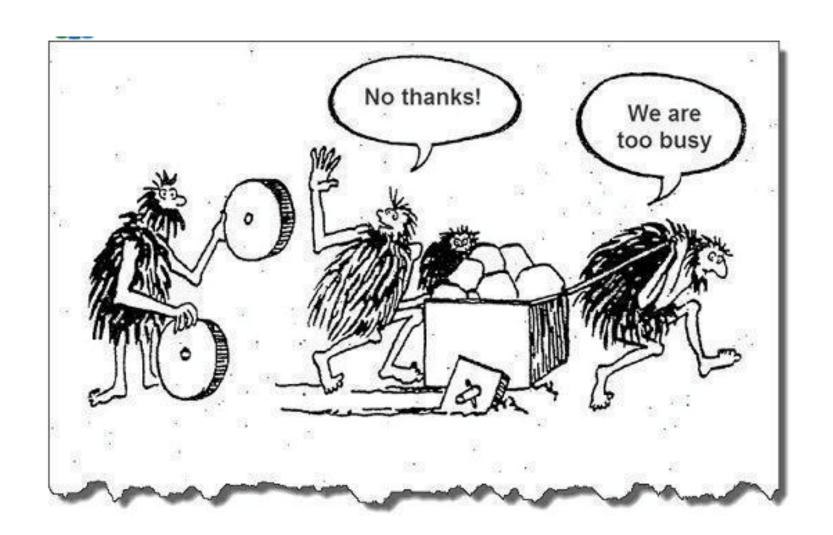
Availability, use & acceptance (1)

- 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: <u>Minddistrict</u>, <u>Karify</u>, <u>Therapieland</u>,
 Jouwomgeving , <u>Telepsy</u>
- For professional care: limited number of validated apps available



Availability, use & acceptance (2)

- 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





Increasing implementation (1)

- From 2019 it will because 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 prossionals 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 secundary 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.

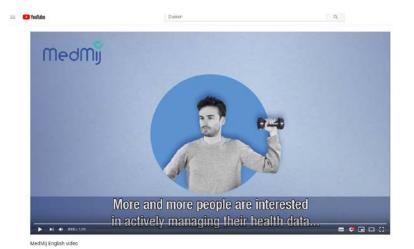


Increasing implementation (3)

- 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 adapth fast enough
- Digital technology moves faster than research
- Do not stall progress by mapping every potential problem before it happens!

Increasing implementation (3)





Get inspired and learn from this video on implementation of e-mental health. What are the challenges health care organisations face and what makes a succesful introduction of an e-health solution?



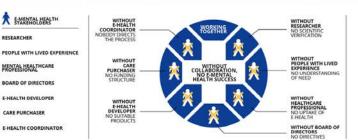
The video answers questions such as 'how do you get your employees on board?' and 'how do you keep a positive energy during the implementation process?'

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



E-MENTAL HEALTH

MENTAL HEALTHCARE

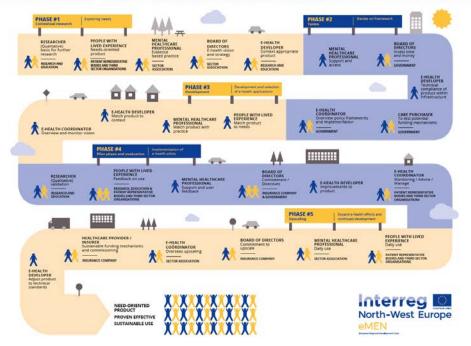
BOARD OF DIRECTORS E-HEALTH DEVELOPER

CARE PURCHASER

E-HEALTH COORDINATOR

RESEARCHER













Commission de la santé mentale du Canada

Toolkit

for e-Mental Health Implementation



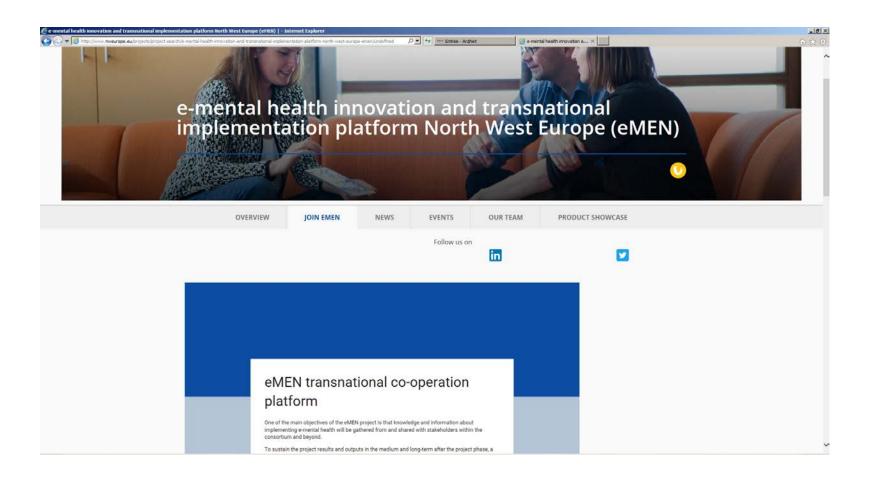
August 2018 mentalhealthcommission.ca

5 modules:

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

eMEN cooperation platform







'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 joint our eMEN cooperation platform!

Oyono Vlijter – eMEN project leader

o.vlijter@arq.org + 31 6 242 80 229

www.nweurope.eu/emen





to improve Europe's mental health.











































German Association for Psychiatry, Psychotherapy and Psychosomatics









