College voor Zorgverzekeringen

Diabetes Package Scan

Discrepancies between requested care, provided care and insured care

Summary & Conclusions

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Colophon

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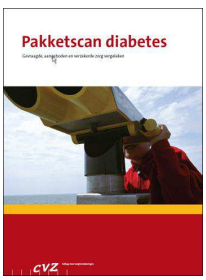


*The original text of the **Diabetes Package Scan** of CVZ was in Dutch. Although great care was taken in translating the text from Dutch to English, the translation may nevertheless have resulted in discrepancies. Rights may only be derived on the basis of the Dutch version of CVZ's Diabetes Package Scan.*

Furthermore, CVZ points out that only the summary and conclusions of this report were translated. A proper understanding of all relevant considerations and facts would require familiarity with the Dutch version of this report, including all appendices.

Summary & Conclusions

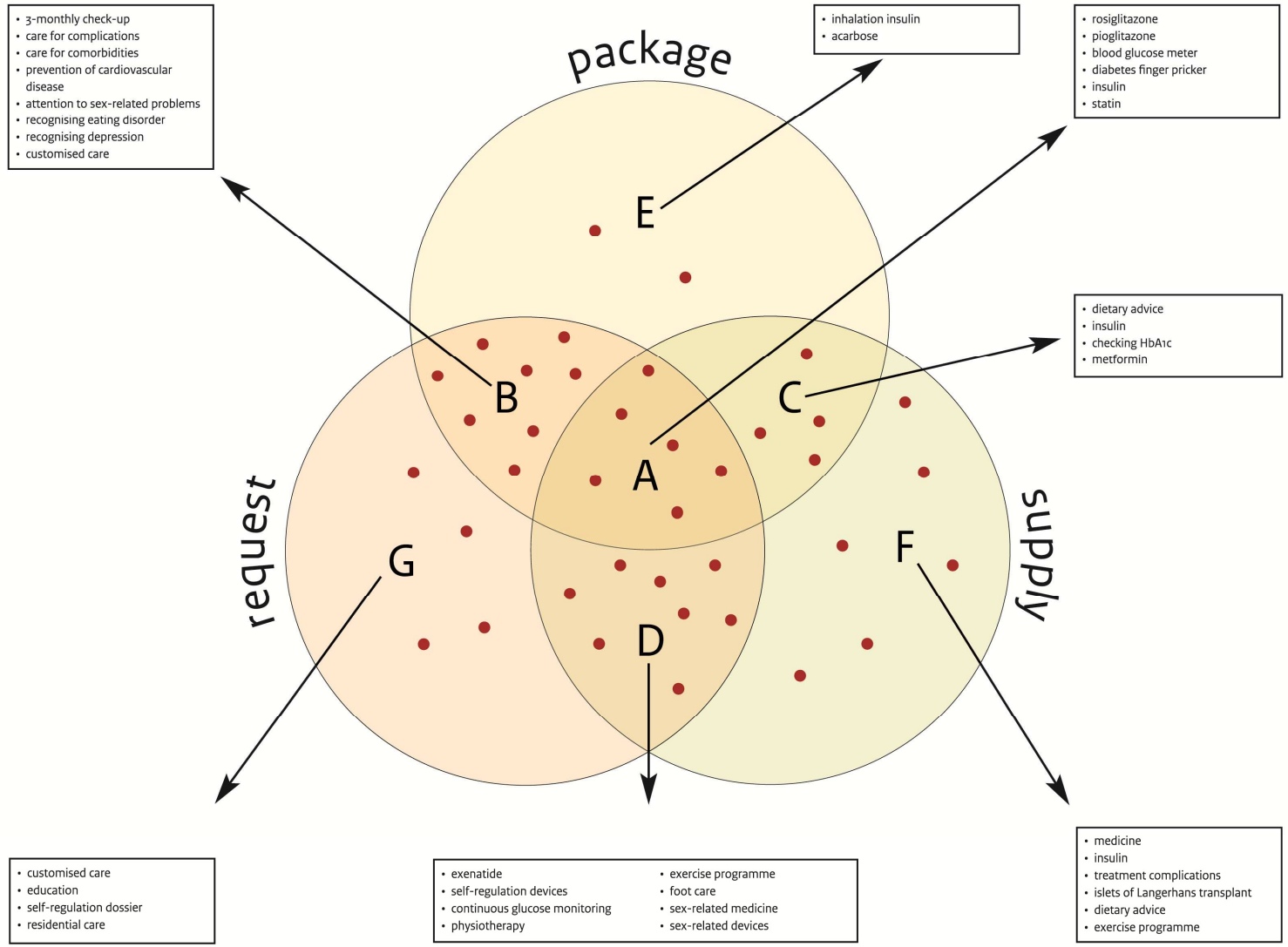
The Health Care Insurance Board in the Netherlands, CVZ, is the organization responsible for advising the Ministry of Health on the composition of the basic insurance package of health care covered by the Health Insurance Act and the Exceptional Medical Expenses Act. To find out whether the package of care is sufficiently adequate and accessible, CVZ developed the so-called package scan method. So far, we have applied this method to four of the top ten disorders with the highest social burden of disease in the Netherlands, namely Diabetes, Coronary Heart Disease, Depression and COPD. Below we summarize the findings of the Diabetes Package Scan.

In a package scan we analyse the adequacy and accessibility of the package of insured care for a particular disease. Does the insured package cover the care needed? And, in practice, do people receive the care for which they are insured? In a package scan we compare requested care, provided care and insured care with one another. We describe any discrepancies between them in what we refer to as 'package questions'. This results in an up-to-date picture of how the insured package in the Netherlands is functioning in practice. The package questions are described from the patient's perspective.
We have collected information on care not only from written and electronic sources, but also via interviews, visits to congresses and television programmes. The report is based on an analysis of almost 200 sources, collected from 2007 to 2008.

Diabetes is one of the most widespread chronic diseases in the Netherlands: 700,000 people have been diagnosed with diabetes (2007), and 70,000 can be added to this number every year. Moreover, it is estimated that another 250,000 people have diabetes without knowing it. Diabetes is a disease involving many chronic symptoms, but also acute complications. What's more, many people with diabetes also have other disorders. The fact is that most people with diabetes actually die of cardiovascular diseases. In 2003, diabetes took sixth place in the list of illnesses with the heaviest social burden of disease in the Netherlands. Social burden of disease is defined as: the number of healthy life-years lost due to disease in the population.

Package questions

The following diagramme reflects the results of this *Diabetes Package Scan*. The diagramme shows three circles which represent the requested care, the supply of care and the insured care. The three circles partly overlap one another, resulting in seven different areas: these are the package questions. The figure shows the discrepancies between requested, provided and insured care. Certain forms of care appear in more than one area in the diagramme (for instance, insulin, hospitalization). This is because different types of discrepancies can be connected to these forms of care. For example, in relation to insulin, there are cases of both lack of therapy-compliance (A) and overtreatment (C).



Key:

A Requested, provided and insured, but …

B Requested and insured, not provided

C Provided and insured, not requested

D Requested and provided, not insured

E Insured, not requested and not provided

F Provided, not requested and not insured

G Requested, not provided and not insured

The following are our conclusions on the package questions raised in connection with diabetes.

Package question A
In this area there is no discrepancy between requested, provided and insured care: patients receive the insured care they need. Still, we found some problems which are related to the delivery and use of care, like safety issues and therapy non-compliance. We label these type A problems. We found the following undesirable situations.

- *The oral glucose-lowering medicinal products rosiglitazone and pioglitazone are thought to be unsafe*

These medicines may lead to an increased risk of bone fractures in women and an increased risk of heart infarctions.

- *Glucose test materials are not always reliable and are not always used safely by both care-providers and patients*

The reliability of blood glucose meters is the subject of debate. Furthermore, both care-providers and patients do not renew injection needles of the diabetes finger pricker often enough. Patients also sometimes use test strips after the expiration date.

- *People with diabetes are not always therapy-compliant*

A widespread problem is that young people who use insulin sometimes or regularly miss an insulin shot. Some patients have stopped taking statins (temporarily) due to all the commotion about them in the media.

Package question B
Package question B is about care that is requested by patients with diabetes and which is insured, but which care-providers supply insufficiently, or not at all. This affects the accessibility of the insured package. However, package question B is also about the quality of the care provided. After all, where quality is lacking, good care, by definition, is not being given.

- *Patients with diabetes are not controlled often enough*

In practice, fewer controls take place than the guidelines recommend. These include general three-monthly check-ups and checking HbA1c, blood sugar, cholesterol, creatinin, blood pressure, weight and examining eyes and feet.

- *Patients with diabetes receive insufficient treatment for complications and comorbidities*

For example, patients with diabetes often receive insufficient medicines for the prevention of cardiovascular diseases, the diagnosis and treatment of depression and eating disorders is often missed or recognised too late and the care of patients with diabetes is insufficiently coordinated.

- *Women with diabetes do not receive enough care*

For example, women are less likely than men to be offered medicines for the prevention of cardiovascular diseases, and less attention is given to their sexual problems as a result of diabetes. Furthermore, care-providers often fail to recognise the eating disorders and depressions that occur more frequently among women. The growing number of pregnant women with type 2 diabetes are also receiving insufficient care.

- *Immigrants with diabetes seem less likely to receive the care they need*

In principle, all patients receive the same diabetic care. However, the results of this care are less effective on some groups of immigrant patients. The guidelines do not take into account different needs of ethnic groups and care-providers do not supply customised care. As a result, some groups of immigrant patients are not receiving the care they need.

Package question C

Package question C is about care that is offered and is insured but which patients do not want or need. This refers to both overtreatment (patients receive care they do not want) and inappropriate or inefficient use of the package (patients receive unnecessarily expensive care). In this case the package is in fact too accessible and possibly even too adequate.

- *Some diabetic care may not be not well suited for certain groups of patients or in certain situations*

Examples are the general dietary advices given to patients of Turkish and Moroccan origin and the treatment of elderly patients with insulin, while an alternative, less invasive, treatment is possible.

- *Patients with diabetes sometimes receive 'superfluous' care*

Patients sometimes receive the same care from a number of care-providers, and care-providers sometimes routinely give care that is not substantiated by the guidelines. For example, the frequency with which the HbA1c level of some diabetic patients is determined is unnecessarily frequently.

- *Reimbursement restrictions may lead to improper use of package*

Reimbursement conditions that care-providers and patients regard as too strict can lead to 'evasion opportunities' and thus result in improper use of the package. For instance, there are indications that doctors prescribe metformin solely with the purpose of obtaining reimbursement for other medicines.

Package question D

Package question D relates to requested care which is provided, but which the package does not reimburse or not in full. As a result patients ask for this care to be included in the package. In other words: patients experience these aspects of the package as inadequate.

- *Patients with diabetes ask for (more) reimbursement of diabetic medicines*

Diabetic patients want reimbursement for the new medicine, exenatide, which is not yet included in the package. Furthermore, they are asking for an increased reimbursement of medicines that are only reimbursed under certain conditions. If the requested care is not reimbursed, or only under certain conditions, care-providers and patients seem to search for (evasion) possibilities in order to be able to obtain reimbursement.

- *Patients with diabetes want (more) reimbursement of medical aids for self-regulation*

Devices for self-regulation, such as blood glucose meters and teststrips are only insured care for patients who use insulin. However, patients with diabetes type 2 who do not use insulin are also asking for reimbursement for these self-regulation

products. Patients are also demanding reimbursement of the insulin pump with continuous glucose monitoring.

- *Patients with diabetes want reimbursement of physiotherapy and exercise programmes*

Patients with diabetes use physiotherapy more often, which is why they are asking for its reimbursement. Patient organisations are also asking for reimbursement of assistance or help in being active. However, the various supervised exercise programmes specially designed for people with diabetes are not reimbursed via the package.

- *Bottlenecks seem to exist in the funding of footcare for people with diabetes*

According to the patient organisations of people with diabetes, treatment by a pedicure or podotherapist is necessary in order to prevent foot complications. However, neither forms of care are reimbursed via the package. Furthermore, there are indications that hospitals are having problems funding diabetic footcare.

- *Patients with diabetes ask for (more) reimbursement for help with sex-related problems*

Many people with diabetes have sex-related problems and therefore want reimbursement of help with these. One aspect of this type of care, i.e. treatment by a general practitioner/psychologist, is already reimbursed via the package. However, sex-related medication and devices are excluded from reimbursement.

Package question E

Package question E relates to superfluous insured care. This is care for which there is no request, nor is it available, but it is still insured.

- *The package hardly includes any superfluous insured care for diabetes*

The manufacturer of the diabetic medicine Exubera®, insulin for inhalation, which was insured care since 2007, did withdraw this medicine from the market at the end of that year. It seems that determining the right medicine dose was difficult in some cases and patients weren't particularly interested in it due to the supplementary insulin injections. Although this product is still insured, it can no longer be obtained and patients no longer ask for it. Furthermore, CVZ advises against using the product acarbose for the treatment of diabetes due to lack of efficacy and side effects. Although the product is still reimbursed via the package, the number of users is dwindling.

Package question F

Package question F is about care that is offered but which patients do not (as yet) request and which is not (yet) insured. This relates in particular to new forms of care.

- *Various new forms of care are being developed for diabetes*

For instance, this involves new oral medicines and new types of insulin, new methods of detecting and treating complications and islets of Langerhans transplants. There is a lack of clarity about the extent to which all these new forms of care meet the needs of people with diabetes and whether such care should eventually be included in the insured package.

- *Patients are not asking for any forms of care that have existed for some time but which are not insured*

For example, the patient organisation for people with diabetes issued negative advice about dietary advice by weight consultants. The question has been raised about the degree to which the many lifestyle and exercise programmes currently being developed are in keeping with the needs of people with diabetes.

Package question G
The unfulfilled care needs of patients are central to package question G. These forms of care are not (yet) available nor are they insured.

- *Patients with diabetes have a number of unfulfilled care requirements*

Patients want customised care, e.g., education for specific groups of patients and support in the form of a self-regulation dossier. There is also a demand for residential care for young people with diabetes who have psychosocial problems. The provision of this care is currently insufficient and nor is it included in the insured package.

Adequacy and accessibility of the package

We conclude that on the whole the insured package is adequate for diabetes. After all, the package covers most of the care that is necessary according to the guidelines and that is requested by patients. GP care and care from medical specialists that is necessary is fully reimbursed, and almost all medicines for diabetes that are being used in current practice can be reimbursed via the basic insurance.
Some care is not reimbursed, even though people with diabetes do need it. This relates mainly to physiotherapy, in particular physical exercise programmes, foot care and medical devices for self-regulation.

We conclude that the accessibility to insured care for diabetes does leave a lot to be desired. On the one hand because the package is not accessible enough. In practice, patients with diabetes do not always receive the care they need although it is insured via the package.
For instance, doctors sometimes miss check-ups or do not prescribe certain medicines. This seems particularly due to the way care is organised, but is also partly due to the care-providers themselves. Care-providers sometimes pay too little attention to certain aspects of insured care.
Furthermore, the insured package of diabetic care seems to be more accessible for one group of diabetic patients than for another. There are indications that women receive less diabetic care than men; for instance, there seems to be less attention for sex-related problems for women and for the risks of cardiovascular diseases. Immigrant patients seem less likely to receive the diabetic care they need. They receive the same care as other patients, but its results seem less effective. In fact, they should probably be getting different care or more care.

On the other hand it seems that some aspects of the insured package of care for diabetes are actually too accessible.
Some diabetic patients receive insured care that is less suited to them or which is unnecessary. This implies an inappropriate or inefficient deployment of insured care.

Lastly, it seems that, in practice, the insured package of diabetic care is not always used in a safe manner. Both patients and care-providers are sometimes less than meticulous in how they use insured medicines and medical aids. For example, they

do not always use blood sugar test materials safely, or they do not take all prescribed medicines. Furthermore, there are indications that the insured care itself is not always completely safe; for instance, the reliability of blood sugar meters is open to discussion. These problems show that, in practice, an insured package that is both adequate and accessible, can nevertheless function in a way that is unintended or even undesirable.