Zorginstituut Nederland

Subject:	**Early Intensive Neurorehabilitation of adults with unresponsive wakefulness syndrome or a prolonged minimally conscious state**
	Outcome of assessment
Care form:	care provided by medical specialists
Date:	29 March 2016
Summary:	In this assessment, Zorginstituut Nederland assesses whether Early Intensive Neurorehabilitation of adults with unresponsive wakefulness syndrome or a prolonged minimally conscious state is effective (i.e., whether it complies with established medical science and medical practice). This assessment is an update of our earlier assessment from 2009. At that time we concluded that the effectiveness of this intervention for adults had been insufficiently proven. In 2006 we concluded that this intervention does comply with established medical science and medical practice for children and young people. Early Intensive Neurorehabilitation (VIN) is an intensive treatment programme. A patient is structurally exposed, in a variety of ways, to sensory and/or cognitive stimuli several times a day (4 or 5 times), during five days a week, with the goal of increasing his/her level of consciousness. Throughout the entire period of treatment, the patient receives physical therapy, occupational therapy, speech therapy, and sometimes activity therapy, and his/her family is involved in the treatment. After this treatment, the patient will start regular clinical rehabilitation or, by lack of an indication for clinical rehabilitation, the patient will be discharged and will receive care either in another care institution or at home. Treatment lasts, depending on the cause of the brain injury, between no less than eight weeks, up to a maximum of 20 weeks. We concluded, just as in 2009, that VIN for adults does not comply with established medical science and medical practice (the intervention cannot be regarded as effective, based on the criteria of the *Zorgverzekeringswet* (ZVW, Health Insurance Act)). In relation to the intervention used, the studies we found in our literature search were heterogeneous. We found only one minor, quasi-experimental comparative study (with a one-year follow-up), relating to one crucial outcome parameter, and one small randomised comparative study, with treatment that lasted two weeks, relating to one important outcome parameter. The quality of the evidence is very low so very little confidence can be placed in the estimated effect. In view of the fact that the average estimated effects on the crucial outcome parameter and the important outcome parameter are within the clinically relevant field (though with a very low evidential quality and therefore very little confidence in the estimated effect), this may actually be a promising intervention that could be eligible for conditional reimbursement. This conclusion is based on the fact that VIN is used for a disorder with a high burden of disease and for

	a relatively small group of patients. Doubt exists as to the feasibility of setting up a sufficiently large randomised study and analysing the results within the fixed period of 6½ years. Nevertheless, we feel that VIN can be regarded as a candidate for the procedures for conditional inclusion in the basic package. Based on the information currently available, we cannot determine whether this intervention fulfils all the criteria for conditional reimbursement. After issuing this outcome of assessment, we will enter into discussions with the parties involved on the possibilities of conditional reimbursement.

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*The original text of this **Outcome of Assessment** of Zorginstituut Nederland 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 the Zorginstituut's Outcome of Assessment. Furthermore, Zorginstituut Nederland points out that only the summary of this report was translated. A proper understanding of all relevant considerations and facts would require familiarity with the Dutch version of this report, including all appendices.*