

Summary Dyslexia

CVZ has advised the Minister of Health, Welfare and Sport to include the diagnostics and treatment of severe dyslexia in the basic health care package of the Health Insurance Act (Zorgverzekeringswet). In CVZ's opinion, including the diagnostics and treatment of severe dyslexia in the package is feasible and tenable, as long as access to this care is sufficiently guaranteed.

1. Dyslexia^[1]

The diagnostics and treatment of severe dyslexia are not included in the insured care package. The reason for this is the lack of clarity regarding which group of patients are eligible for it, and which treatment is effective for severe dyslexia. Nowadays it is possible to establish whether a child requires specialist treatment for his/her severe dyslexia. Furthermore, the efficacy of one form of treatment has been sufficiently substantiated. The diagnostics and treatment of severe dyslexia are described in the *Protocol for the Diagnostics and Treatment of Dyslexia*.

2. Advice^[2]

Influx

On 30th July 2007 CVZ advised the Minister of Health to include the diagnostics and treatment of severe dyslexia in the basic health care package of the Health Insurance Act (*Zorgverzekeringswet*).

3. Consequences^[3]

Access to treatment of severe dyslexia will be increased by coverage. The treatment of severe dyslexia increases success at school and people whose dyslexia is treated achieve a level in society that they would have reached if they did not have severe dyslexia.

CVZ estimates the macro costs involved in inclusion in the basic health care package between €21 and €26 million per year.

Education has a gatekeeper function. Schools will have to select which children with severe dyslexia are eligible for treatment.

4. Grounds

4.a. **Laws and legislation**^[4]

CVZ has examined the treatment of severe dyslexia in connection with the Zvw (art. 2.4, para. 1; art. 2.6, para. 4 and art. 2.1, para. 2 of the Health Insurance Decision and the Rights to Care Decision of the Exceptional Medical Expenses Act (*Algemene Wet Bijzondere Ziektekosten*) (art. 8, treatment of functions and art. 7, activating guidance).

4.b. **Assessment (medical and legal)**^[5]

According to the *Protocol for the Diagnostics and Treatment of Dyslexia*, this intervention does not belong in the Exceptional Medical Expenses Act. Treatment and activating guidance under the this Act relates to continual, systematic, long-term and multidisciplinary care. This is not the case for the treatment of dyslexia.

Examining the relevant articles in the Health Insurance Decision reveals that, according to the protocol, the intervention should not be classified as either medical care or paramedical care. This means that the intervention cannot be regarded as insurable care within the framework of the *Health Insurance Act* either.

4.c. **Standpoint**^[6]

The treatment of severe dyslexia is currently not covered by either the Health Insurance Act or the Exceptional Medical Expenses Act.

4.d. **Package assessment**

Necessity (disease burden, personal expense)

Care for children with severe dyslexia is necessary and justifies a claim on solidarity. This is based on the following reasons. Firstly, severe dyslexia hampers functioning in society. After all, severe dyslexia first plays a role in the choice of secondary education; it subsequently hampers the choice of profession. After all, dyslectics cannot opt for a profession in which reading and spelling would form a substantial aspect of their profession. Secondly, the failure to treat severe dyslexia leads to a demand for care. Lastly, the costs of diagnostics and treatment would be substantial for individuals.

Effectiveness

The *Diagnostics Protocol* helps to distinguish children with severe dyslexia from children with a mild form of dyslexia and other reading and spelling problems. A systematic literature study in the field of treatments for reading and spelling problems confirms that treatment is not only effective in the

short term, but also that it continues to be effective over a period of four years (level of evidence B or C). On the basis of current evidence, CVZ concludes that the treatment of dyslexia is effective.

Cost-effectiveness (HTA)

The diagnostics and treatment of severe dyslexia are cost-effective. The relationship between the costs and benefits of diagnosing and treating severe dyslexia are particularly favourable over the long term: the costs decrease and the benefits increase. CVZ bases this on the conducted cost-effectiveness study of diagnosing and treating dyslexia. The extra income as a result of a better education and a better income due to treating dyslexia are estimated at almost 3 billion euros.

Feasibility

The *Dyslexia Master Plan* will enable schools to fulfil a gatekeeper's function and select children who are eligible for the diagnostics of dyslexia. Next comes the *Diagnostics Protocol* which selects those with severe dyslexia who are eligible for treatment. This means that an influx from diagnostics to treatment will only take place once the initial route within the education system has been properly rounded off. This will prevent an erroneous and unwanted switch from educative tasks to care.

CVZ does feel that access to this care should be properly regulated and feels that it is essential that children who are eligible for the diagnostics are actually able to obtain their right to this insured provision. This requires a guarantee that schools will fulfil their gatekeeper's function properly.

Lastly, CVZ assessed the available diagnostics and treatment capacity. This appears to be sufficient for the structural demand, whereby 50% of the children with a positive diagnosis will actually apply for treatment

CVZ concludes that it is feasible and tenable to include the care of severely dyslectic children in the package, on the condition that access is properly guaranteed. CVZ suggests that the Minister of Health enters in agreements on this with the Minister of Education, Culture and Science.

Economies or costs

CVZ estimates the cost consequences of including the diagnostics and treatment of dyslexia in the insured package at between €21,600,000.00 and €26,784,000.00, depending on the number of children that actually apply for the diagnostics and treatment. The economies this treatment will generate were mentioned under cost-effectiveness.

4.e. *Executive consultation*^[7]

By way of consultation, in June 2007 CVZ sent a draft version of their advice to interested parties. All parties responded. The responses were positive and amounted to the same: all parties subscribe to the draft advice. Comments made concern two subjects: the group that can be considered for diagnosis and treatment, and harmonising education and health care.

4.f. *Standpoint of the Minister of VWS*

During a Committee Meeting on 29th January 2008, the Minister decided to include this treatment in the Health Insurance Act as of 1st January 2009.

5. Author

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6. Literature

1. Rapport Dyslexie: van zorg verzekerd? [Dyslexia Report: care ensured?], dated 30th July 2007 [in Dutch].