



Zorginstituut Nederland

Thematic Multi-Year Research Agenda (MYRA)

Research for the Strategic Direction
2024-2028

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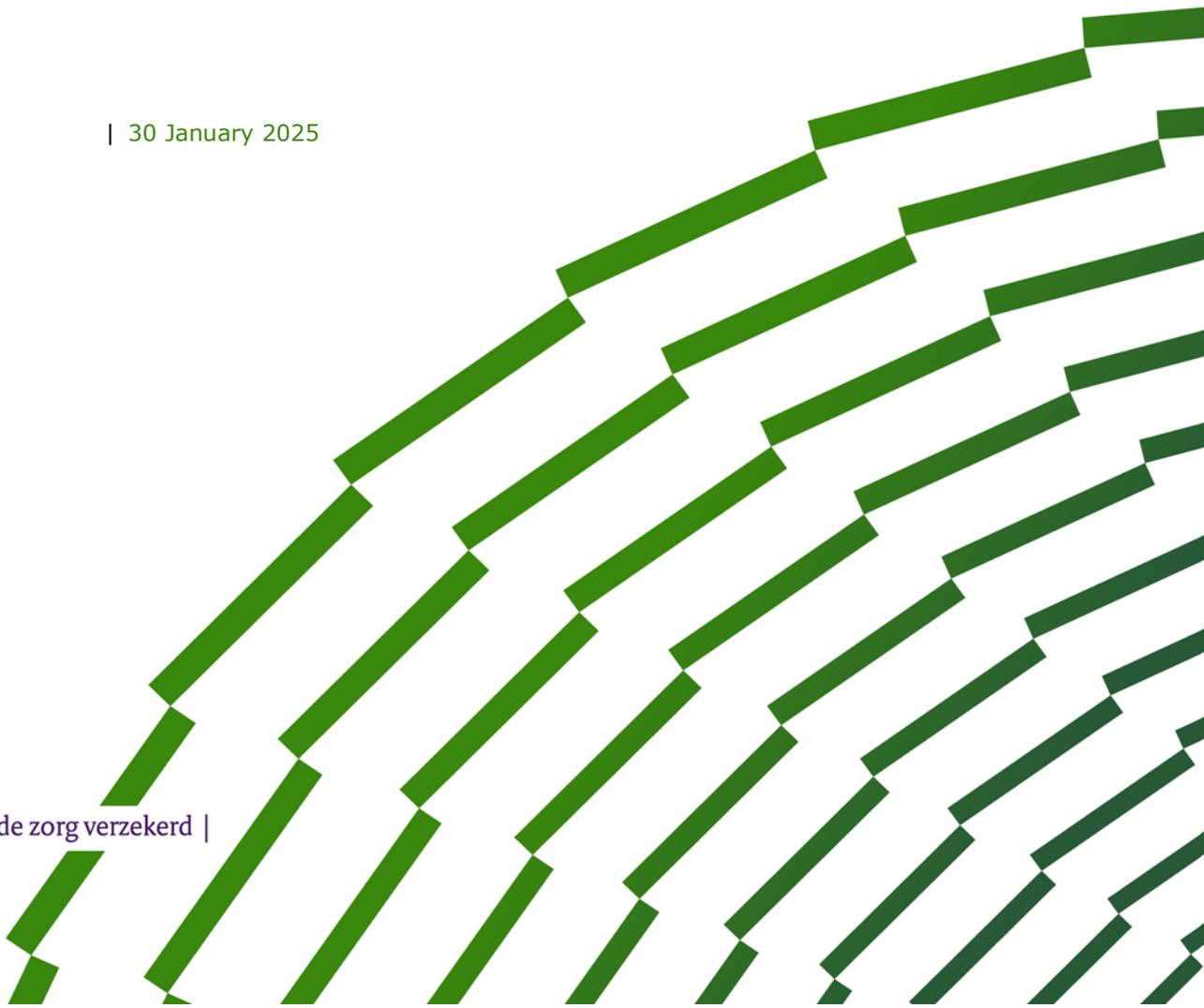


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Introduction

1.1 Background

The National Health Care Institute's mission is living healthy together. The institute tries to achieve this through good, accessible and affordable care for everyone in the Netherlands, now and in the future. The National Health Care Institute sees appropriate care as the way to make care future-proof. This includes appropriate personalised care and care that is appropriate for society. To realise these ambitions, the National Health Care Institute needs scientific input. Within its activities, the National Health Care Institute encounters various questions that require scientific research. These are instrumental, strategic, evaluative and innovation issues. We will explain this further below.

1.1.1 Instrumental issues

The National Health Care Institute contributes to appropriate care by carrying out knowledge-intensive tasks in the field of health technology assessment, quality improvement, information management and the management of the funds of the Health Insurance Act and the Long-Term Care Act. The institute needs research to respond to concrete, instrumental issues arising from the related activities, such as systematic reviews to support an assessment, research to retrieve practical examples of appropriate care, research into bottlenecks in the reimbursement of vaccinations for medical high-risk groups, the identification of inconsistent descriptions in information sections of quality standards, or research in the context of a future-proof provision of information in care (health information system across all care domains).

1.1.2 Strategic issues

The need for research goes beyond just such instrumental questions. In its Strategic Direction 2024-2028¹, the National Health Care Institute indicates that it wants to make clear-cut choices regarding the basic health care package, wants to enter into coalitions to address bottlenecks and ensure that obstacles are removed that hinder the acceleration of the transformation towards more appropriate care. The National Health Care Institute wants to act reliably, with determination and environmental awareness, and pursue consistent policies based on societal goals: personal, durable and sustainable care.

Scientific research contributes to this working method. Being a modern 'civil service' means that as a government party with responsibility for quality, accessibility, sustainability and affordability of care, one must be able to list, stimulate, facilitate and persevere on these elements. This places high demands on the competencies of advisors and managers of the National Health Care Institute. How do you do this as best you can? The National Health Care Institute is a policy-rich executive agency. The balancing of public values and sometimes conflicting private interests means that it must choose its role, position and control instruments carefully. The National Health Care Institute therefore needs knowledge about such strategic issues. Research enables us to gain insight into society's current affairs. We can use knowledge about this to determine our position and strategy, for example, with regard to the de-escalation of treatment of people with cancer, or the development of learning healthcare systems based on data that emerge from that care itself. Research is needed to acquire this kind of knowledge.

Although this Multi-Year Research Agenda is related to the Strategic Direction 2024-2028, we find it important to also give room to long-term issues, for example to developments in the accessibility of care.

1.1.3 Evaluative issues

The National Health Care Institute wants to be a learning organisation. This requires research in which advice and other products are evaluated, by process and by intended effects. The National Health Care Institute conducts such evaluations in part itself and in part externally. This is particularly the case when an advice from the National Health Care Institute is being questioned, for example when using overriding authority to achieve a quality standard, or when assessments of certain health technologies lead to public debate.

¹ National Health Care Institute. Strategic Direction 2024-2028: Focus on accelerating appropriate care. Diemen, 16 May 2024

1.1.4 Innovation issues

How the National Health Care Institute performs its tasks is subject to change. Increasingly, healthcare is using innovative medical technology, and often with a high degree of data dependency. Terms such as 'personalized medicine' and data-driven work are often used. These new developments call for different and renewed methods for assessing effectiveness and cost-effectiveness. These innovation issues are explored or used for (further) development to identify opportunities in a certain field and to increase knowledge about them. This is the case, for example, with data-driven work and the establishment of a sustainable health information system. The National Health Care Institute is also actively involved in research into how medical technology can be assessed and introduced responsibly in healthcare. In addition, research is being conducted on the introduction of the new European Health Technology Assessment (HTA) Regulation, which will intensify collaboration in the assessment of medicinal products and medical technology.

1.1.5 Responsible use of research

To address all these instrumental, strategic, evaluative and innovation issues, the National Health Care Institute has a research budget of approximately €5 million per year. It is important to use these public funds responsibly. Much of this research is therefore openly tendered to ensure optimal value for money. The Department of Research & Development, and Medicines (OOG) ensures the coordination of all planned, ongoing and recently concluded research. In addition, the Research Office, together with the initiators of the various studies and with the Chief Scientific Officer (CSO), ensures the translation of the results into operational, tactical and strategic policy. However, achieving maximum benefit from the studies starts with setting the right priorities when planning the research: doing the right things. With this thematic Multi-Year Research Agenda (MYRA), we want to determine the direction of our research.

1.2 Objective of the Thematic Multi-Year Research Agenda (MYRA)

Internally, this MYRA aims to provide a guiding framework for project steering groups, steering groups of academic research networks, directors, managers and teams when it comes to setting priorities in research funded by the National Health Care Institute. Decisions on what research will be carried out by which teams are made when the annual work plan and the (research) budget of the National Health Care Institute are finalized; their effects are developed into management and team plans and these plans are potentially updated in the Mid Term Review.

For external parties, the MYRA provides insight into the type of research for which the National Health Care Institute gives contracts or grants. In this way, the MYRA also facilitates the discussion with other public funders of research on coordination within the government.

The Strategic Direction 2024-2028 defines a number of core values for the National Health Care Institute. We want to be bold, environmentally aware and reliable, and pursue consistent policies based on societal goals. We also translate these core values into our Multi-Year Research Agenda. In the context of this agenda, bold and environmentally conscious means that we set clear priorities and let topics be suggested by input from our strategic partners within the academic research networks and – through the knowledge coordinators – by the broad social network maintained by the teams and directors of the National Health Care Institute. Reliable and consistent means building long-term partnerships with academic partners and research institutes on the one hand, but on the other hand ensuring a level playing field by publicly tendering research. To give a lot of room to tendered research, we spend up to a quarter of the budget on research within research networks.

2 Coordinating research themes

In the Strategic Direction 2024-2028, the National Health Care Institute identifies four lines of action for the transformation to appropriate care (see Box 1 on page 6). To support these lines of action with research, we formulate two overarching substantive research themes, namely:

- Data-driven cyclical health technology assessment;
- Organisation of care.

To properly translate the substantive issues into the daily reality of the work of the National Health Care Institute at a strategic, tactical and operational level, a third overarching theme is formulated as research into:

- The role, position and control instruments of the National Health Care Institute.

We further elaborate on these themes below and describe how they are linked to the action lines in the Strategic Direction.

2.1 Data-driven health technology assessment

Health technology assessment includes making the right decisions on the reimbursement and, where appropriate, disinvestment, in such a way that these decisions contribute to the movement towards more appropriate care. Because data-driven cyclical working is an important part of the Strategic Direction 2024-2028, the National Health Care Institute wants to steer towards the development of more appropriate care using data and information. In doing so, the institute intends to use its tools for health technology assessment, quality of care, information management, fund management and risk equalization in a coherent manner (see section 2.3). For the MYRA, we distinguish two more specific topics within this broader theme, namely cyclical health technology assessment and data-driven learning systems.

2.1.1 Cyclic health technology assessment

Cyclical health technology assessment involves tracking a technology, product or care and support form from its development through to its application in practice. To this end, we want to gain early insight into the added value of such treatment or support and the uncertainty surrounding it. As uncertainty about effectiveness increases and the effect of treatment on people and resources increases, monitoring the application in practice, translating uncertainty into appropriate reimbursement models and formulating conditions for reimbursement will be a higher priority for the National Health Care Institute (see action line b in Box 1).

The core of cyclical health technology assessment is not issuing a single set of advice for a reimbursement decision, but critically following a technology, product or care and support form through its entire life cycle. Cyclical health technology assessment is therefore a form of 'cyclical work on improvement' (see action line a in Box 1), specifically in the performance of our task in managing the package of insured care.

Cyclical health technology assessment ideally starts with horizon scanning to get a picture of the 'landscape' of new products or care and support forms and with 'early dialogues' about which outcome parameters or research designs are important and what information we want to receive. This is an attempt to reduce the uncertainty mentioned above at an early stage. Uncertainty follows, among other things, from the use of surrogate outcome parameters in single-arm trials, which is why we conduct research into methods of analysis to combine this sub-optimal data with, for example, real-world data, in order to provide better-informed advice.

Other causes of uncertainty are more related to the nature of the interventions that must be assessed. For example, in the field of medical devices, the dilemma² is that, in the early stages of development, it is not yet clear what the added value of a technology is and what the undesirable side effects may be. However, by the time this becomes more obvious, technology is often already embedded in the care, making it more difficult to control and adjust. So-called early health technology assessment can help, but that requires an understanding of potentially disruptive technologies in the pipeline, such as technologies that will use a lot of resources, or require a different organisation of care. At present, there is no horizon scanning available for

² Collingridge, D., The Social Control of Technology. 1980: New York: St. Martin's Press

medical technologies. Research into the possibility of horizon scanning for medical devices and the methodology that can be followed is therefore of great importance for cyclical health technology assessment.

It is important to us that both developers and users of technology understand the criteria we want to apply in advice on reimbursement decisions. At the same time, it is important to continuously develop these criteria so that they stay aligned to the societal goals: personal, durable and sustainable care. For example, we are working to expand the health technology assessment criteria by including the expected impact on human resources and sustainability (see action line b in Box 1). To do that, we are exploring ways to measure the human resources and environmental impact of innovations.

Box 1 - Strategic Direction Action Lines

- a. Cyclical working on improvement by means of:
 - Data and information-based control;
 - Keeping in step with other government parties and field parties;
- b. Making intelligent choices in health technology assessment and quality, by:
 - Clearly defining criteria for inclusion in the basic health care package so that care parties can play their part;
 - Expanding these criteria by including the expected impact on human resources and sustainability;
 - Promoting binding agreements on quality in quality standards, guarantee documents and appropriate use agreements;
 - Insisting on the mandatory provision of quality information so that it can be used by healthcare insurers for their contracting, by regulators for their assessment of compliance, and by patients for selecting the care that best suits them.
- c. Optimizing implementation by:
 - focusing on appropriate care and placing the emphasis on five target groups:
 - children in the first 1000 days of life;
 - people with (a risk of) cancer;
 - people with (a risk of) cardiovascular disease;
 - people with (a risk of) mental health problems;
 - elderly people with vulnerable health;
 - controlling data exchange;
- d. Being an agile and sustainable organisation.

2.1.2 Data-driven learning systems

After a product or type of care has been admitted to the insurance, its appropriateness is tracked through data from clinical practice in (quality) registrations. Sometimes, this can lead to a reassessment, to tightening up the conditions for insurance, or putting a topic on the agenda in some other way. We link the theme of cyclical health technology assessment to data-supported learning systems because learning systems capture real-world data that enables the use of a technology or type of care and support to be monitored in practice. This includes data from electronic patient records and claims data, and data from various e-health applications. Availability and quality of data are therefore important prerequisites. An important element in this is the willingness of parties to share data and information. Under the heading of data exchange, the Strategic Direction 2024-2028 therefore explicitly mentions taking control of data sharing (see action line c in Box 1).

Research on domain-transcending data availability and quality is essential because we want to track patients/clients on their journey throughout the healthcare system and throughout their life course, and to take into account relevant characteristics of those patients/clients. Only then can the added value of prevention, cure, care and social services be properly mapped out. The ambition to reduce the implementation and/or administrative burden for healthcare professionals should also be taken into account. The National Health Care Institute also wants the patient/client and their informal caregivers to be placed in a better position as regards information. How the information management can be made ready to address these major challenges in terms of prevention, care and support, how more information can be made available without increasing the administrative burden, the role AI could play in this and how

the privacy of residents can be respected are relevant subjects of research for the National Health Care Institute.

When it comes to learning systems, we strive to use knowledge based on routinely collected healthcare data to adjust the standards or advice for professional conduct. We see this primarily as a responsibility of healthcare parties (see action line b in Box 1). Our public responsibility is to make sure that learning is done properly and to encourage that this learning leads to more appropriate care (see action line a in Box 1). However, if the conditions for this are not right, we will make sure a reassessment or a reformulation of the conditions for insured care is put on the agenda. To make good on these considerations, research is needed into the functioning of learning care systems and how we can see if and how learning is being done, from what data (quantitative and qualitative), by which parties, with input from which stakeholders, at what levels (local, regional, national) and with what outcome when it comes to appropriate care. The focus should be on learning by all healthcare professionals. Nurses, caregivers, physicians and other health professionals all need a scientific basis for their work.

2.2 Organisation of care

The second overarching research theme is related to the organisation of care and builds on the principles of appropriate care, namely that care is effectively organised, with the right care being provided in the right place. Where cyclical health technology assessment included the added value of a particular intervention (ranging from a medicinal product to a type of long-term care support), the issue here is whether that intervention is delivered to the right place, in the right form and by the right provider. It is also important that the right information is available to all actors at the right time. In other words, whether there is an appropriate organisation of care. Among other things, we investigate the role of eHealth and remote care, but also the extent to which there is a learning healthcare system with domain-wide use of data, which was already mentioned in the previous paragraph. The latter is not only a data issue, but also, above all, an organisational issue.

Research is specifically relevant for the National Health Care Institute when it comes to the interconnectedness of the value of interventions and organisation of care. What is effective and safe care is often linked to the question of how it is delivered and by whom. Training requirements, volume standards, or staffing-level standards, as part of quality standards, affect the organisation, concentration, and distribution of care. Agreeing on such standards is primarily the responsibility of the healthcare parties (see action line b in Box 1). The National Health Care Institute uses research to monitor the extent to which agreements are followed in practice (see action line a in Box 1). The National Health Care Institute also researches how the development of network care and processes of regionalisation, concentration and distribution are taking place. Who is taking the lead, who can talk about what, who is monitoring what, how are distribution issues addressed, how are information and data sharing addressed, what are the obstacles and how can the development towards appropriate care be encouraged?

One specific theme that is highlighted in the organisation of care is that of appropriate care and appropriate funding. The National Health Care Institute wants to provide insight into this and, in doing so, to monitor the extent to which appropriate care is achieved. It is assumed that making good examples transparent supports health care insurers and health care offices in purchasing appropriate care, helps citizens to choose appropriate care and encourages providers to deliver appropriate care. How this transformation takes place and which mechanisms play a role in the interaction between national, regional and individual conditions for decision-making are the subject of research. It is important to ensure that the focus of such research is not disproportionately focused on medical specialist care. Long-term care and the social domain also need a transformation towards appropriate care. In addition, the interfaces with the social domain are becoming increasingly prominent. The National Health Care Institute asks long-term care providers to develop a shared vision of collaboration with the informal network of clients and collaboration within local and regional initiatives. In the long-term care and support sector, the importance of sharing success stories among leaders is therefore also highlighted.

Finally, within the theme of organisation of care, the National Health Care Institute wants to investigate solutions to the urgent problem of labour market shortages in healthcare. In paragraph 2.1.1, reference was already made to research into extending the health technology

assessment criteria by also looking at the number of staff involved in new types of care when assessing interventions. Digital care, remote care, data-sharing, and other technological innovations are often used as a solution to staff shortages. Reducing the implementation and administrative burden by one-off standardised data capture at the source, sharing that data, and standardising data exchanges (agreements on what information is available at what time) can also help. However, research is needed to assess the short-term effects of these claims (does it actually save on human resources?), but also to determine the long-term effects on professional job satisfaction. After all, maintaining vital professionals who enjoy their work is essential for a sustainable and resilient care system.

2.3 Role, position and control instruments of the National Health Care Institute

The third overarching theme is the role and position of the National Health Care Institute regarding other public partners and regarding the parties in the healthcare industry and the steering instruments used by the National Health Care Institute to promote appropriate care. Research into this is particularly relevant for the National Health Care Institute in combination with one of the two substantive themes. For example, when research addresses the question of which steering instruments the National Health Care Institute can use to promote a data-supported learning system or an efficient organisation of care and the provision of information.

We use research to reflect on the position of the National Health Care Institute with respect to other public actors and with respect to parties in healthcare in the promotion of appropriate care. For example, we are looking for synergy between the work of the National Health Care Institute and that of the National Healthcare Authority and the Inspectorate for Health and Youth Care. And regarding medicinal products, we collaborate with the Medicines Evaluation Board, the Netherlands Organisation for Health Research and Development (ZonMw), and FAST-NL. This means that it is important to coordinate the concrete development of our research plans with these parties.

In addition, relevant study objects are the collaboration with other parties and how the National Health Care Institute can fulfil its role. In the substantive themes described above, the research focused primarily on specific interventions, the learning system or the organisation of care. But with this theme, the National Health Care Institute itself is the object of research. For example, research into the legal possibilities of the National Health Care Institute and how we can use our toolbox for health technology assessment, quality of care and risk equalisation and information in a coherent manner (see action line c in Box 1). In this context, we want to conduct a broader research into how we can put the societal challenges on the agenda (care is personal, durable and sustainable) and how we can talk to the community about important considerations. Moreover, it is important to investigate the impact of our interventions and to relate that knowledge to our work agenda: What societal challenge can we tackle in what way and with the use of which toolbox to achieve the most results? How can we be an 'agile organisation' in this respect (see action line d in Box 1). The starting point of our actions lies in the societal challenge (what is needed?). Participation in research initiated by the Belgian government, around the definition of 'health needs' and placing these on the agenda, contributes to this.

Given the importance of data quality for quality of care and for adequate steering information and the relevance of cross-domain data availability (see 2.1.2), the National Health Care Institute in its Strategic Direction 2024-2028 expresses the ambition to take control of data exchange. This not only calls for instrumental research in the field of information provision, but also raises the more strategic question of the extent to which the National Health Care Institute is seen as an authority in this area and on what pillars that authority is based.

2.3.1 Focus on target groups?

The Strategic Direction 2024-2028 has chosen a focus on five target groups where the most impact can be achieved (see action line c in Box 1). We expect that this will also translate into a focus on these target groups in the research that the National Health Care Institute is outsourcing. However, the questions from within the organisation are leading. In other words, for the time being in this MYRA, we are not choosing to prioritise research linked to (specific) target groups, because we think this is not necessary. If the organisation deals with target

groups, the research questions of the organisation will also ensue accordingly. In addition, a focus on target groups is not relevant for all research questions. For example, questions about environmental impact or data exchange are generic in nature.

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