External evaluation
programme Efficiency Studies 2006–2017
External Evaluation of the programme Efficiency Studies 2006-2017

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ZonMw
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The Netherlands Organisation for Health Research and Development (ZonMw) promotes health research and care innovation. Progress depends on research and development. ZonMw finances health research and promotes the use of the knowledge developed to improve care and health in general.

The Ministry of Health, Welfare and Sport (VWS) and the Netherlands Organisation for Scientific Research (NWO) are ZonMw’s main commissioning parties.

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1 Introduction
At the time of the assignment of the ZonMw Efficiency Studies (DO) Programme 2019-2021, VWS asked ZonMw to have the programme evaluated to enable VWS to assess the value of its impact. That is, does the programme indeed contribute to the appropriate use and application of healthcare? In other words, can valuable, innovative, efficient interventions find a more rapid way into practical healthcare and is the use or introduction of proven inefficient interventions discouraged?
The external evaluation committee was formed by ZonMw. The committee was given the task of supervising the external evaluation of the DO programme 2006-2017. The external evaluation was carried out by the strategic consulting firm SiRM (Strategies in Regulated Markets).

In this reflection, the external evaluation committee has made observations regarding a number of findings from the evaluation carried out by SiRM (see chapter 4 for the composition of this committee). The process and impact evaluation laid down in the report 'Benut potentieel. Evaluatie programma DoelmatigheidsOnderzoek (Tapped potential. Evaluation of the programme Efficiency Studies 2006-2017)' is included in appendix A. Appendix B contains the response of the Efficiency Studies Committee (DO Committee) to the evaluation report.
2 Methods used by the external evaluation committee

The external evaluation committee’s kick-off meeting was held on 17 October 2017. The terms of reference for the evaluation were laid down at this meeting. Quotations were subsequently requested from five external agencies. The quotations received for carrying out the evaluation were assessed on 14 December 2017 and the contract was awarded to SiRM. At the third meeting, on 15 January 2018, the objectives and methods of the evaluation were discussed in more detail with SiRM. The progress of the evaluation was on the agenda at the next two meetings (on 27 February and 24 April 2018) after which, on 29 May 2018, the draft version of the report was discussed and adopted. The external evaluation committee subsequently formulated its reflection and this present evaluation report was set out.
3 Reflection in response to SiRM's report

The external evaluation committee expresses its appreciation of the methods used, analyses carried out and report drawn up by SiRM. The ZonMw DO programme is financing scientific research that evaluates the effects and costs of diagnostic procedures and medical treatments since 1999. This programme contributes background material for professional guidelines, risk-based package management and government policy regarding the appropriate use of healthcare.

The evaluation of the DO programme 2006-2017 shows that research into the appropriate use of healthcare is very valuable. The evaluation report gives a good picture of the impact of the ZonMw DO programme. In addition to its large social and scientific yield, it also increases awareness concerning the delivery of efficient healthcare. In recent years, the DO programme has put the significance of this type of research on the map. The programme has, furthermore, contributed to the development and use of scientific instruments for measuring efficiency.

As regards the process evaluation, SiRM concludes that those interviewed deem ZonMw to be the designated party for the selection of grant applications. The grant evaluation system is considered 'very sound'.

The programme comprises open financing rounds and, since 2013, targeted financing rounds. SiRM's research shows that it is still too early to draw conclusions regarding the targeted rounds and to determine the effects of this course of action, because it was only adopted recently.

As regards the impact evaluation, the external evaluation committee is impressed with the significant scientific yield. Three quarters of the projects led to publications, 90 percent of which are in reputable international journals. The results of approximately 30 percent of the projects are incorporated into guidelines. SiRM observes that a great deal of potential remains unused because the implementation of the results is not optimized. This applies to both the implementation of healthcare that is proven to be of benefit (high-value healthcare) and the de-implementation of existing aspects of healthcare that are proven to be of little or no benefit (low-value healthcare). The external evaluation committee endorses SiRM's findings that there is much to be gained if research results are better (de-)implemented.

Disproportionate distribution across specialisms

The research funds are not evenly distributed across different specialisms. There is no clear relationship between the scope of a medical discipline and the size of the research budget allocated. Care for the elderly, for example, comprises a relatively large part of healthcare provided but receives a relatively small share of the grants. This could be related to the difference in research traditions between disciplines and the fact that certain Efficiency studies can be financed by other ZonMw programmes. There is also the matter of whether it is desirable for Efficiency studies financed by ZonMw to be evenly distributed across the disciplines. The question of where the greatest impact can be achieved may be more relevant than the magnitude of a discipline. The introduction of targeted rounds, with knowledge agendas being drawn up for each discipline, can play a role here. The committee feels that it is still too early to draw any conclusions.

The right healthcare at the right place

The external evaluation committee wishes to focus attention on using the results of this research to actually bring about changes in practice. A good research infrastructure has been built up in recent years. Research into efficiency has developed considerably and the methods used for cost-effectiveness research have improved. The committee applauds this cultural shift. The next step in the process of arriving at high-value healthcare is for the research results to be more actively used.

This ties in with the recently published Hoofdlijnen akkoord Medische Specialistische Zorg (Outline agreement on specialist medical care) 2019-2022: ‘By intensified cooperation and investments, parties are jointly enabling a continuous process of healthcare evaluation and ensuring that the outcomes of scientific evaluation are incorporated in guidelines/quality standards and that these guidelines/quality standards are rapidly implemented into healthcare practice. This continuous process requires good management, supervision and structural financing.’
Getting promising healthcare to the patient faster

It takes a long time before knowledge about high-value healthcare is actually incorporated into healthcare practice. The external evaluation committee urges VWS and parties in the field to look for ways to increase and speed up implementation. SiRM’s report has already described several factors that hinder and promote implementation. Minister Bruins has recently announced a new scheme for the provisional approval of packages: ‘Getting promising healthcare to the patient faster.’

SiRM’s evaluation has shown that, although the DO programme has generated considerable impact, there is still plenty of unutilised potential. The external evaluation committee is of the opinion that the above developments are a good step in the direction of improving the application of the knowledge acquired through the programme in healthcare.

Stakeholder participation

Performing research requires different skills than implementing the results. The committee feels that researchers cannot be responsible for implementing results and that more attention should be paid to the sharing of responsibility for this implementation. It endorses SiRM’s conclusion that, if implementation is to be increased, regulatory authorities and market players have to play a more active role. Among other things, this means that they have to enter into commitments at the beginning of the process. Important stakeholders will then have to remain engaged throughout the entire process and, if necessary, at the beginning of the research, to guarantee that the results are implemented in healthcare practice.

Steps have already been taken in this direction, too. For example, the recently-concluded Outline agreement discusses an action plan to be drawn up at a later date. This action plan has to describe the best way to design research into existing healthcare to promote appropriate use. The action plan will look at how the improvement agenda for the quality cycle and appropriate use can be shaped by a public-private partnership and the roles and responsibilities of the respective parties. The National Health Care Institute has a role as chair and facilitator in the drawing up and implementation of this action plan. The committee welcomes these developments and envisages an important role for ZonMw’s DO programme.

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1 Bestuurlijk akkoord medisch-specialistische zorg 2019 t/m 2022 (Administrative agreement on specialist medical care) 2019 through 2022, 4 June 2018 (Parliamentary document 29 248, no. 309)

2 Letter to Parliament on the revision of the healthcare system and policy objectives in the field of health, welfare and sport, 21 May 2018 (Parliamentary documents 29 689 and 32 620, no. 905)
4 Composition of the external evaluation committee

Members of the committee are appointed in a personal capacity. The committee comprises of experts from the field who are able to judge this area of focus on the basis of their scientific or social position. They act as independent experts without consultation. The appointment is for the duration of the assignment for which the committee is formed.

<table>
<thead>
<tr>
<th>Prof. F.C. (Ferry) Breedveld (chair)</th>
<th>Professor emeritus of rheumatology at the LUMC, former chair of the Board of LUMC</th>
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<td>J.F.M. (Jos) Aartsen LLM</td>
<td>Chair of the Board of UMCG</td>
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<td>Prof. P.P.G. (Peter Paul) van Benthem</td>
<td>Chair of the Dutch Association of Medical Specialists (FMS)' Council of Science and Innovation, professor of ENT at LUMC</td>
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<td>Stijn Tersmette</td>
<td>Secretary of the DO programme</td>
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English summary

Tapped potential

Evaluation of the Efficiency Studies programme 2006-2017

Utrecht, 15 June 2018

dr. Steef Baeten

ir. Jolien de Haas

Myrte Tjoa, Bsc

ir. Saskia van der Erf
Summary

Since 1999, the Efficiency Studies (DO) programme by ZonMw (The Netherlands Organisation for Health Research and Development) funds research on efficiency and effectiveness of healthcare. ZonMw developed the programme on behalf of the Ministry of Health, Welfare and Sport (VWS). As part of the commissioning to continue DO for 2019-21, VWS requested ZonMw to evaluate DO’s process and impact. ZonMw appointed an external evaluation committee to oversee the evaluation. This independent committee consists of representatives from stakeholders (patients, researchers, policy makers and healthcare providers, institutions and insurers). It has asked the support of consultancy firm Strategies in Regulated Markets (SiRM) to execute the evaluation.

Research method

The evaluation is based on insights from interviews, a focus group, desk research and an online questionnaire for leaders of research projects previously supported by the DO programme. SiRM consulted over 60 experts, project leaders and other stakeholders. We performed desk-research for the process and impact evaluation. We enriched our findings with an online questionnaire for the latter.

Health gains and economic returns – both part of the impact evaluation – were calculated for a selection of 24 high-potential projects. We consulted the project leaders of all these high-potential projects.

Process evaluation DO programme

DO’s review committee and strategic committee, and the focus group participants would like the programme to resume supporting research on the organization of healthcare. They point out that this kind of research, for example on substitution and task reallocation in healthcare, can contribute considerably to efficient healthcare. Since 2014, the DO programme does not support research on organization of healthcare, because it requires different research methods and a different composition of the review committee.

Since 2013, the DO programme also includes targeted calls, on top of the open calls for projects. For the open calls, the budget of subsidised projects with research in specialised medical services, mainly in a hospital setting, was relatively high compared to the share of spending on such services. Conversely, the budget of subsidised projects focused on elderly care was relatively small. It is too soon to draw conclusions about the targeted calls of DO because that part of the programme has not been active long enough. The subsidies for the targeted calls are earmarked for specific topics. The process of how policy makers select and budget for these topics of research is still developing.

Interviewees regard ZonMw as the appropriate party to select project proposals for subsidies. They hold a positive opinion about the way ZonMw assesses research proposals.
Almost all of the interviewees indicate that the implementation of research findings is insufficient, in spite of ZonMw’s increasingly concrete conditions and assessment criteria regarding implementation. Interviewees indicate that market players and regulatory authorities need to take on a more active role to increase implementation.

Impact evaluation DO programme

The scientific returns of the DO programme are high. Three-quarters of the subsidised projects resulted in a scientific publication, of which 90% in international scientific journals, most of which belong to the top 25% impact factor in their scientific field.

The social returns appear to be considerable as well: public attention for healthcare efficiency has increased over the last ten years. Results of approximately 30% of the projects are implemented in guidelines.

The projects approved by the DO programme yielded high health gains and economic returns. The programme yielded nearly 7,500 quality-adjusted life years (QALY’s) and estimated economic returns of € 1.1 billion, of which € 0.3 billion as monetized QALY’s. The calculation of health gains and economic returns is based on 24 high-potential projects selected by SiRM. € 480 million of the economic returns were cost savings, of which € 280 million on healthcare spending and the remaining € 200 million on social costs. We were unable to verify the actual impact of the programme on healthcare expenditure. Cost savings in healthcare generated by DO were likely used to cover other healthcare costs.

The health gains and economic returns SiRM calculated could be an underestimation and possibly an overestimation:

- An underestimation because they were calculated on only 24 high potential projects (out of a total of 308 finished projects) using conservative assumptions, such as a maximum duration of 10 years for effects of an intervention.
- A possible overestimation because we allocate project yields fully to the DO programme, we extrapolate yields from a research setting and we estimate implementation rates of interventions based on interviews with project leaders and desk-research.

SiRM notes that the yields of the DO programme could have been much higher: There is untapped potential as many positive research findings were not fully implemented. With ambitious yet realistic levels of implementation, the health gains could have been 13,000 QALY’s and the economic returns € 4.1 billion.

Recommendations

SiRM recommends ZonMw and VWS to resume supporting research on the organization of healthcare. ZonMw would have to consider if the current review committee is adequately equipped to review this type of research projects, or if an extra committee would have to be appointed.
Other recommendations aim to strengthen the role of market players and regulatory authorities in the implementation of research findings:

- The Dutch Federation of Medical Specialists (FMS) and the scientific associations of medical specialists could collaborate more closely with ZonMw to ensure that research findings are incorporated in guidelines and implemented in practice. SiRM recommends scientific associations to inform physicians (more) actively on research findings, especially findings on evaluations of healthcare practice.

- Healthcare insurers can play a more active role in the implementation of research findings. When financial constraints prevent implementation, healthcare insurers and providers should work together to find a solution, for example with shared savings contracts. Insurers need access to detailed project information in order to fulfil their role.

- Patient representatives can influence implementation of research findings. Increased involvement of patient representatives in the design and execution of projects is an important step to commit them to the research findings. In addition, the patient representatives need tailored project information from ZonMw.

- The National Healthcare Institute (ZIN) can stimulate the implementation of research findings. This would fit in her programme Zinnige Zorg (appropriate care). ZIN has stated that it intends to focus more on evaluations of healthcare practice.

SiRM recommends ZonMw to set up an information system with (management) information for involved parties. This system should also contain information on whether research findings are implemented in guidelines and/or in clinical practice. Furthermore, SiRM recommends ZonMw to disseminate research findings more actively. Either by giving presentations in person or by alerting involved parties and stakeholders of interesting research findings via the aforementioned information system.

Lastly, we recommend evaluating the targeted calls of the DO programme in three to five years.
Letter - reply from the Efficiency Studies Committee

Subject: external evaluation of the Netherlands Organisation for Health Research and Development's Performance programme Efficiency Studies 2006-2017

Dear Mr Bruins,

At the meeting held on 3 July 2018, the Efficiency Studies Committee (CDO) deliberated on the report ‘Benut potentieel. Evaluatie programma DoelmatigheidsOnderzoek (Tapped potential. Evaluation Programme Efficiency Studies) 2006-2017’ drawn up by the strategic consulting firm SiRM (Strategies in Regulated Markets) and the external evaluation committee's reflections on this report.

CDO is pleased with the positive outcomes of the evaluation, which are the results of years of investment and sound research programming. According to the evaluation committee, the evaluation shows that the scientific gains of the Efficiency Studies (DO) programme are high. They contribute to the acceleration of innovation, to the appropriate use of healthcare in practice and to keeping healthcare costs manageable. The social benefits are also considerable. Around 30% of the research results have been incorporated in guidelines and the healthcare and monetary gains of the DO programme are high. At the same time, it has been ascertained that the gains could be even higher if the potential in terms of healthcare improvement and cost control was better utilised by the parties involved.

From 1999, investments have been made in an infrastructure that will anchor knowledge development and innovation in the field of efficiency of healthcare and provide it with a solid base. The DO programme initially had a bottom-up character and focused on contributing to scientific background material for healthcare practice and policy. In 2007, however, VWS stipulated that the starting point was to be that those who needed the results of performance audits for their policies must also bear responsibility for the research agenda. Since 2013, the focus has come to lie on practice-based programming with close cooperation with knowledge users to increase the social impact of the programme in terms of efficiency gains. The financing of socially relevant and high-quality research, based on practical and policy needs and leading to scientific and social benefits, is now key. This requires early coordination and cooperation between research, policy and practice (including healthcare professionals and providers, patients, insurers and government-related bodies) both in open and targeted rounds. The research therefore has to be carried out in cooperation with university medical centres and top clinical and general hospitals, which, according to SiRM’s report, has already been realised.

In 2006, the interim evaluation ascertained that continuity of the DO programme was an essential condition for quality and sustainability. This now appears to have been confirmed. A structural programme is essential for a progressive, close dialogue to arise between the commissioning party, researchers and users. This dialogue forms the requisite basis for trust for meaningful, effective cooperation that results in a durable investment in the efficiency of healthcare. SiRM’s report shows that the attention on efficiency in healthcare and performance audits has increased in the last decade and that the DO programme has a large social impact. Continuation of the cooperation by means of long-term research programming will be necessary to be able to benefit from recently completed and ongoing projects. Monitoring must also be carried out here to ensure a good balance between open and targeted rounds. The gains described in SiRM’s report have all been realised through DO projects from open rounds. We learn about the appropriate use of healthcare by implementation and de-implementation based on the evaluation of existing healthcare, but also by innovation. Open round DOs have shown that the innovative ideas of passionate researchers who are not bound by knowledge agendas yield an important contribution to innovation in healthcare.

It is still too early to be able to estimate the value of targeted rounds. Unlike the situation in targeted rounds, in open rounds, projects are assessed in competition with one another. This raises the scientific quality of the research proposals considerably and provides the best chances for high-quality, usable results for improving healthcare in practice.
The most socially relevant research questions are most beneficial to the appropriate use of healthcare. CDO deems the distribution of research funds in proportion to the magnitude of medical disciplines, as suggested by the evaluation committee, to be less relevant. However, CDO endorses the proposal in SiRM’s report to broaden the DO beyond specialist medical healthcare alone and to include the organisation of healthcare.

An important outcome of the evaluation is that research results are not yet implemented to the full and that their impact can be improved upon. Market players and regulatory authorities are called upon to better utilise the potential of these results for healthcare improvement and cost control. The Netherlands Organisation for Health Research and Development (ZonMw) realises that it is a part of what is known as the quality (improvement) cycle for good and affordable healthcare. ZonMw will therefore translate the recommendations in SiRM’s report into concrete action points. ZonMw will make concrete agreements with the other parties that play a role in the quality cycle on both the implementation of research results and the allocation of the related roles and responsibilities.

CDO’s response to the recommendations made by SiRM
ZonMw will take SiRM’s recommendations concerning the improvement of its own performance seriously. Moreover, CDO recognises the challenge of improving the coordination between the activities developed by the different parties to utilise the potential and maximise social gains. This will contribute to the realisation of the agreements in the Outline agreement on specialist medical care 2019-2022, to the desired transformation to the right healthcare at the right place and to the initiative to upgrade healthcare evaluation. Stakeholder participation with clear roles, responsibilities and commitment from the formulation of the research topic up to and including implementation in practice helps to improve and accelerate the quality cycle. The ultimate result is that patients benefit from the research results as quickly as possible.

1. ZonMw
   Designing the information system
CDO agrees with this recommendation. The accessibility of information, including control information, for those involved in the programming process and the opening up and making available of the knowledge produced are essential for implementation and promoting implementation. ZonMw will elaborate in detail what information is needed and how this information can be made more easily available in an up-to-date system. The point of departure will be transparency and efficient records. The new IT system, which supports the grant programming process, and the ZonMw website will be able to accommodate these aims to a certain extent. Closer cooperation with knowledge users’ information platforms will also be needed.

Increase the results implemented
This recommendation is in line with ZonMw’s key policy priority ‘Enhance impact’ and has ZonMw’s continuous attention. ZonMw’s role is to link practice, policy, research and education. This begins with the practice and policy-based demand management, links with guideline development, promoting multicentre studies to increase support in the field, and seeking links with research and other networks and consortia for disseminating knowledge and scaling up. Linking ZonMw’s information system with the Guideline database of the Federation of Medical specialists (FMS), the Standards of the Dutch College of General Practitioners (NHG) and the Guidelines of Nurses & Carers in the Netherlands (V&VN databank) will promote implementation. Suitable research designs with attention for the context of healthcare practice will also contribute to implementability. The implementation plan and involvement of an implementation expert are already included in the evaluation. In the monitoring phase, the committee will call to account the project leaders, healthcare professionals and providers, insurers and patients involved on the commitments they have made regarding implementation or de-implementation. As regards the recommendation to disseminate results more actively, CDO envisages a role here for ZonMw and the parties involved, starting with the researchers, healthcare professionals and their scientific associations_professional groups, and at the meso level of the care providers too. Ultimately, the practical application of research results is, and will continue to be, the responsibility of the parties in the field.
2. **Patient representatives**

CDO supports the advice to patient representatives to take an active role in the setting up and implementation of research by promoting the use of research results in practice and by giving information about research results to patients. Patient participation is essential and requires further development. The DO programme started off with patient participation in the research selection phase. A patient panel was involved in the evaluation and the patient perspective is represented in the assessing Evaluation of Effects and Costs (EEK) committee and the strategic CDO. Patients will also be involved in the monitoring phase. New challenges for patient representatives are the publication of usable public summaries of research results and patient versions of guidelines. ZonMw will be happy to coordinate these activities with the Dutch Patients’ Federation. ZonMw will consult with the federation regarding the roles the two parties will play. It is clear that a good balance between the added value and the effort patient representatives will have to make to achieve it is paramount.

3. **Care providers**

*FMS and scientific associations*

Since 2013, ZonMw has been aiming at greater involvement of healthcare professionals and cooperation with the FMS to guarantee that research results are incorporated more in guidelines and applied more on the work floor. The challenge is to accelerate the recognisable incorporation of research results in guidelines via the modular updating of said guidelines. The involvement of scientific associations is visible in the room provided for knowledge agendas in the research programming, the intention being that the scientific associations guarantee the implementation of research results in practice. Getting the scientific associations to commit in advance will be challenging. ZonMw supports the recommendation that scientific associations actively inform doctors from as early as the prioritisation of research topics and continue providing information as long as the research is being carried out. The consultations could include guidance in the event of inclusion problems and discussion of the possible consequences of the results for the work floor. Finally, ZonMw also agrees that doctors should be notified of the research results.

*Care institutions*

Hospitals and other care institutions can accelerate the quality cycle at the meso level by helping solve inclusion problems in the research phase. They also have possibilities for informing patients about ongoing research and research results concerning the care available. They can guide and remove any financial obstacles to the rapid implementation of new guidelines. Finally, they are able to deploy research results and best practices when concluding contracts. Among other things, initiatives to incorporate value-based healthcare when concluding contracts are eminently suitable for this. To this end, care institutions must have an understanding of the results of the DO programme and existing best practices, among other things.

If results are to be incorporated in appropriate use guidelines within five years, as agreed in the Outline agreement, guidance at the board and medical staff levels is indispensable. Hospitals could, for example, draw up an annual integrated meso plan with improvement plans to improve efficiency at their institutions.

4. **Healthcare insurers**

CDO supports SiRM’s recommendation to healthcare insurers to play a more active role in the implementation of research results and also in the selection of projects to be approved. If necessary, healthcare insurers can remove obstacles to inclusion problems and promote implementation by making specific purchasing agreements.

5. **The National Health Care Institute**

ZonMw intensified its cooperation with the National Health Care Institute in 2012, in line with the recommendations in the report of the interim evaluation carried out in 2006. The purpose of the cooperation is to promote the use of results from DOs in decisions on packages and in the high-value healthcare programme and to increase the input of relevant research topics from the National Health Care Institute for ZonMw’s programming. ZonMw realises the importance of the National Health Care Institute having an active role in accelerating the quality cycle and promoting appropriate use. Priority should be given to implementing the efficiency knowledge already available.
6. VWS as commissioning party

*Broaden the DO programme*

The committee endorses the recommendation to create room for research into the efficiency of the professional performance at care organisations, to supplement the current DO programme. This development is in line with the ‘Right healthcare at the right place’ movement outlined by the Task force. Healthcare should be close by and as simple as possible and the facilities for larger medical interventions, if they are necessary, can be further away. The substitution and rearrangement of duties can contribute significantly to more efficient performance. The design of the programme so that it is able to adequately answer the questions regarding efficiency and the composition of the related committee require further elaboration.

*Evaluation of targeted rounds*

It is still too early to draw any conclusions regarding the yields of the targeted rounds of healthcare evaluation and provisional acceptance. The impact measurement in the current evaluation report is based entirely on results from the DOs of the open rounds. If required, in three to five years, VWS can give instructions to supplement the current evaluation by evaluating the targeted rounds.

Finally, we would again like to emphasise that CDO is aware of the importance of the quality, accessibility and efficiency of the healthcare Dutch patients receive. The committee endorses the agreements in the Outline agreement on specialist medical care 2019-2022. On the basis of the recommendations in SiRM’s report, and in cooperation with the stakeholders, the committee will further optimise the DO programme to help realise the appropriate use of healthcare.

On behalf of the committee,
Prof. D. Ruwaard
Chair of the Efficiency Studies Committee