Dutch insurers now require cataract surgeons to provide quality data

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The hospitals and surgeons argued that negotiating contracts with different insurers based on different indicators was burdensome — and to the extent that the proposed indicators were not evidence-based, requiring them would serve no useful public purpose.

So in 2005, the Dutch health department and inspection service sat down with the board of hospital directors and the insurance companies and set up a working group to come up with evidence-based external hospital quality indicators. They agreed that once the indicators were identified, they would all use these quality parameters exclusively when negotiating DBC contracts. The Dutch Ophthalmological Society played a key role in ensuring the measures were suitable and workable. "It was a great step forward," Dr Henry notes.

While this year's quality indicators are limited, the requirement that surgeons submit data on all cases to an outcomes database lays the groundwork for future refinements. The Dutch Ophthalmological Society set up the database in late 2006, and surgeons all across the country may soon submit data online.

The database could eventually be used to establish outcomes norms to be used in contract negotiations. Additional indicators based on clinical and practice processes may also emerge as the hospitals and surgeons negotiate future agreements.

Dr Henry has no illusions about the government's ultimate motive: "The government wants to improve efficiency because we like it and it helps improve quality, but because our government is pushing very hard for negotiations on outcomes. To have these discussions you have to have data to make your case."

"We collect data not only because we like it and it helps improve quality, but because our government is pushing very hard for negotiations on outcomes. To have these discussions you have to have data to make your case. Otherwise, they will tell you what is good and bad, and you have no say." — Ype Henry, MD

Dr Henry says. Current economic incentives push doctors to increase volume with little regard for patient care. "The time we spend with patients is not being measured in the quality of the product. You can only scrape out the money and the time with the patient so much. You cannot squeeze the lemon any more if there is nothing left in it."