Response to the letter to the editor regarding

Citation for published version (APA):

Westra, D., Wilbers, G., & Angeli, F. (2017). Response to the letter to the editor regarding: Stuck in the middle? A perspective on ongoing pro-competitive reforms in Dutch mental health care. *Health Policy*, 121(1), 96-97. <https://doi.org/10.1016/j.healthpol.2016.11.001>

Document status and date:

Published: 01/01/2017

DOI:

[10.1016/j.healthpol.2016.11.001](https://doi.org/10.1016/j.healthpol.2016.11.001)

Document Version:

Publisher's PDF, also known as Version of record

Document license:

Taverne

Please check the document version of this publication:

- A submitted manuscript is the version of the article upon submission and before peer-review. There can be important differences between the submitted version and the official published version of record. People interested in the research are advised to contact the author for the final version of the publication, or visit the DOI to the publisher's website.
- The final author version and the galley proof are versions of the publication after peer review.
- The final published version features the final layout of the paper including the volume, issue and page numbers.

[Link to publication](#)

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal.

If the publication is distributed under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license above, please follow below link for the End User Agreement:

www.umlib.nl/taverne-license

Take down policy

If you believe that this document breaches copyright please contact us at:

repository@maastrichtuniversity.nl

providing details and we will investigate your claim.

Letter to the Editor

Response to the letter to the editor regarding: Stuck in the middle? A perspective on ongoing pro-competitive reforms in Dutch mental health care

A rigorous discussion regarding the implications of reforms in (Dutch) mental health can provide invaluable insights to policymakers, researchers, and professionals and guide the design of appropriate policy measures. We therefore thank Mosca [2] for engaging in such a discussion through the letter to the editor regarding our recent Health Reform Monitor paper [1]. In her letter to the editor Mosca [2] argues that our analysis has overlooked some positive developments in the Dutch mental health sector brought about by recent reforms, such as (1) the space for private actors to improve service transparency and efficiency through the collection of data, introduction of DTCs, and development of protocols and guidelines as well as (2) improved accessibility of mental health services in the form of reduced wait times and service provision by specialized practice nurses (*praktijkondersteuner GGZ*). Mosca [2] furthermore argues that the Herfindahl-Hirschman Index (HHI) is not a correct measure to assess the competitiveness in a market.

Starting with the latter, the HHI of the insurance market is used as an illustration of the fact that the insurance market is highly concentrated and that insurers could thus potentially possess bargaining power. Although some debate exists about the specification of market boundaries in health care [3], the HHI is not only a widely used and accepted measure of market concentration in academic research, but also serves as the primary indicator of the Dutch anti-trust authority to assess the degree of competition in a market [4]. The measure is a sum of the squared market share of all insurers in a market [5] which treats all insurers equally. Mosca [2] claim that it assigns a disproportionately large weight to large insurance firms is thus incorrect. The weighted average market share to which Mosca [2] refers has indeed been suggested as an alternative way to measure market concentration [3] and the health authority presents it as an indication of insurer's bargaining power vis-à-vis providers in specific geographical markets [5]. However, the health authority also indicates

that the HHI at national level is most relevant to determine concentration [6]. Nonetheless, the weighted average market share of 34% indicates that, on average, 3 insurers are active in any geographical market. This generates similar conclusions as the HHI measures, namely that the insurance market is concentrated. However it lacks detailed information about the division of those market shares in specific geographical markets, which the HHI measure at province level, to which we refer in our original paper, does contain. Lastly, although the concentration of the insurance market (and subsequently the HHI measure) does indeed slightly decline in 2015, this is due to increasing market share of smaller insurers and is in fact perceived as a signal of the contestability of markets [5].

Regarding Mosca's [2] first observation that the mental health reforms have triggered several developments geared towards improving efficiency and that these should generally be seen as positive, we agree. However, Mosca [2] describes these developments as a result of the pro-competitive reforms. Instead, we view them as prerequisites and antecedents of these reforms. Enthoven [7] defines the concept as rules for competition based on micro economic principles to reward health plans which do the best job of improving quality, cutting cost, and satisfying patients. Naturally, the phenomenon can only occur amongst private actors (i.e. providers and purchasers) which seek to improve efficiency and are rewarded for it in the form of additional subscribers (in the case of health insurers) or being selectively contracted by purchasers (in the case of providers). While the introduction of DTCs indeed allows for a better understanding of services provided, practice differences, and control on expenditures as Mosca [2] points out, these are not unintentional results of managed competition but are the very foundation on which the concept of managed competition is built. As such, they cannot be considered as an inadvertent result, but rather as a starting point to implement managed competition.

Improved access, as is Mosca's [2] second observation, can indeed be seen as a positive consequence of pro-competitive reforms in the sense that they can be perceived as a component of a service's quality and reduced access time can thus be perceived as a quality improvement. Yet, it should be noted that the Dutch Health Authority, which Mosca [2] references, concludes that while the average waiting time (i.e. the time between the intake consultation and start of the treatment) is roughly 50% below the

DOI of the original article: <http://dx.doi.org/10.1016/j.healthpol.2016.10.012>.

norm, the average access time (i.e. time between making oneself known to the provider and the first intake consultation) exceeds the norm by roughly 40% for adult as well as child and youth mental health [8]. These can however vary depending on the specific condition. The health authority also points out that these observations are based on self-reported data by mental health providers and that more accurate and detailed patient-level data will not be available for another two years [9]. Some gaming by providers is therefore possible in the sense that access and waiting time can be reduced or prolonged to the expense or gain of the other. Furthermore, the number of mental health care patients treated in primary care settings has greatly increased over the past few years and we recognize the role of the specialized mental health nurse in improving access in this regard [8]. However, the health authority notes that the sharp increase in utilization of primary mental health services is possibly partially driven by financial rather than care-related motives [8]. We are hence cautious in interpreting both findings and hesitant to conclude that access has improved. Lastly, we stress that access time is only one component of quality of care and should be considered in combination with other indicators.

In our original Health Reform Paper [1], we make two arguments which by no means intend to portray pro-competitive reforms as an inherently negative development nor as a solely positive one. The first is that managed competition is a method to optimize value for patients (i.e. the best health outcomes (i.e. quality) for the money spent [10]) and that when actors are unable to adequately assess quality their only option is to focus on costs reduction. As Mosca [2] rightfully acknowledges, measuring quality of care is no easy task in any part of the healthcare sector and it is perhaps hardest in mental health care. That does not however, warrant omitting it from the equation. Our second point is that such focus on short term cost reduction, combined with the rapid pace of the reforms in the sector, force providers to resort to short term cost-cutting methods rather than being able to adequately reconfigure their value proposition. We agree with Mosca's [2] observation that the reforms have unleashed new developments worth monitoring and evaluating, one which has displayed positive as well as negative signs along the way but which ultimately aims to maximize patient's welfare. It remains to be seen whether the reforms will succeed. We however stand by our point that the chances of achieving positive outcomes will increase by addressing the points highlighted in our analysis. Hence, pro-competitive reforms can lead to the desired effect only

by means of a balanced market that allows for appropriate negotiation and through the implementation of gradual changes, able to foster the necessary investments in innovation and business model renovation on the providers' side.

References

- [1] Westra D, Wilbers G, Angeli F. Stuck in the middle? A perspective on ongoing pro-competitive reforms in Dutch mental health care. *Health Policy* 2016;120:345–9.
- [2] Mosca I. Letter to the editor regarding: Stuck in the middle? A perspective on ongoing pro-competitive reforms in Dutch mental health care. *Health Policy* 2016;121:94–5.
- [3] Gaynor M, Town RJ. Competition in health care markets. National Bureau of Economic Research; 2011.
- [4] Vektis. Zorgthermometer. Verzekerden in beweging 2012. Zeist, the Netherlands: Vektis; 2012.
- [5] Nza. Marktscan van de zorgverzekeringsmarkt 2015. Utrecht, the Netherlands: Nederlandse Zorg Autoriteit (Dutch Healthcare Authority); 2015.
- [6] Nza. Overzicht reacties externe consultatie Marktscan Zorgverzekeringsmarkt 2015 Deel B. Utrecht, the Netherlands: Dutch Health Authority (Nederlandse Zorg Autoriteit); 2016.
- [7] Enthoven AC. The history and principles of managed competition. *Health Affairs* 1993;12:24–48.
- [8] Nza. Marktscan ggz 2015 Deel A. Utrecht, the Netherlands: Nederlandse Zorg Autoriteit (Dutch Healthcare Authority); 2016.
- [9] Nza. Bijlage bij Marktscan GGZ 2015 Deel A. Bronnen, methoden en extra tabellen en figuren. Utrecht, the Netherlands: Nederlandse Zorg Autoriteit (Dutch Healthcare Authority); 2016.
- [10] Porter ME. What is value in health care? *New England Journal of Medicine* 2010;363:2477–81.

Daan Westra*

Department of Health Services Research,
Faculty of Health, Medicine and Life Sciences,
Maastricht University, Duboisdomein 30,
6229 GT Maastricht, The Netherlands

Gloria Wilbers

Mondriaan Mental Health Foundation,
Kloosterkensweg 8, 6419 PJ Heerlen, The
Netherlands

Federica Angeli

Department of Health Services Research,
Faculty of Health, Medicine and Life Sciences,
Maastricht University, Duboisdomein 30,
6229 GT Maastricht, The Netherlands

* Corresponding author.

E-mail addresses:

d.westra@maastrichtuniversity.nl

(D. Westra), g.wilbers@mondriaan.eu

(G. Wilbers),

federica.angeli@maastrichtuniversity.nl

(F. Angeli)