

In hoeverre compenseren de morbiditeitscriteria in het vereveningsmodel voor geestelijke gezondheidszorg voor subgroepen met een mentale chronische aandoening?

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Methode

5 stappen:

1. Simulatie van het risicovereveningsmodel

OLS regressie

Verklaarkracht van risicokenmerken -> R kwadraat (R^2) + Cummings Prediction Measure (CPM)

2. Identificatie van relevante subgroepen

3. Berekening van % dat wordt geïdentificeerd door de morbiditeitsindicatoren

4. Berekening van gemiddeld financieel resultaat subgroepen (geïdentificeerd/ niet geïdentificeerd)

5. Gevoeligheidsanalyse

Table 4. Chronic mental diseases in the Nivel-PCD dataset.

Variable	Description
P28	Functional limitation/disability due to mental illness
P70	Senile dementia/Alzheimer's
P72	Schizophrenia
P80	Personality/character disorder
P85	Mental retardation/intellectual disability

Source: Nivel. (2022).

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Resultaten

- Identificatie door de morbiditeitsindicatoren
 - DCG = diagnose-kostengroepen ggz
 - PCG = farmacie-kostengroepen ggz
 - MYHC = meerjarig hoge kostengroepen ggz

Table 7. Percentage of individuals picked up by the morbidity indicators in the RE model for mental care.

	Picked up by DCG, PCG and/or MYHC	Picked up by DCG	Picked up by PCG	Picked up by MYHC
At least one chronic mental disease	44.2%	27.5%	23.0%	36.2%
Functional limitation/disability due to mental illness	34.0%	18.2%	16.8%	26.5%
Senile dementia/Alzheimer's	21.7%	9.4%	10.9%	14.0%
Schizophrenia	81.4%	66.0%	64.7%	70.6%
Personality/character disorder	57.3%	36.2%	26.3%	49.1%
Mental retardation/intellectual disability	28.4%	15.3%	14.7%	21.4%

Note. Table relates to the Health Insurance Act population of 18 years and older in the weighted dataset.

DCG=diagnose-based cost groups, PCG=pharmacy-based cost groups and MYHC=multiple-year high-costs groups.

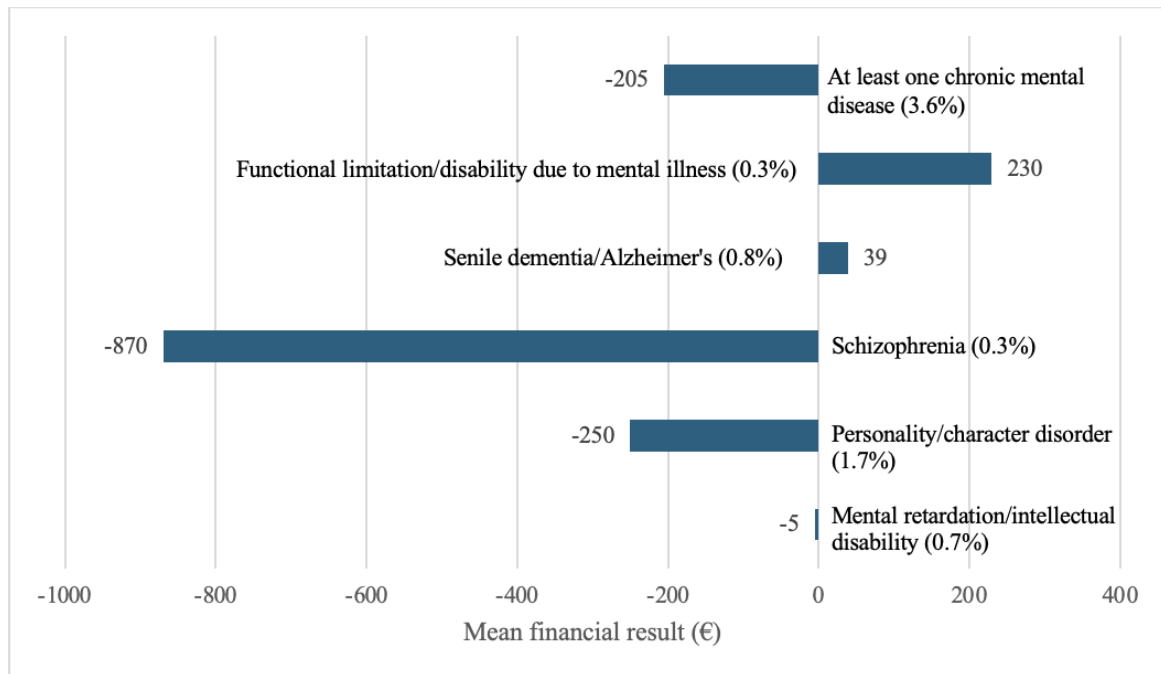
Key finding: de morbiditeitsindicatoren hebben de grootste bijdrage aan het identificeren van schizofrenie en de kleinste bijdrage aan dementie/Alzheimer.

MYHC heeft over het algemeen de grootste bijdrage aan identificatie van subgroepen.

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Resultaten – gemiddeld financieel resultaat subgroepen

Figure 4. Mean financial result for subgroups with a chronic mental disease.



Note. The mean financial result per individual is calculated as the mean predicted spending per person per year minus the mean actual spending per person per year. Figure relates to the Health Insurance Act population of 18 years and older in the weighted dataset. The prevalence of the subgroups is shown between the brackets as a percentage of the Health Insurance Act population of 18 years and older.

Key finding: sommige subgroepen zijn gemiddeld gezien onder gecompenseerd en sommige worden overgecompenseerd.

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Resultaten – gemiddeld financieel resultaat subgroepen (niet) opgepikt door de morbiditeitsindicatoren

Table 8. Mean financial result for subgroups with a chronic mental disease (not) picked up by DCG, PCG and/or MYHC.

	Picked up by DCG, PCG and/or MYHC			<u>Not</u> picked up by DCG, PCG and/or MYHC		
	Prevalence	Mean actual spending	Mean financial result	Prevalence	Mean actual spending	Mean financial result
At least one chronic mental disease	1.6%	€4870	-€187	2.0%	€211	-€220
Functional limitation/disability due to mental illness	0.0%*	€2344	€928	0.1%	€98	-€130
Senile dementia/Alzheimer's	0.2%	€709	€823	0.7%	€74	-€178
Schizophrenia	0.3%	€10434	-€717	0.1%	€1600	-€1538
Personality/character disorder	1.0%	€4536	-€310	0.7%	€298	-€169
Mental retardation/intellectual disability	0.2%	€3750	€500	0.5%	€106	-€205

Note. The mean financial result per individual is calculated as the mean predicted spending per person per year minus the mean actual spending per person per year. Table relates to the Health Insurance Act population of 18 years and older in the weighted dataset. The proportion of the subgroups is shown as a percentage of the Health Insurance Act population of 18 years and older. DCG=diagnose-based cost groups, PCG=pharmacy-based cost groups and MYHC=multiple-year high-costs groups.

*0.04%.

Key finding: subgroepen die wel geïdentificeerd worden, worden in mindere mate ondergecompenseerd dan subgroepen die niet geïdentificeerd worden.



Resultaten – relatieve maatstaf

Table 9. Relative measure performance RE model.

	Mean financial result without RE	Mean financial result with RE	Decrease in financial result with RE compared to without RE
At least one chronic mental disease	-€862	-€205	76.2%
Functional limitation/disability due to mental illness	-€2270	€230	89.9%
Senile dementia/Alzheimer's	-€212	€39	81.7%
Schizophrenia	-€8791	-€870	90.1%
Personality/character disorder	-€2725	-€250	90.8%
Mental retardation/intellectual disability	-€1142	-€5	99.6%

Note. RE = risk equalization. The relative measures are calculated with formula 4. Table relates to the Health Insurance Act population of 18 years and older in the weighted dataset.

Key finding: voor alle subgroepen lijkt het RE model relatief goed te presteren.

Side note: toch is er voor veel subgroepen nog sprake van onder/overcompensatie

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Resultaten – gevoeligheidsanalyse

- Vergelijking mijn bevindingen met OLS regressie vs uitkomsten RE model 2025
- Voor de meeste subgroepen liggen deze dicht bij elkaar
- Grotere ondercompensatie voor niet geïdentificeerde subgroepen

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Aanbevelingen en conclusie

- Prikkels voor risicoselectie
- Verbeteringen morbiditeitsindicatoren
- Meer subgroepen

- Morbiditeitsindicatoren
- Tekortkomingen RE model ggz

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