Summary

Health Council of The Netherlands. Towards evidence based supervision. Research into the effects of supervision by the Dutch Health Care Inspectorate. The Hague: Health Council of the Netherlands, 2011; publication no. 2011/03

Request for advice

In recent decades there has been an increase in the extent of health care supervision and society's interest in this subject. The introduction of market forces, privatisation and increasing transparency in health care play a role in this, as does the need to control risks and prevent any incidents. The Dutch Health Care Inspectorate (IGZ) supervises the implementation of twenty-five laws by eight hundred thousand care providers and three thousand institutions. They have to provide supervision which enables citizens to have confidence in the quality of health care, without doing so in such a way that places an unnecessary inspection burden on institutions.

Along with increased interest in supervision, interest has also grown in research into its effects. Information on the effects of supervision may help the Dutch Health Care Inspectorate to make choices and further improve its working methods. Research may also provide society with information on how successful supervisory activities have been. In spite of this, little is known about the effectiveness of the supervisory activities of the Dutch Health Care Inspectorate. The Minister of Health, Welfare and Sport therefore requested the Advisory Committee on Health Research (RGO) to produce an advisory report on research into the effects of the supervisory activities of the Dutch Health Care Inspectorate. The Minister requested a review of the national and international scientific literature,

asked for a reflection on the extent to which it is possible to conduct research into the effects of supervision and inquired as to what would be required to set up and develop a research programme.

Method

To investigate which scientific studies have been conducted into the effects of supervision, the Committee reviewed national and international scientific literature and consulted experts in this research field. To assess the extent to which the effects of supervisory activities are actually able to be researched, five case studies were performed that collectively provided a good, representative impression of the various dimensions of the Dutch Health Care Inspectorate's supervisory activities. The Committee also organised an invitational conference, at which it exchanged ideas on the relevance of possible research topics with experts from groups encompassing care providers, health care managers, representatives of patient organisations and researchers. Finally, the Committee spoke with Dutch Health Care Inspectorate employees (i.e. inspectors, chief inspectors, researchers, staff and management) about relevant questions for research and a suitable infrastructure.

Researchability

The Dutch Health Care Inspectorate's supervisory activities may involve simple matters, such as distributing a circular, but they usually encompass an arsenal of measures for achieving improvements in health care. Supervisory activities may have effects on the quality of care and on public health.

Experimental research is the most powerful way of demonstrating the effects of supervision, but it is not possible in many cases. This inability to perform experimental research is sometimes a result of costs or other practical or ethical objections. However, a combination of other quantitative methods with qualitative research may also be useful.

In particular, research designed on an *ex ante* basis (i.e. preceding the supervisory activity) offers fruitful opportunities for obtaining information on the effects of supervising the care process and public health. Using an *ex ante* design, the effects of simple activities can be readily evaluated. Under certain conditions, the effects of complex supervisory activities can also be assessed. The utility of *ex post* research (i.e. when the supervisory activity has already taken place) is limited. An experimental or quasi-experimental design is usually no longer possible, and there is often a lack of reliable information on the aims,

intended effects, relevant effect measures and possible confounding factors relating to supervisory activities. Nevertheless, the desired effects of simple supervisory activities on the quality of care can sometimes be measured in an *ex post* manner, such as by means of interrupted time series analysis. Using *ex post* methods, the effects of complex supervisory activities on the quality of care and on public health cannot be readily measured. However, studies of this kind may provide information on the working mechanism of supervisory activities and may be helpful in the formation of theories and hypotheses.

For both *ex ante* and *ex post* effect measurements, it is important to clearly define the underlying problem, the intended aims and the effects of the supervisory activity. This can be done, for example, on the basis of a policy-based theoretical analysis.

Relevance of questions for research

The Committee has identified six criteria to select relevant research questions:

- the size of the public health problem
- the degree to which trust in health care is involved
- the extent of the supervisory activity concerned
- the burden on those under supervision
- the possibility of generalising the research results and
- the practical applicability of the research results.

When weighing these criteria, added value may be found in the perspectives stemming from citizens, policy, politics and the care providers who are inspected. Research topics specifically mentioned at the invitational conference included the effects of the supervision of incidents, the effects of the various methods of risk detection and the undesirable effects of supervision, especially in the form of the administrative burden on the care providers who are inspected.

Infrastructure for evidence based supervision

A review of the Dutch and international scientific literature showed that research into the effects of supervision is still in its infancy. To the best of our knowledge, no quantitative effect studies have been performed. However, a few qualitative studies have been conducted in Australia, the United States and the United Kingdom. Three doctoral research projects into the effects of supervision recently started in the Netherlands.

Systematic research into the effects of supervision requires a specific knowledge infrastructure. On the one hand, there is a need for long-term interaction between the Dutch Health Care Inspectorate, researchers and care providers. The establishment of an Academic Collaborative Centre seems to be a good way of bringing together the practical experience of inspectors and scientific knowledge. On the other hand, there is also a need for researchers who consider things along with the Dutch Health Care Inspectorate from a healthy distance and, if necessary, call for discussion, apply pressure, and formulate contrary, creative and innovative research questions. Open competition between researchers is a suitable instrument for encouraging this.

Recommendations

Research into the effects of the Dutch Health Care Inspectorate's supervisory activities is first and foremost a matter for the Dutch Health Care Inspectorate. The Dutch Health Care Inspectorate is well aware of this, as is evident from its 'Evaluation programme for the supervision of public health, health care and medical products'. In the light of this, the Advisory Committee on Health Research has formulated the following recommendations:

1 Aim for a culture of testability in the Dutch Health Care Inspectorate

Such a culture can provide the basis on which the effects of the supervisory activities can be examined and the results can be implemented in the Inspectorate's practice.

2 Establish a long-term research programme with sufficient focus and mass

The research programme should take researchability and the relevance of possible research questions into account. The Dutch Health Care Inspectorate should involve other supervisory authorities, researchers, patient organisations and care providers when establishing this research programme.

3 Allocate grants in the research programme on the basis of open competition between researchers

The Netherlands Organisation for Health Research and Development (ZonMw) can be assigned responsibility for the research programme's implementation under the direction of the Dutch Health Care Inspectorate. Research groups that

obtain a grant in open competition will then participate in the Academic Collaborative Centre.

4 Establish an Academic Collaborative Centre

An Academic Collaborative Centre ‘Effects of the Dutch Health Care Inspectorate’, in which the Dutch Health Care Inspectorate cooperates with external researchers, would be a good way to link science, the practice of supervision and education. The entire Dutch Health Care Inspectorate, including its senior staff and academy, should be involved.

5 Invest at least three million euros over four years to promote research on the effects of the Dutch Health Care Inspectorate’s supervisory activities

The Advisory Committee on Health Research is of the opinion that EUR 500,000 will be required to establish the Academic Collaborative Centre. At least EUR 2,500,000 will be needed to develop a research programme with sufficient mass to enable the prospect of a fruitful continuation after four years.