

**Translation of an article by Kees Vermeer, a science journalist, [published in 'De Oogarts'](#) on 16 December 2022.**

*A glossary of the Dutch organisations referenced in this article can be found at the end.*

## **Right Eye Care in the Right Place: major challenges in national rollout of the programme in ophthalmology**

*Behind the scenes, the Dutch Ophthalmology Association (NOG) and the Optometrists Association of the Netherlands (OVN) are hard at work on the national rollout of Right Eye Care in the Right Place (Juiste Zorg op de Juiste Plek - JZOJP) in ophthalmology. OVN president Gabriëlle Janssen and NOG board member Irene van Liempt discuss the challenges of the national rollout: case-mix aggravation, quality assurance and reimbursements are key concerns.*

Several parties are working on scaling up Right Eye Care in the Right Place (JZOJP) for eye care nationwide in the Netherlands. These include the NOG, the OVN, the Federation of Medical Specialists (FMS), health insurers, the Dutch Healthcare Authority (NZa), the Patient Association and the Ministry of Health, Welfare and Sport (VWS).

OVN president Janssen comments: 'Because all parties see the need for national JZOJP, the discussions with each other are positive. We are all pointing in the same direction, but now we need to explore how to achieve the next steps.'

For the NOG, JZOJP is currently one of the biggest issues. As NOG board member and chair of the Professional Interests Committee (BBC), ophthalmologist Irene van Liempt is on top of the JZOJP file. Although some local JZOJP initiatives are running well, she says it is not yet possible to roll out a national approach. 'First, national agreements need to be made, including on the payment title and quality assurance of optometric care. That takes a lot of time.'

### **Quality criteria**

To ensure the quality of eye care when JZOJP is implemented nationwide, the OVN formulated quality criteria for optometrists in 2020. They have done this in consultation with the Health Insurance Association (ZN), the NZa, the NOG and the Patient Association. Two of the main criteria are mandatory registration of optometrists in the quality register for paramedics and inspection by peer review in accordance with a standards report. Meanwhile, the inspections have started and the

OVN has drafted a new professional profile for optometrists. 'Guidelines are also being developed, such as last year's guideline for file management,' Janssen says.

They recently presented the OVN's 2020 quality criteria to the Ministry of Health and Zorginstituut Nederland (ZIN). Janssen notes: 'There was a positive response to that. We did have lively discussions about organising this in opticians' shops, where many optometrists work. After all, we will possibly offer care there that is reimbursed by health insurance. The client then comes to an optician's shop for care, but also to buy new glasses. This may expose them to commercial incentives. We need to organise this properly, together with optician retailers. Discussions on this are ongoing. Separation of care and commerce is included in the code of conduct and is also one of the test points in the inspections.'

### **Case mix enhancement**

Van Liempt stressed that attention should also be paid to compensating for the case-mix increase resulting from the planned task reallocation. By shifting simple care, ophthalmologists' consulting hours will be filled with patients requiring complex care and this should be factored into the time for the patient and also the fee for the consultation. 'Already many ophthalmologists are going to work a day or half-day less to cope with the workload. The BBC's survey of departmental representatives shows that burnout occurs regularly. That creates little room for developing new initiatives.'

Furthermore, it is crucial for the NOG that JZOJP projects in ophthalmology are about substitution of care. This is necessary because there will be no growth in medical-specialist care from the government, despite a growing demand for care. Van Liempt explains that JZOJP initiatives are sometimes not seen as an opportunity to curb the growing demand for care, but as a way to cut costs in the hospitals. Van Liempt: 'We get signals that JZOJP initiatives result in budget cuts. Then, of course, you miss the mark. We do this precisely to meet the demand for care and to keep eye care accessible. Until it is clear whether the budget should come from primary care (optometrists working in optician shops and general practitioners) or secondary care (hospitals), this remains a tricky issue.'

### **Boundaries not always clear**

The rollout of JZOJP will require by all parties to get used to changes. This includes GPs, who may refer patients to an optometrist in the future. However, it is important to have in place clear agreements about which patients the optometrist can see. Janssen: 'Together with ophthalmologists, we are going to carry out an overview in the coming months: up to what point does the optometrist's care go and when does the ophthalmologist take over? We want to document this accurately and we

really need to do this together because the boundaries are not always clear as to when someone needs to be referred. The patient also has an important voice in this. With cataracts, for example, someone may have reasonable vision but experience many problems, or, on the contrary, only moderate vision but few issues. If, in this particular example, we make agreements for referral on the basis of vision alone, that would be too short-sighted and we would not be doing right by the patient.'

In addition to agreements on the division of care tasks, Janssen says that agreements should also be made on reimbursement for the care provided by the optometrist. Consultations with an optometrist in primary care are currently not reimbursed by health insurance. This hampers the accessibility of care, says Janssen.

Janssen and Van Liempt are both positive about the national roll-out of JZOJP in eye care. Janssen: 'I hope that I myself can get good care when I am old. I think a different model of delivery of care will help prevent avoidable blindness and poor vision. For the patient, a treatment option is added outside the hospital and therefore closer to home. GPs, optometrists and ophthalmologists become jointly responsible for all patients with eye problems.'

*I.L.A. van Liempt is an ophthalmologist at Amphia in Breda. She is a board member of the NOG and president of its Professional Interests Committee (BBC).*

*G. Janssen is president of OVN. Both intra- and extramural, she has studied various aspects of optometry and the management of ophthalmology departments. She works as a consultant and optometrist in several Dutch ophthalmology centres.*

### **Statement from NUVO**

The Dutch Union of Opticianry Companies (NUVO) is aware that the roll-out of JZOJP in ophthalmology is imminent. The NUVO is the opticians' employers' organisation and represents a large proportion of all opticians' shops in the Netherlands. Chairman Norbert Hofstede explains that the trade association endorses the JZOJP model and is keen to contribute to optimising eye care in the Netherlands. 'Most optometrists in the Netherlands are employed by our members. There are currently professional consultations between the OVN and the NOG on task reallocation. As NUVO, we have not been involved in this. As soon as the implementation of JZOJP is discussed, we would like to come to the table. Issues such as remuneration, accreditation and visitation are obviously

points on which we, as a business organisation, should represent the interests of our members.' Hofstede explains that the NUVO does not share the possible concerns of the Ministry of Health, Welfare and Sport and the ZiN regarding the need to separate commerce and care. 'The current ongoing pilots show that this need not be a problem. In these, clear agreements have been made that are respected and adhered to by all parties. The NUVO is positive about JZOJP and is ready to join as soon as the substantive talks regarding the implementation of the plan start to take place.'

### **Glossary:**

BBC – Professional Interests Committee of the NOG

JZOJP (Juiste Zorg op de Juiste Plek) - Right Eye Care in the Right Place

NOG ( Nederlands Oogheekundig Congres) – Ophthalmologists Association of the Netherlands

NZa - Dutch Healthcare Authority

OVN - Optometrists Association of the Netherlands

Patient Association – the patients' association for people with eye diseases

VWS - the Ministry of Health, Welfare and Sport

ZiN (Zorginstituut Nederland) - Care Institute of the Netherlands, a governmental body that advises the Ministry of Health to ensure that the basic package of care via health insurance contains care that works at a reasonable price and fits what the patient needs.

Zorgverzekeraars Nederland - Health Insurers Netherlands, the umbrella association for health insurers.