

## Screening for congenital hypothyroidism in The Netherlands 1981-1988

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Screening for congenital hypothyroidism (CH) began nationwide in the first week of January 1981, after positive results were obtained in a trial area (Derksen-Lubsen 1981). Children with CH have low values of thyroid hormone either caused by a defect in the thyroid itself (primary CH) or in the stimulation of the thyroid (secondary/tertiary CH). CH used to be one of the most frequent causes of mental retardation. The prevalence is about 1 per 3.300 screened neonates. Mean development scores of early treated children are in a normal range (Reed et al. 1980).

Most of the children with CH have no symptoms or only non-specific ones in the first weeks of life. Therefore before screening was introduced only 20% of the children with CH were detected in the first month of life (Jonge 1977), compared with 90% to date.

The Dutch Society for Pediatrics has formed a committee representing all parties concerned in the screening procedure. The committee has the task of overseeing the process and the method of screening. The evaluation is carried out by the NIPG-TNO with data collected by the pediatricians, the screening offices ('entadministraties') and the 5 CH-laboratories.

Of the total number of newborns more than 99.5% are screened. In 1982, as a result of the continuous evaluation, the screening method could be adjusted in such a way that the number of children with abnormal test results without having CH (false-positives) decreased by 40% (Meijer 1984).

In 1981 it was generally agreed that screening for primary CH was useful. Whether screening for secondary/tertiary CH was necessary was not a settled point, therefore it was decided to screen for this disease as well and evaluate the results. After 8 years of experience, screening for secondary/tertiary CH is now being reconsidered since the number of false-positives due to screening this group is still relatively high (Vaandrager et al. in press).

In the presentation some alternative screening procedures will be presented.

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*Meijer, W.J.*, Screening op congenitale hypothyreoïdie. Medisch Contact 39 (1984) 471-474

*Vaandrager, G.J. & P.H. Verkerk*, Neonatale screening in Nederland. In: Medisch Jaar 1990. Bohn, Scheltema en Holkema, Utrecht 1990 (in press)

## Change of remuneration, doctors' discretion and substitution

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The way physicians - and in the case of this presentation general practitioners - are paid for their services is an important topic in health policy and health services research. The system of remuneration can be seen as a set of incentives that steers the behaviour of doctors. In this presentation we pose the question as to what the effects are of a change from capitation payment for general practitioner services to a mixed system of capitation and fee for services. More specifically we will analyse for which items of service the changes are greatest, the hypothesis being that the greater changes will be found for those items of service where doctors' discretion is greater, and we will analyse the effects of a change of remuneration on the patient flow to secondary care (substitution of primary care services for secondary care services).

The effects of a change in the remuneration of general practitioners is being studied in the city of Copenhagen. Until October 1987 general practitioners in Copenhagen were paid on a capitation basis, a fixed amount of money irrespective of the number of services rendered. After that time the system changed to a mixed system, consisting of a capitation fee for each patient and fees for basic services, such as consultations, and for additional services in the field of diagnostics and treatment services. Capitation payments amount on average to half the total income

of general practitioners.

To study the effects of the change a group of 75 Copenhagen general practitioners has recorded data on all patient contacts during one week on three successive points in time: half a year before the change, half a year after the change and one year after the change. Data have been recorded on the patient, the consultation, the items of service rendered in the consultation, referrals and the diagnosis.

The first results indicate that the number of consultations, the number of diagnostic services and the number of treatment services have increased, while the number of referrals has decreased. Further analysis is being carried out to find out for which services the increase of frequency is greatest. Doctors' discretion, the amount of freedom in decision making, is indicated by the amount of variation between doctors in diagnosis specific items of service at the first measurement. Multivariate analysis is being used to find out which of the changing elements (consultations, diagnostic services and treatment services) is to what degree responsible for the change in the number of referrals.

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## The influence of socio-economic status on health and the consumption of health care facilities

An analysis of The Netherlands Health Interview Survey (HIS), 1983-1988

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The TNO Institute of Preventive Health Care together with The Netherlands Bureau of Statistics (CBS) initiated a study to analyse the relationships among social class, health status and the consumption of health care facilities.

Data were available from the continuous Health Interview Study (HIS) of the CBS. In this survey interviews were held with a representative sample of the Dutch non-institutional population. Information was collected on the following topics: how