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THE DIGITAL CONNECTION BETWEEN HEALTHCARE AND SOCIAL WELLBEING ORGANISATIONS

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ABSTRACT

Welzijn op Recept is an intervention in which general practitioners refer patients with psychosocial problems to community social wellbeing organisations. The *Landelijk Kennisnetwerk Welzijn op Recept* asked a group of students to conduct research into the current collaboration between general practitioners and social work organisations. The research was conducted from October to December 2021. The qualitative study centred on investigating the key challenges and potential solutions related to the implementation of *Welzijn op Recept*, particularly focusing on existing referral and feedback systems, as perceived by various stakeholders, including General Practitioners, wellbeing coaches, municipalities, health Insurers, and providers of digital referral systems. The participants in this study were selected by the case provider. A total of 15 professionals were interviewed and semi-structured interviews were conducted. This research has shown that the interviewees experienced several bottlenecks in the current process. The results show that the largest bottlenecks currently are the need for a compatible digital referral system,

a lack of familiarity and the need for building a relationship between the general practitioner and wellbeing coach.

KEYWORDS

Welzijn op Recept, social prescribing, social wellbeing, social work, (digital) referral, general practitioner

SAMENVATTING

Welzijn op Recept is een interventie waarin huisartsen patiënten met psychosociale problemen doorverwijzen naar welzijnsorganisaties in de wijk. Het *Landelijk Kennisnetwerk Welzijn op Recept* vroeg een groep studenten om onderzoek te doen naar de huidige samenwerking tussen huisartsen en welzijnsorganisaties. Het onderzoek werd uitgevoerd tussen oktober en december 2021. De kwalitatieve studie richtte zich op het onderzoeken van de belangrijkste uitdagingen en potentiële oplossingen met betrekking tot de implementatie van Welzijn op Recept, met name gericht op bestaande verwijzings- en feedbacksystemen, zoals waargenomen door verschillende belanghebbenden, waaronder huisartsen, welzijnscoaches, gemeenten, zorgverzekeraars en aanbieders van digitale verwijssystemen. De respondenten werden geselecteerd door de opdrachtgever. In totaal werden 15 professionals geïnterviewd. Het onderzoek laat zien dat de professionals verschillende obstakels ervaren in het huidige samenwerkingsproces. De grootste obstakels zijn het ontbreken van een gedeeld digitaal verwijssysteem en een gebrek aan bekendheid met elkaars werk. Het is cruciaal dat huisartsen en welzijnscoaches elkaar leren kennen en een duurzame werkrelatie ontwikkelen.

TREFWOORDEN

Welzijn op Recept, sociaal welzijn, sociaal werk, (digitale) verwijzing, huisarts, samenwerking tussen zorg en welzijn

INTRODUCTION

Between 2020 and 2022, the proportion of care workers who find their workload too high has increased sharply from 39% in 2020 to 44% in 2022 (AZW, 2022). Lack of time is currently a structural problem (Kalsbeek, 2017) and psychological pressure due to the workload is rising at an

alarming rate (De Vroege & Van Den Broek, 2022). The main reason for this increase is a growing demand for healthcare (Strandberg-Larsen, 2011) and a shrinking labour force (RIVM, 2020). The demand is rising due to the double-ageing population in the Netherlands (CBS, 2022) and because of an immediate need to provide care for asylum seekers and refugees (Essink-Bot & Suurmond, 2016). Healthcare costs will continue to rise in the future, partly due to this higher demand for care, but also due to the more frequent use of expensive medical technology and policy changes (RIVM, 2020).

In the light of growing costs and an increasing workload, changes in the organisation of care seem inevitable. In addition, a wider perspective on health, in which the focus is not only on physical complaints, but also on wellbeing and meaning also effect changes. In the Netherlands, an increasing number of health and wellbeing organisations search for ways to collaborate from this wider perspective (RIVM, 2019).

This article presents a research into the collaboration between General Practitioners (GPs) and social workers in the form of an intervention called *Welzijn op Recept* (*Prescribed Wellbeing*). This intervention aims to help patients who experience complaints that originate from social-societal problems. In doing so, the intervention can alleviate the pressure on GP care. *Welzijn op Recept* allows GPs to refer patients to local social wellbeing organisations where the client (former patient) will be guided by a professional wellbeing coach. Since its start in 2011, *Welzijn op Recept* has expanded across the Netherlands and is used in over 30% of all municipalities.

Encountering patients who experience psychosocial complaints, is a day-to-day practice in a GP's office. People with psychosocial problems use GP care more often than other people (Cardol et al., 2004; Smits et al., 2009). The prevalence of patients with psychosocial problems is estimated to be as much as 50% of all consultations in general practice (GGD Atlas Databank, 2012; Walters et al., 2008). These patients are often referred to further medical or psychological care. Since participation in social interventions seems to improve wellbeing effectively for most people with mental health problems (Friedli et al., 2008), this seems unnecessary. The collaboration between GPs and social professionals in *Welzijn op Recept*, could therefore be a promising alternative for medical referrals.

Short communication lines between the GP and social professionals, and control over the referral process are key in the success of the intervention (Suijkerbuijk et al., 2019). An important lack in this

respect is the absence of an overarching referral and feedback system. Different registration systems and ways of feedback are used within health and social care across regions and municipalities. The communication between a GP and wellbeing coach depends on their professional relationship. Digital referral systems are available, for example ZorgDomein, which is used by 95% of all Dutch GPs. In most regions, however, GPs do not have the option to refer patients to social wellbeing organisations, because those organisations mostly use different or no referral system. Therefore, preconditions to properly refer people from primary care to social care, are currently not met.

THE INTERVENTION *WELZIJN OP RECEPT*

Intervening through *Welzijn op Recept* becomes an option when medical causes are ruled out. The GP informs a patient that the symptoms do not have a physical cause and that the best action would be a referral to a social wellbeing organisation. These patients are then supported by the wellbeing coach in selecting and starting a social activity. In the Netherlands, this wellbeing coach is often a trained social worker. By taking part in social activities the wellbeing of the patient increases and consequently the self-image becomes more positive (Heijnders & Meijs, 2019). Ultimately, the goal is that patients regain control of their lives. The wellbeing coach uses a stepwise approach focusing on the preferences of the participant. This approach aims to reinforce the patient's self-efficacy and self-reliance through social activation.

Desired patient journey

The desired patient journey is clarified in Figure 1. Currently the process varies in general between GPs and social wellbeing organisations because a digital referral system, in which these domains are connected, is currently missing.

METHODS

This research focused on investigating the key challenges and potential solutions related to the implementation of *Welzijn op Recept*, particularly focusing on existing referral and feedback systems, as perceived by various stakeholders, including GPs, wellbeing coaches, municipalities, health insurers, and providers of digital deferral systems. The researchers have aimed to clarify the needs of involved parties, the options for referral systems and other bottlenecks in the communication between GPs and social wellbeing organisations.

THE DIGITAL CONNECTION BETWEEN HEALTHCARE AND SOCIAL WELLBEING ORGANISATIONS

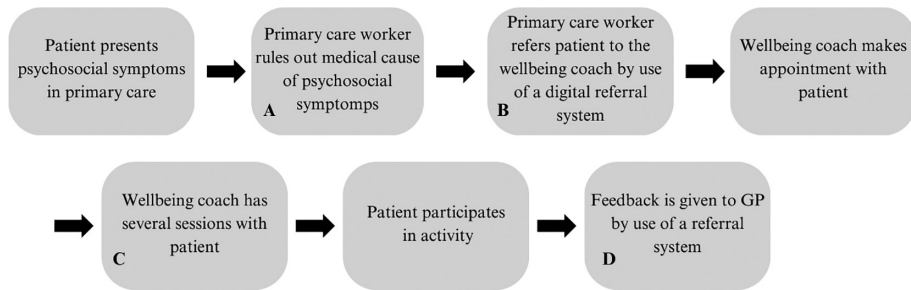


Figure 1: Desired patient journey in Welzijn op Recept, including digital registration moments:

A GP registers the patient referral in GP Information System

B GP refers patient via (digital) referral system

C Wellbeing coach registers the actions taken in their registration system

D GP receives feedback from the wellbeing coach via (digital) referral system.

The research was performed by a group of five International Business students from ZUYD University of Applied Sciences in Maastricht. All group members performed interviews and did research for their respective interview groups. In total, six different groups were interviewed: three social wellbeing coaches, three GPs, three employees from different municipalities, two employees from different health insurers and two coordinators of Welzijn op Recept. GPs and wellbeing coaches play a key role in the Welzijn op Recept process. Therefore, their opinions and experiences were considered the most important data for this research. Moreover, municipalities form an essential part in managing psychosocial issues among their residents. Finally, health insurers have a role as investors and could therefore become relevant when costs are involved.

Apart from these stakeholders, interviews have been conducted to research several digital referral systems available. The team was able to interview representatives from ZorgDomein, VIPLive, Regicare and VECOZO. In total, 15 interviews that took place via online video calls have been recorded and transcribed. Afterward, the transcripts were coded by two members of the research group to ensure validity. All interviewees are experts in their respective fields and have experience with Welzijn op Recept, except the representatives of VECOZO and Regicare.

All interview questions were formulated as open-ended questions, to stimulate an open conversation. The questions for the GPs focused on the familiarity and experiences with Welzijn op Recept, making digital referrals and their wishes and needs for making referrals to a wellbeing

coach. The interviews with the wellbeing coaches and coordinators of *Welzijn op Recept* focused on their how they receive referrals from GPs and how their registration and feedback is organised, as well as their needs for an improved situation. Interview questions for the representatives of the different digital systems were focused on the available features of the systems, costs, and the systems' future. The interview questions, targeted at the employees of municipalities, focused on identifying how *Welzijn op Recept* is implemented within the municipalities, which arrangements are in place with health insurers, and what their perspective is on the current referral process. Lastly, the interviews with health insurers focused on how the cooperation with *Welzijn op Recept* could be improved, to what extent the insurer is involved in referring to social wellbeing, and their perspective on the current referral process to social wellbeing.

RESULTS

The results show the perspectives of various stakeholders on the current situation and on what should be improved. This resulted in the identification of key factors that are important for a successful implementation of *Welzijn op Recept*.

General practitioners

Interviews have been conducted with GPs operating in Schiedam, Aalsmeer and Kerkrade. Each GP interviewed works with *Welzijn op Recept*.

Unfamiliarity of GPs with wellbeing care

In each interview, one major hurdle in the referral process kept coming to the surface; limited familiarity with wellbeing care and *Welzijn op Recept*. GPs are not as used to cooperating with social wellbeing organisations as they are with healthcare. All three interviewed GPs have said that they occasionally forget to refer to *Welzijn op Recept* because preventive or wellbeing care are not the first solutions they think of. They are ill-informed about preventive healthcare and are not sure which capabilities wellbeing coaches have. In this regard, the wish for more training sessions regarding *Welzijn op Recept* was mentioned.

Unfamiliarity of patients with wellbeing care

GPs mentioned that also patients are not aware of social wellbeing care, which results in patients experiencing a high threshold. Especially due to the nature of the patient's complaints, they can

get easily discouraged from committing to a wellbeing coach. GPs mentioned multiple cases where patients dropped out. More promotional materials would be needed to create familiarity within the practice. One of them expressed: "What currently helps me is a *Welzijn op Recept* folder, as it is not something patients usually decide on the spot. They must think about it. A folder helps with that because it simplifies the process."

Patient referral system

When it comes specifically to referring to social wellbeing, a shared digital referral system is desired. Each interviewed GP currently working with *ZorgDomein* said they preferred to continue working with this system because of the quality and user-friendliness. Although every GP expressed their preference to continue with *ZorgDomein*, it did not necessarily mean other systems were ruled out. If there is a system with additional features, such as an easy connection to social wellbeing, they would consider switching. During the interviews, there was no cost awareness on referral systems and which investment this would ask of social wellbeing organisations. The ultimate desire was to have as many features as long as it is available in one digital system. "I am very satisfied with *ZorgDomein*... however, a possibility of referring to social wellbeing is a must."

Furthermore, for the system to be successful, it would need to be linked to the GP Information System and meet the compliance standards for General Data Protection Regulation. Additionally, a feature allowing digital feedback should be available for patient files to be updated accordingly.

Collaboration

GPs indicated that they were often hesitant about collaboration with wellbeing coaches. GPs are not sure to whom they are referring their patients and which consequences this has for a patient's trajectory. There is also a lack of feedback on this trajectory in the current situation. One GP mentioned that a general meeting with GPs and wellbeing coaches is held once every three months, to discuss general matters. The emphasis on the patient's process is however missing. From a GP's perspective this cooperation should be much more focused on patient-specific needs. All interviewed GPs agree that involving the specific patient trajectory in their discussions could improve the relationship and cooperation with the wellbeing coaches.

Two out of three GPs said finding the right sort of care in the social domain is too time-consuming.

A desire from the GPs is to have a central point of entry when they refer a patient to wellbeing care. This point of entry should then function as a link between the GP and the appropriate social wellbeing organisation by linking the referred patient to the right type of care and organisation. This would save GPs a lot of time, as they are able to complete the process directly after the referral has been made.

Wellbeing coaches

The interviewed wellbeing coaches are working with *Welzijn op Recept* in the regions: Land van Cuijk, Goerree-Overflakkee and Amstelland.

Referral system

All three coaches had similar approaches to the referral process, but their tools and methods differed. Two of them used *VIPLive* and one coach didn't use a referral system. Both coaches using *VIPLive* were very satisfied with the system. According to them, it improved the process by making referrals less time-consuming and more accessible to GPs. *VIPLive* also enabled GPs to quickly access feedback and improved the automatization of *Welzijn op Recept* referrals, because *VIPLive* was connected to the GP Information System. This connection increased the number of referrals to the wellbeing coach. One interviewee used secured emailing to receive referrals. This method got the job done; however, her organisation was looking to adopt *Zorgmail* for referrals, because they expect this will improve the process for GPs. All three coaches agreed that *Welzijn op Recept* should be made as easy and accessible as possible for GPs, favouring the use of a referral system over manual referrals.

Client trajectory

Wellbeing coaches work with digital or manual client registration systems. Client progress and information can be shared and saved in a digital registration system which offers a few opportunities. Clients are not bound to one wellbeing coach; colleagues can substitute each other when they have access to information about the client's progress through the system. Furthermore, a digital registration system saves time for the wellbeing coach as it automates processes, e.g., linking the information to a digital referral system. However, this condition is not as important for every wellbeing coach, as it is for GPs. One coach didn't use any type of digital registration system and preferred to manually enter patient information into excel files or a physical folder instead.

Collaboration

The wellbeing coaches had very similar experiences with adopting and optimising the *Welzijn op Recept* process. It proved to be extremely difficult for wellbeing coaches to build a connection with new GPs, as GPs were hesitant to meet and get informed about *Welzijn op Recept*. The coaches mentioned that this was due to a lack of understanding about what wellbeing organisations have to offer. "I tried to contact a GP practice, but they were still very hesitant about *Welzijn op Recept*: don't you just sit there fishing in my pond, as if we were competitors."

Each one of the wellbeing coaches needed support from regional GP care groups to be successful in convincing GPs to start working with *Welzijn op Recept* during its early stages. All three coaches expressed the need to create more familiarity with the intervention and build a personal relationship with local GPs. Another need was to increase cooperation between social wellbeing organisations within a municipality. Coaches hope that with increased cooperation, social wellbeing has greater resources available to offer GPs.

Feedback

Another key factor for wellbeing coaches was the importance of feedback and regular contact between GP and coach. All GPs indicated to the coaches that they would only make referrals when feedback on their patients' process is provided. All three coaches had conversations with GPs on the preferred ways of communicating feedback. Some topics discussed were the conciseness of the feedback, what medium to use and in what stages of the process to provide feedback to the GP. All coaches explained that making agreements with GPs about the cooperation within *Welzijn op Recept* is crucial for a proper implementation of the intervention.

Ongoing referrals

All three coaches agreed that continuously drawing the GP's attention to *Welzijn op Recept* is another factor for success. They all think the major bottleneck, preventing the widespread use of the intervention, is that GPs often forget *Welzijn op Recept* as an option for their patients. They feel they do not nearly receive as many referrals as potentially possible, and they all notice an increased number of referrals shortly after having information and feedback sessions with GPs. Especially sharing patient cases seem to interest GPs and increase their willingness to refer. When GPs are reminded about the intervention, they more regularly consider it as a suitable solution for patients.

“We have yearly reflection moments, and these often function as inspiration. Everybody is involved; GPs, *Welzijn op Recept* coordinators, the municipalities, and the coaches... This was a very inspirational evening, and after that, you see that the referrals come flooding in.”

Promotion of the intervention

Coaches would like to have more resources for promoting *Welzijn op Recept*. Flyers, posters, and information on the intervention could increase the trust GPs have in the capabilities of social wellbeing organisations and bring *Welzijn op Recept* to the attention of patients more professionally. This relates to the findings in the GP interviews, where it was discovered that patients can be hesitant to join the program. A more professional presence in the medical field could help overcome this bottleneck.

Employees of municipalities

Several representatives of the municipalities Alphen aan de Rijn, Aalten and Amsterdam were interviewed. All the representatives were actively involved in the implementation process of *Welzijn op Recept*.

The municipalities face various societal challenges to maintain the overall social wellbeing of their residents. *Welzijn op Recept* is one of the organisations that provides support and enables information sharing on preventive healthcare. All interviewees agreed that there should be an appropriate national system in place to overcome current hurdles in the domains of health and social care. They mentioned they would be satisfied when the referral process is effective and efficient for the parties involved, and assessment of the effectiveness of the intervention is made possible. Municipalities feel that a co-finance between health insurers and municipalities would be ideal for financing a steep increase in *Welzijn op Recept* referrals. They do not have the funds to finance this increase on their own and their reasoning is that the intervention is beneficial because it prevents patients from seeking healthcare when other options are more effective. Currently, there are no clear agreements between the municipality and health insurers. Some limited cooperation exists on substantive projects that could include *Welzijn op Recept*, but no concrete agreements have been made about who should be responsible for funding or carrying out these projects effectively. A matter that complicates this discussion is that also municipalities noted differences in how social wellbeing organisations register information and client progress, which makes it impossible to properly assess the effectiveness of *Welzijn op Recept*.

Health insurers

During both interviews, the urgency for an intervention such as *Welzijn op Recept*, surfaced. The representatives of health insurers indicated that the cooperation between healthcare professionals and the social domain must improve. Most healthcare professionals seem unaware of what professionals in other domains can offer and it is necessary to investigate the differences in occupational language and culture between healthcare and the social domain. Furthermore, they believed that infrastructure and a feedback loop to correctly refer a patient from the GP to the social domain is lacking. Both interviewees agreed that a digital referral method could contribute to improving the connection between primary care and the social domain. Ideally, social wellbeing organisations should connect to the GP's referral system. They indicated that the municipalities should currently be responsible for the needed investment. However, discussions and agreements, to see if there are opportunities for co-financing these developments in the future, are needed.

Providers of digital referral systems

Interviews were conducted to determine which system would best serve the wishes and needs of the parties involved. Five different systems emerged that regularly recurred in the field and that could provide a solution to the need for a shared digital referral system. These included *ZorgDomein*, *VIPLive*, *Regicare*, *Siilo* and *VECOZO*. The system providers were contacted to gain information on the various features their systems have to offer. The potential contribution of these systems in making referrals and a feedback loop between GPs and social wellbeing organisations possible, were also discussed. Based on this information, a feature table (Table 1) was developed to differentiate between the systems.

The research showed that *ZorgDomein* and *VIPLive* are the two systems that are most compatible with the wishes of all parties. These two systems offer referral possibilities to the healthcare and social domain and support the feedback loop. GPs are not willing to lose the functionalities of their current system: if there was a new system to be implemented it should be as comprehensive as the current one. GPs are also unwilling to work with multiple systems as this would be very time-consuming. *ZorgDomein* and *VIPLive* are the only two systems that provide a connection to the GP and Hospital Information Systems. Other systems lack functionalities since the offered features do not match the most important needs of the parties involved. To conclude, both *ZorgDomein* and *VIPLive* are complementary to each other.

Table 1: Feature table referral systems.

Feature	ZorgDomein	VIPLive	Siilo	Regicare	VECOZO
Refer to medical domain ¹	x	x			
Refer to social domain ²	x	x		x	
Management data available ³	x	x		x	
Monitoring data ⁴	x	x		x	
Transfer possibility ⁵	x				
Reporting ⁶	x	x	x	x	
Connected to HIS ⁷	x	x			
Connected to ZIS ⁸	x	x			
GDPR proof ⁹	x	x	x	x	x
Referral templates ¹⁰	x	x		x	
Request consultancy ¹¹	x	x	x	x	
Contact with medical specialist ¹²	x	x	x		
Contact with wellbeing professionals ¹³	x	x	x	x	
Digitalised feedback feature ¹⁴	x	x		x	
Request lab research ¹⁵	x	x			
Request diagnostic research ¹⁶	x	x			
Referral letter digitalized ¹⁷	x	x			
Integrated declaration service ¹⁸	x	x			x
GGZ measures available ¹⁹		x			
Authorisation portal ²⁰			x		x
Mobile compatible ²¹	x	x	x	x	

¹Option to digitally refer patient to a medical specialist; ²Option to digitally refer patient to a professional in the social domain; ³Possibility to extract management metrics from the system; ⁴Possibility to monitor extracted data; ⁵A digital solution that provides support for the work process surrounding capacity insight and patient transfer; ⁶Generating a report containing detailed information; ⁷Possibility to extract and input patient data from the GP information system; ⁸Possibility to extract and input patient data from the hospital information system; ⁹System is in comply with privacy legislation in the Netherlands; ¹⁰Templates of, for example, Welzijn op Recept are available for referrals; ¹¹Possibility for a medical specialist to request consultancy to another medical specialist; ¹²Possibility for professional to get in touch with a medical specialist; ¹³Possibility for a referrer to get in touch with a wellbeing professional; ¹⁴Possibility to provide and obtain feedback digitally; ¹⁵Possibility for a referrer to request lab research; ¹⁶Possibility for a referrer to request diagnostic research; ¹⁷Possibility to obtain a referral letter digitally; ¹⁸Option to request declaration support with integrated HIS data by a contact person of respective system; ¹⁹Every measuring instrument is made to measure something specific. For example, whether a patient is malnourished, or has dementia; ²⁰Digitally requesting and processing authorisations for various types of care from health insurers and care administration offices; ²¹Able to work on mobile devices.

Unfortunately, the research team was not able to obtain data on implementation costs. Because these costs are a crucial decisive factor for organisations in the social domain, it is difficult to offer an all-encompassing recommendation.

DISCUSSION AND CONCLUSION

This research focused on investigating the key challenges and potential solutions related to the implementation of *Welzijn op Recept*, particularly focusing on existing referral and feedback systems, as perceived by various stakeholders.

One of the main findings, as was expected, is that all parties express the need for a compatible digital referral- and feedback system. This would make referrals from GPs to the social domain easier and it would support a proper feedback loop between GPs and wellbeing coaches. Next to this, the number of referrals is negatively affected by a lack of familiarity between healthcare and the social domain. Both GPs and patients experience a high threshold, because of this. Finally, both GPs and wellbeing coaches express the importance of building a relationship between the healthcare and social professionals involved in the intervention.

Perspective

The results of this study show that the lack of a digital referral system probably has a negative impact on the number of referrals made to *Welzijn op Recept*. A shared referral system would likely improve cooperation between GPs and wellbeing coaches, but it does not solve all hurdles. Other bottlenecks also impact the cooperation process negatively and without solving those, the overall process would possibly continue to be unsatisfactory.

From the perspective of the research team, the increase of referrals mostly depends on the GP being convinced of the positive and preventive effect of *Welzijn op Recept*. More familiarity with *Welzijn op Recept* and more awareness of the potential and preventive effects of the intervention, could reduce the feeling of a high threshold. This could be improved with regular positive feedback to GPs on how patients are doing and by using promotional material which introduces wellbeing coaches and gives information about the intervention to both GP and patient. The current unfamiliarity of GPs with social wellbeing practices and the activities of wellbeing coaches also increases the need for relationship building. Wellbeing coaches seem to be highly motivated and willing to commit to this relationship.

Another important issue raised by this research is that the preferred referral system of GPs is not widely linked to social wellbeing organisations. Adopting this system will thus lead to additional costs which cannot be covered by the organisation or the municipality, since they are likely to

be prohibitively high. Before considering this, arrangements should be made to support financial accessibility.

To see the effect of *Welzijn op Recept* in practice, monitoring the number of referrals is important. However, the referral and feedback methods of *Welzijn op Recept* are currently used in a variety of ways, which impedes the possibility to benchmark and assess the intervention. A digital referral system would also be crucial in this respect. Although GPs and wellbeing coaches are responsible for referrals and providing feedback, municipalities and health insurers do have a stake in measuring the effectiveness of interventions that potentially lead to lower costs in healthcare. Therefore, they also have a responsibility in creating preconditions, e.g., financially supporting a shared referral system in healthcare and the social domain, which improves implementation and assessment of interventions such as *Welzijn op Recept*.

Limitations

Due to time constraints, the qualitative part could not be expanded to more than 15 interviews divided over the different stakeholders. Nevertheless, the result show that the different parties, although they have different stakes, seem to agree on the main bottlenecks of the intervention. Furthermore, the research team was not able to obtain data on the implementation costs, which seems crucial in giving *Welzijn op Recept* a fair and complete recommendation on how to improve referrals within the intervention.

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