Ministry of Health, Welfare and Sport

Healthcare in the Netherlands

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Ministry

Minister / State Secretary

Secretary General

(1000 employ

DG Public health

DG Curative care

DG Long term care

DG Social support

Agencies within the Ministry *(3500 employees)*
- Health Care Inspectorate
- National Institute for Public Health and the
- Environment (including Centre for Infectious
- Disease Control)
- Netherlands Vaccine Institute
- Food and Consumer Product Safety Authority
- Health Council
- Social Cultural Planning Office
- Central Information Unit on Health Care
- Professions

Independent Governmental Bodies *(600 employees)*
- Health Care Authority / National Health Tariffs Authority
- Health Care Insurance Board
- Medicines Evaluation Board
- Netherlands Board for Hospital Facilities
- Netherlands Organization for Health Research and Development
- Stichting Fonds PGO (provides funding to national patient and disability organizations and senior citizens' associations in the Netherlands)
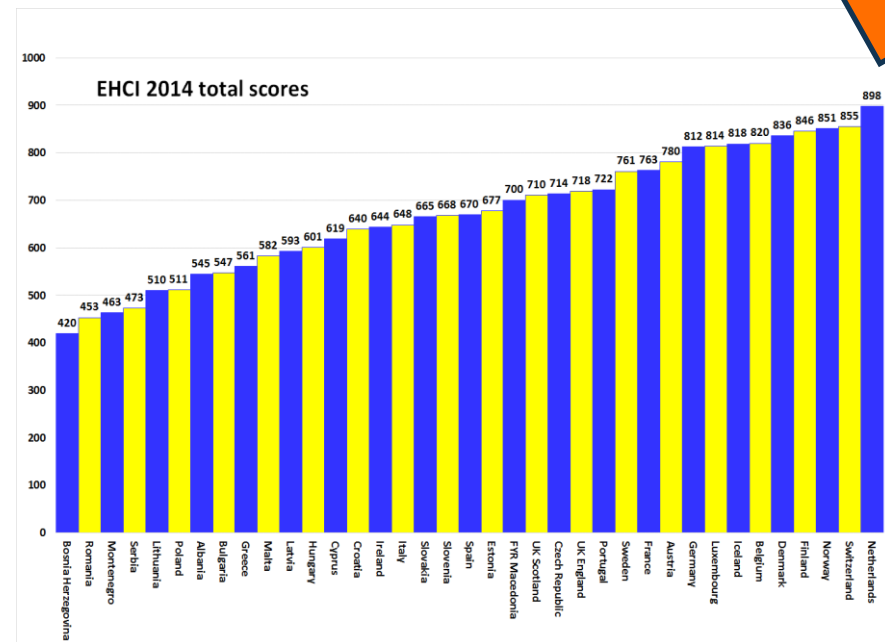
NL Healthcare system ranks nr. 1 in EU…

The European Health Consumer Index ranked the Dutch Health system nr 1 (2005, 2009, 2012, 2013, 2014)
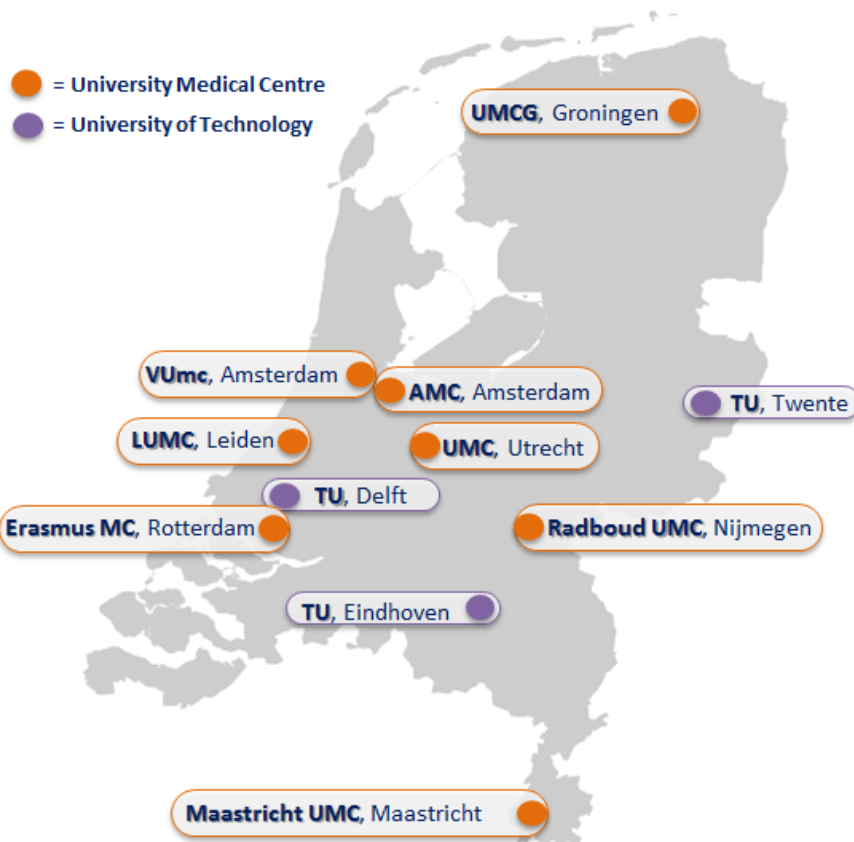
Ranking based on:

1. Patient rights and information
2. Waiting times
3. Health outcomes (death rates)
4. Prevention
5. Pharmaceuticals

NL

EHCI 2014 total scores

Scores by country (from lowest to highest): Bosnia Herzegovina 420, Romania 453, Montenegro 463, Serbia 473, Lithuania 510, Poland 511, Albania 545, Bulgaria 547, Greece 561, Malta 582, Latvia 593, Hungary 601, Cyprus 619, Croatia 640, Ireland 644, Italy 648, Slovakia 665, Slovenia 668, Spain 670, Estonia 677, FYR Macedonia 700, UK Scotland 710, Czech Republic 714, UK England 718, Portugal 722, Sweden 761, France 763, Austria 780, Germany 812, Luxembourg 814, Iceland 818, Belgium 820, Denmark 836, Finland 846, Norway 851, Switzerland 855, Netherlands 898

Dutch Healthcare at a Glance

"Best Health System in Europe"

● = University Medical Centre
● = University of Technology

UMCG, Groningen
VUmc, Amsterdam
AMC, Amsterdam
TU, Twente
LUMC, Leiden
UMC, Utrecht
TU, Delft
Erasmus MC, Rotterdam
Radboud UMC, Nijmegen
TU, Eindhoven
Maastricht UMC, Maastricht

Life Sciences & Health industry:

Companies: ~2.200

Total Turnover: ~80 billion EUR

source: Task Force Health Care, 2012

Achievements:

"best health system in Europe"

source: EU Health Consumer Powerhouse 2013, 2014

"Netherlands ranks first in Healthcare Performance"

source: The Commonwealth Fund, 2010

Facts and Figures:

- Health Budget 2015: 71,3 billion EUR (11,8% of GDP)
- Average health exp. over a lifetime: 280.000 EUR
- 1,1 million workers in healthcare (excl. volunteers)
- 8.865 General Practitioners
- 92 Hospitals (incl. 8 University Medical Centres)
- Hospital Beds: 4,7 per 1.000
- Average stay in Hospital: 5,8 days

source: Dutch Ministry of Health, 2014

Snapshot of Dutch healthcare system

Expenditure			
%GDP			12%
per capita	out-of-pocket	€5.392	1,5%
Doctors			**2012**
General practitioners			8.879
GP/population			1 in 1.880
Medical specialists			14.165
Medical specialists/1000 population			1.4
Hospitals		number	Beds
General hospitals		83	44.225
of which University Medical Centers		8	7.645
Specialized hospitals		22	
Small/Private clinics		319	
Beds/1000 population			3,3
Performance			
Average length of stay General hospital			4.9 day
Average length of stay UMC			6.8 day
Staff/bed in general hospital (excl. UMC)			3,6 fte
Staff/bed in UMCs			7,2 fte

- **General Practitioner** is gatekeeper: without referral of GP no access to hospital care; 94% of all medical complaints dealt with by GP
- All general and specialized hospitals are **private but non-profit**

Dutch healthcare: some general characteristics

- **High equity** (compulsory deductible, generous basic package, low out-of-pocket)

- **'Huisarts'** (family physician or GP) as gatekeeper

- **Average sized health care sector** low number of hospital visits per patient per year

- **Managed competition** mix of market incentives /private ownership and government regulation/public safeguards

- **'Polder'-model** tradition of co-governing: agreements on cost and quality

- **Evidence-based** health policy cycle: frontrunners in data collection and application (Annual Public Health Forecast, Health Performance Report)
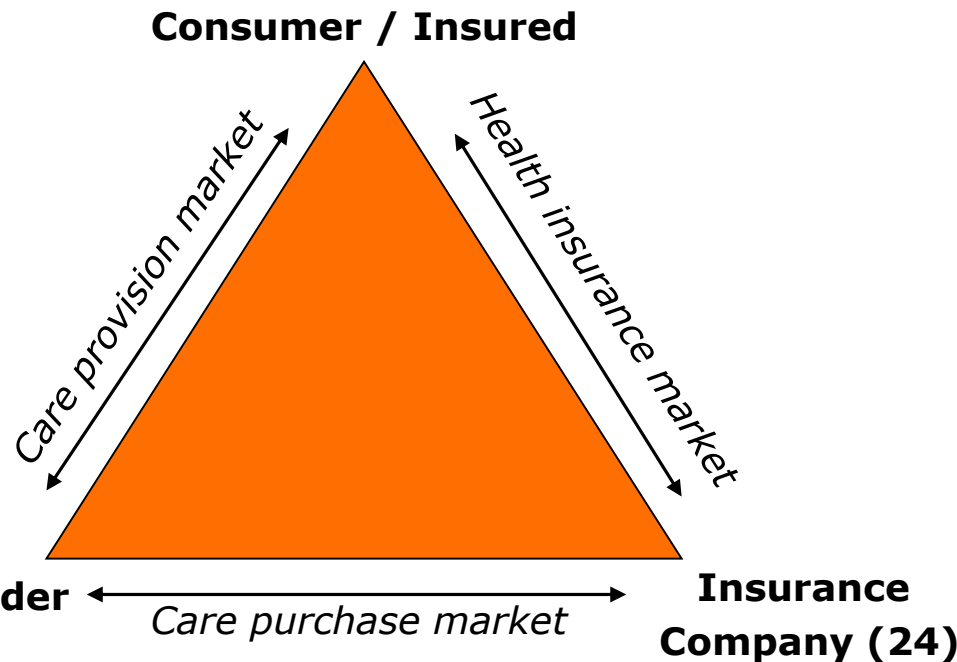
Principles Dutch healthcare system:

- Access to healthcare for all

- Solidarity through medical insurance

- High quality healthcare services

Health reform 2006:
Managed competition

Government accessibility, basic package, supervises market and quality

Consumer / Insured

Care provision market

Health insurance market

Care provider

Care purchase market

Insurance Company (24)
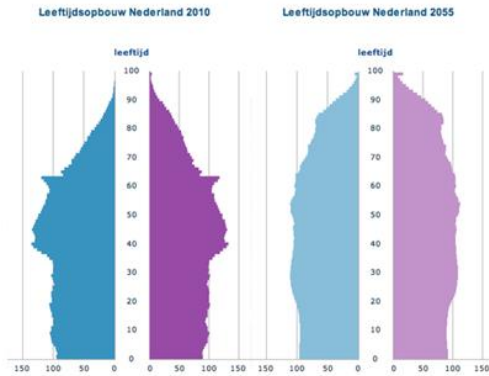
Insured are free in their choice of insurer; possibility to change every year

Health care providers compete for contracts with insurers on price & quality of care

Insurers compete for insured on premium, quality, service level

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…**but we face many challenges**

Ageing population

+

Rise of NCD's

+

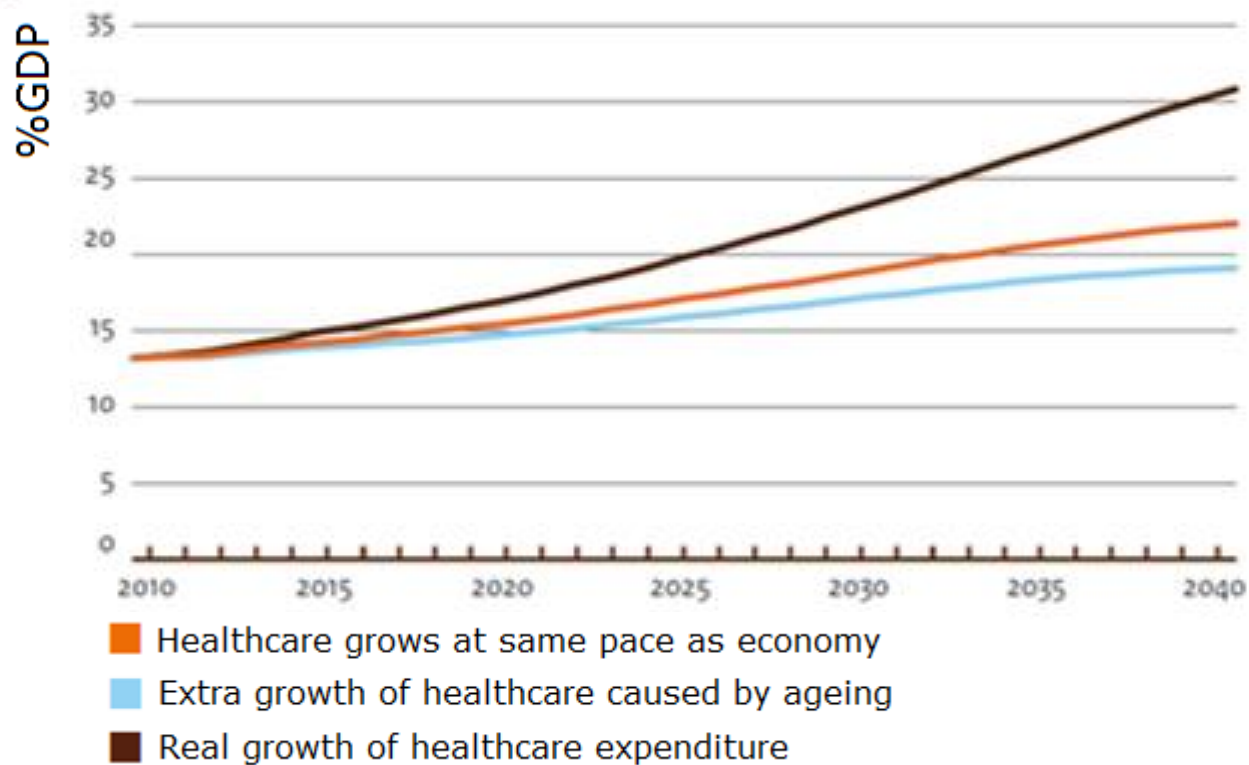
Demanding patients

+

Medical technology

=

Rising costs of healthcare

Major concern: a sustainable system curve the rise of health care costs

Growth healthcare expenditure 2010-2040

Legend:
- Healthcare grows at same pace as economy
- Extra growth of healthcare caused by ageing
- Real growth of healthcare expenditure
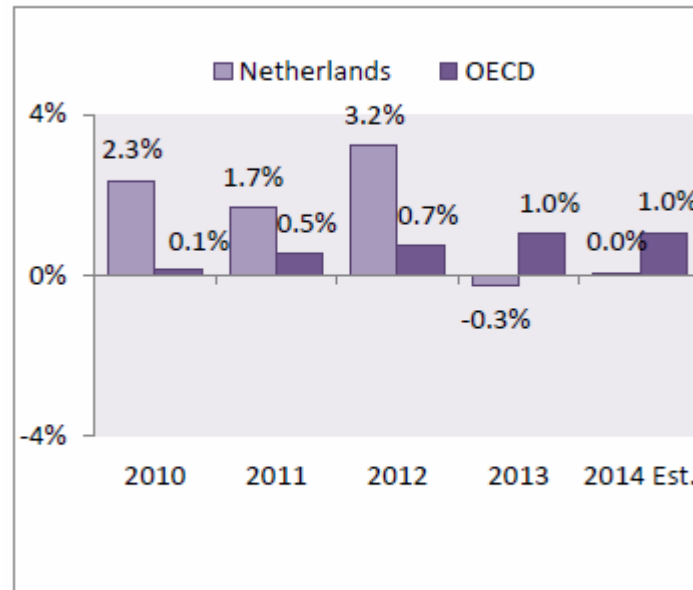
An agenda for deepened reform

- In 2013, an agreement was reached:

    1. limiting financial growth,
       1,5% 2014
       1% growth 2015-2017
    2. transforming our healthcare

- Medical Professionals, Healthcare Providers (GP's, hospitals), Healthcare Insurers, Patient Organisations, Government

Annual health spending growth

Figure 1. Annual health spending growth*, 2010-2014

* Per capita spending in real terms
Source: OECD Health Statistics 2015

Reorganizing healthcare, care given on the right spot

- Substitution of care: shift treatment towards GP (primary care) and community care

- Reshuffling tasks: from medical specialist to specialized nurses and *physician assistants*

- Concentration of complex care, decentralization of common treatments

Important reforms in 2015

Reform Exceptional Medical Expenses Act (€ 27 billion / year)
- Decentralisation of long-term care for physically and mentally disabled to municipality
- Reduction of residential care → people live at home longer, supported by care network of professionals and volunteers
- Re-introduction of community nurses (through Health Insurance Act)

Reform Social Support Act
- Further decentralisation to municipalities
- Tailor-made social support → from 'standard' entitlement to 'needs' based
- Rationalisation of care, e.g. home care
- Larger financial contributions from patiënts

Aim: by 2017 we will spend the same amount on care & social support as in 2012

Innovation of healthcare

- **Product** innovation

- **Process** innovation:

  - improvement of management and administration
  - improvement of quality
  - improvement of service

- **E-health**

Main actors in Health Innovation

Within the primary process of healthcare:
health professionals who want to improve healthcare and implement good practices

Outside the primary process of healthcare:
universities, colleges, research-institutes, start-ups, industries

Hybride organizations where practice and research meets each other:
university medical centers and academic living labs

Role of government

3 ministries working together:
- EZ (innovation): focus on business and export
                    (products)
- OCW (science): focus on good science
- VWS (health)   : focus on improvement of health and
                    reducing growthpath of cost of
                    healthcare
                    (implementation, process-innovation)

All involved in topsector Life Sciences & Health

e-Health: 3 goals

within 5 years 80 % of the chronic ill patients have **access to their own medical data**;

within 5 years 75 % of the chronic patients and fragile elderly (who wants to do so) is able to **measure and monitor their own health** at home and communicate those data with their healthcare providers;

within 5 years everybody who needs healthcare have the possibility the **communicate via iPad or screen** with their healthcare providers.

Focus of Ministry of health on innovation

- a lot of new healthcare supporting technology is under-used;

- there is a lot of potential for selfcare and self management in healthcare;

- better healthcare outcomes, more in accordance with patient needs could be reached (reducing mis-use);

- e-health is an instrument in reducing cost of healthcare

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