Healthcare in the Netherlands

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The Netherlands
**Ministry of Health, Welfare and Sport**

**Ministry**

**Minister / State Secretary**

**Secretary General**

(1000 employees)

**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)

Ranking based on:

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

"Best Health System in Europe"

**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

<table>
<thead>
<tr>
<th><strong>Expenditure</strong></th>
<th></th>
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<tbody>
<tr>
<td>%GDP</td>
<td>12%</td>
</tr>
<tr>
<td>per capita</td>
<td>€5.392</td>
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<tr>
<td>out-of-pocket</td>
<td>1,5%</td>
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<table>
<thead>
<tr>
<th><strong>Doctors</strong></th>
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<tbody>
<tr>
<td>General practitioners</td>
<td>8.879</td>
</tr>
<tr>
<td>GP/population</td>
<td>1 in 1.880</td>
</tr>
<tr>
<td>Medical specialists</td>
<td>14.165</td>
</tr>
<tr>
<td>Medical specialists/1000 population</td>
<td>1.4</td>
</tr>
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<table>
<thead>
<tr>
<th><strong>Hospitals</strong></th>
<th>number</th>
<th>Beds</th>
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<tbody>
<tr>
<td>General hospitals</td>
<td>83</td>
<td>44.225</td>
</tr>
<tr>
<td>of which University Medical Centers</td>
<td>8</td>
<td>7.645</td>
</tr>
<tr>
<td>Specialized hospitals</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Small/Private clinics</td>
<td>319</td>
<td></td>
</tr>
<tr>
<td>Beds/1000 population</td>
<td></td>
<td>3.3</td>
</tr>
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<table>
<thead>
<tr>
<th><strong>Performance</strong></th>
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<tr>
<td>Average length of stay General hospital</td>
<td>4.9 day</td>
</tr>
<tr>
<td>Average length of stay UMC</td>
<td>6.8 day</td>
</tr>
<tr>
<td>Staff/bed in general hospital (excl. UMC)</td>
<td>3.6 fte</td>
</tr>
<tr>
<td>Staff/bed in UMCs</td>
<td>7.2 fte</td>
</tr>
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</table>

- **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

**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
...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

- 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

- Netherlands
- OECD

* 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
Dutch Healthcare: We care!