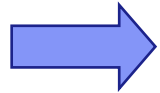


The Dutch health system

Jeroen Crasborn
Eureko/ Achmea /Agis Health insurance



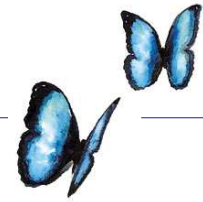
Agenda



1. Introduction Eureko

2. The Dutch health system in transition

3. What are the goals in the Dutch health system



Facts and figures about the Netherlands

Small country

16.3 million inhabitants, high population density

GDP/capita: € 37.580 (2006)

Flat country: 24% lies under sea level

Tallest people in the world

Life Expectancy: 78,0 years (man), 82 years (woman)

Health quote: 9.2%

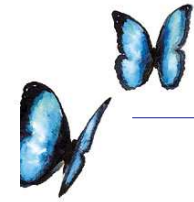
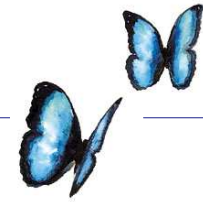


Fig. 1.1
Map of the Netherlands

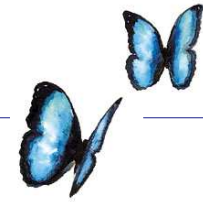


Source: Ministry of Foreign Affairs 20 09b.



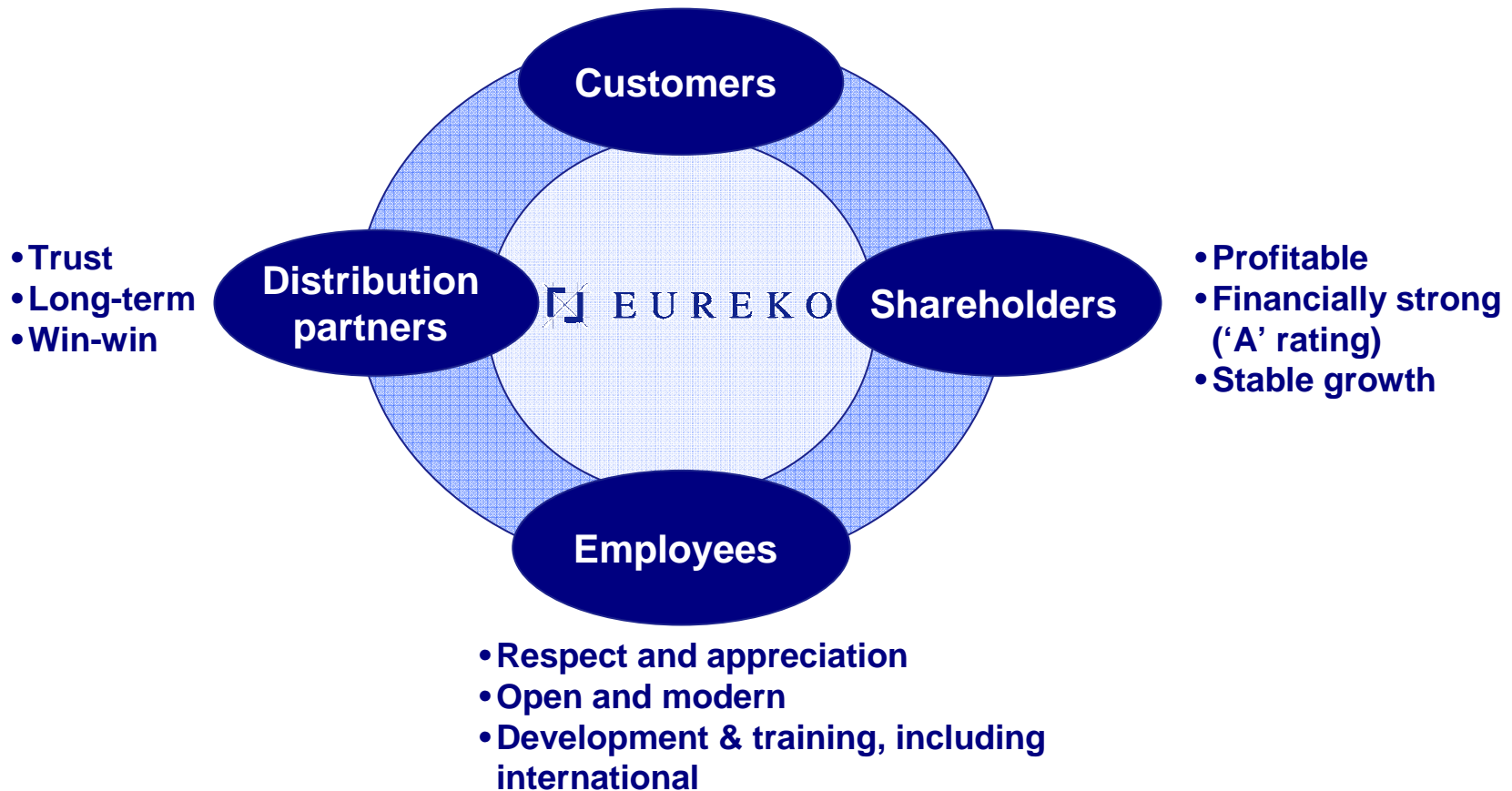
SHAREHOLDERS		
ACHMEA ASSOCIATION 63.3%	RABOBANK 31.3%	STRATEGIC INVESTORS 5.4%

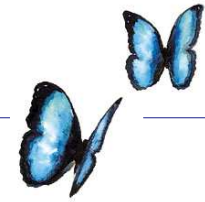




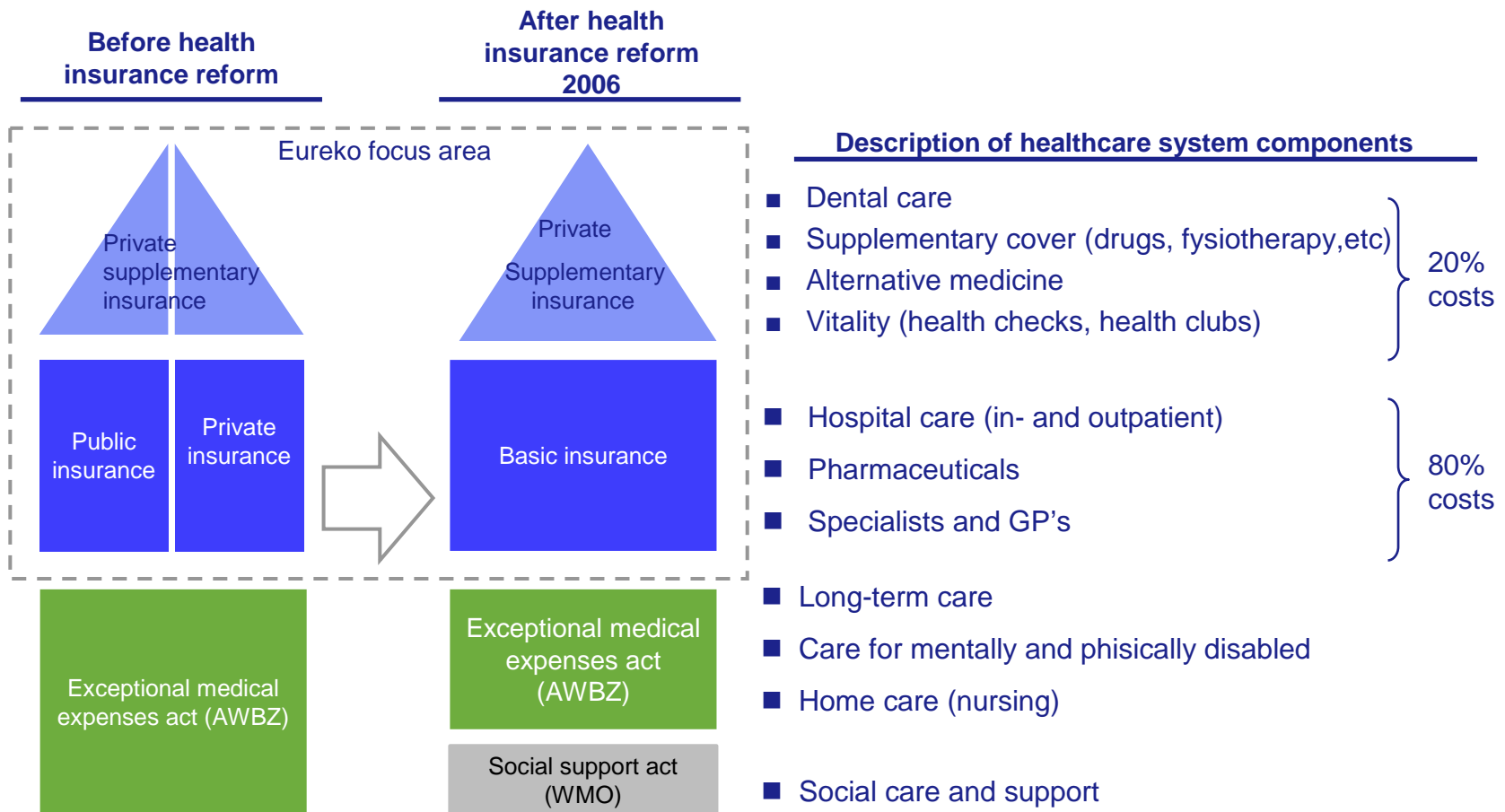
Eureko's mutual background: well-balanced approach to stakeholder interests

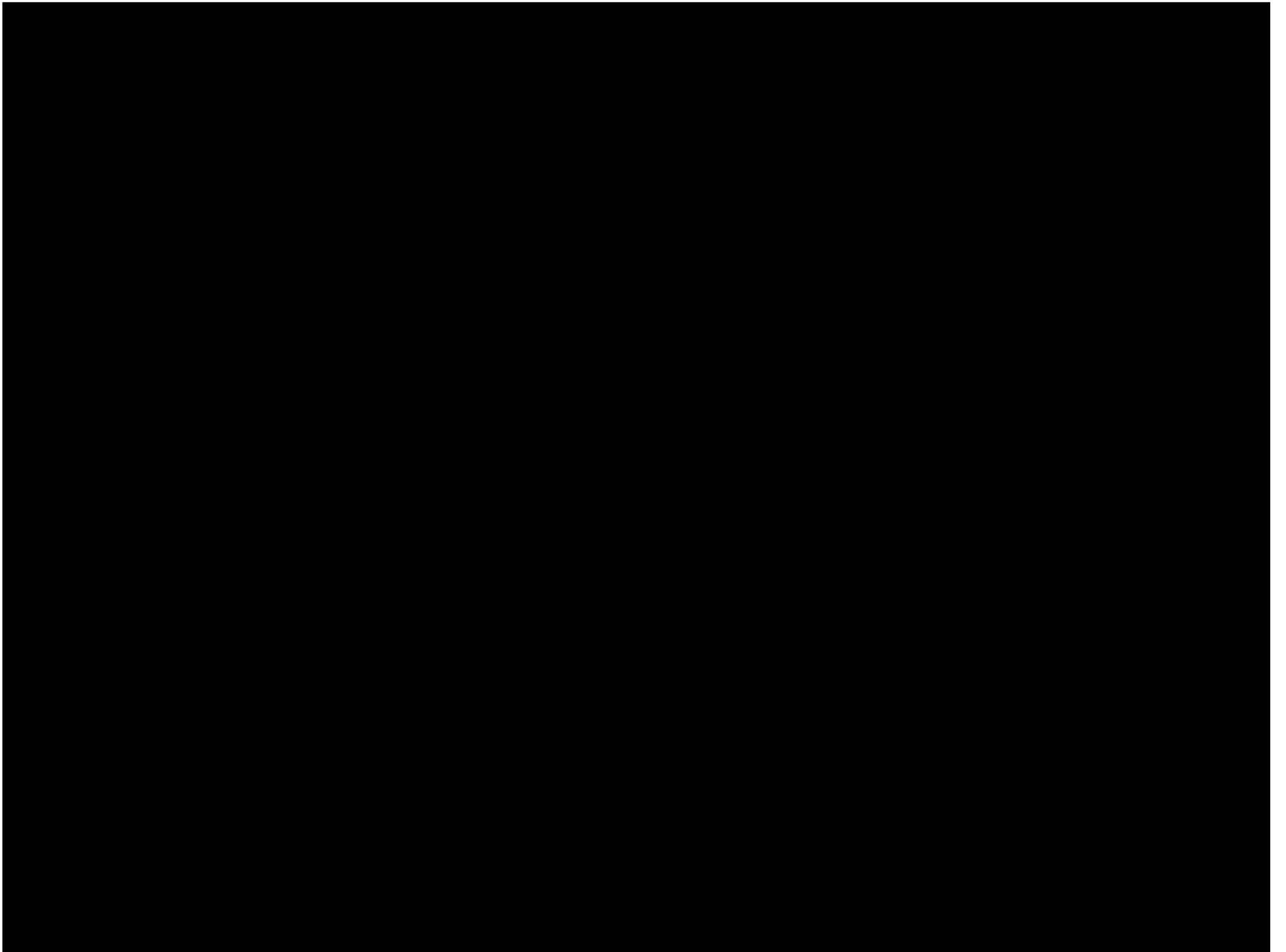
- Interests of customers are key
- Innovative and trend-setting
- Committed to society

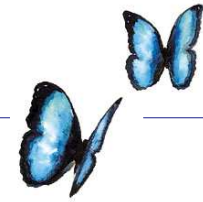




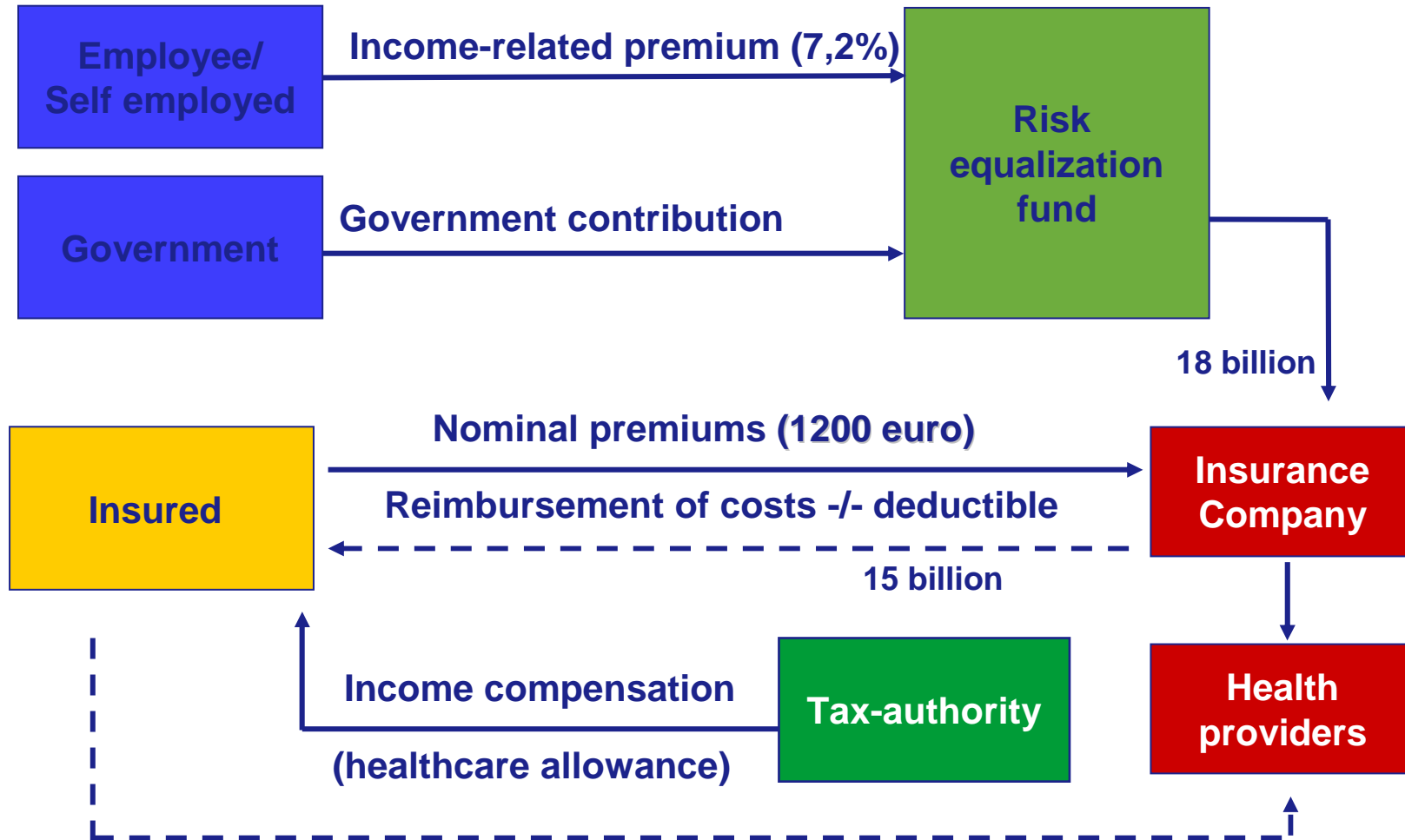
The Dutch health insurance system







Flow of money 2010

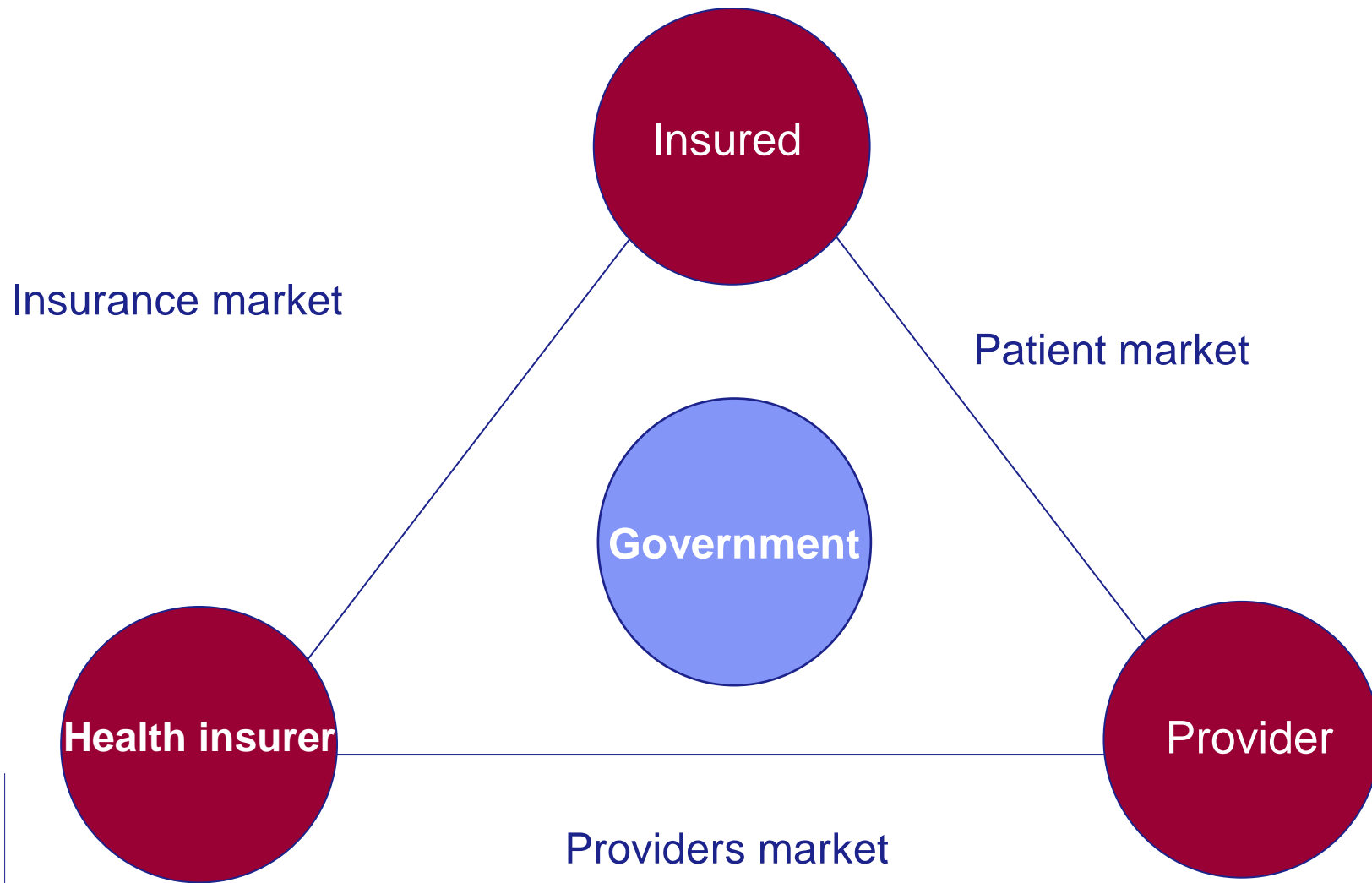
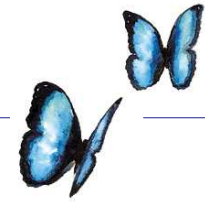


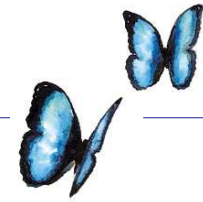
The new insurance system at a glance

- Every citizen required to have health insurance
- Private insurance (EU-legislation, for profit and not for profit allowed).
- Private....but with public safeguards and constraints:
 - Mandatory enrollment/no risk selection
 - Community rating
 - Risk equalisation

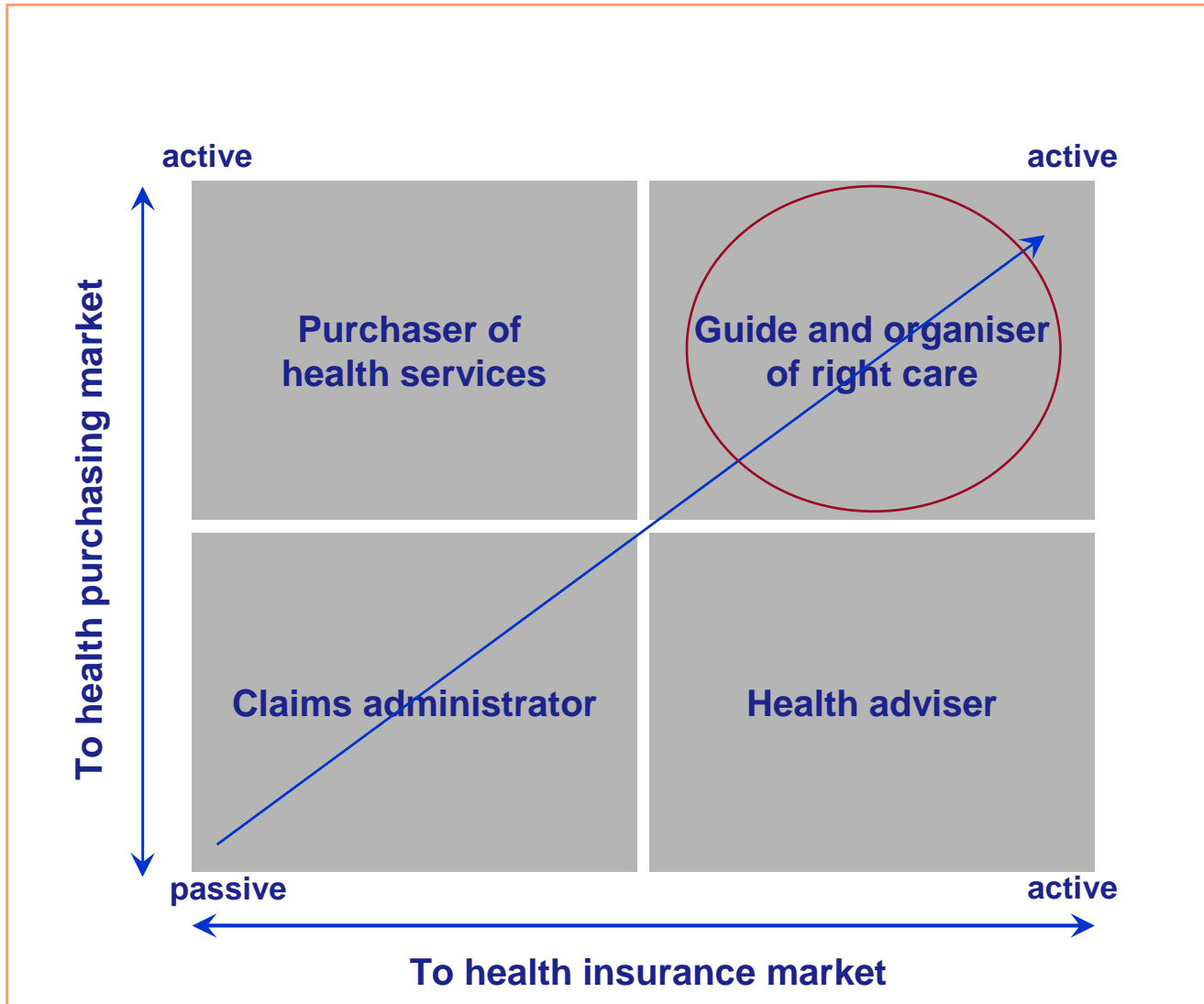
Characteristics

- Fixed basic comprehensive benefits but variations in design
- Composition premium:
 - Employer contribution (50%)
 - Individual premium (50%)
- Children under 19 don't pay premium
- Health allowance for people with lower incomes
- Range of deductibles (150-500 Euro)
- Discounts for group contracts (max 10% near future no max))
- For profit and not for profit companies allowed
- Annual open enrollment for individuals and families.
- Health insurers cannot cancel
- Competition on premium, service, supplementary insurance and purchasing health care

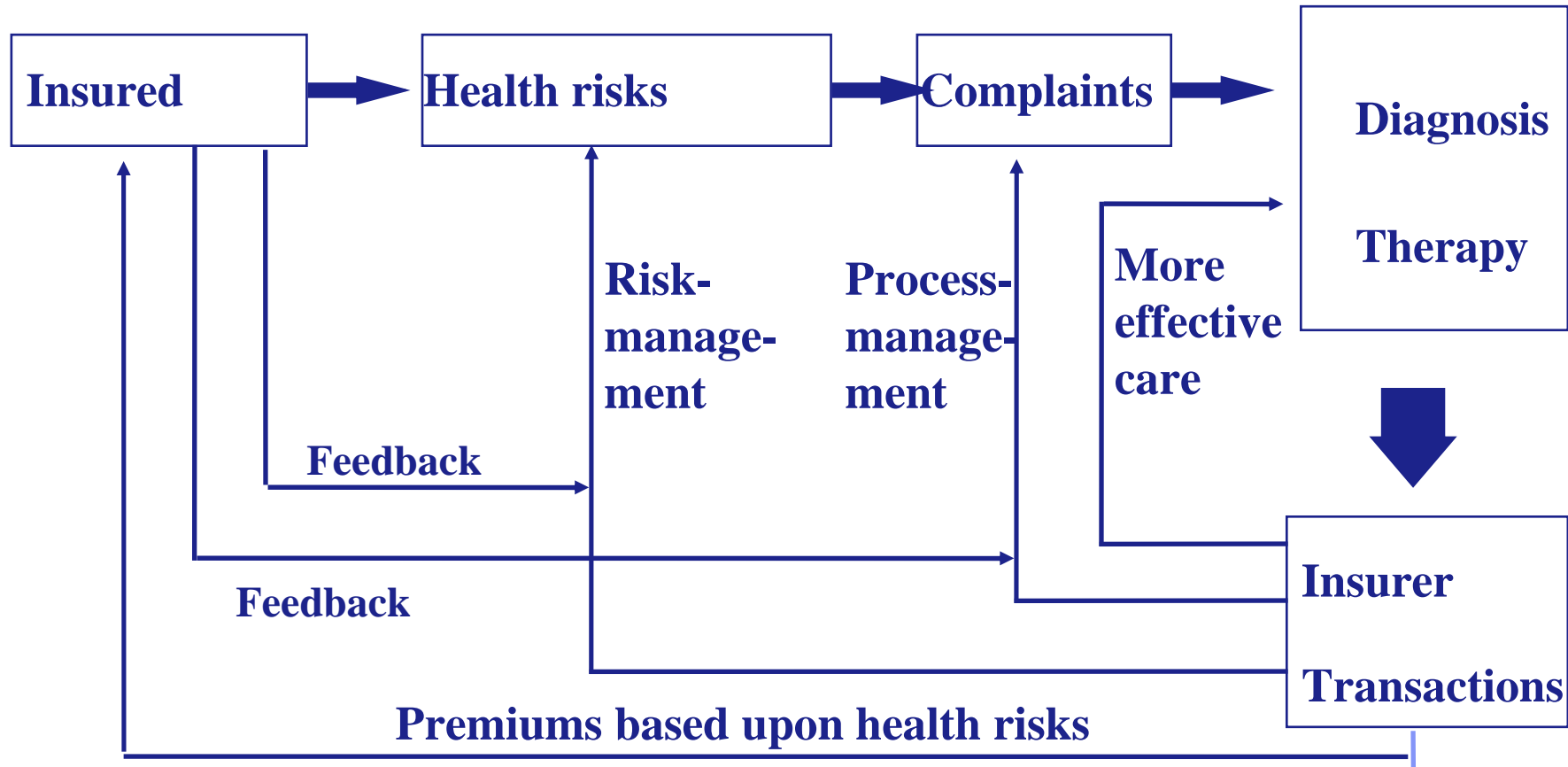
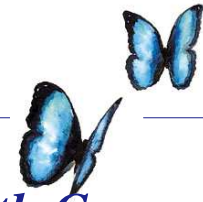


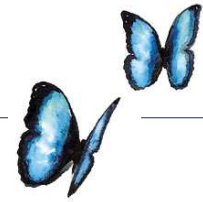


Four roles for health insurers



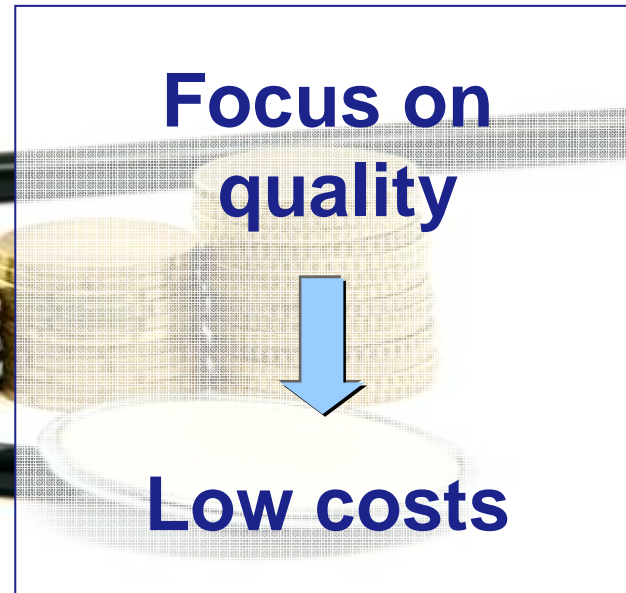
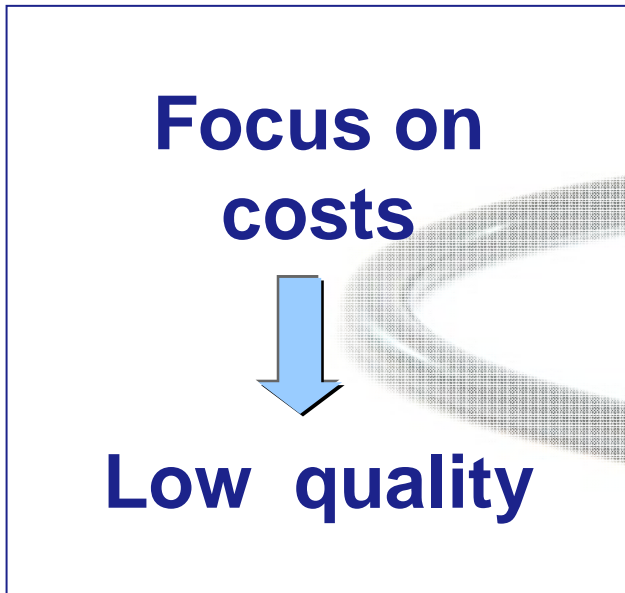
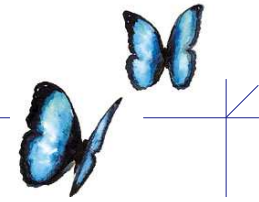
The process of a Health Insurance with focus on riskmanagement.

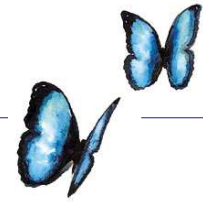




What are the main issues in the dutch health care

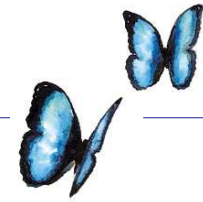
- **Increasing costs**
 - Aging of the population
 - New technology
 - inefficient tuning of care
- **To little orientation on prevention: improvement on Life style (healthy food , stop smoking , sports etc)**
- **Orientation to much “ sick and care “ to little “ behavior and health”**
- **To little patient compliance**
- **Volume/price oriented payments and not patient added value payments**
- **Development off honest quality datasets on the performance of the cure /care providers (and also the health insurance companies)**
 - **Essential for a confidential negotiation environment**
- **Insufficient position of the patient in the purchase proces of health insurance companies**
- **Insufficient independence and empowerment of patient**





Short term actions

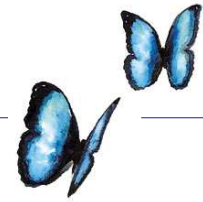
- **Purchase improvement buying good quality that leads to reducing volume and price (waiting list risk)**
- **Reducing basic package (gouvernement issue/ solidarity risk)**
- **Social coalition all actors (patientorganisations, doctors, health insurance companies) to reduce costs in the interest of solidarity**



Appraisal commission to decide what is for the basic package and what for private (Health Care Insurance Board (CVZ))

- necessity / disease burden
- Costeffectiveness
higher Costeffectiveness acceptable in relation with rare nature of the disease
- Effectiveness:
higher effectiveness gives high certitude that means Costeffectiveness less important
- feasibility
- unsuitability
for insurance because off high prevalence





What are the goals in the dutch Health system

- Orientation on prevention: improvement on Life style (healthy food , stop smoking , sports etc)
- Paradigma shift from a orientation “ sick and care “ to “ behavior and health”
- Improvement patient compliance
- A switch in incentives from a volume/price oriented payments to Pay for performance (patient Added value)
- Honest quality datasets on the performance of the cure /care providers (and also the health insurance companies)
 - Essential for a confidential negotiation environment
- Insure a good position of the “voice of the patient” in the purchase proces of health insurance companies
- Improve the independence and empowerment of patients