

Going Dutch? If “context” is not transferrable what remains?

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Top the leagues?



Bloomberg 2017 Healthiest Country Index

Rank	Country	Health grade	Health score	Health risk penalties
1	Italy	93.11	97.44	-4.33
2	Iceland	91.21	96.20	-4.99
3	Switzerland	90.75	94.96	-4.21
4	Singapore	90.23	94.11	
5	Australia	89.24	93.88	
6	Spain	89.19	94.14	
7	Japan	89.15	93.69	
8	Sweden	88.92	93.78	-4.11
9	Israel	88.14	92.47	-4.11
10	Luxembourg	87.87	92.90	-5.11
11	Norway	86.81	91.61	-4.81
12	Austria	86.34	90.78	-4.44
13	Netherlands	85.83	89.94	-4.11
14	France	85.59	90.93	-5.34
15	Finland	84.80	89.58	-4.78
16	Germany	84.78	89.40	-4.62

1.3 Country analysis of the 35 countries

1.3.1 The Netherlands!!!

The Netherlands is the only country which has consistent the total ranking of any European Index the Health

Exhibit ES-1. Overall Ranking

Country Rankings	
	1.00-2.33
	2.34-4.66
	4.67-7.00



OVERALL RANKING (2010)

	AUS	CAN	GER	NETH	NZ	UK	US
Quality Care	3	6	4	1	5	2	7
Effective Care	4	7	5	2	1	3	6
Safe Care	2	7	6	3	5	1	4
Coordinated Care	6	5	3	1	4	2	7
Patient-Centered Care	4	5	7	2	1	3	6
Access	2	5	3	6	1	7	4
Cost-Related Problem	6.5	5	3	1	4	2	6.5
Timeliness of Care	6	3.5	3.5	2	5	1	7
Efficiency	6	7	2	1	3	4	5
Equity	2	6	5	3	4	1	7
Long, Healthy, Productive Lives	4		3	1	6	2	7
Health Expenditures/Capita, 2007	\$7,290	\$2,454	\$2,992	\$2,454	\$2,992	\$2,992	\$7,290

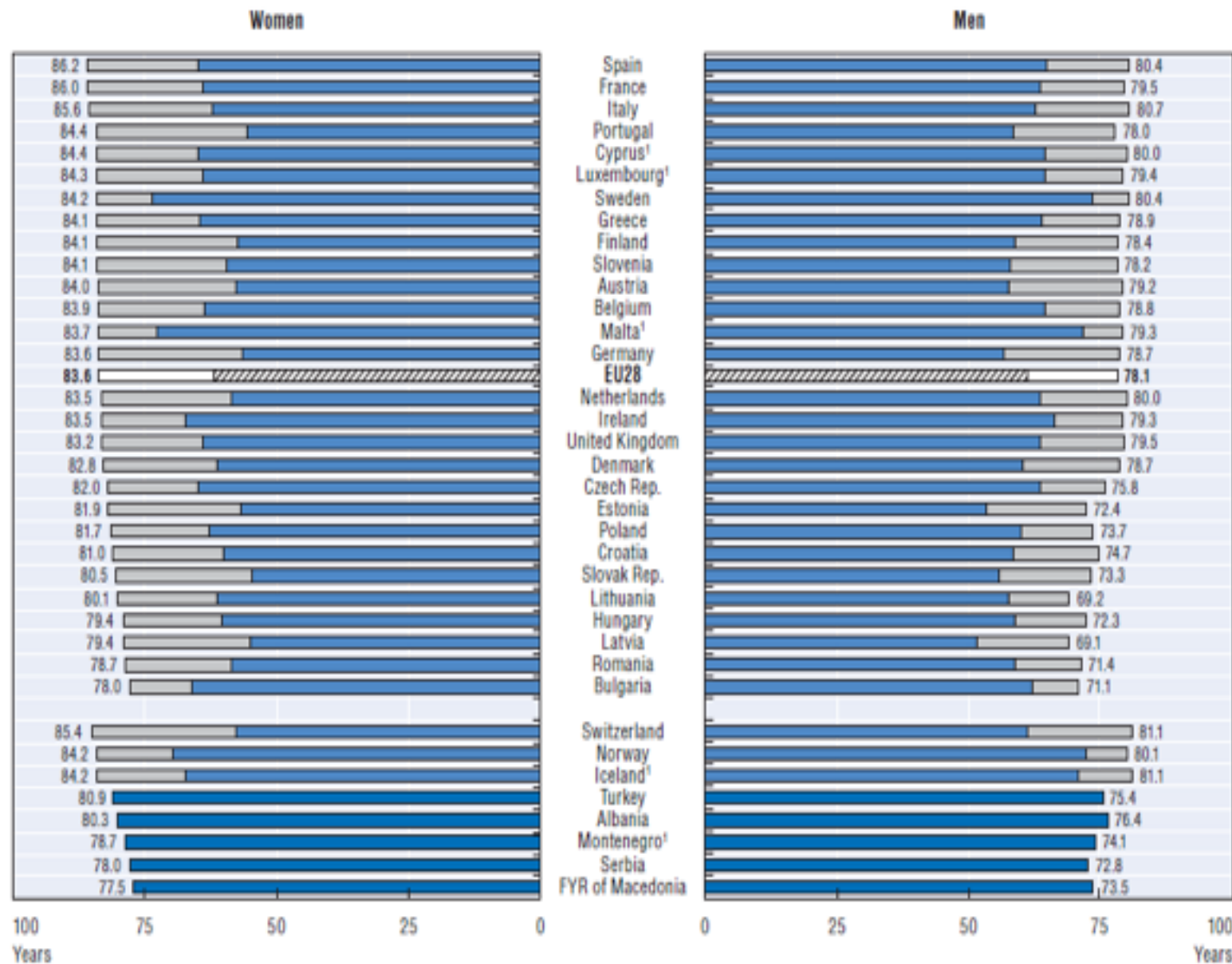
Note: * Estimate. Expenditures shown in \$US PPP (constant 2007 prices).
Source: Calculated by The Commonwealth Fund, based on data from the Survey of Primary Care Physicians, 2007.
OECD Health Data.

World Health Organization Ranking;

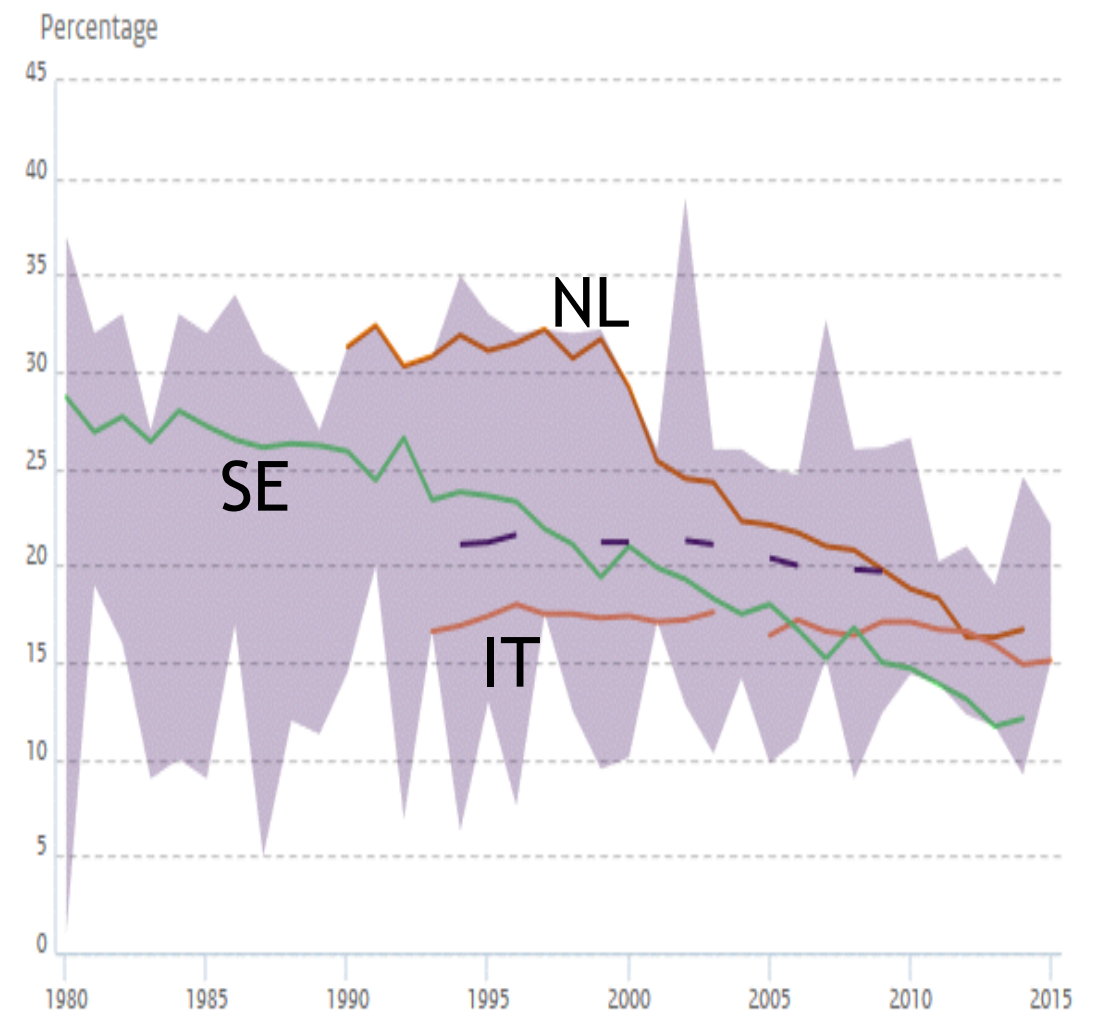
- 1 France
- 2 Italy
- 3 San Marino
- 4 Andorra
- 5 Malta
- 6 Singapore
- 7 Spain
- 8 Portugal
- 9 Monaco
- 10 Greece
- 11 Iceland
- 12 Luxembourg
- 13 Netherlands
- 14 United Kingdom
- 15 Ireland
- 16 Norway
- 17 Sweden
- 18 Switzerland
- 19 Austria
- 20 Japan
- 21 Australia
- 22 New Zealand
- 23 Canada
- 24 Germany
- 25 United States
- 26 Finland
- 27 Denmark
- 28 Belgium
- 29 South Korea
- 30 Taiwan
- 31 Hong Kong
- 32 Slovenia
- 33 Czech Republic
- 34 Slovakia
- 35 Hungary
- 36 Iceland
- 37 Norway
- 38 Sweden
- 39 Switzerland
- 40 Austria
- 41 Japan
- 42 Australia
- 43 New Zealand
- 44 Canada
- 45 Germany
- 46 United States
- 47 Finland
- 48 Denmark
- 49 Belgium
- 50 South Korea
- 51 Taiwan
- 52 Hong Kong
- 53 Slovenia
- 54 Czech Republic
- 55 Slovakia
- 56 Hungary
- 57 Iceland
- 58 Norway
- 59 Sweden
- 60 Switzerland
- 61 Austria
- 62 Japan
- 63 Australia
- 64 New Zealand
- 65 Uruguay
- 66 Hungary
- 67 Trinidad and Tobago
- 68 Saint Lucia
- 69 Belize
- 70 Turkey
- 71 Nicaragua
- 72 Belarus
- 73 Lithuania
- 74 Saint Vincent and the Grenadines
- 75 Argentina
- 76 Sri Lanka
- 77 Estonia
- 78 Guatemala
- 79 Ukraine
- 80 Solomon Islands
- 81 Algeria
- 82 Palau
- 83 Jordan

The Netherlands: Average health

(Healthy) live expectancy

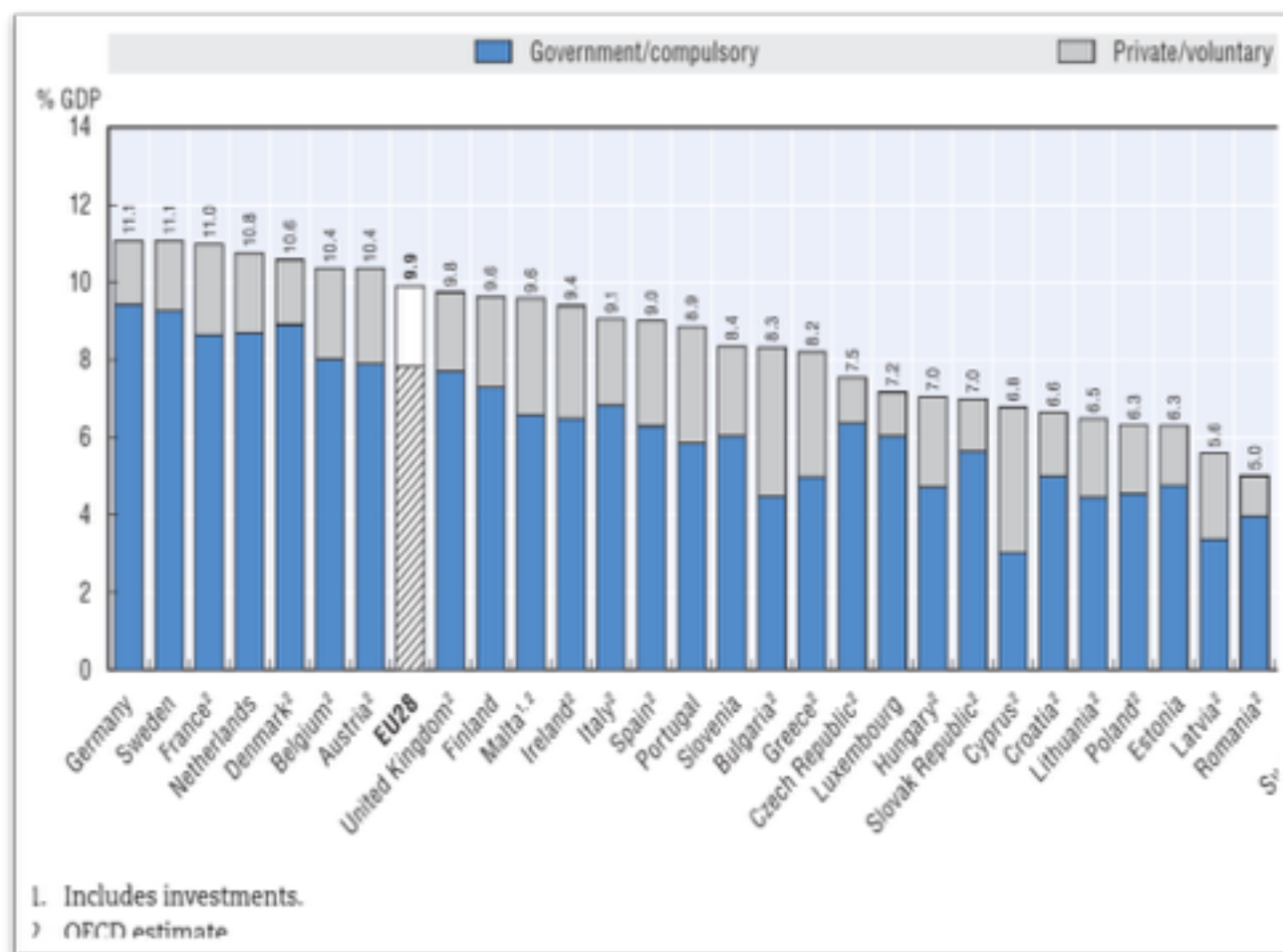


Female smokers

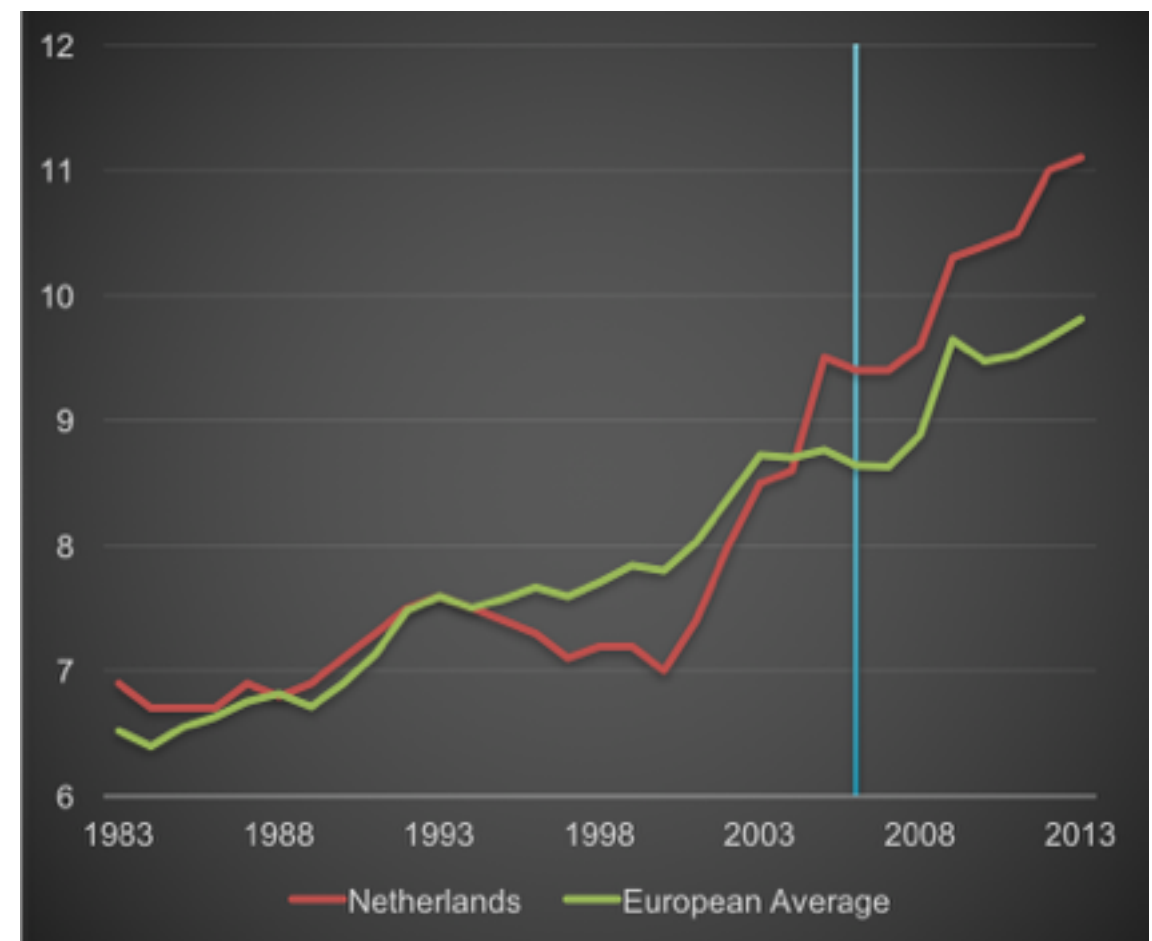


How expensive is Dutch 'care'?

Health expenses EU member states (%GDP)



A-typical growth pattern (% GDP)

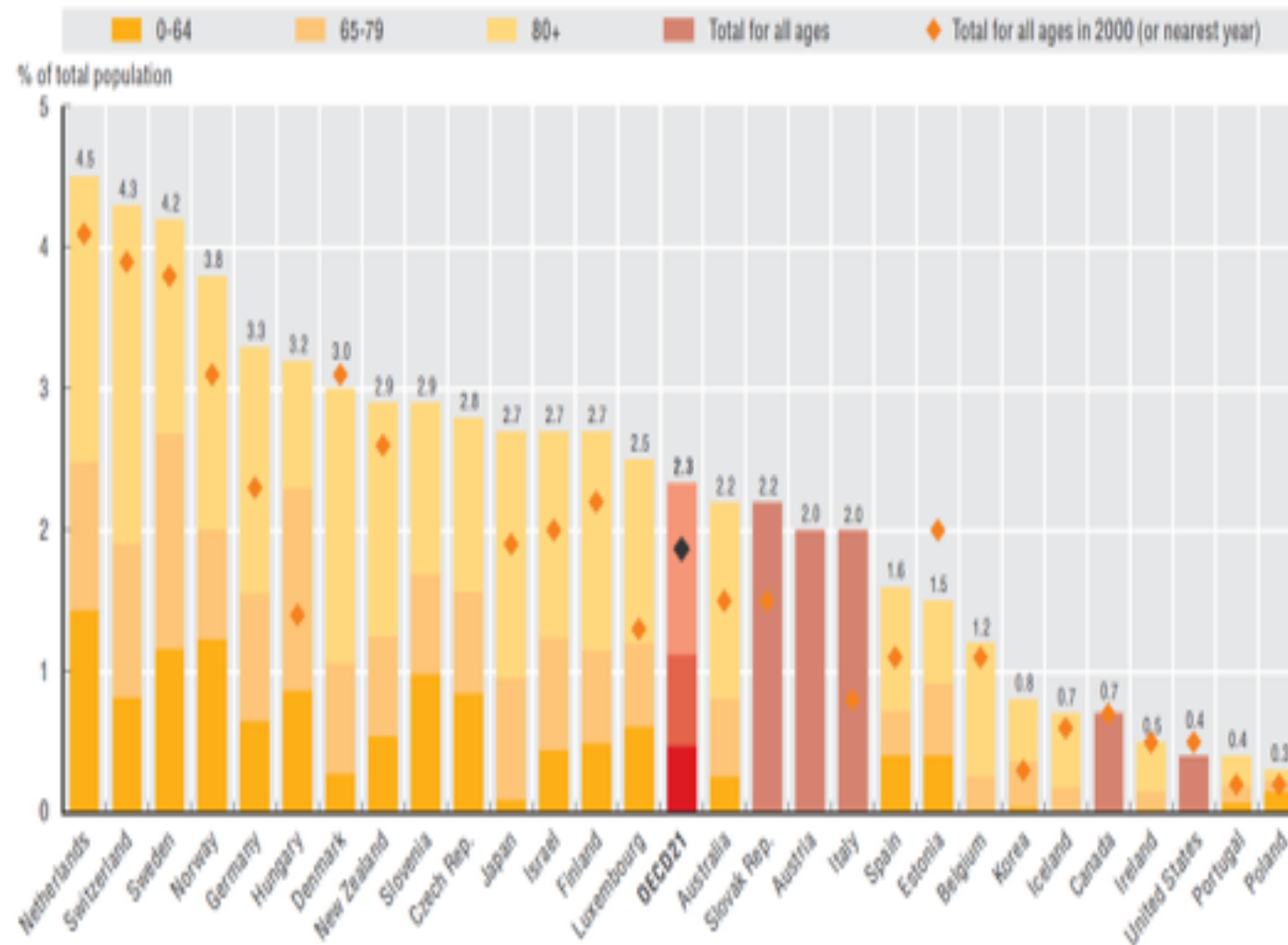


Understanding the context of Dutch healthcare: institutional constraints that withstood ‘reforms’

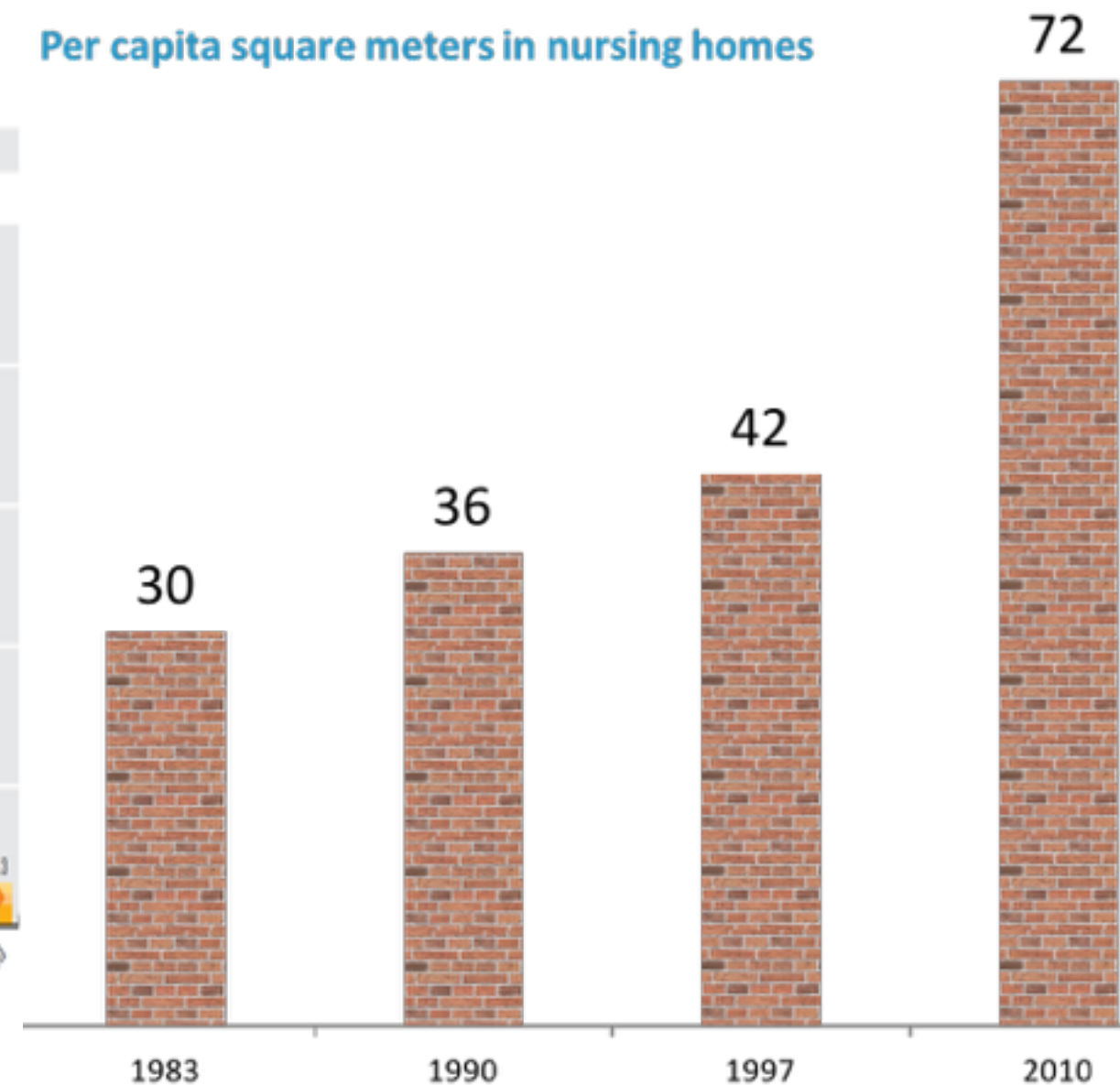
- Maximizing risk-solidarity (OUP expenses; benefit basket; risk-adjustment; egalitarian health outcomes; community rating; open enrolment)
- Gatekeeper is the family physician (increases risk-solidarity)
- Self-employed hospital doctors (exception university clinics)
- Large general acute-care **nonprofit** hospitals; care normally ‘around-the-corner’
- High penetration tertiary care, very high research outputs
- Average hospital care sector; large long-term care sector
- Stewardship: consensus-based governance model
- Low volumes, high prices?

High use of longterm care

Proportion population receiving formal LTC



Per capita square meters in nursing homes



Going Dutch? Reforms at work?

Stewardship
MOH: system
MOF: global budget

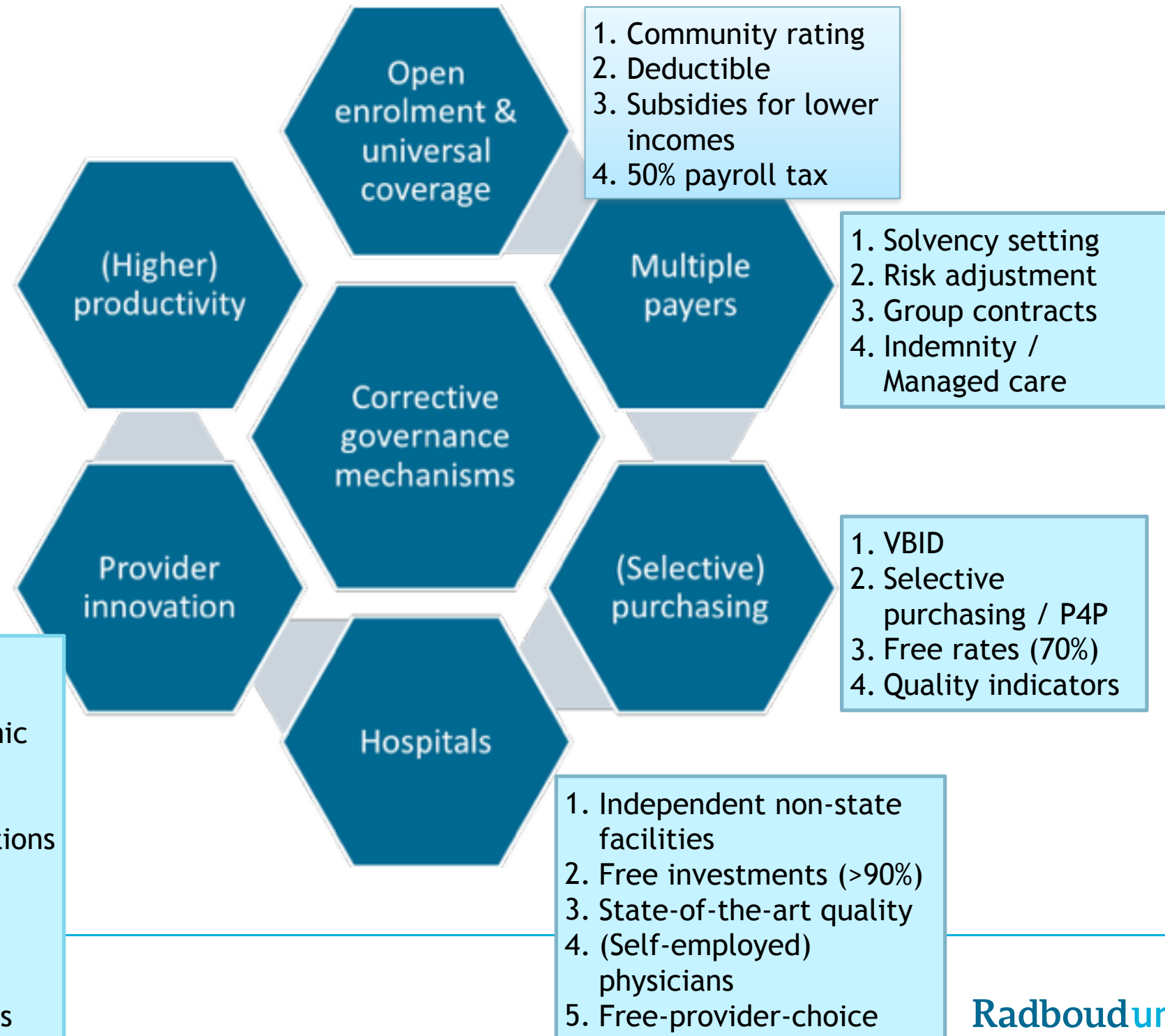
Agencies

Independent
Central bank
Competition authority
Central economic bureau

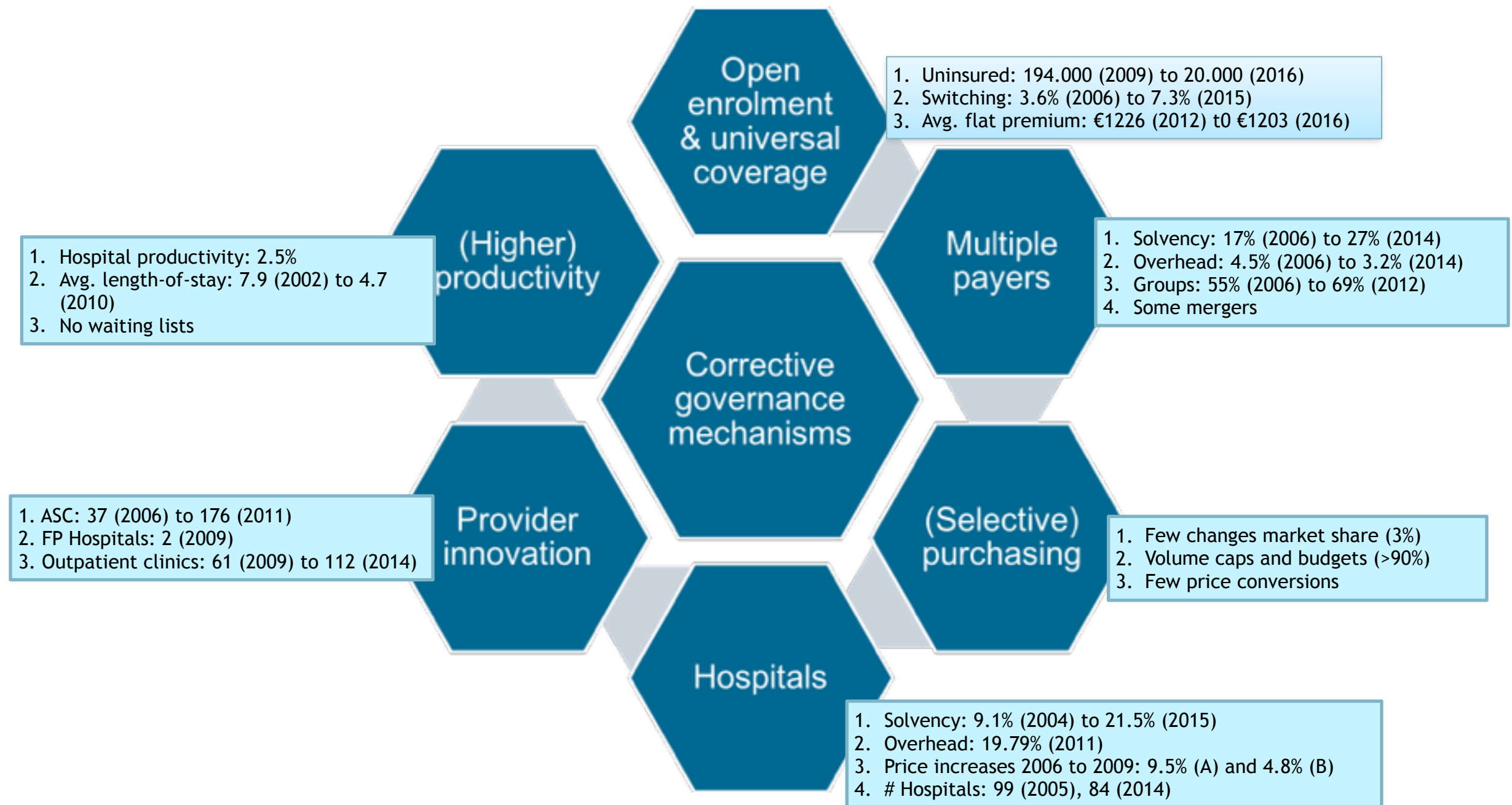
Arms-length
Health market authority
Healthcare Institute

Inspectorates
Patient safety
Fraud and abuse

Semi-private governance
Social-economic council
Covenants: building coalitions
Credit enhancement
Professional standards
Interest groups



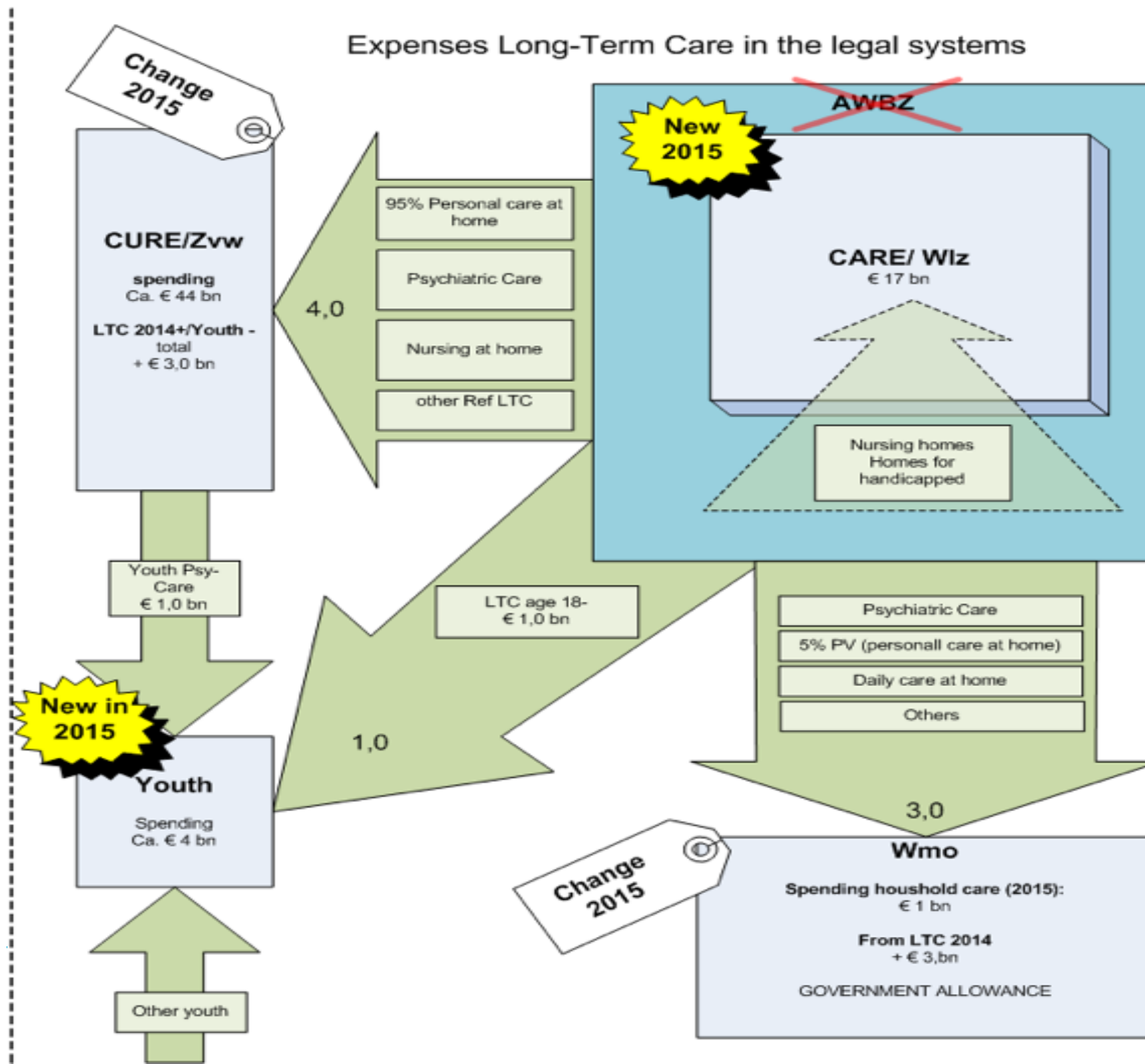
Assessment: ten years 'market reforms'



Diffusive policy paradigms in LTC



Longterm care divided

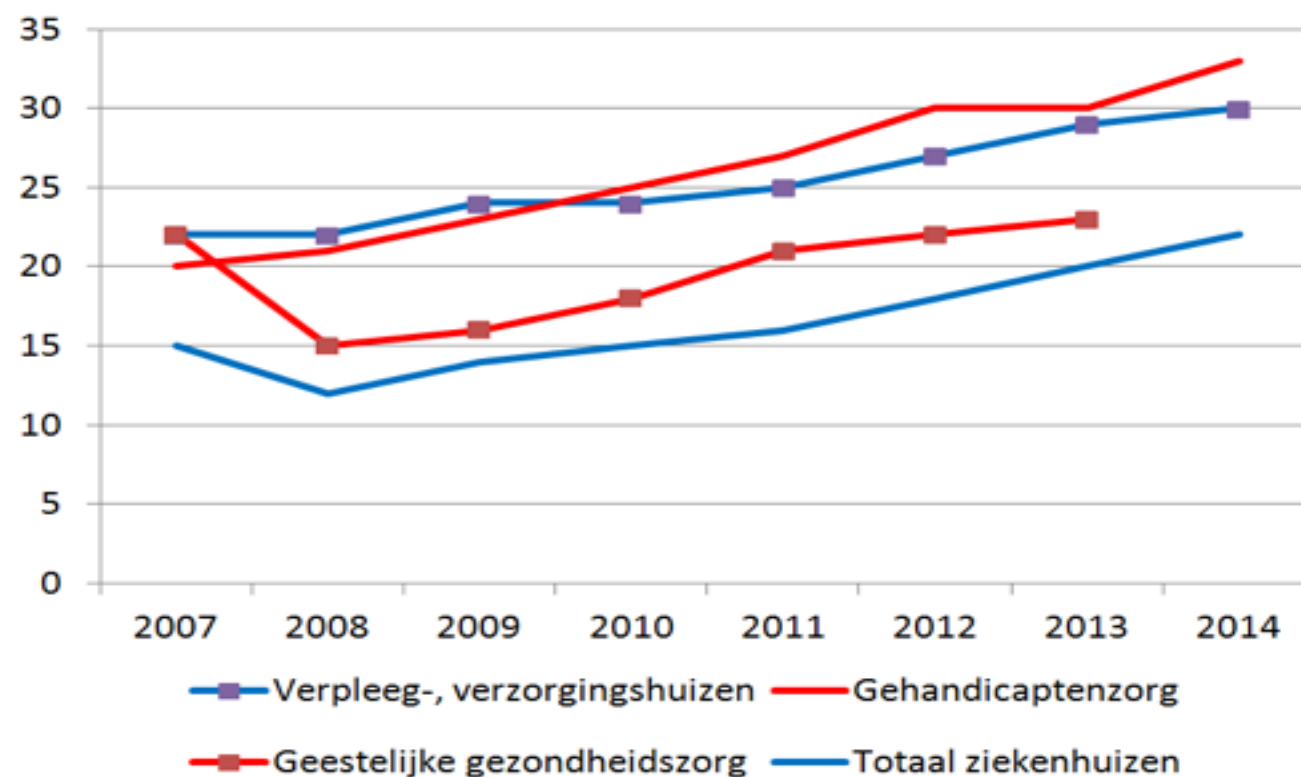


Cost control 2012 - 2016: so far so good?

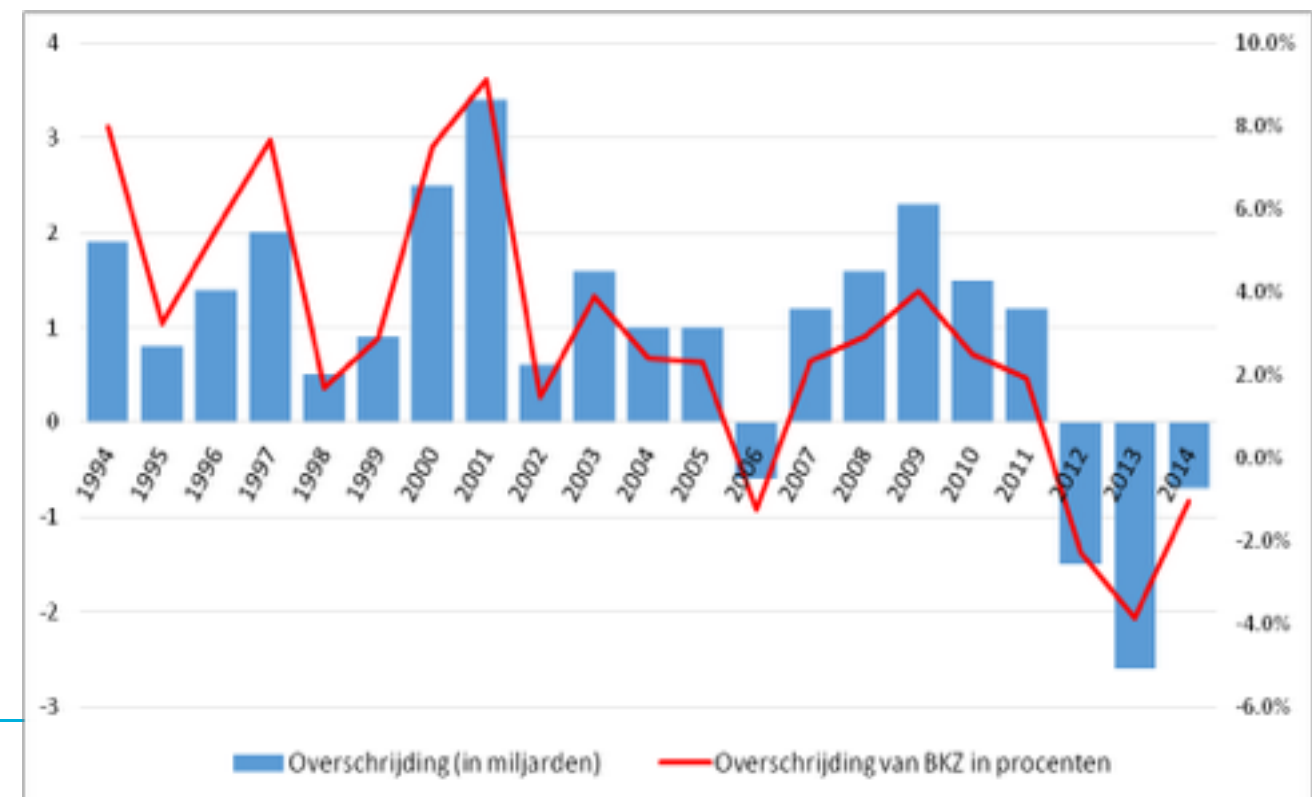
Table: Forecasted and real average flat premium (€)

	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16
Forecast	851	879	1057	1074	1085	1211	1222	1273	1226	1211	1243
Realization	771	848	1050	1059	1095	1199	1226	1213	1098	1158	1203
Difference	78	31	7	15	-10	12	-4	60	125	53	40

Increasing solvency (% total assets)



Over(under) spending BKZ (mrd. €)

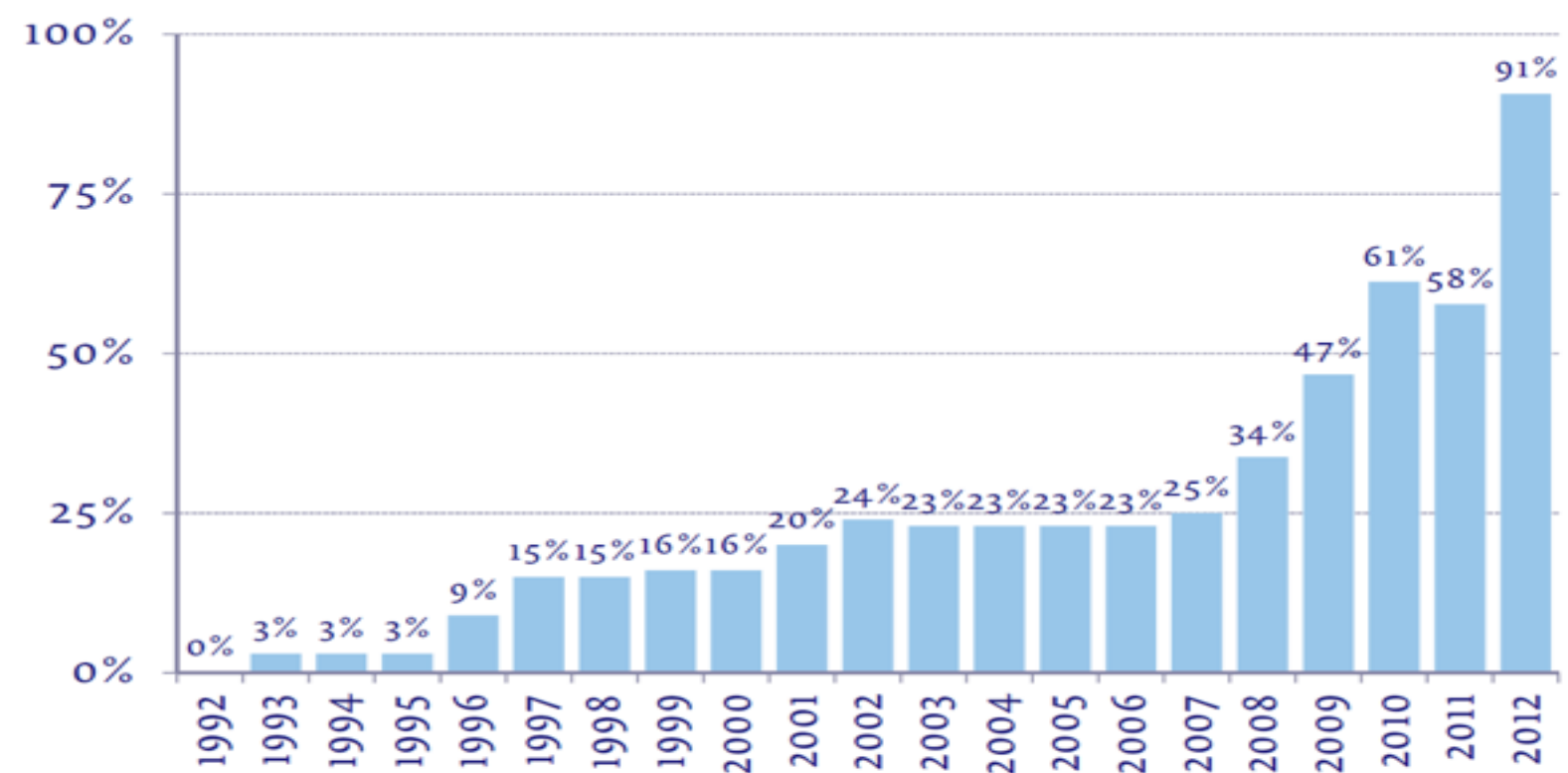


Why has fiscal sustainability improved recently?

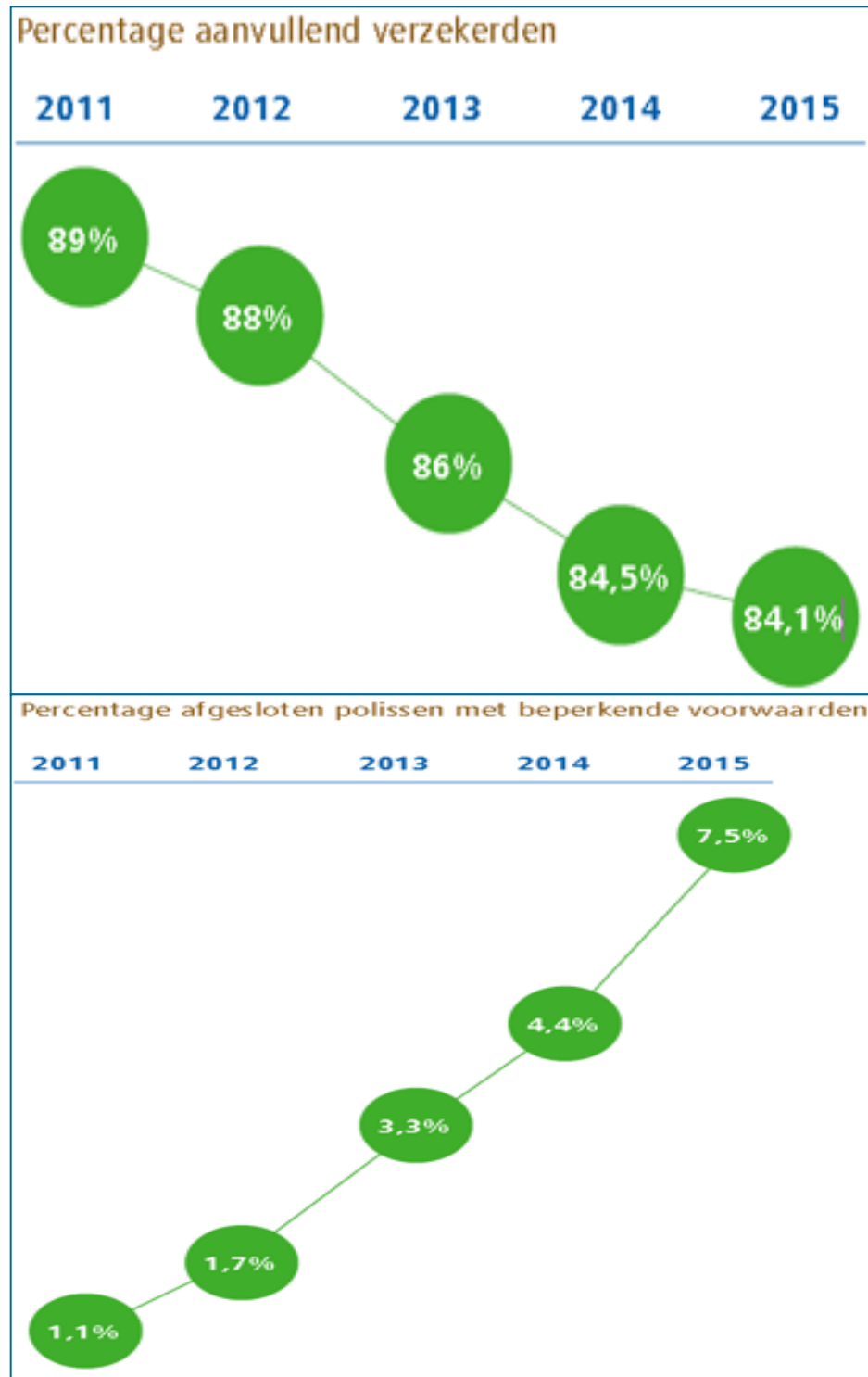
Less growth in health expenses (2012 - 2016)

1. increase deductible, abolishing certain financial compensations for chronically ill
2. risk-bearing insurance companies
3. national covenants (to limit growth in expenses)
4. limiting budgets for long-term care
5. devolving services to municipalities

Ending risk equalization



Also more financial risk by patients

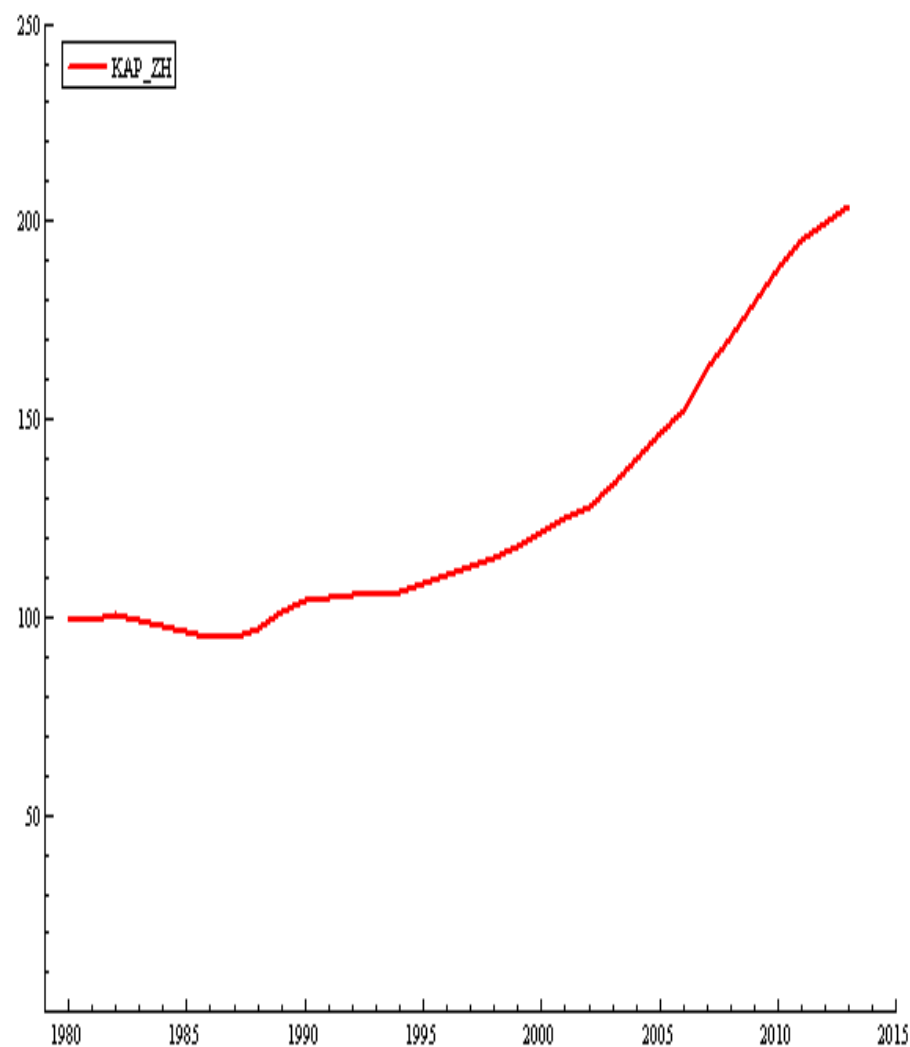


Voluntary deductible

	'11	'12	'13	'14	'15
none	94%	93,1%	90,3%	89%	88%
€100	1,4%	1,4%	1,4%	1,4%	1,4%
€200	0,9%	0,9%	1,1%	1,3%	1,3%
€300	0,8%	0,9%	0,7%	8%	0,7%
€400	0,1%	0,1%	0,2%	0,2%	0,2%
€500	2,7%	3,6%	6,2%	7,3%	8,3%

Less patients/clients and rapid growth capital investments

Increasing volume of capital hospitals (1980 = 100)

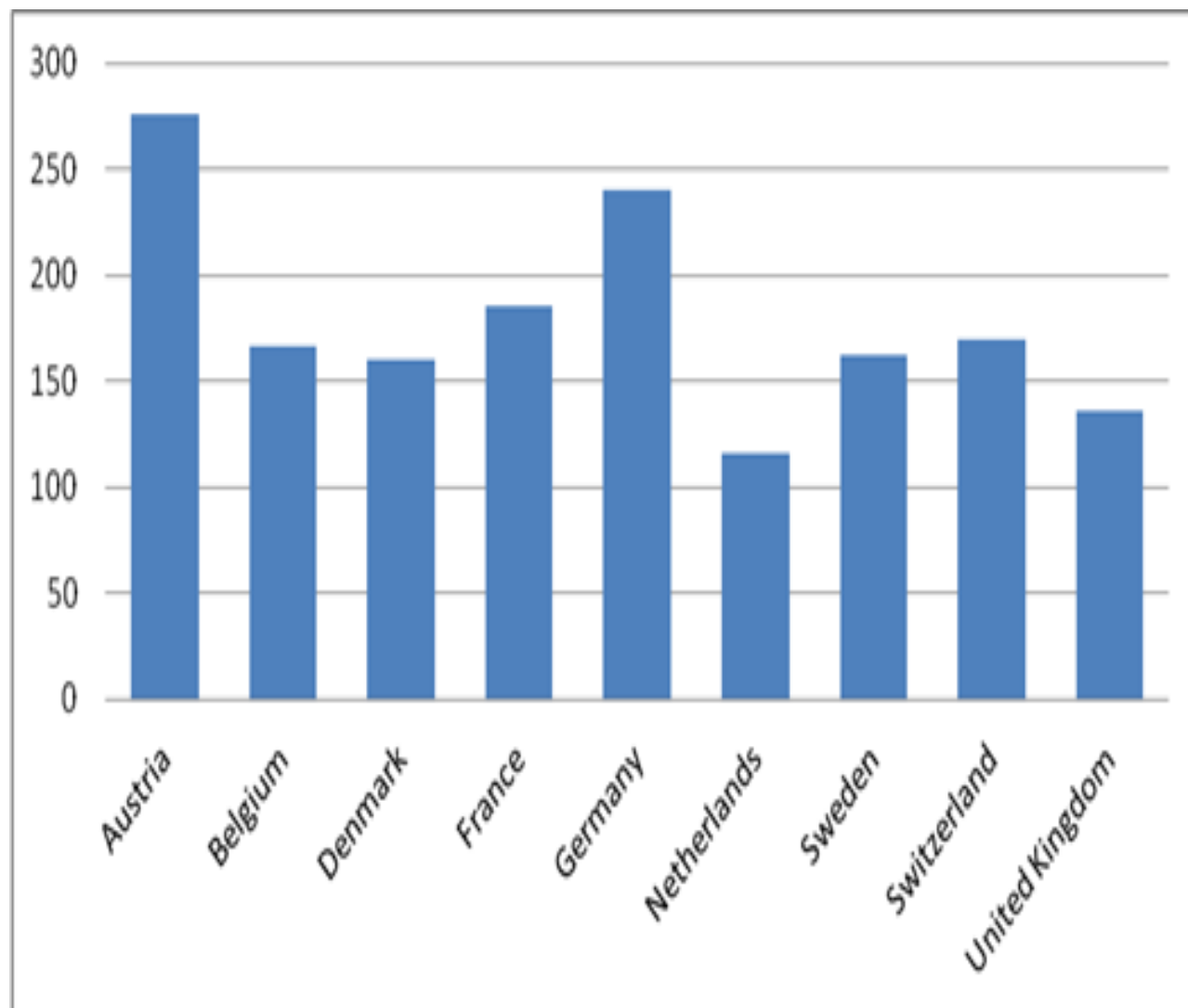


patients and clients (1980 = 100)

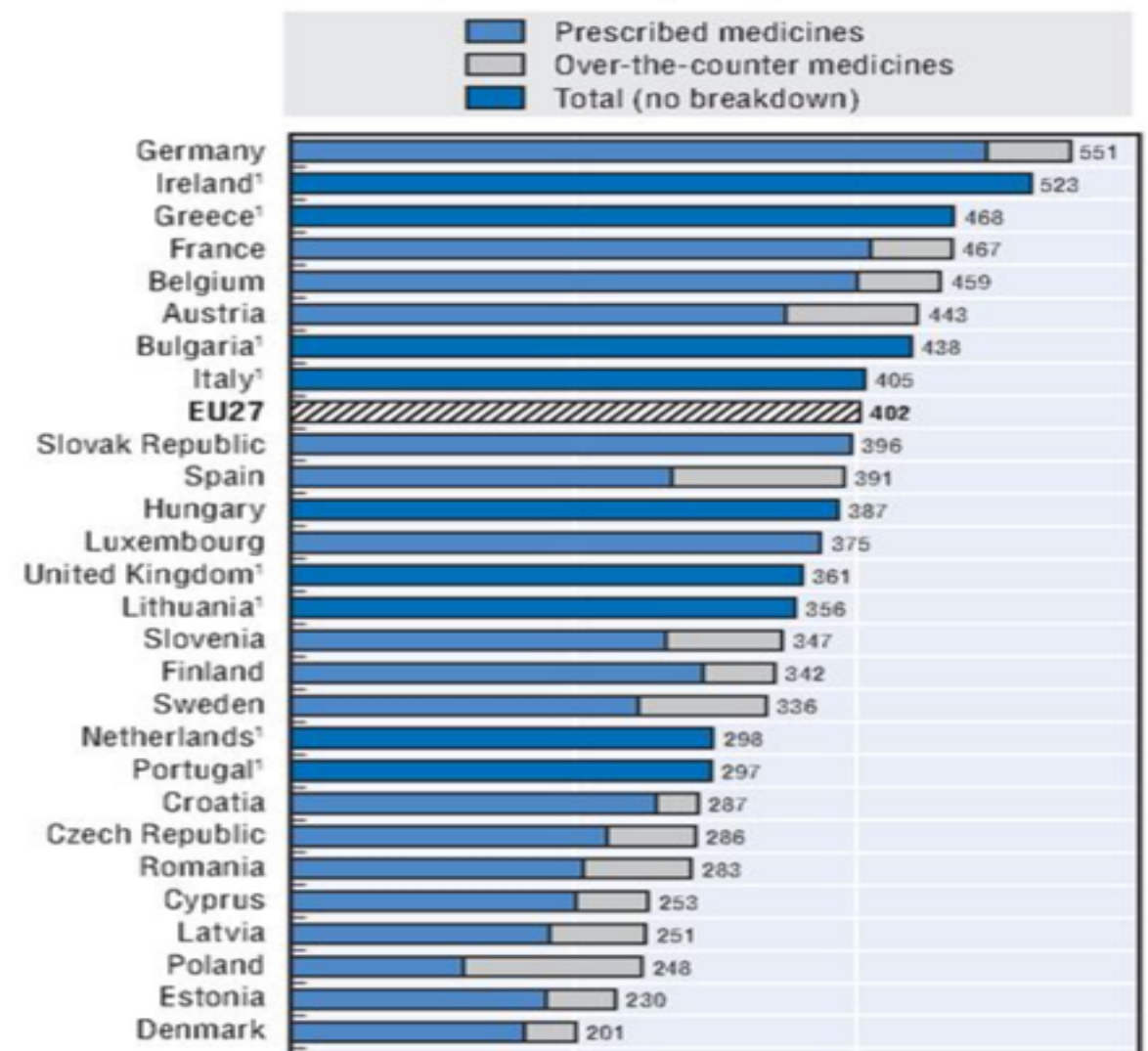
	2008	2009	2010	2011	2012	2013
polikliniek	405	400	403	408	384	393
(dag)opname	226	239	251	265	268	246
overig ziekenhuis	521	544	543	578	618	667
V&V zzp > 4	142	156	158	163	186	170
V&V uren	143	148	151	180	184	178
VG verblijf	170	181	181	189	195	194
VG	589	561	529	529	523	502
dagbehandeling						

Less patient volumes, an affordable solution?

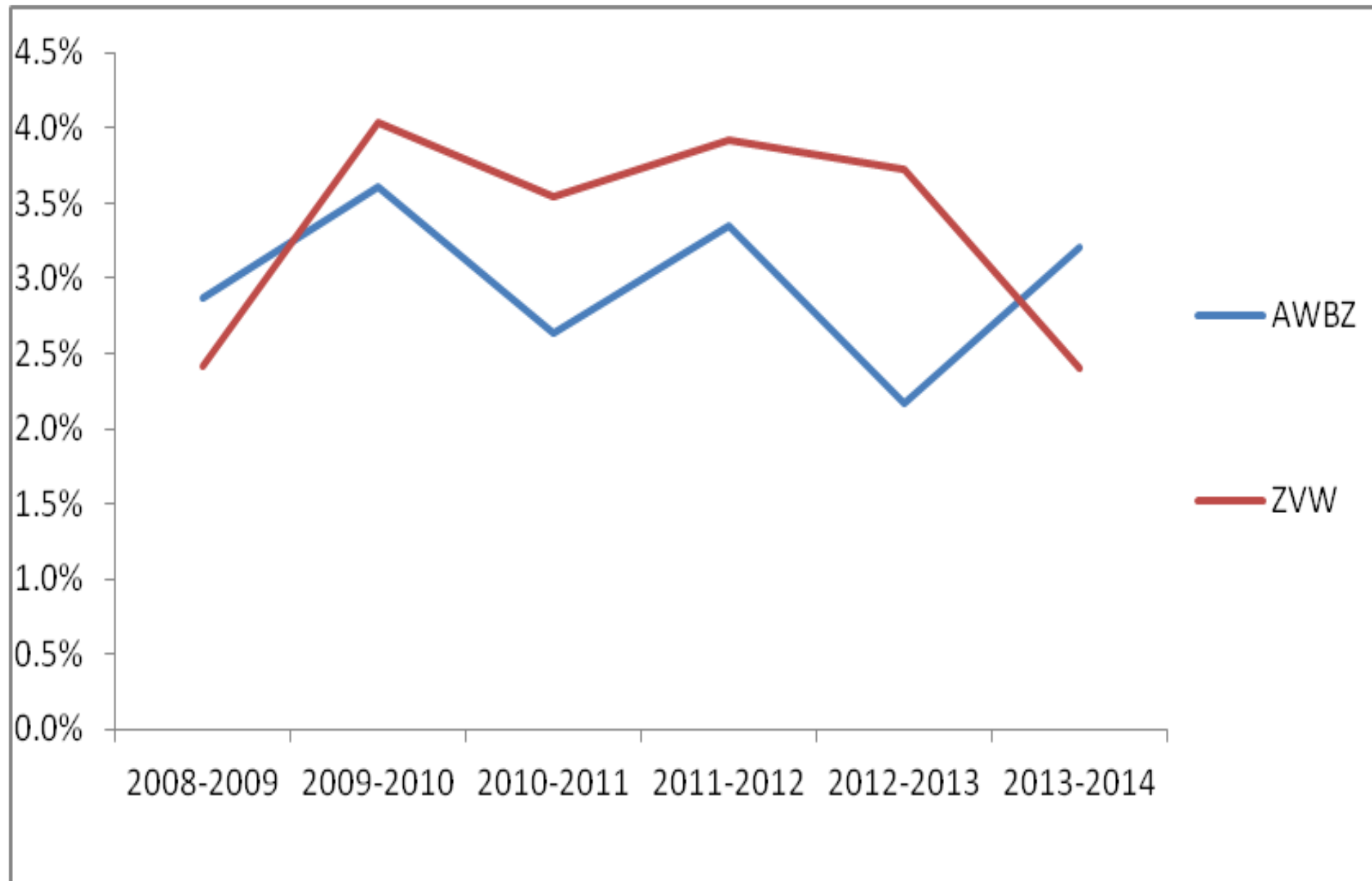
(Day) treatments per 1.000 inhabitants



Per capita expenses pharmaceuticals

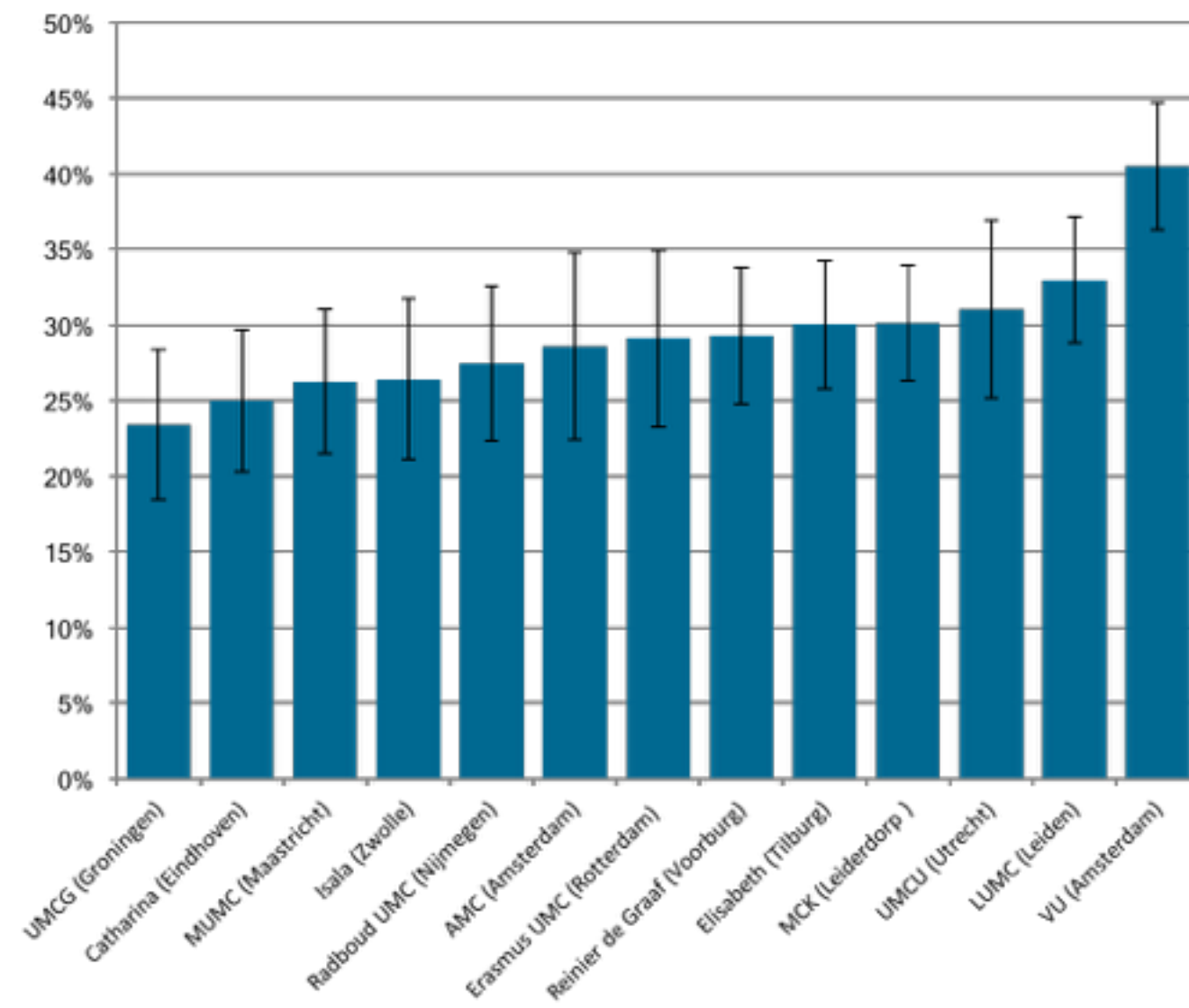


Active purchasing? Few changes in provider market shares

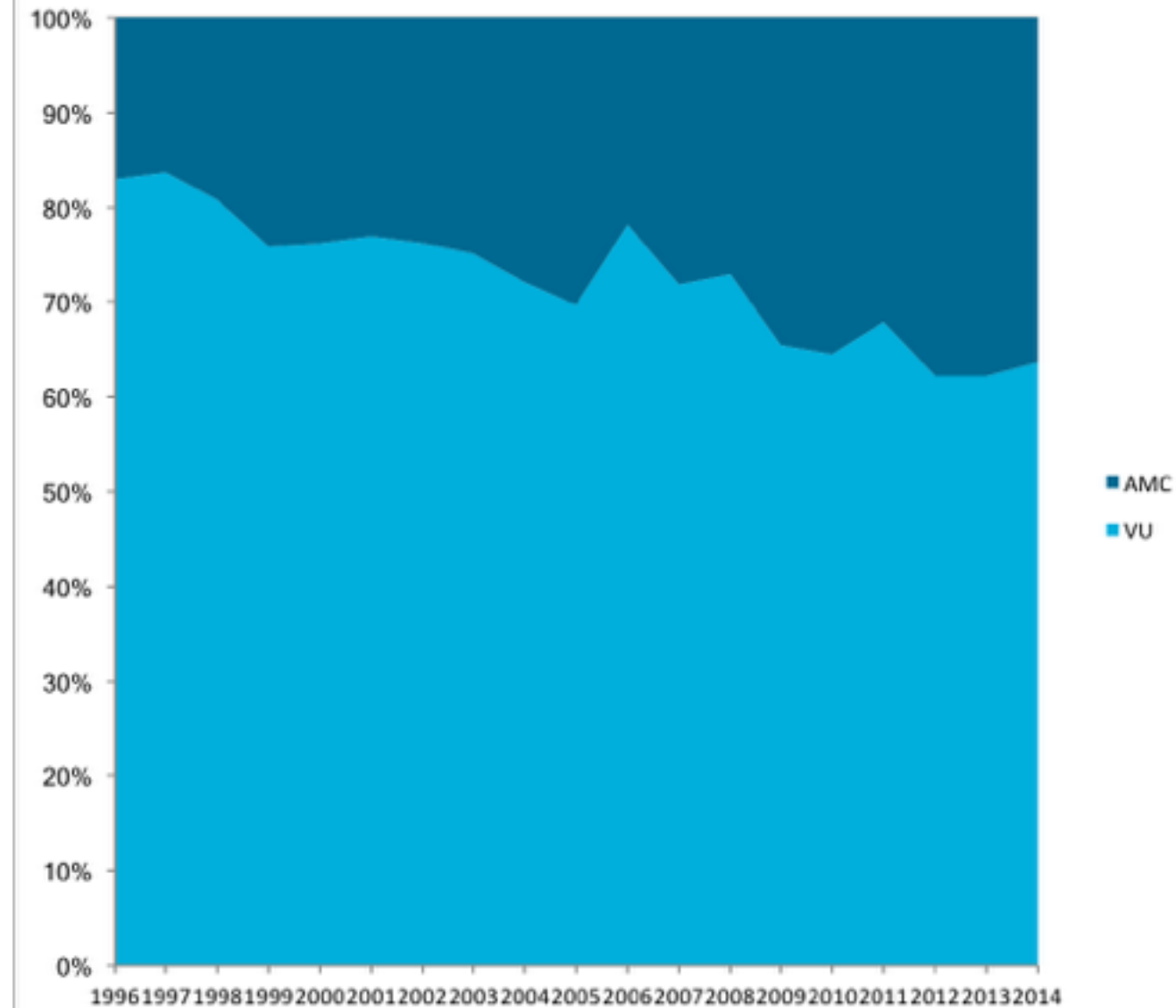


Active purchasing in vitro fertilization?

Succesrate (5-year average)



Marketshare Amsterdam



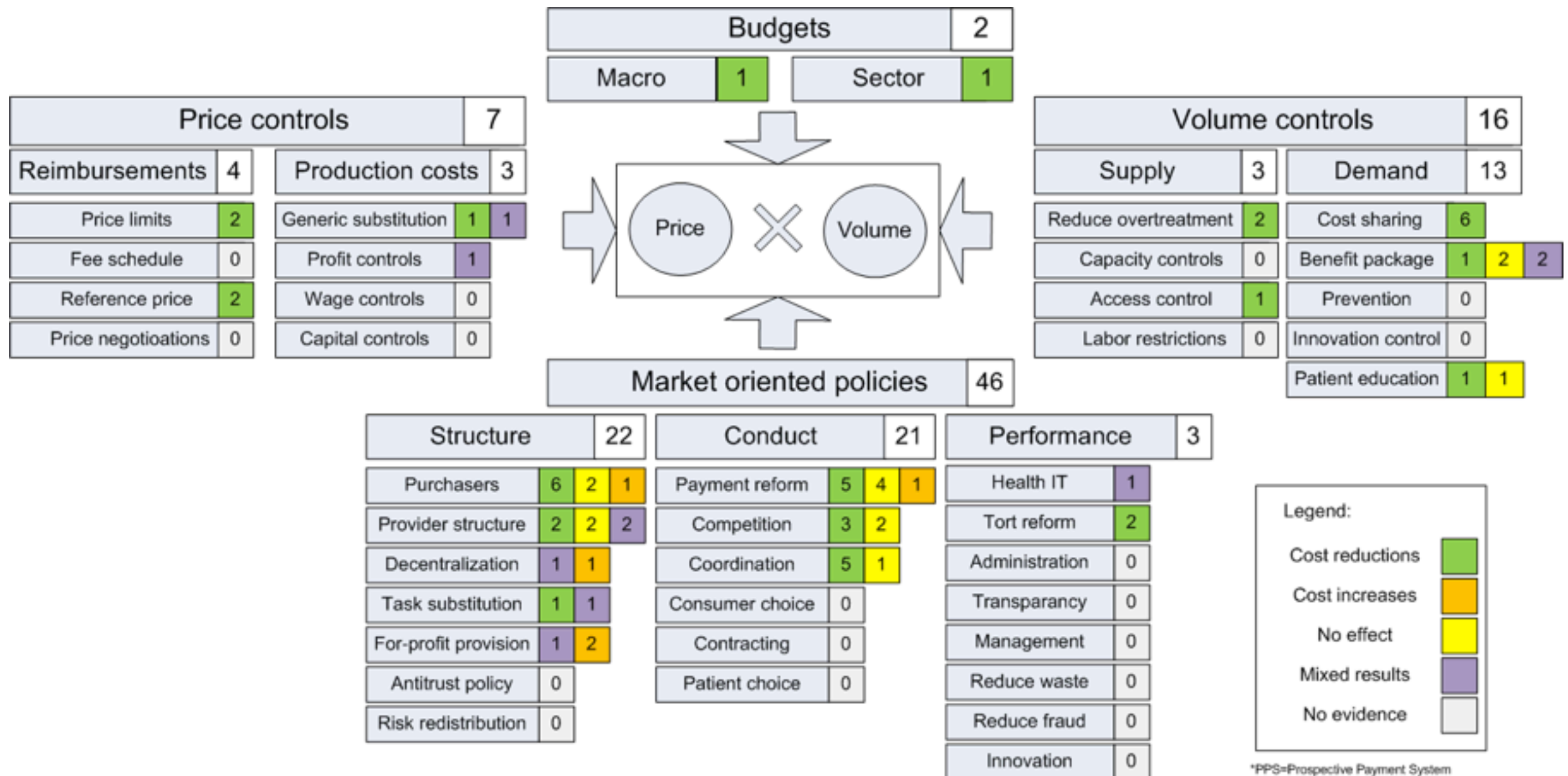
Some conclusions

- Regulated competition and fiscal sustainability may align (2012-2016)
- Be hesitant with incentives that only target lower volumes
- Increases in technical efficiency (less waste) more important than increases in co-payments or benefit reductions
- Efficiency: steering on best-practices
- Aligning trends in epidemiology/technology and budgetary policy
- Possibilities for fiscal enforcement are needed (MBI)
- Do not disturb intrinsic motivation by professionals

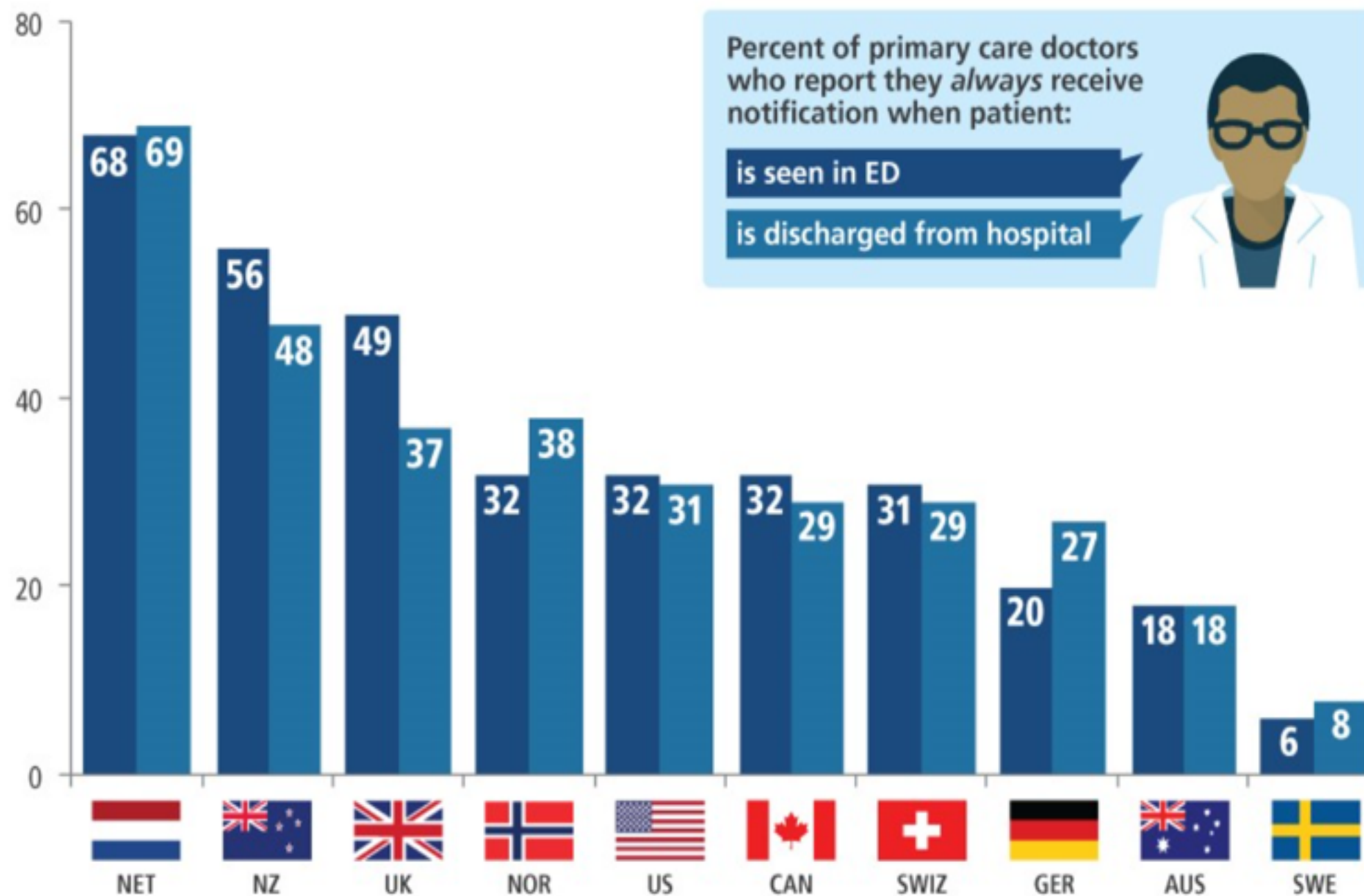
What makes a healthcare system sustainable?

- ❑ Good performance on 1) access, 2) quality, 3) efficiency, affordability
- ❑ No ‘golden’ bullets from a health system perspective (OECD, 2010) & very difficult to change context by policy reforms
- ❑ Powers for endogenous improvements more important:
 - 1) To ‘innovate’ along the lines of value/efficiency
 - 2) To ‘correct’ for value destroying behaviours

What works according the review peer-reviewed literature, systematic review



Primary care anchor for coordinating Dutch care



Thank you for your attention