Monitoring the impact of reforms

The Dutch model

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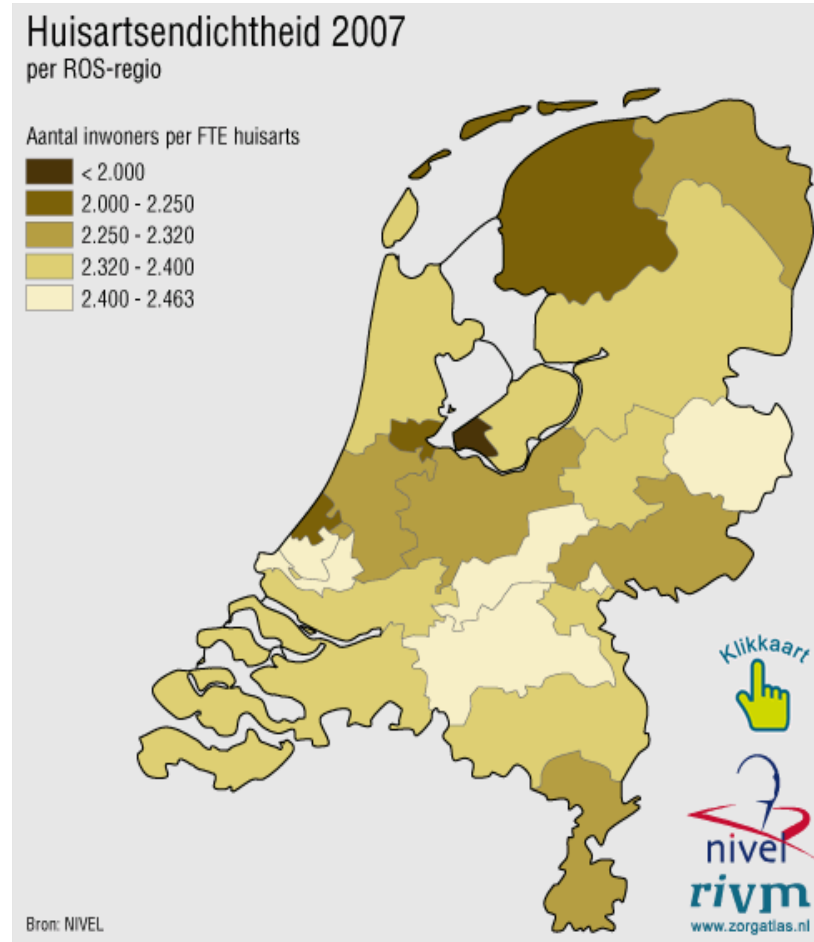
Health care: going Dutch?

Is the future Dutch?
Lancet, July 12, 2008

Holland as model for US health care?
Wall Street Journal, 2007

GP; the health system's entrance

- Medical home: 8500 GP' s
- GP: patient = 1: 2300
- 99% inhabitants is registered with a GP (free choice)
- GP is the gatekeeper to health care
- Referral needed for secondary and (most) of other primary care



GPs; effective and efficient

- **GP's deal with 96% of all contacts themselves**
- **Only 2,5% referred to hospitals**
- **Avoidable hospitalizations is low 3%**
- **GP's prescribe according to guidelines (66%); varying between practices (45-80)**
- **Timeliness acute care survey (incl. ER): 90%**

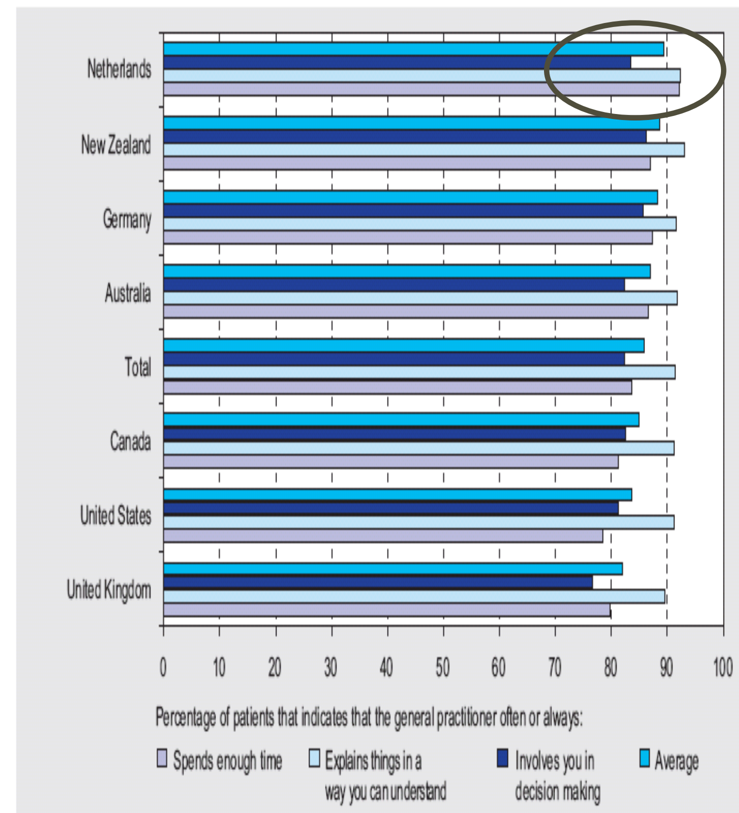
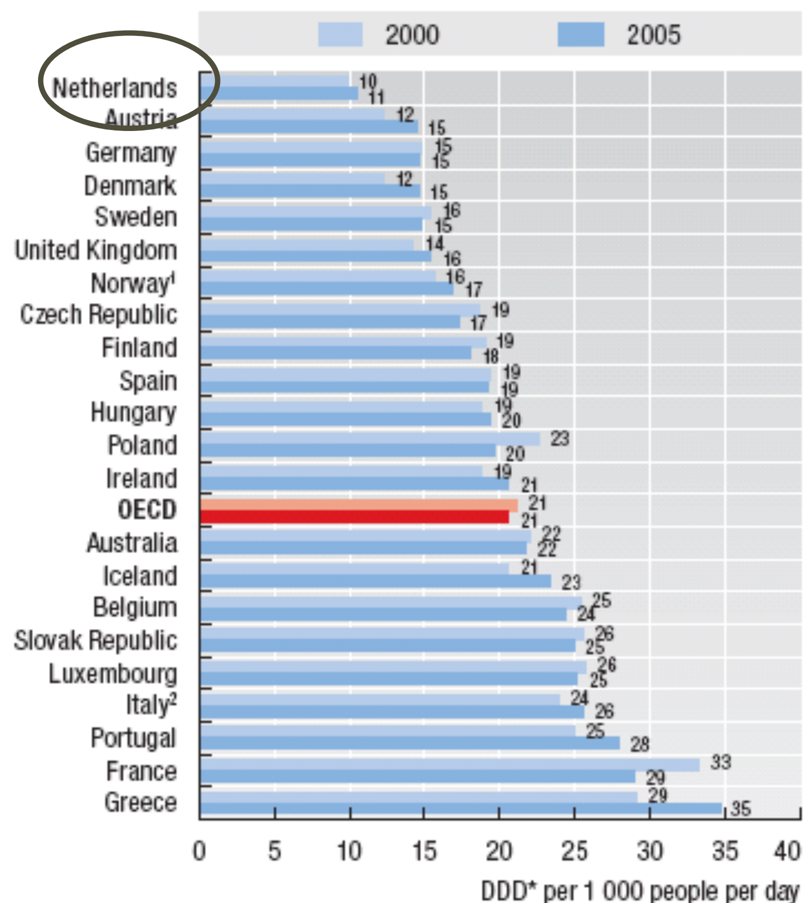
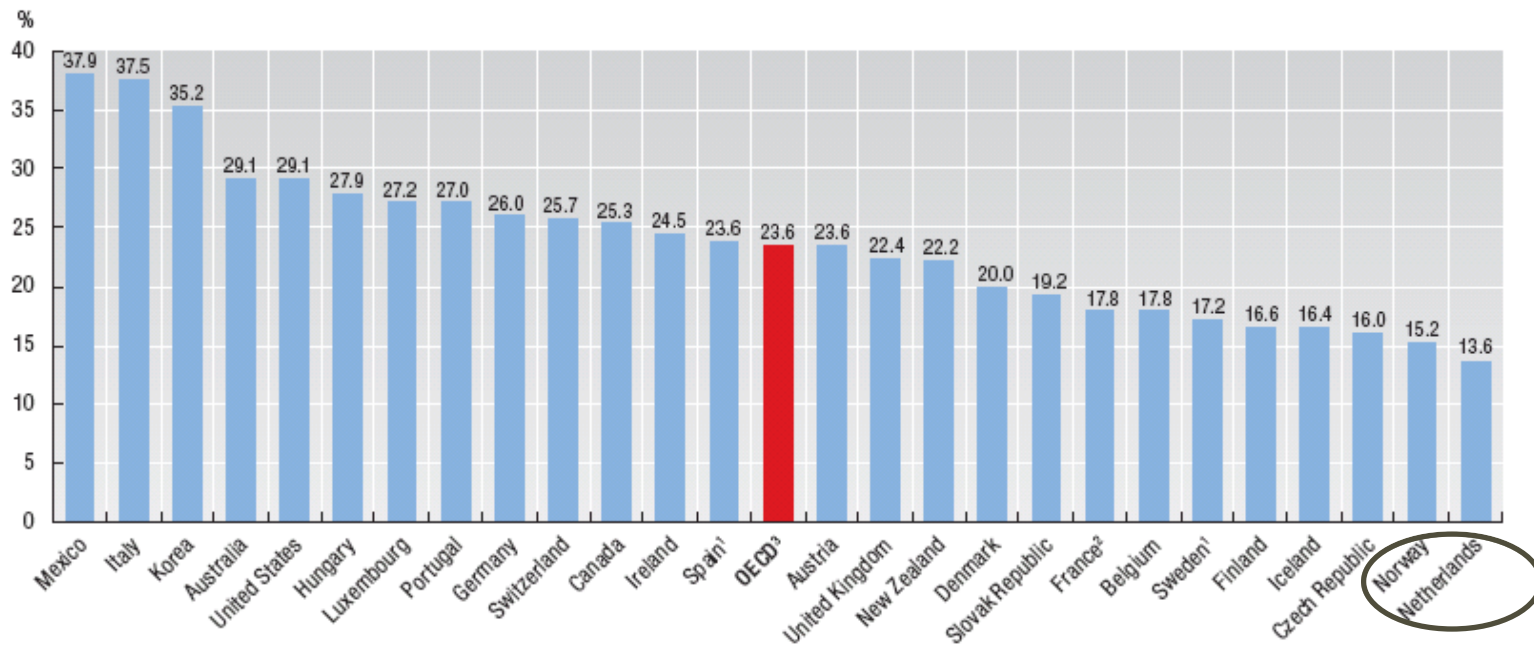


Figure 5.2.8: General practitioners patient-centred interpersonal conduct according to patients, per country, in 2007 (%) (Source: Grol and Faber, 2007; Schoen et al., 2007).

4.15.4. **Antibiotics consumption, DDD* per 1 000 people per day, 2000 and 2005**



4.13.1. **Caesarean sections per 100 live births, 2004**



1. 2003. 2. 2001.
3. The OECD average consists of the latest available data for 26 OECD countries.

Context: regulated competition

- “The Dutch government believes the performance potential of the health care system can be substantialle boosted if centralised state control makes room for a decentralised system of regulated competition” (Ministry of Health, 2004)

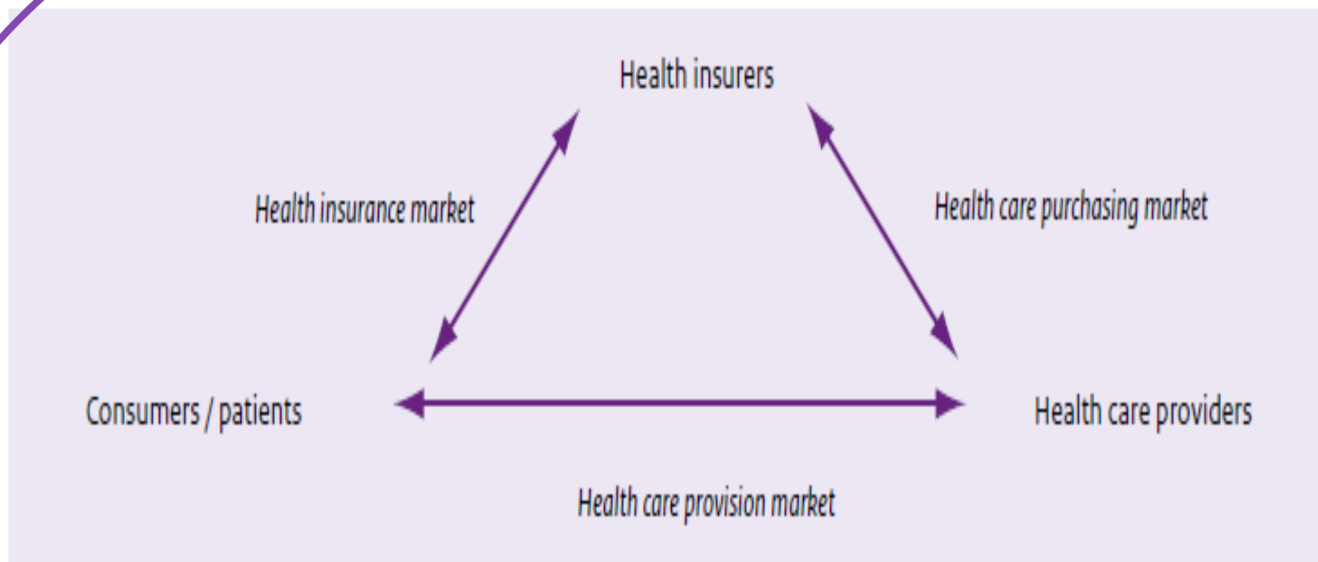
- 2006 New Health Insurance Act

“More market elements”

- Consumers (18+) buy private insurance and receive a government defined health insurance package
- Insurers are legally required to accept all applicants
- Health insurers critically purchase services from providers
- Providers will provide “more for less”, in terms of access, quality, costs

- Government takes backseat;
  - Less “*controlitis*” and central planning by government
  - More (disruptive) innovation
  - Increase responsiveness and patient centered care

Regulated competition



Aiming high, despite the crisis

- "The Dutch health care system is in full swing. Major reforms have been introduced in the past few decades. …
- We want a health care system of high quality, with good access, which is effective and which remains affordable

2010, Ab Klink, former Minister of Health

Quote taken from the foreward DHCPR 2010

System change: what the indicators tell

Dutch Health Care Performance Report

Dutch Health Care Performance Report 2010

BMJ | 10 OCTOBER 2009 | VOLUME 339

LOOKING TO EUROPE

The Netherlands: regulated competition behind the dykes?

Countries across Europe have common health challenges but many different ways of tackling them. This article is part of an occasional series that looks at what we can learn from each other. The Dutch have opted for mandatory private insurance rather than a public system to cope with the challenges facing health care. **Gert Westert**, **Jako Burgers**, and **Harry Verkleij** assess how it is working

Dutch Health Care Performance Report

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Opinion

Case for going Dutch on NHS monitoring

David Brindle
The Guardian, Wednesday September 19 2007
Article history

It is true that the Dutch system, based on compulsory health insurance, is different from the NHS, and the government there is not in charge of its day-to-day management in the same way. Perhaps, then, Dutch ministers can be more relaxed about independent assessment. But they did push through a root-and-branch reform of the insurance system last year, and the next evaluation is already being billed as the first systematic verdict on the changes.

It all seems remarkably sensible and grown-up. Which is probably why it would never catch on here.

· David Brindle is the Guardian's public services editor. The Dutch healthcare report is at healthcareperformance.nl

- Independent coherent analysis of the performance of healthcare at system level
- Three system goals: quality, access and cost
- Provider and patient perspective
- Use time trend data or international comparisons, whenever possible
- Limited set of indicators
- Special themes: efficiency, effect system change
- **No politics, only facts!**

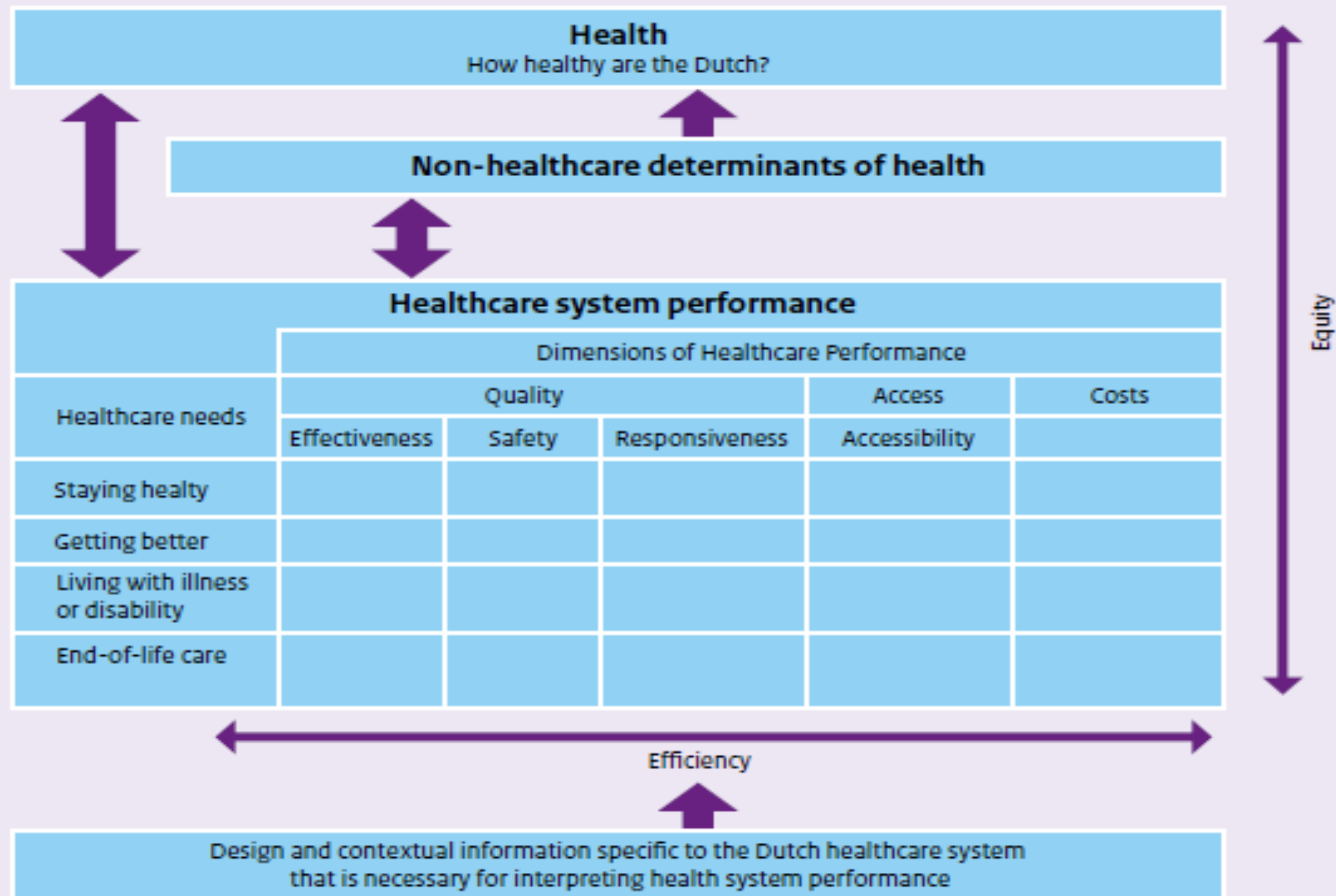
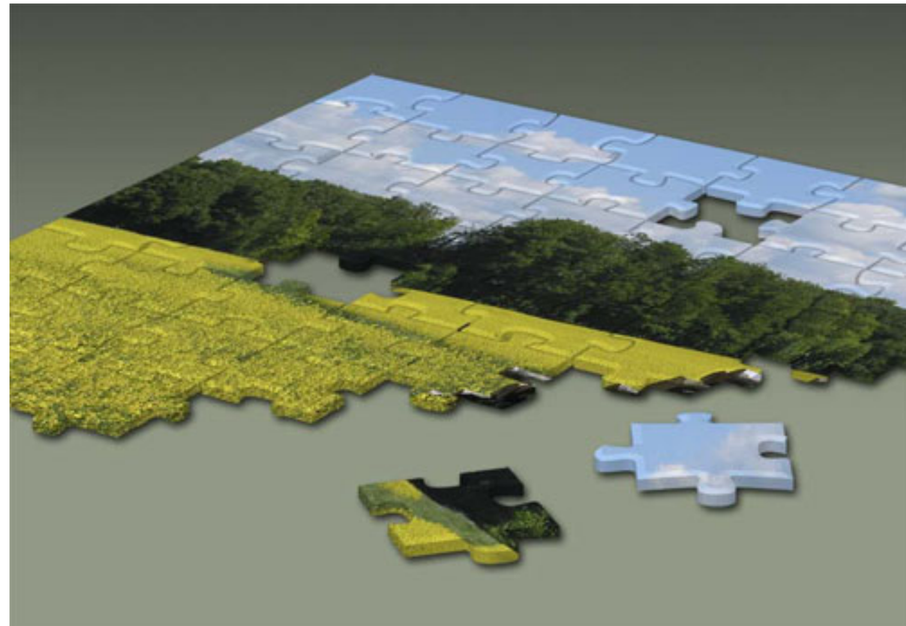


Figure 1.1: Conceptual framework of health care system performance
Health
How healthy are the Dutch?
Non-healthcare determinants of health
Healthcare system performance
Dimensions of Healthcare Performance
Healthcare needs
Quality
Access
Costs
Effectiveness
Safety
Responsiveness
Accessibility
Staying healty
Getting better
Living with illness or disability
End-of-life care
Equity
Efficiency
Design and contextual information specific to the Dutch healthcare system that is necessary for interpreting health system performance
(Source: Arah et al., 2006)

Choosing indicators

- *The framework*
- *Susceptibility to being influenced by health (care) system (e.g. % smokers)*
- *Link to current health policy (e.g. waiting list for elective surgery)*
- *Time trend data*
- *Link to international work:*
  OECD HCQI-project



Lessons learned

- Painting the big picture using a selection of macro indicators
- International comparisons
- "Glass is half full" or "glass half empty" working *with* the MoH
- Chapter on "the bumpy road to next report"
- Foreword by minister of Health (2010)

Dutch
Health Care
Performanc
Report

"Accesibility is a strong point, quality not always up to par and wide variation in quality, costs still increasing"

Public enjoys good access to services that vary in quality

Care coordinated well?

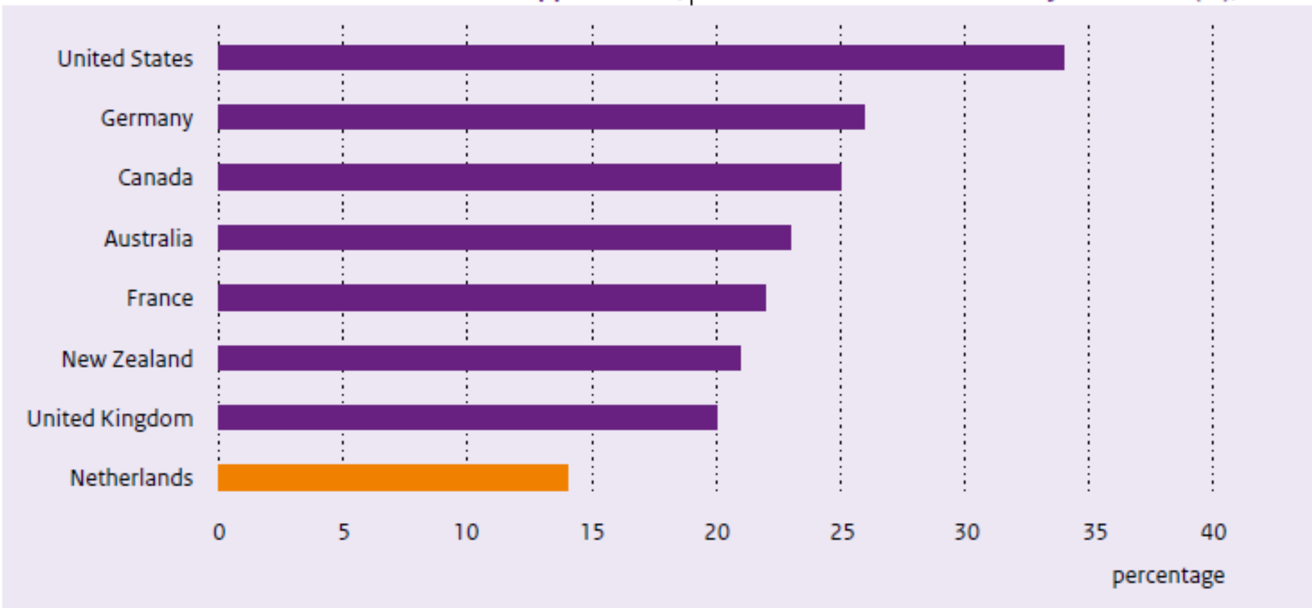
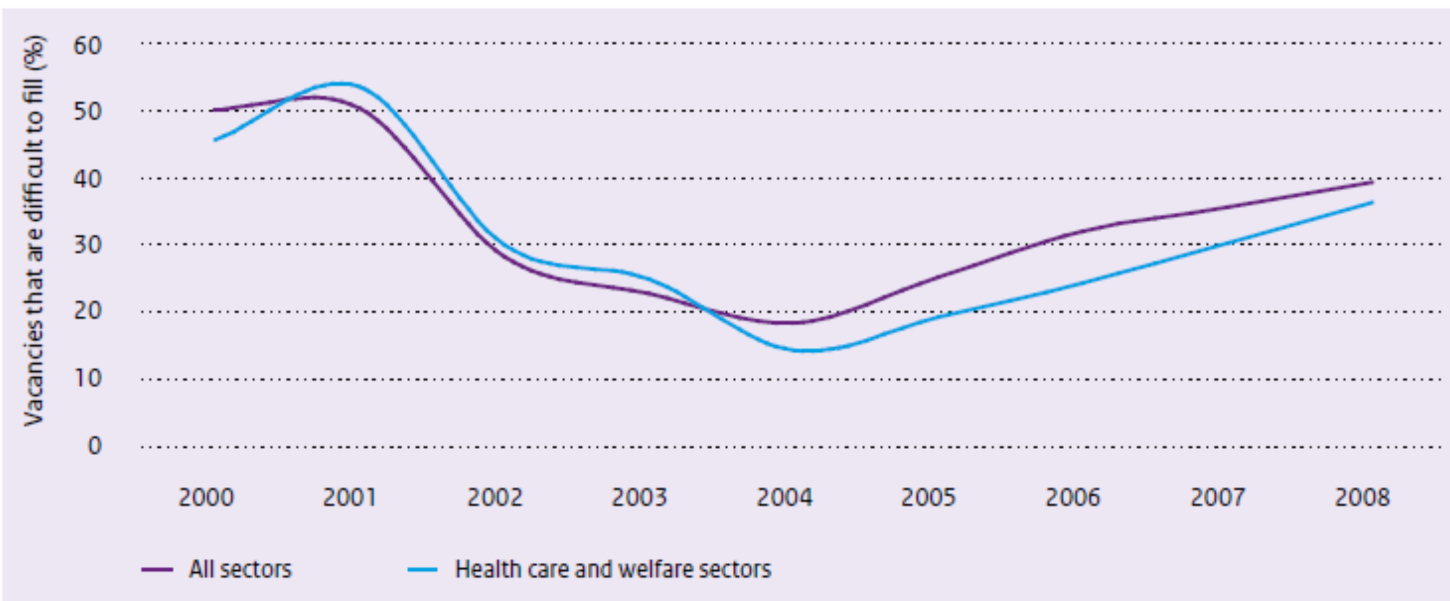
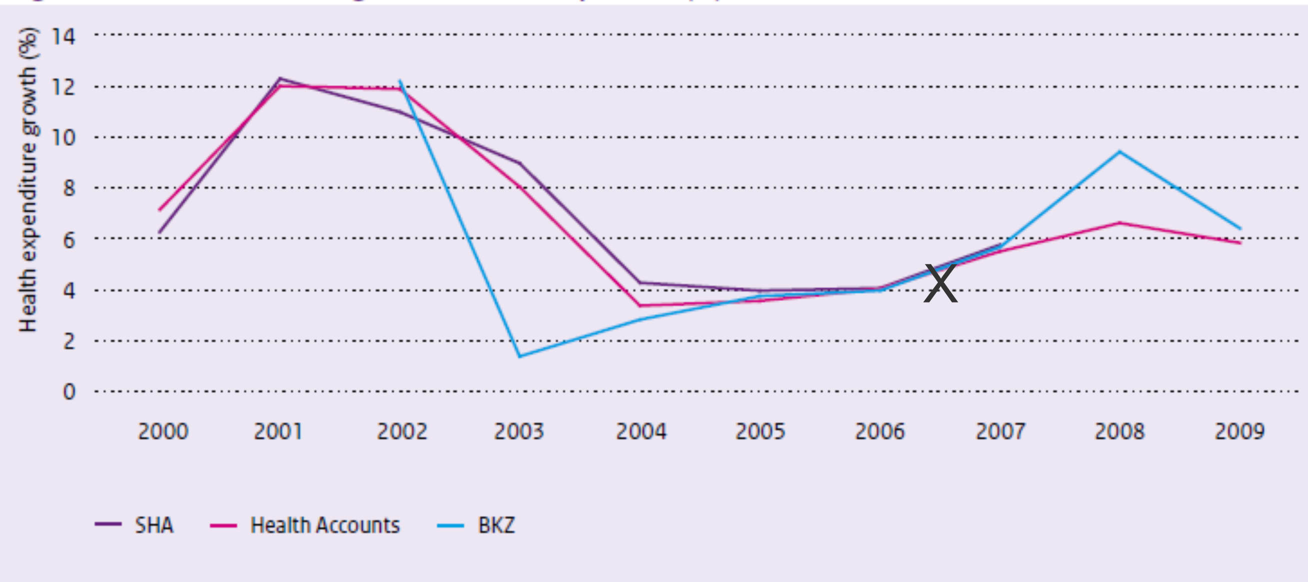


Figure 3.7.2: Vacancies that are difficult to fill as a share of the total number of vacancies in the health care and welfare sectors and in all sectors combined (%), 2000-2008

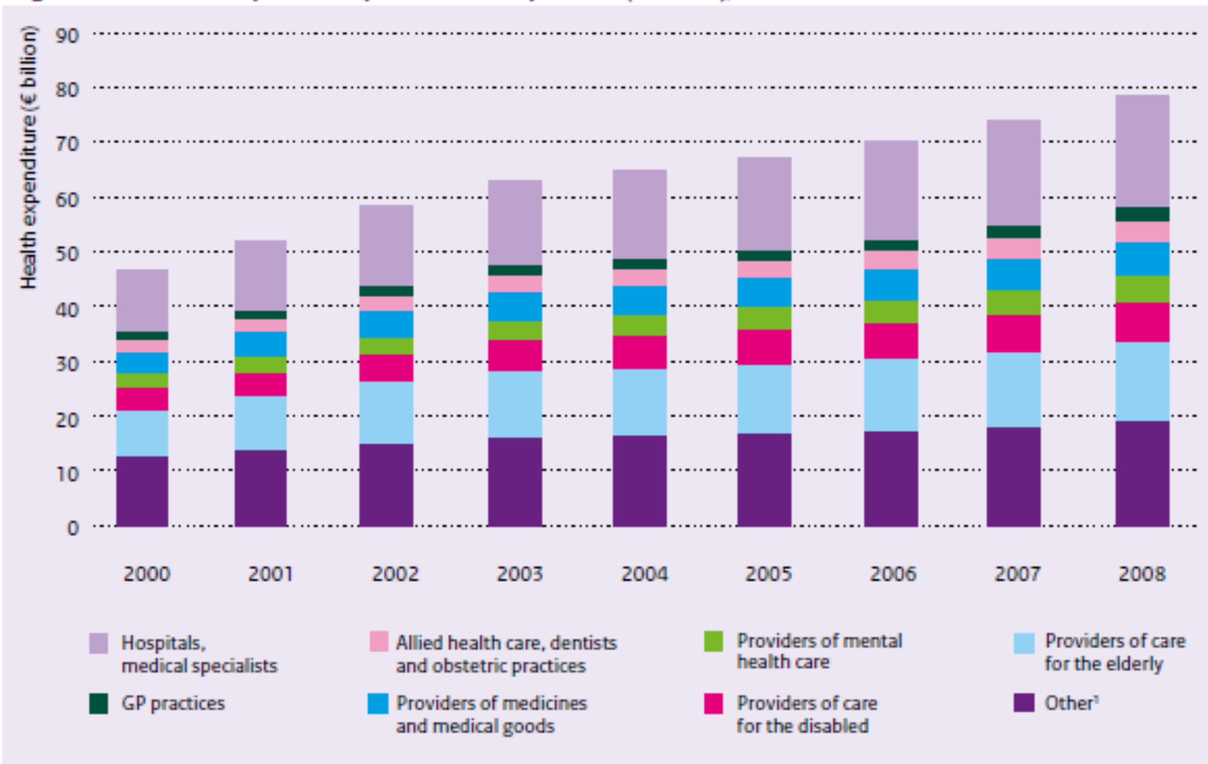


(Source: CBS Statline, 2009i)



(Source: VWS, 2009b; VWS, 2010a; CBS, 2009b; OECD Health Data)
BKZ (Budgettair Kader Zorg) = Health Care Budgetary Framework (= gross BKZ = net BKZ + co-payments); SHA = System of Health Accounts

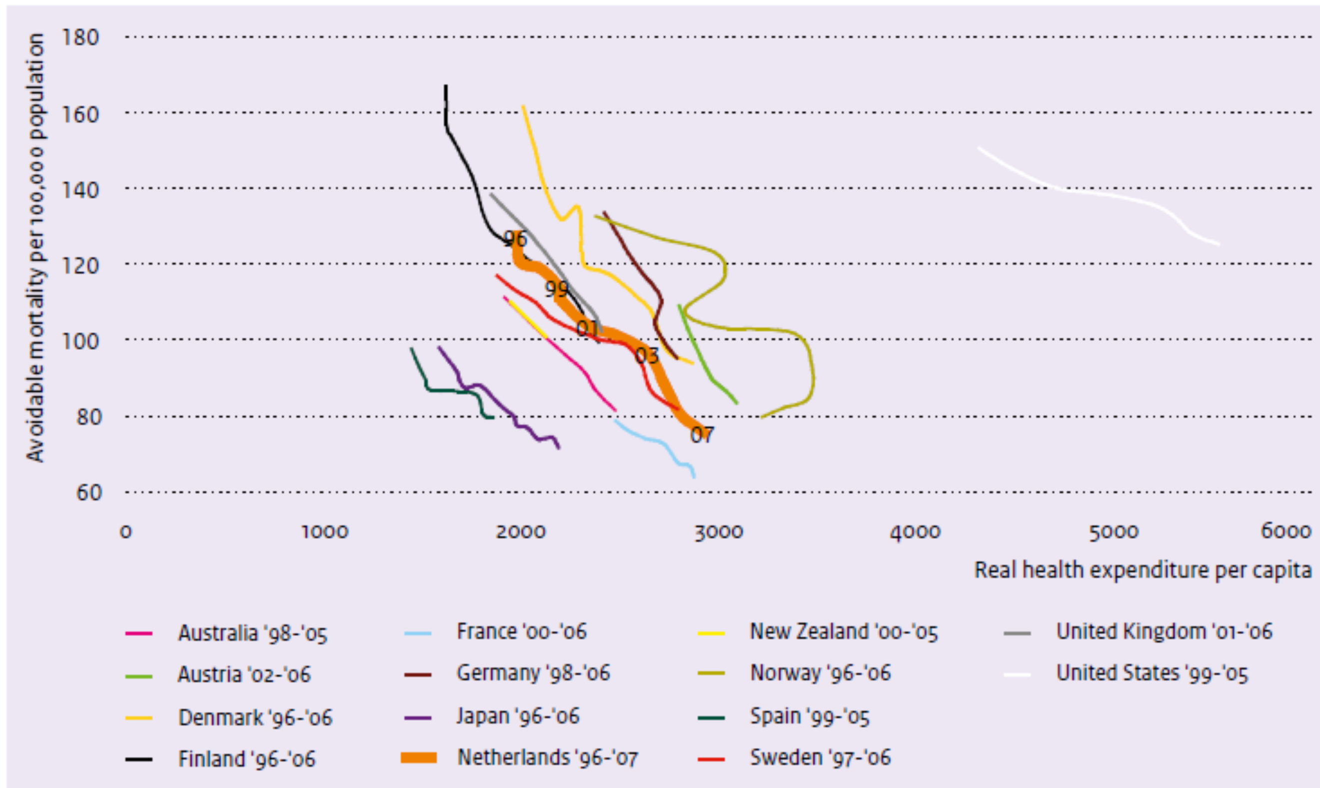
Figure 4.2.1: Health expenditure per health care provider (€ billion), 2000-2008



(Source: CBS Statline, 2009j)

[1] Other includes municipal health services, occupational medicine and reintegration companies, suppliers of therapeutic agents, providers of support services, other health care providers, day nursery, providers of child welfare services, boarding schools, social cultural work, other providers of welfare services, and administration and management

Figuur 4.3.4: Avoidable mortality per 100,000 population and real health expenditure per capita (in US$ PPP), 1996-2007



(Source: OECD Health Data; WHO, 2009b, data analysis RIVM)

PPP (Purchasing Power Parities) = US$ PPP is an exchange rate that corrects for differences in purchasing power between countries

Table 4.3.6: Avoidable hospital admissions per 100,000 population, index numbers, 2005/2006

	Asthma	COPD	Diabetes acute complications	Diabetes amputations	Heart failure	Hypertension
Austria	109	161	98	44	142	523
Belgium	105	94	100	143	73	28
Canada	37	95	105	76	63	19
Denmark	87	160	91	141	71	112
Finland	188	85	142	75	132	142
France	88	40	-	85	119	-
Germany	43	92	65	-	152	281
Ireland	106	192	197	69	83	55
Italy	34	74	49	71	133	78
Japan	118	17	-	-	58	72
Netherlands	53	77	35	77	74	25
New Zealand	148	154	6	80	89	21
Norway	85	122	91	73	81	92
Spain	89	70	82	178	101	18
Sweden	50	96	86	81	125	81
Switzerland	64	50	52	106	67	73
United Kingdom	153	118	142	61	50	15
United States	243	102	259	240	190	64
Average	100	100	100	100	100	100

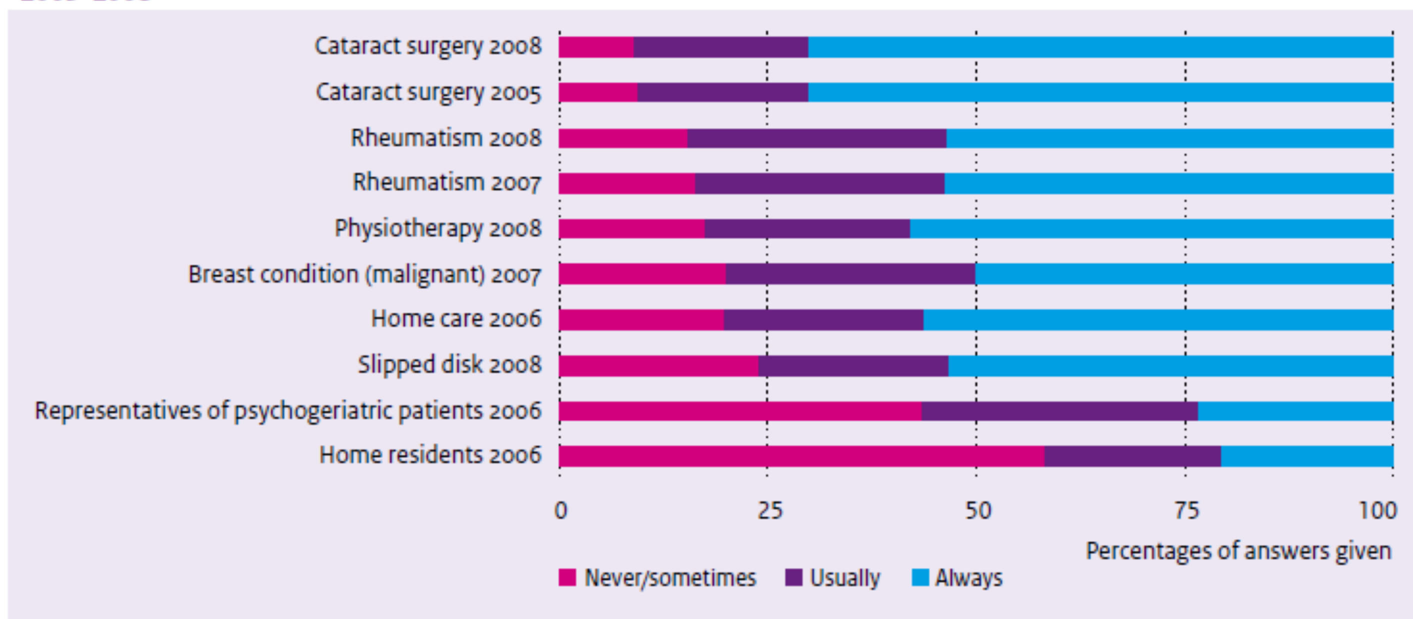
(Source: OECD, 2009)

Figure 4.3.6 demonstrates the variation in prices between institutions for the disorders femur fracture and inguinal hernia. For the 10 institutions with the lowest rates, prices were between €1000 and €1500, and for the 10 institutions with the highest rates, prices ranged between €2200 and €2500.

Figure 4.3.6: Price of femoral hernia / inguinal hernia repair, per hospital (€), 2007 and 2008

(Source: NZa data, data analysis RIVM)

Shared decision making?



Quality variation

- Prescription following CPG (49%-77%)
- 24 hour hip fracture surgery: 67%-100%
- Mental health care: *drop outs:* 5-28%
- Medication errors/ pressure ulcers in hospitals/ nursing homes
- Wound infections in hospital:1,4-9,3%
- HSMR
- Unplanned cesaereans: 7-30%

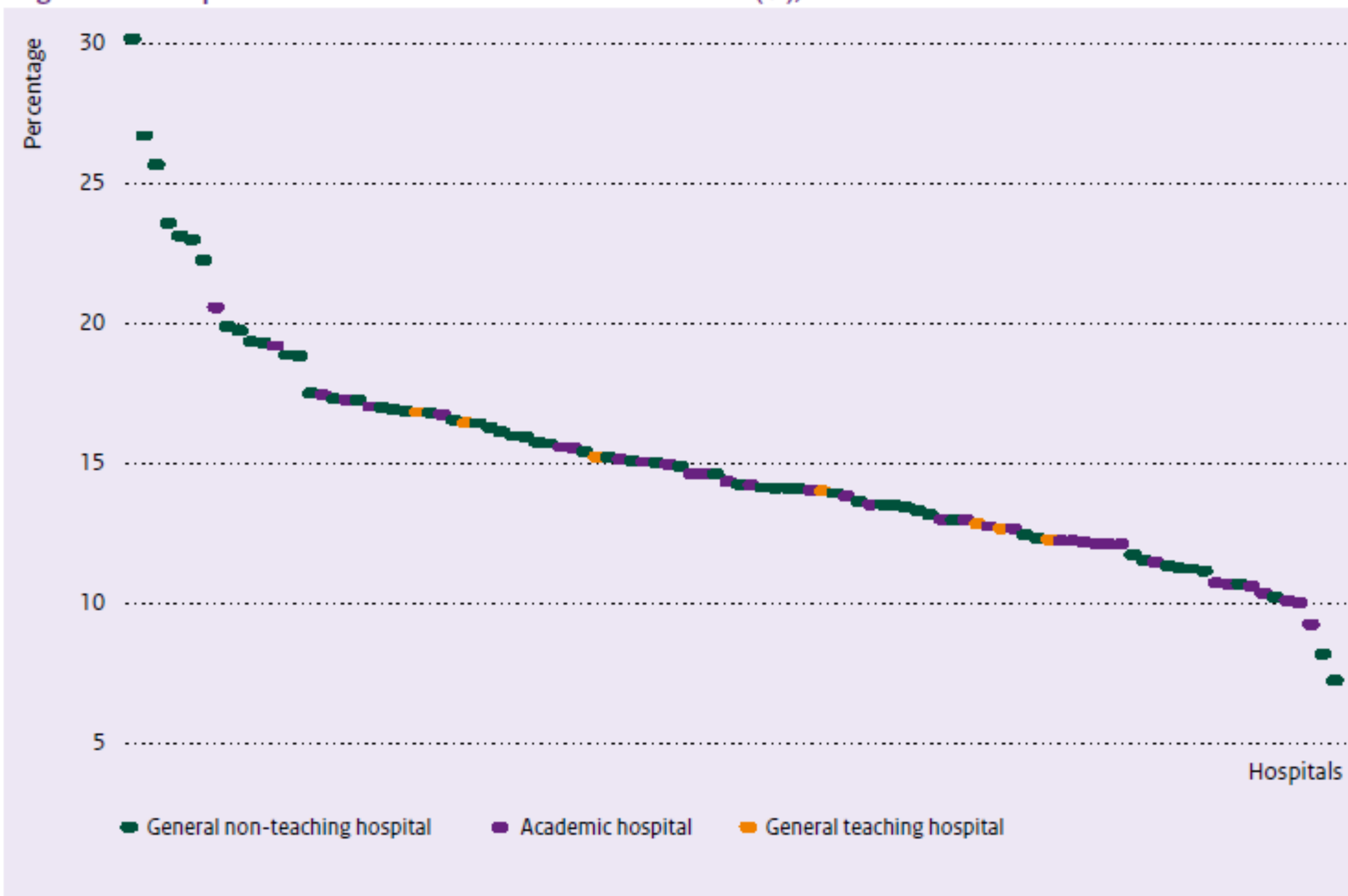
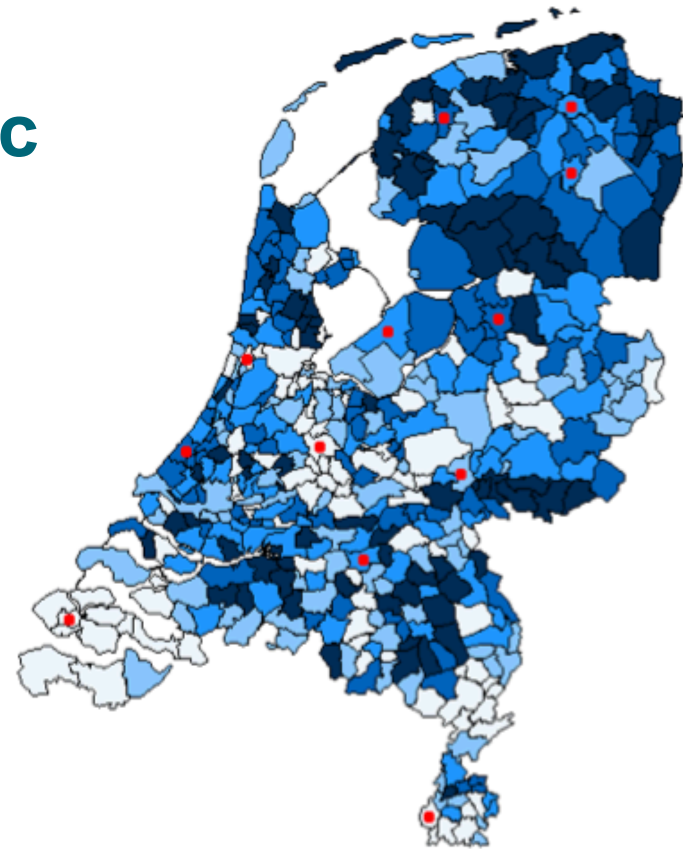


Figure 2.3.8: Unplanned ceasarian sections in low risk women (%), 2004-2008
Percentage
30
25
20
15
10
5
Hospitals
General non-teaching hospital
Academic hospital
General teaching hospital
(Source: Stichting Perinatale Registratie Nederland)

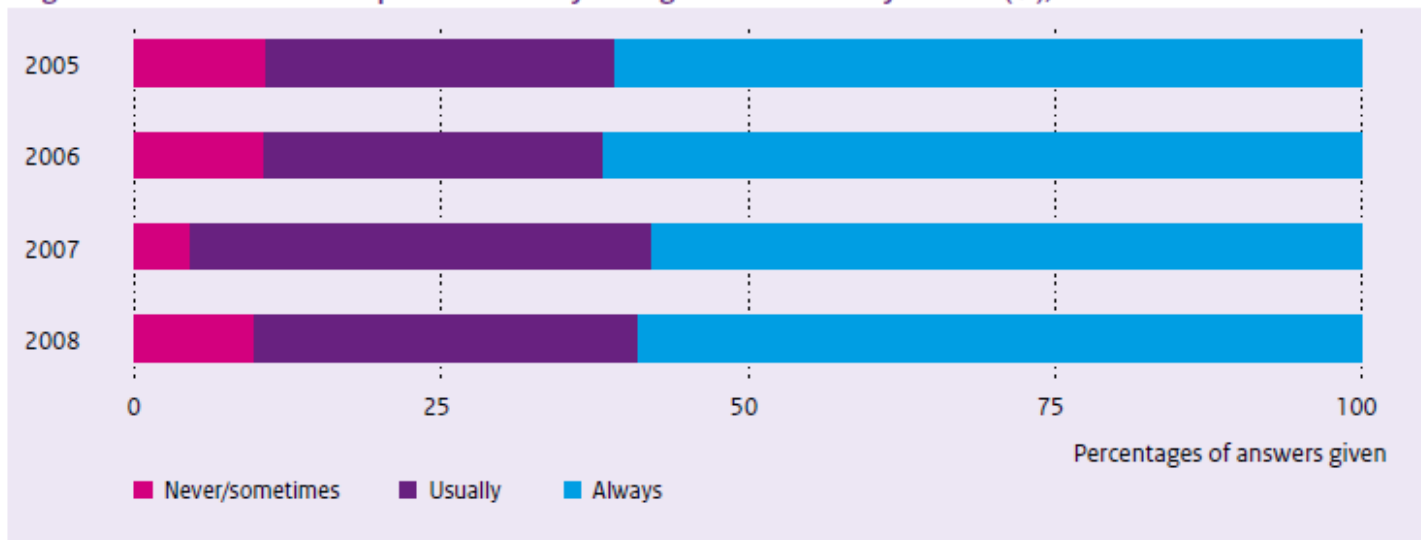
Herniated or slipped disc



PleXus, 2011

Effect of system change: the patients' view

Figure 3.6.1: Patients who reported that they were given the care they needed (%), 2005-2008



(Source: CKZ / NIVEL, 2010)

Five years of regulated competition; *Quality is not (yet) a driving force in the Dutch health care market*

- Strong price competition among health insurers (-2% premium revenue)
- No indications for risk selection by insurers
- (Temporal) policy switching in 2006: 18%

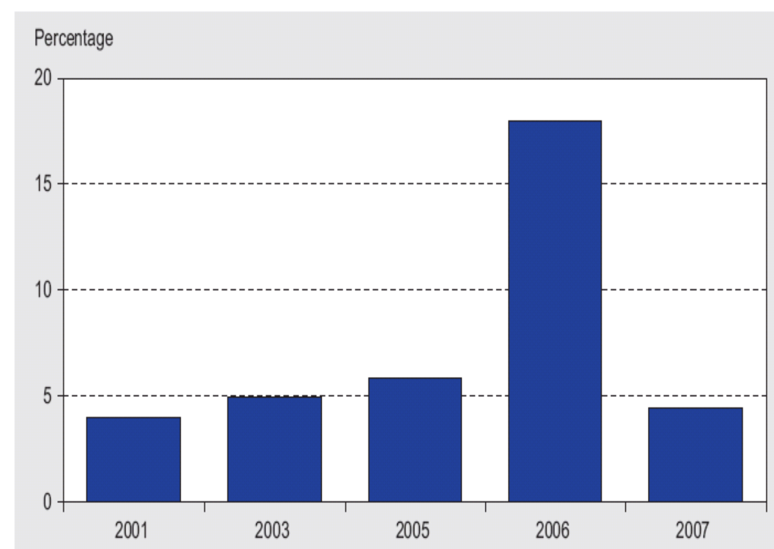


Figure 3.8.2: Percentage policyholders that switched health insurer, 2001, 2003, 2005-2007 (Source: Laske-Aldershof and Schut, 2005; NZa, 2006-2007; Vektis, 2003-2006).

Have the necessary conditions been created for regulated competition to work?

"The overall conclusion is that most conditions had been partially fulfilled by 2009, but that practically none had been satisfied in full". (Van de Ven et al, 2009)

- Transparancy and quality information: opaque, but ...
- Insurers tend to contract on price and less on quality, but ...
- Demand and supply of services: no surplus

Next steps

- Current *liberal* government continues the (bumpy) road of regulated competion, but costs are rising (7% in 2009)
- Cost control
  - Co-payment
  - Content of the insurance package
  - Cutting back tax compensation
  - Concentration of high tech care
  - Private capital into hospitals
- Transparancy of quality: step on the gas!
- Reduce unwarranted practice variation

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Het weer vandaag: 13.0°C

CZ doet geen zaken meer met zes ziekenhuizen

maandag 27 september 2010 | 18:07 | Laatst bijgewerkt op: maandag 27 september 2010 | 19:13

Tekstgrootte

TILBURG (ANP) - Zorgverzekeraar CZ doet vanaf 2011 geen zaken meer met zes ziekenhuizen voor borstkanker omdat zij onvoldoende presteren op dat gebied. Dat heeft CZ maandag bekendgemaakt.

De zorgverzekeraar publiceert binnenkort een lijst met de prestaties van ziekenhuizen op het gebied van borstkanker. Volgens CZ presteren bijna zestig ziekenhuizen matig, 23 goed en scoren vier ziekenhuizen het best. De zorgverzekeraar maakt dan ook bekend met welke ziekenhuizen geen zaken meer zullen worden gedaan.

Further reading

www.healthcareperformance.nl

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Analysis

Looking to Europe

The Netherlands: regulated competition behind the dykes?