Netherlands Healthcare Report 2020

The Past, The Present, and The Future

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Meet Our Mentor

Dr. Dirk Peek

We would like to give a personal thank you to Dr. Peek for taking the time to help us and mentor our group. He provided invaluable information as well as connections to other experts who have helped us elevate the report to another level.

Anesthesiologist-Pain Specialist at Zuyderland Medical Center

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A Different Perspective

Based on an Interview with Dutch Citizen Martin Nanninga

Dutch Citizens are generally very content with their healthcare system.

There is a lot of Mental Health Support covered through the provided insurances.

There is no shortcut to getting specialized services.
If it is not actually considered an emergency, those services are not available to people regularly.

People must go through regular doctors to get referrals to specialists to solve problems, not simply head to an "emergency room" to get a diagnosis.

As a patient, you may be constantly redirected to a singular doctor while trying to get a diagnosis for an unknown ailment.

A Brief History

History Of Healthcare

- 1941 - 2006: There were separate public and private systems of short-term health insurance.

  "However, anyone with income over that threshold was obliged to have private insurance instead"

- Dutch health care system has gone through three waves of development:

- 1940 → 1970: Universal health care

- 1970 → 1990: Government contain rising health care costs

Present System

Overview of Present Healthcare System

- All residents purchase statutory health insurance from private insurers
- All private insurers are instructed by the Government on what they need to cover
- Adults choose a policy on an individual basis and children under 18 are then automatically covered
- Insurers are required to accept all applicants
- Enrollees have the right to change their insurer each year
- Everyone has a house doctor that is the person you see before seeing a specialist
- You are able to opt out by making mandatory contributions into a health savings account
- Active members of the armed forces are exempt.

Overview of Present Healthcare System

- Undocumented immigrants cannot purchase health insurance and have to pay for most treatments out-of-pocket
- In the past 10 years, the number of uninsured in the Netherlands has steadily declined
- At the end of 2016, 23,000 people remained uninsured out of +17 Million people.
- The basic package covers medical and dental care, hospitalisation, and a variety of medical appliances, pharmaceuticals and paramedical care
- The Netherlands has 93 healthcare organisations, covering a total of 141 hospitals and 52 outpatient clinics
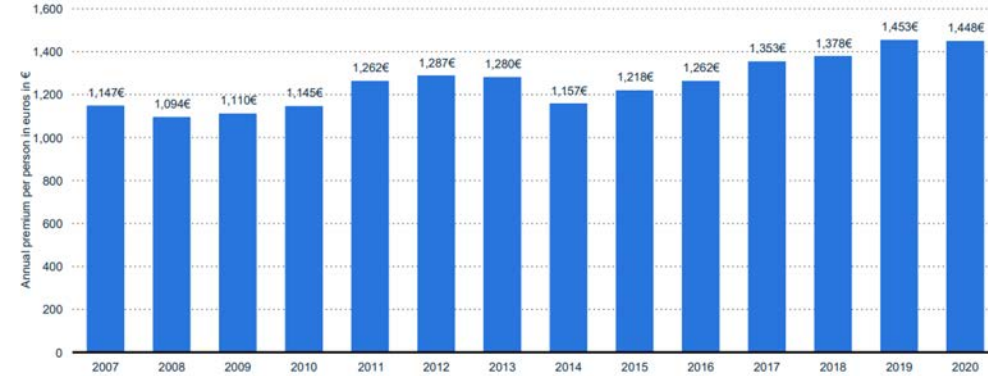- Most Dutch hospitals are non-profit institutions.

Healthcare Statistics

Total Health Expenditures make up 13.1% of the GDP in the Netherlands, probably due to the type of healthcare system present since every citizen is "obliged to take a basic health insurance to cover medical costs."

The basic insurance plan will cost € 100-120 out of pocket. If you're employed, your employer will pay a small percentage towards medical coverage as well. Children under the age of 18 don't pay for health insurance.

Average nominal annual premium for basic insurance under Dutch Health Insurance Act (Zvw) per person from 2007 to 2020 (in euros)

Annual premium for basic insurance under Dutch Health Insurance Act (Zvw) 2007-2020

Note: Netherlands; 2007 to 2020; Average premium, without certain discounts
Further information regarding this statistic can be found on page 45.
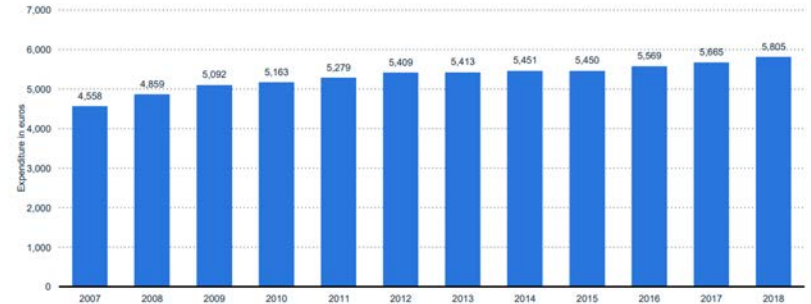Source(s): Vektis; ID 581710

Medical insurance **statista**

The average healthcare expenditure per capita in 2018 was 5805 euros

The average annual premium for health insurance in 2020 is 1448 euros

Per capita health care expenditure in the Netherlands from 2007 to 2018 (in euros)

Per capita health care expenditure in the Netherlands 2007-2018

Note: Netherlands; 2007 to 2018
Further information regarding this statistic can be found on page 32.
Source(s): Centraal Bureau voor de Statistiek; ID 544610

Healthcare expenditure **statis**

Physical Facilities

- There are four different types of hospitals: academic, teaching, general, & private.
  - The benefit of a teaching hospital is that it offers young doctors and experienced supervisors working together to treat patients.
- Turnaround times between a patient scheduling an appointment and being seen can differ among facilities and the urgency of health.
  - For a private clinic, it can take up to 7 days.
  - For a teaching/general hospital it can take anywhere from 10 days to 3 weeks, depending on treatment.
  - For a specialist visit it can take an extremely long time. In 2018, the average time to receive care for depression was almost 12 weeks.
- Dutch Law requires after a patient receives consultation that they have some time to think over the treatment, primarily the risks and benefits, and if they should choose to proceed.

Physical Facilities

- A patient could be rooming with up to six other patients of varying age, gender, & religion when in some hospitals. However, this large number is becoming increasingly uncommon.
- Covid-19 precautions have been put in place by the country to avoid the spread among patients and employees.
  - This includes face masks, limiting visitors, plexiglass separators, and maintaining a distance of about 1 ½ meters.
  - Patients are typically clustered by whether they are Covid-19 positive or negative.
- The current services that are being provided "in-house" are anything that require physical touch such as treatments or x-rays.

Virtual Healthcare And Data Privacy

Virtual Healthcare

- In 2005, the Dutch Ministry of Health embarked on a journey to implement a national Electronic Health Record for all Dutch citizens.

- The government wants eHealth to become more widely available and is encouraging the healthcare sector to develop it further.

- The Netherlands is one of the leading countries in Europe when it comes to digital healthcare and data.

- It has been the COVID-19 crisis that has further sped up innovation and adoption in digital healthcare, stemming from the global need for efficient and effective solutions.

Data Privacy and Protection

Netherlands began to follow the EU General Data Protection Regulation (GDPR) protocol for data privacy in 2018.

GDPR is one of the toughest most extensive data privacy policies in the world and is the primary law regulating how companies protect European citizens' personal data.

Netherlands has its own version of the GDPR which is called the Algemene Verordening Gegevensbescherming (AVG) and follows the same protocols for personal data safe keeping.

Fines for data breaches under the AVG can be 20-25% of a company's yearly earnings, and 2 - 4 % for the GDPR.

Data Privacy Cont.

Medical data has been transferred to a virtual database accessible to all hospitals in the Netherlands, presenting a major issue with keeping data private.

Netherlands maintains their Dutch citizens' information inside the local, Dutch servers, where they can be more easily protected, traced and monitored.

Netherlands is especially careful with their data since Nazis used well-maintained census data to persecute Jewish citizens in the Netherlands during WWII.

The Future of Healthcare

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Future Innovations

- Restructuring healthcare
  - New way of thinking and the use of new resources
- Healthcare will now be organized based upon the patients' conveniences
  - Offline and online healthcare will seamlessly match up to one another
  - E-health
- Life expectancy is rising
  - Main goal: bringing healthcare to the home
  - Developing healthcare services that are close to people's homes
    - Reduce hospital stays
    - Bring down expenses

Recommendations for the Future

Netherlands and COVID

- The Netherlands is one of the leading countries in Europe when it comes to digital healthcare and data.
- The Dutch government has been focused on advancing the transition to eHealth solutions
  - Former Health Minister, Bruno Bruins, exclaimed in 2019 'Digital must become the new norm... and as rapidly as possible".
- Healthcare professionals across the country are widely using eHealth technology, including mobile health apps.
  - Meanwhile, 87% of the nation's patient data held in digital records.
- A short time ago in February 2020, the government announced a package of over 400 million euros in a drive for cost-effective, value-based, connected digital healthcare.
- The COVID-19 crisis that has further sped up innovation and adoption in digital healthcare, stemming from the global need for efficient and effective solutions.
  - Planned measures have been accelerated and an abundance of new digital initiatives from across the healthcare sector have come to fruition.

Recommendations for the Future

Persoonlijke Gezondheidsomgeving (PGO) | Personal Health Environments (PHE)

What is it?

- A personal health environment (PHE) is a digital tool in which you can keep track of information about your own health and actively work on your health.

- The PHE allows you to manage medical data and to also share it with others.

- From treatments, laboratory results, medications and vaccinations to every day activity and health monitoring vitals.

- Data remains accessible throughout your entire life.

Recommendations for the Future

Persoonlijke Gezondheidsomgeving (PGO) | Personal Health Environments (PHE)

State of PHEs?

- PHEs are still under development. But you can already get started with a number of PHEs.

What can you do with it later?

- Collect and manage your medical data from different healthcare providers.
- Share your data with other healthcare providers.
- Add your own health data to that.
- Add your data from other apps and wearables.
- Make a link between all of these data in order to actively work on your own health.

Recommendations for the Future

Persoonlijke Gezondheidsomgeving (PGO) | Personal Health Environments (PHE)

Integrity of PHEs?

- Sharing health and medical information must be secure. That is why the government, patient associations, healthcare providers, IT suppliers and the MedMij organization work together on this project.

- PHEs with a MedMij label, you can be sure that the exchange of data takes place safely and reliably.

- MedMij is the Dutch standard for the safe exchange of health data between you and the healthcare providers.

- Your health data is secured according to strict requirements and always encrypted during the exchange.

Recommendations for the Future

Persoonlijke Gezondheidsomgeving (PGO) | Personal Health Environments (PHE)

Patient Portals vs PHE (PGO) ?

- A patient portal only contains information from 1 healthcare provider. If you use multiple healthcare institutions you therefore have multiple patient portals.
- In a PHE all these care data are together in the same place.

Benefit of PHEs ?

- A safe, enhanced network environment that is centrally focused on the patient in which they are in full control of accessing, distributing and analyzing their personal health.

Recommendations for the Future

Persoonlijke Gezondheidsomgeving (PGO) | Personal Health Environments (PHE)

Why PHE?

- The rise of COVID has sped up the need for rapid innovations in the virtual world of health care throughout the health industry.
- More specifically, it has brought the need for communicating knowledge both far and near, abroad and domestic.
- E-health and tele-health infrastructures or, to put more broadly, virtual care, are now a thing of the present and the future.
- PHE is here to safely, efficienciently and conveniently connect the individual to their health now and for the rest of their lives.

Expanding Progress Beyond the Netherlands

Indo-Dutch Relations | India's National Digital Health Mission (NDHM)

- India and the Netherlands have joined together to make significant thrusts in the e-health sector.

- The intended purpose is to provide digital health facilities and security to Indians and helping the Netherlands to accelerate the digital transformation of health.

Expanding Progress Beyond the Netherlands

Indo-Dutch Relations | India's National Digital Health Mission (NDHM)

"This is a wonderful opportunity to tap the growing potential of the digital health sector. NDHM is a revolutionary idea and vast in scope. Merging technology with traditional health knowledge is a novel idea."

Indian Ambassador to the Netherlands, Venu Rajamony

"This is path changing collaboration and in the best interests of patients in India and around the world. Healthcare is changing profoundly, and no institution or Government can achieve this transformation alone…"

"Nations and institutions have to pool resources and the COVID-19 pandemic has taught the world how to work together in an unprecedented manner. Indo-Dutch collaboration will see us work together to take quality healthcare to the masses."

Netherlands' Counsellor for Health, Welfare and Sport, Marcel Floor

Interviewees

We would like to thank the field experts who agreed to be interviewed by our team members. Your information and expertise was invaluable.

Martin Nanninga - *Commercial Sales Director*

Joep Van Herten - *Manager at Zuyderland Medical Center*

Pieter Cobelens - *Strategic Advisor*

Erik Aller - *Manager at DC Clinic (Maastricht & Roermond)*

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Dick Kile

Pat Quinlan

End

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