

Zorgverzekeraars Nederland



Quality in health care: who will pay?

The Future of Healthcare

Jubilee Edition of Vintura's Annual Healthcare & Life Sciences Event

5 november 2015



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- Reason for change
- Characteristics Dutch Health care system
- Role of the health insurer
- Development and results during 10 years
- Road ahead: weak spots and challenges
- Conclusion



Reason for change

Accessibility

- Waiting lists
- Limited possibilities to change insurer

Efficiency

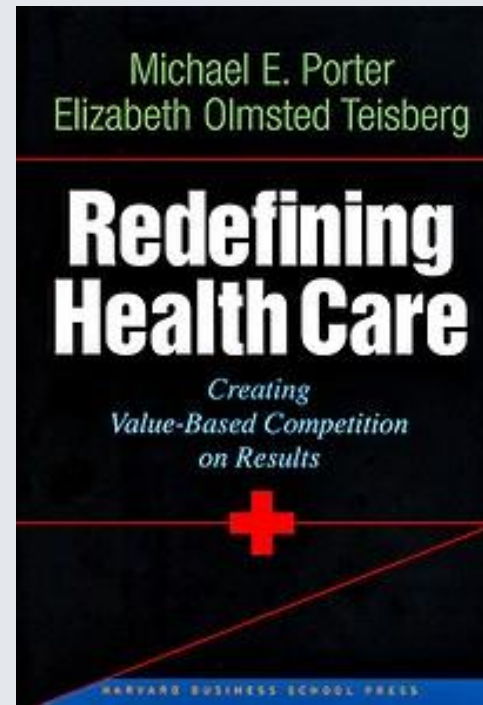
- Insufficient cost awareness among insured
- Lack of incentives to provide value for money

Quality

- No transparency whatsoever
- Lack of innovation



a new Health care system



Challenge

Quality, affordable and accessible care
for all, now and in the future



Patient



Doctor

Care
Trust
Recovery
Emotion
Reciprocal / Relation

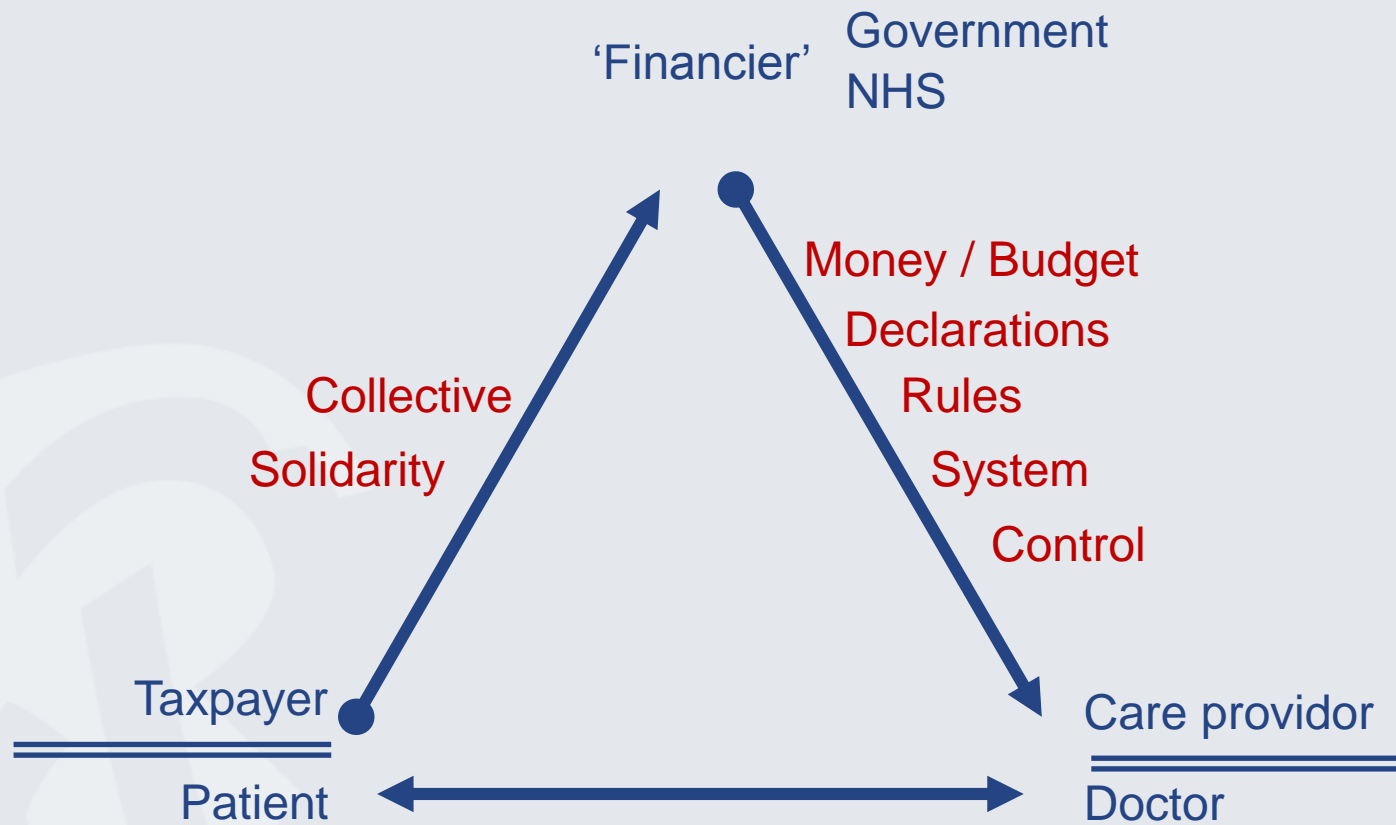


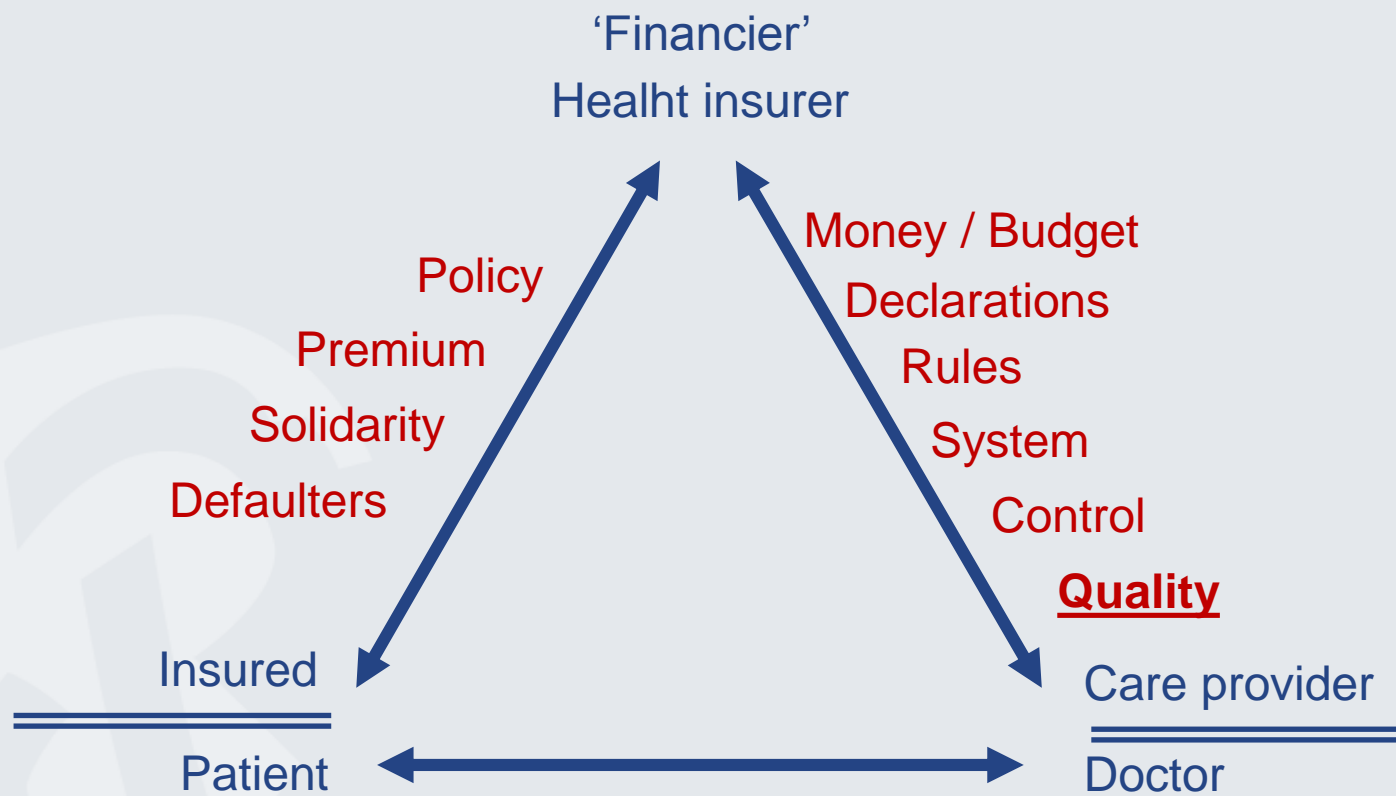
Patient
Customer



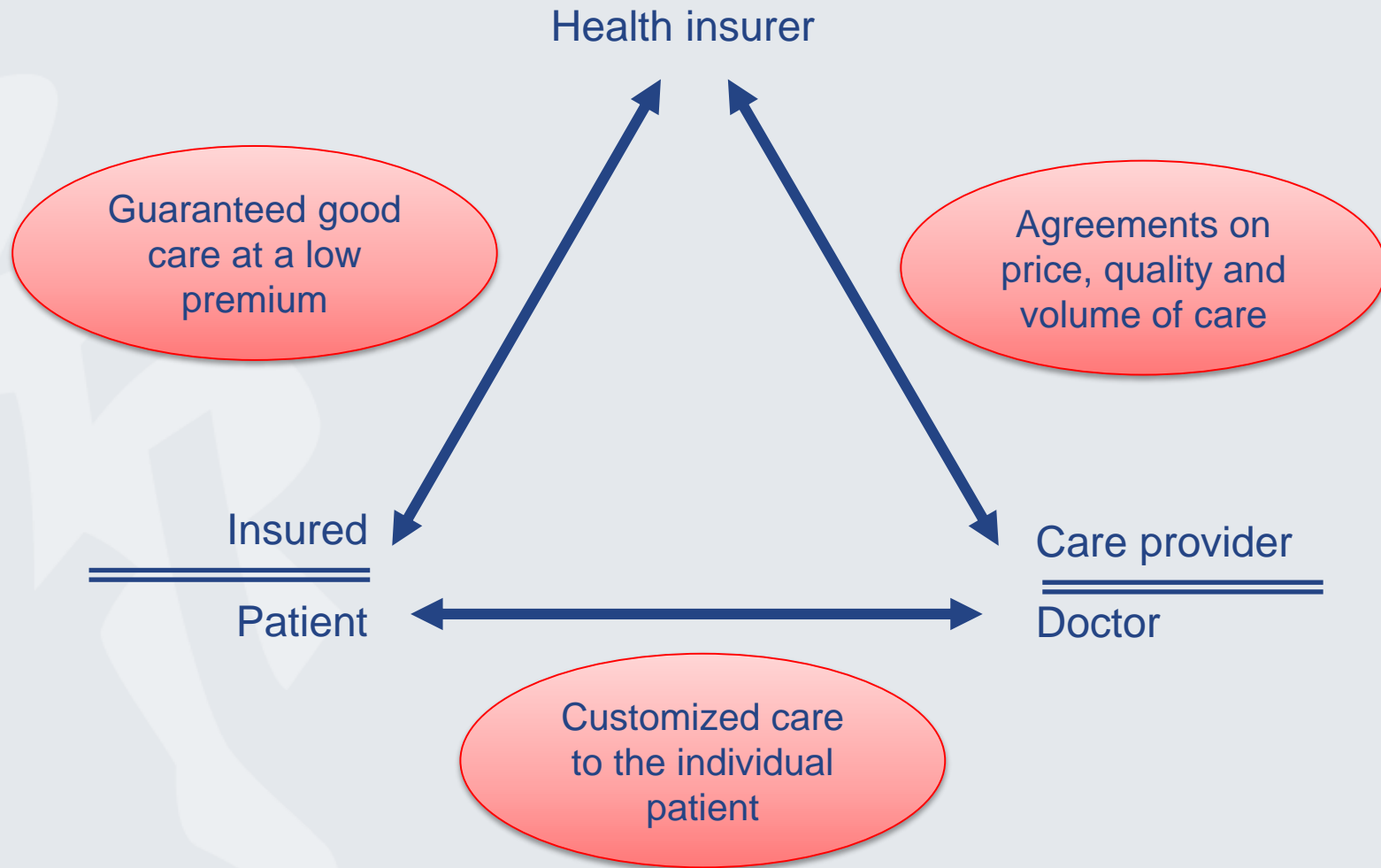
Business / Ratio
Individual
Market
Dichotomy

Doctor ^{€?}
Entrepreneur

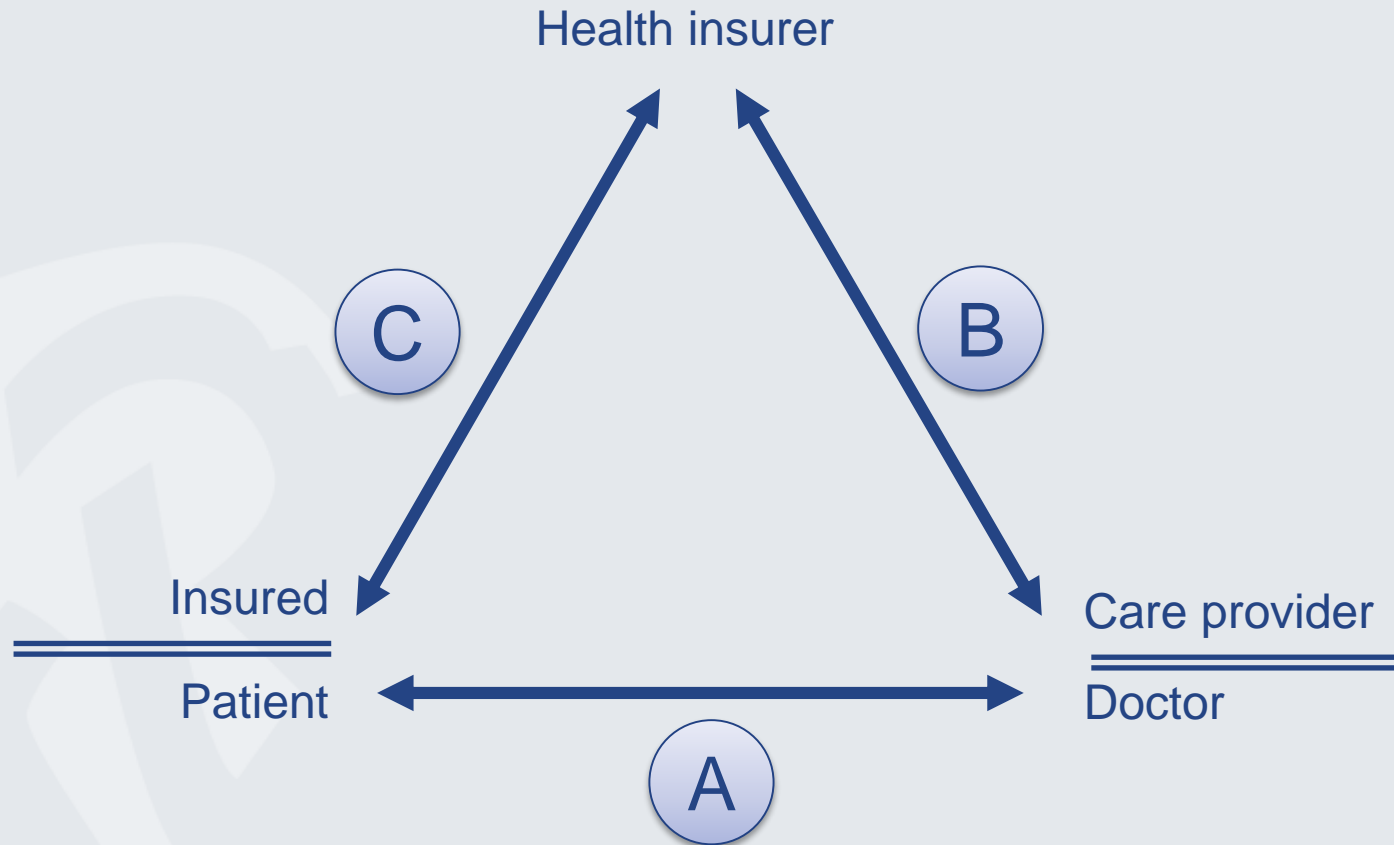




The health care system

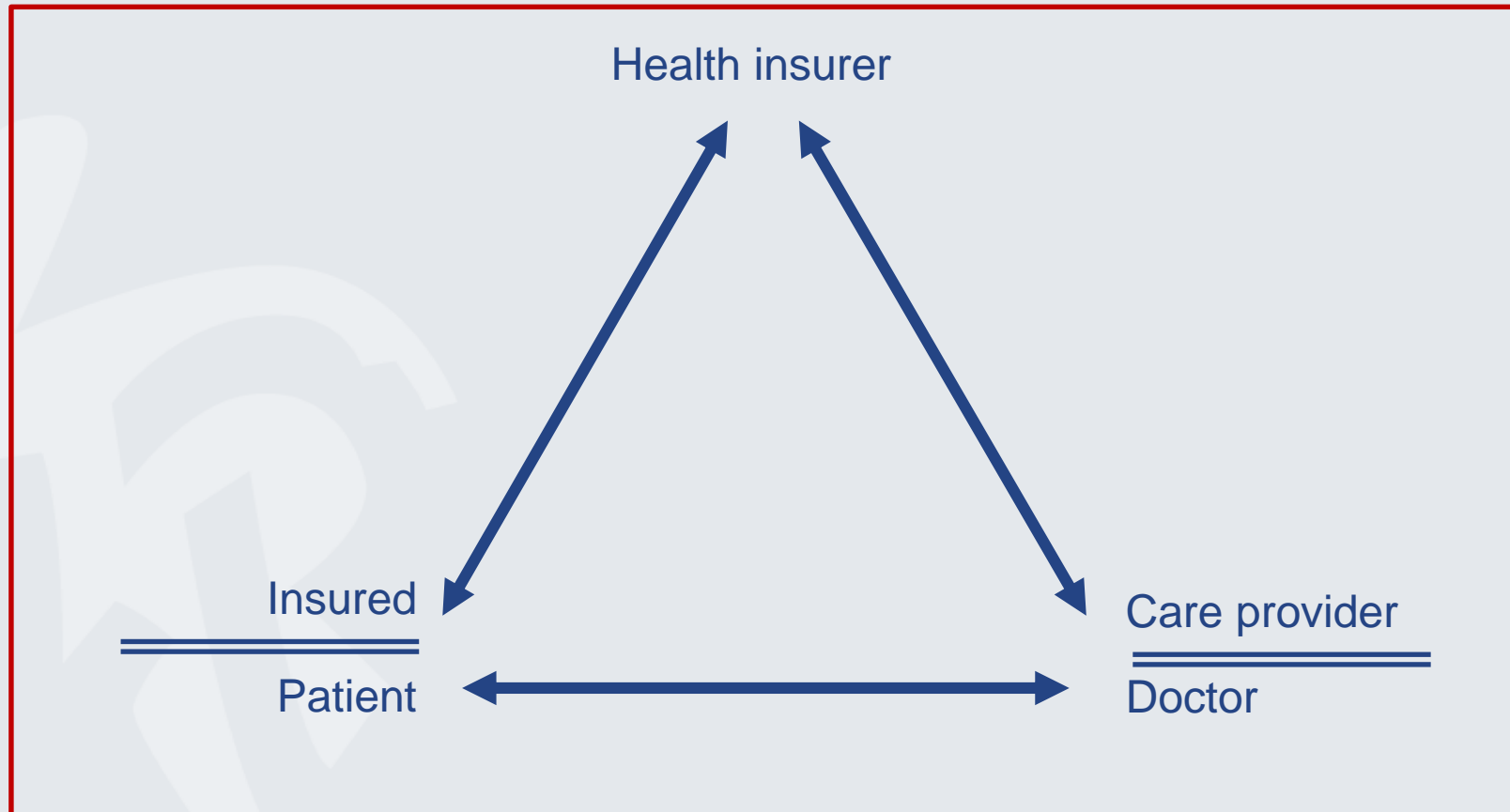


The health care system



→ Problem: without B and C, no A

The Dutch health care system



public "safeguards"

= managed competition



Private health insurance with strong public “safeguards”

- Coverage by legal regulation
- Compulsory health insurance for all residents
- Accessibility guaranteed by law
- Obligation to contract enough care
- Premium differentiation is prohibited



Risk pooling



Principles health insurers

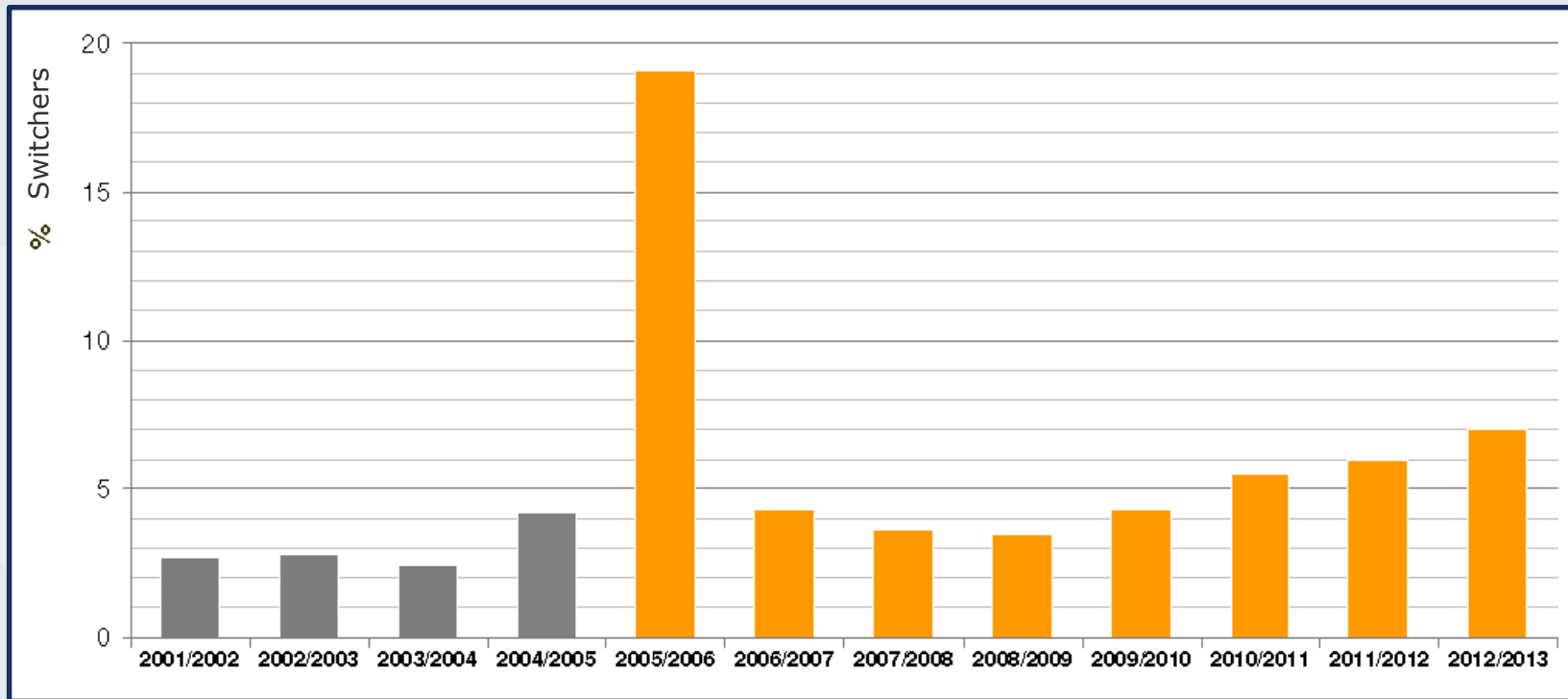
- **solidarity**
- improving **quality** of care, health and wellbeing
- **effective care** and cost containment
- reliable, good service and convenience
- **non-profit**

Development in 10 years

Focus between 2006 and 2010

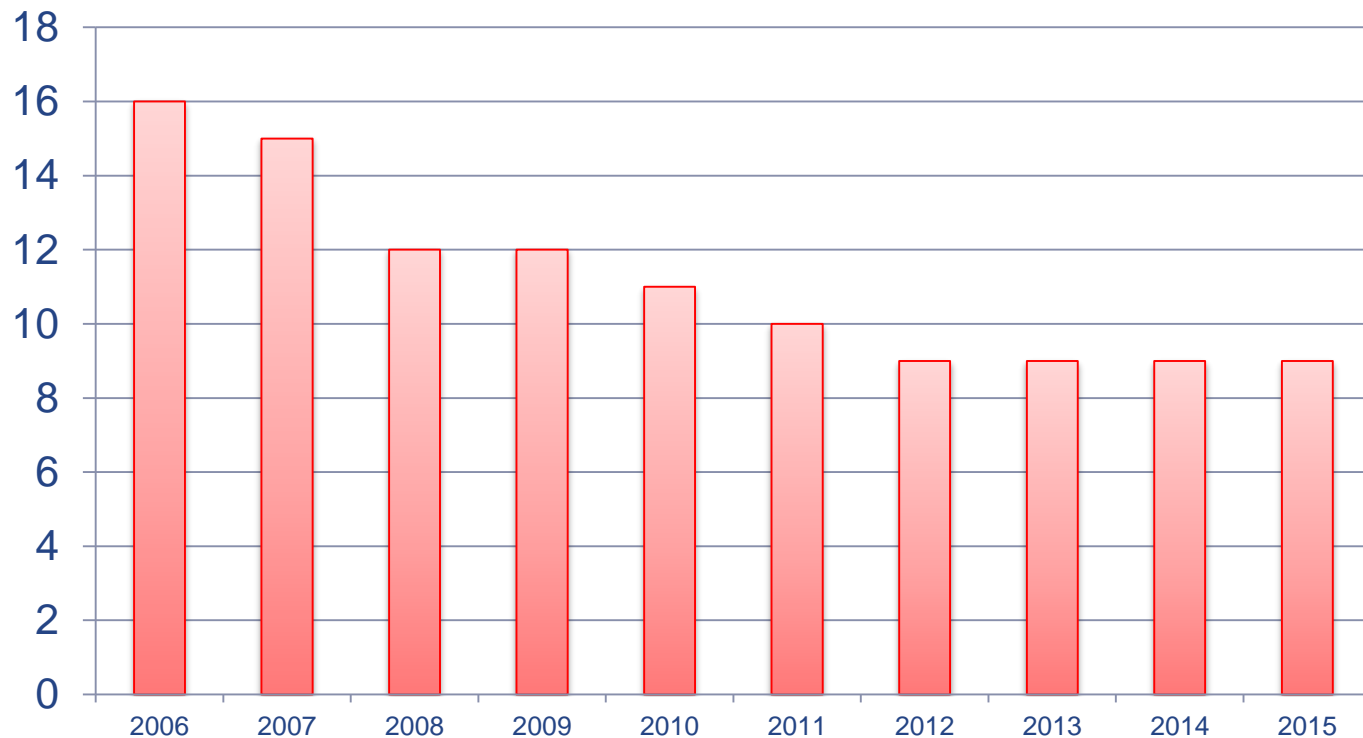
Competition at the health insurance market

Battle on prices

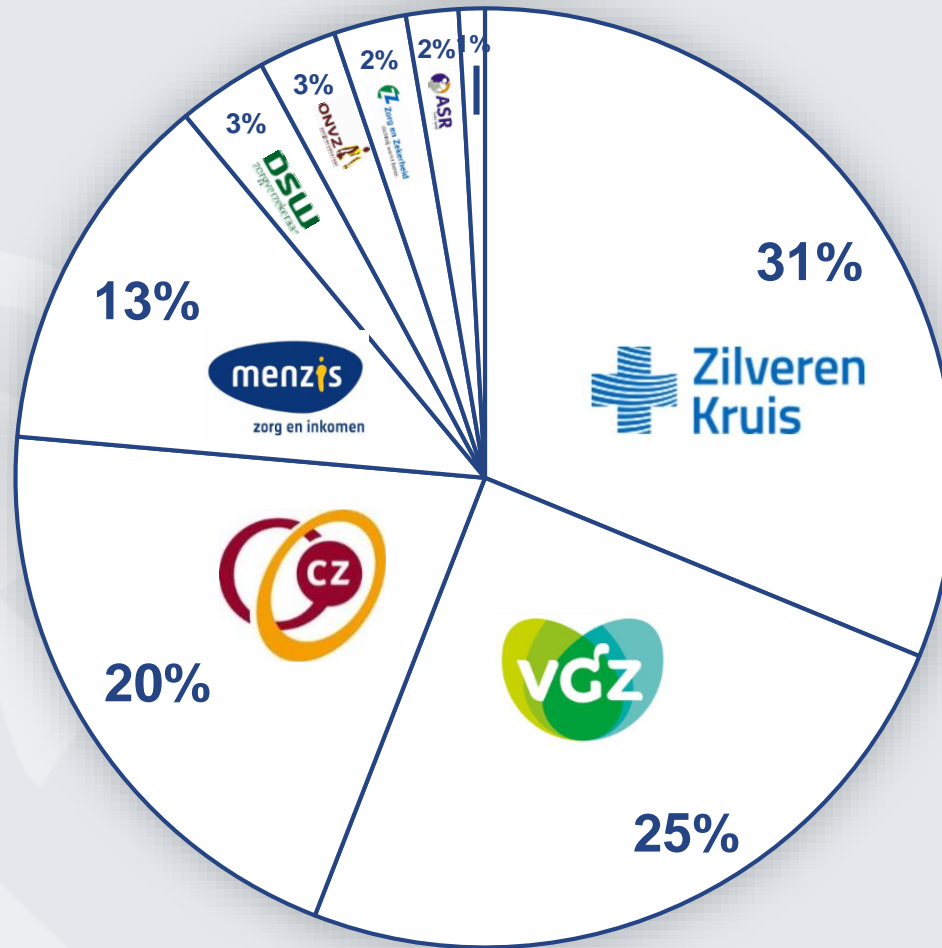


Consolidation of the market

Number of health insurance concerns

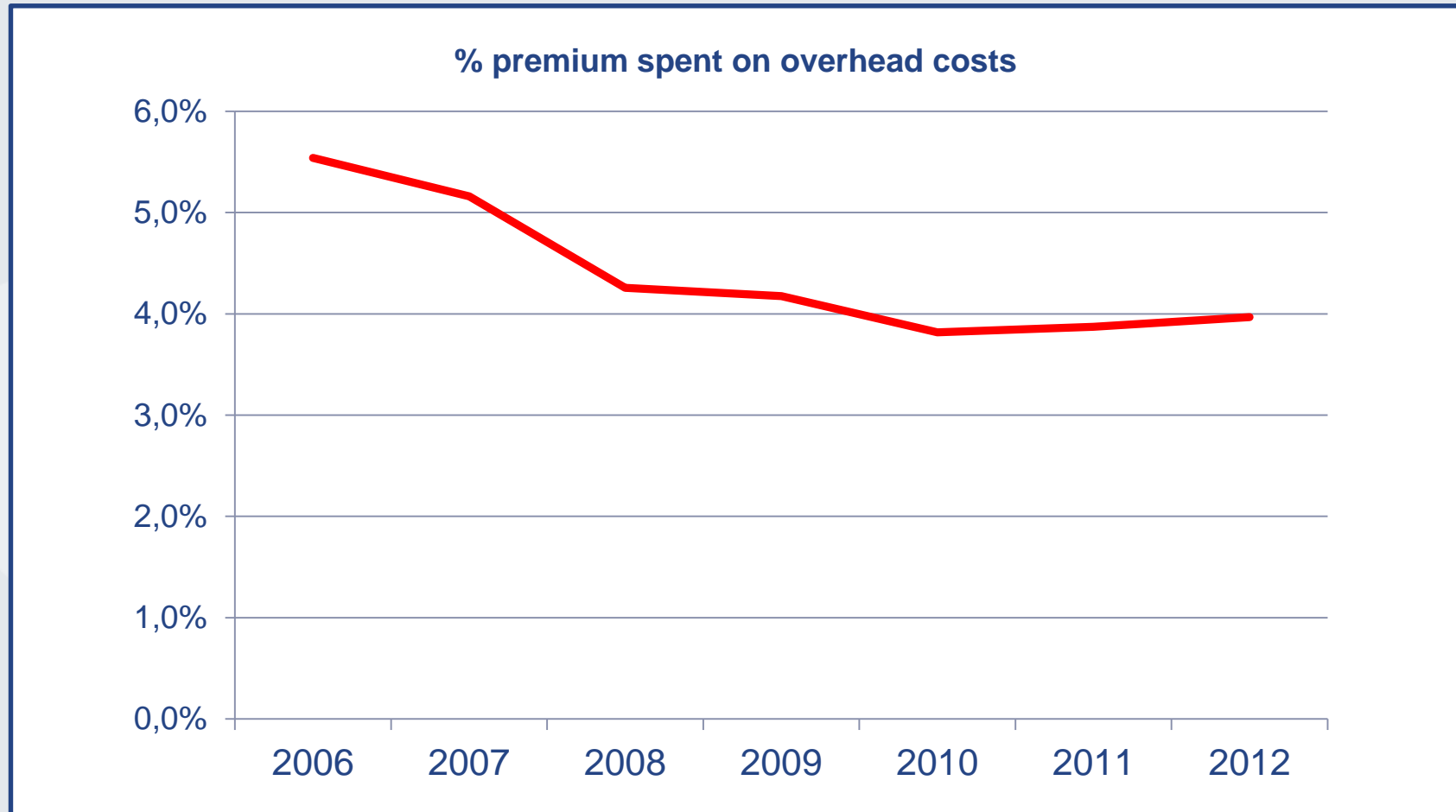


Market share insurance companies



Source: Vektis

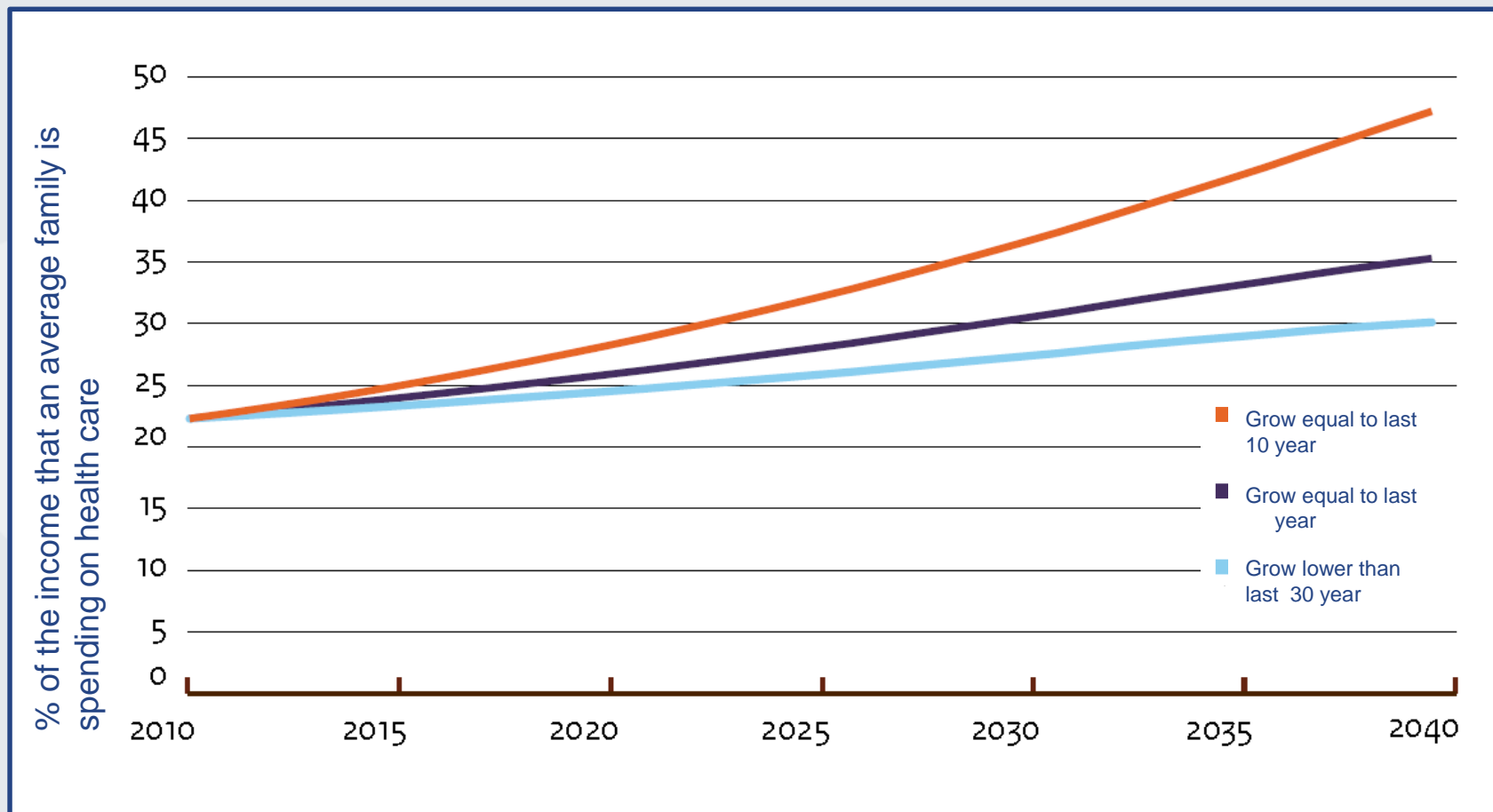
Reduction overhead costs



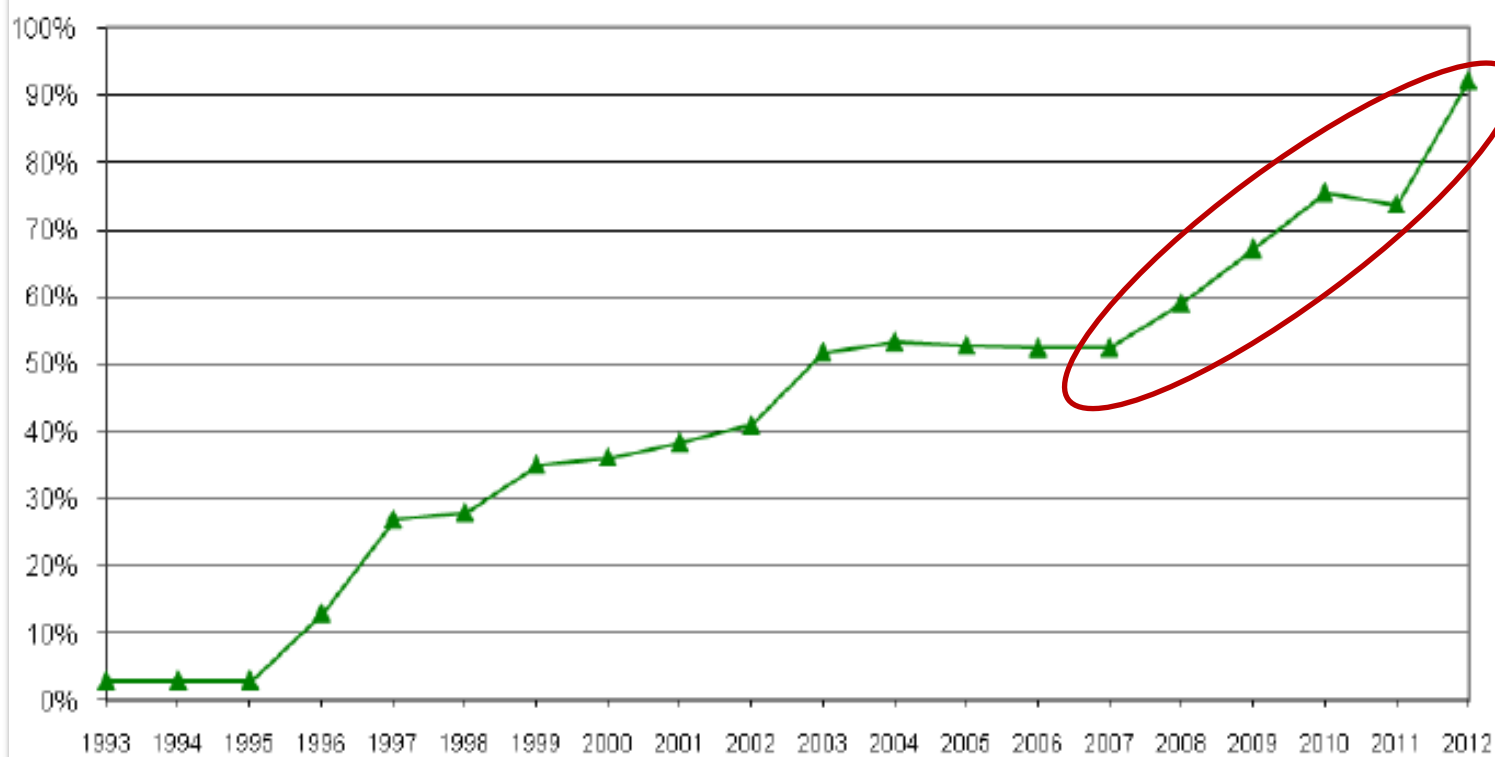
Focus between 2010 and 2014

Competition at the health purchasing market

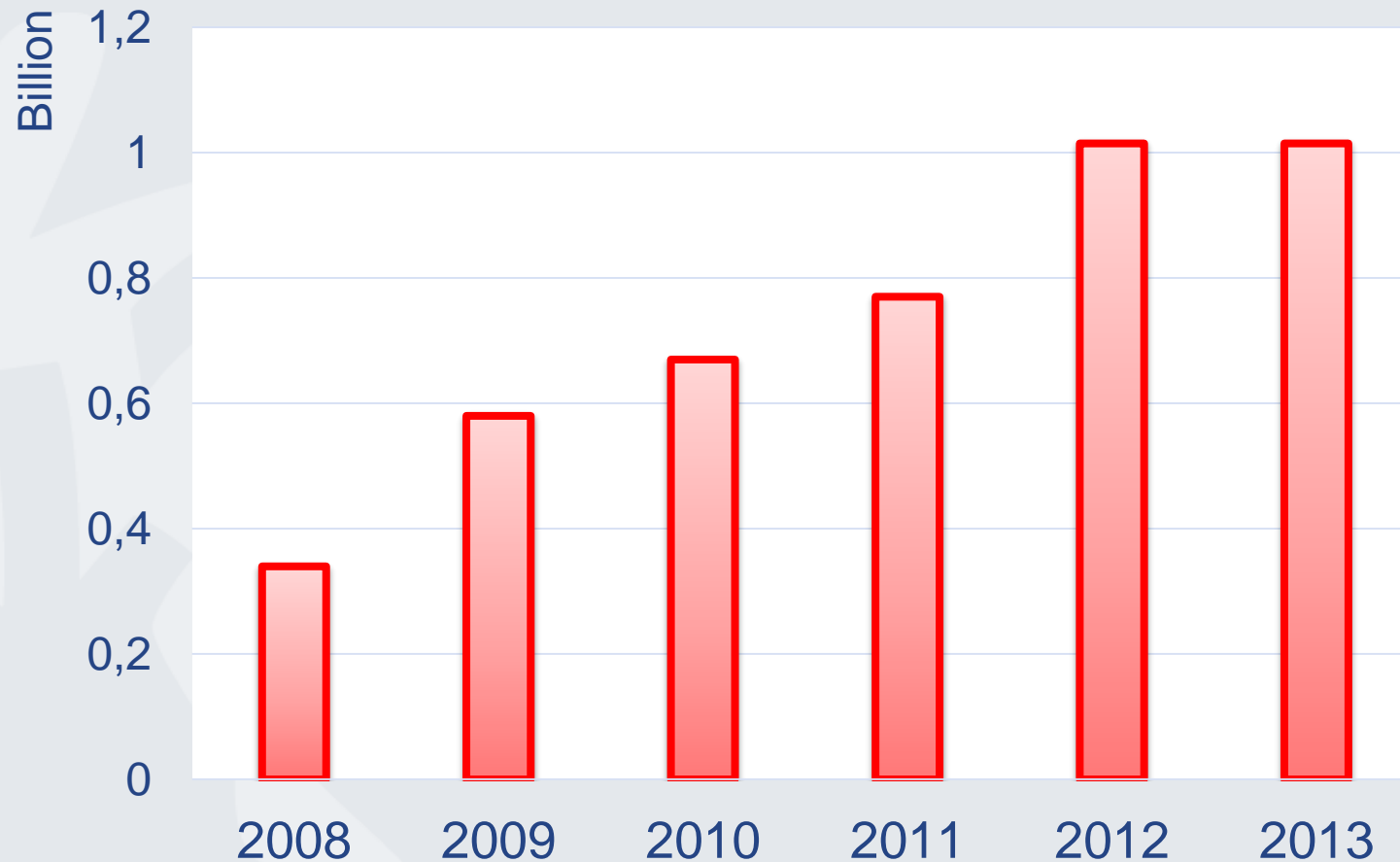
Long term scenarios health care spending



Average financial risk



Savings preferential policy



Health purchasing market

1. More incentives for health insurers

More preconditions:

2. Funding care providers

3. Ability of health insurers

4. Transparency about quality and demand of the patient



Ability of health insurers

Health care advisor

Representative of insured

Service provider

Insurer of damage



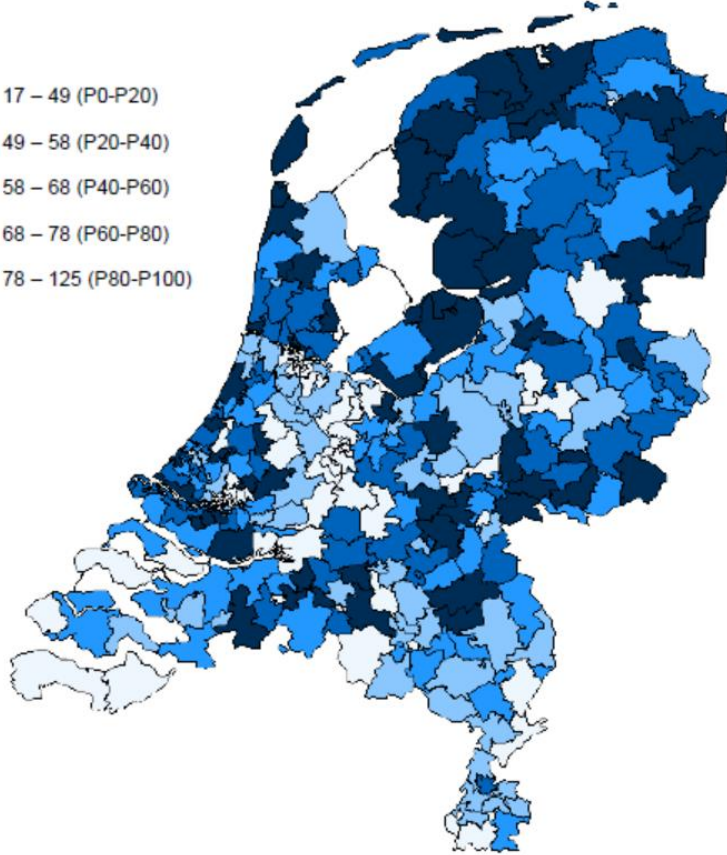
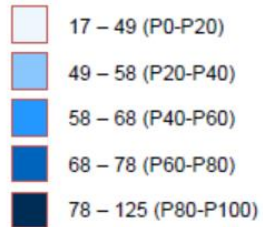
Transparency about quality

First step:
announcement to exclude hospitals for a contract



Transparency about quality

Gecorrigeerd aantal geopereerden per 100.000 inwoners voor HNP lumbaal



Room for improvement

Example: Practice variation Spinal disc herniation

Three sector agreements

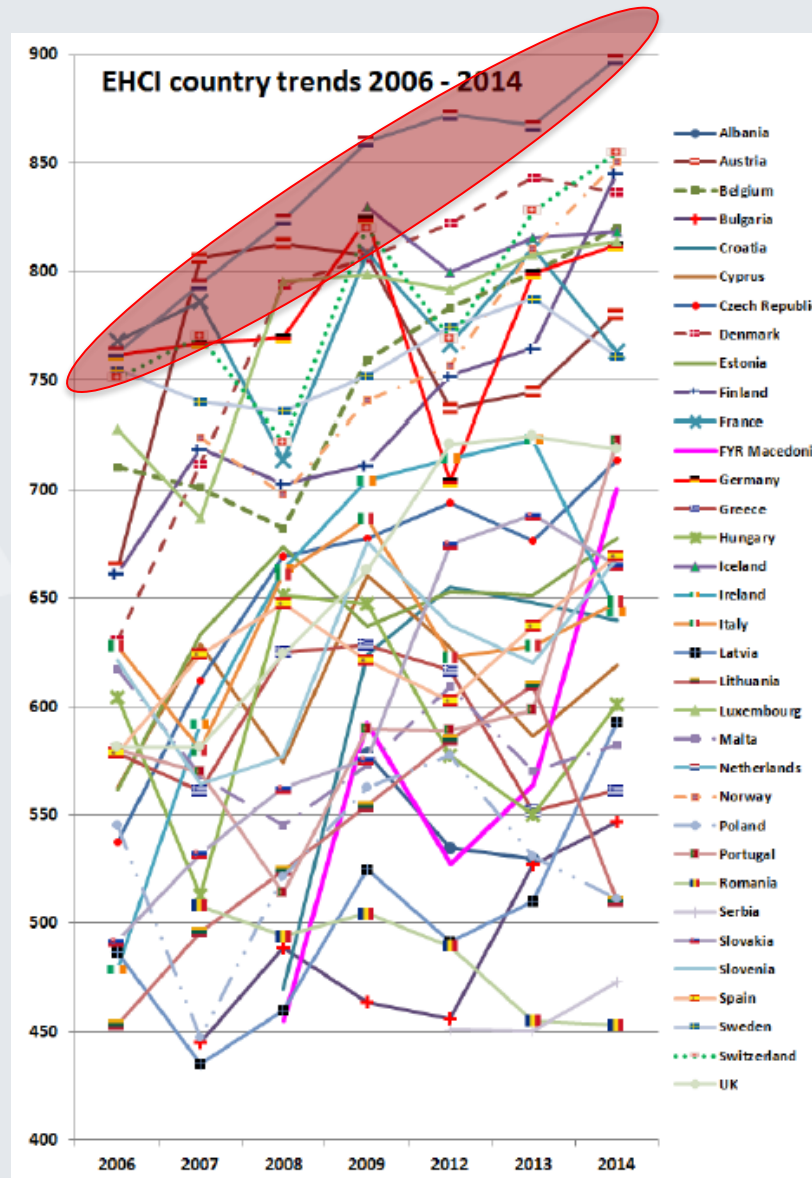
General Practitioner / Hospitals / Mental care

- Cost awareness among insured
- Selective contracting
- Quality transparency
- Pay for performance schemes
- Role of cost effectiveness in treatments
- Focus on self management – eHealth
- Patient empowerment
- Concentration and specialisation hospitals
- Substitution secondary to primary care

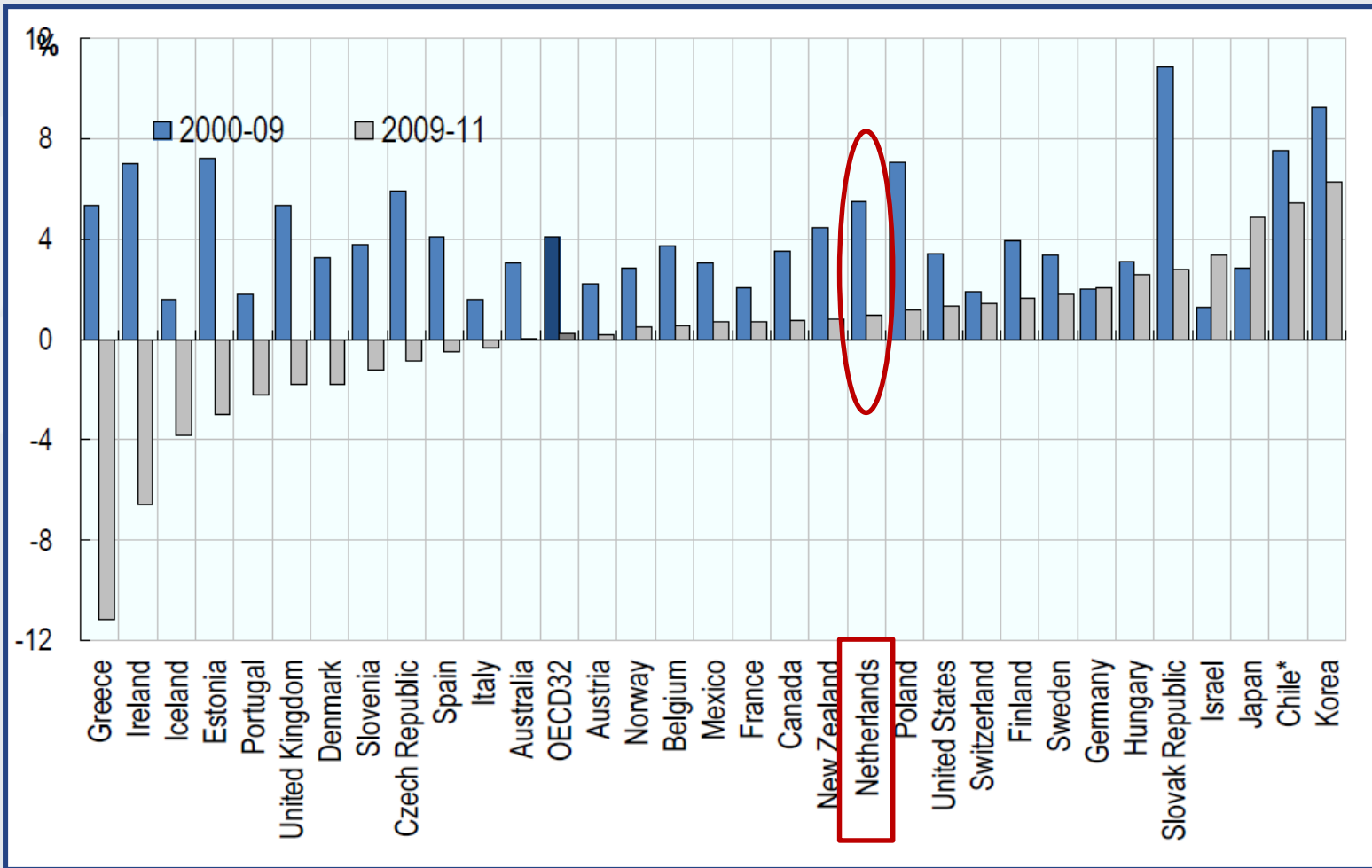


The results after 10 years





Last years: lower expenditure growth



Annual growth health care expenditures per capita

Source: OECD 2013

Results after the 10 years

Accessibility

- High equality of the healthcare system
- No disproportional waiting lists

Quality

- Incentive to be transparent on quality
- Improved quality
- More innovation

Efficiency

- Cost awareness among insured
- Conscious choice of patients
- Increased efficiency by the insurers
- Increased efficiency by the providers



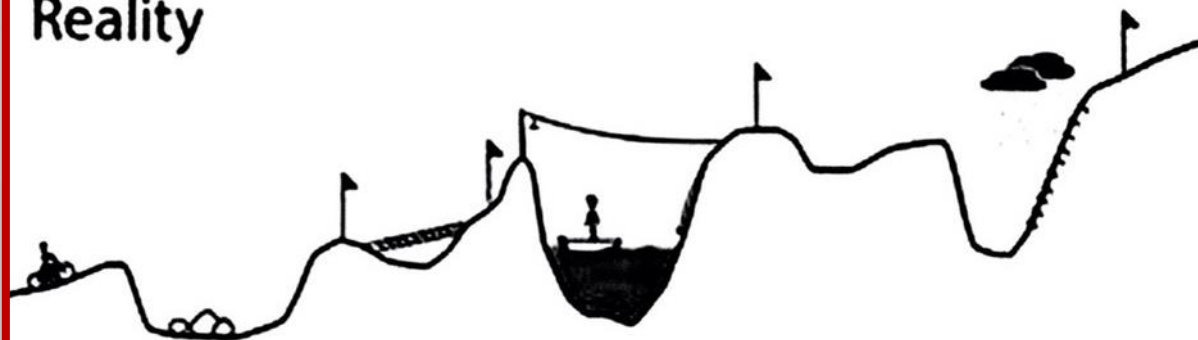
2015

Road ahead

Your plan



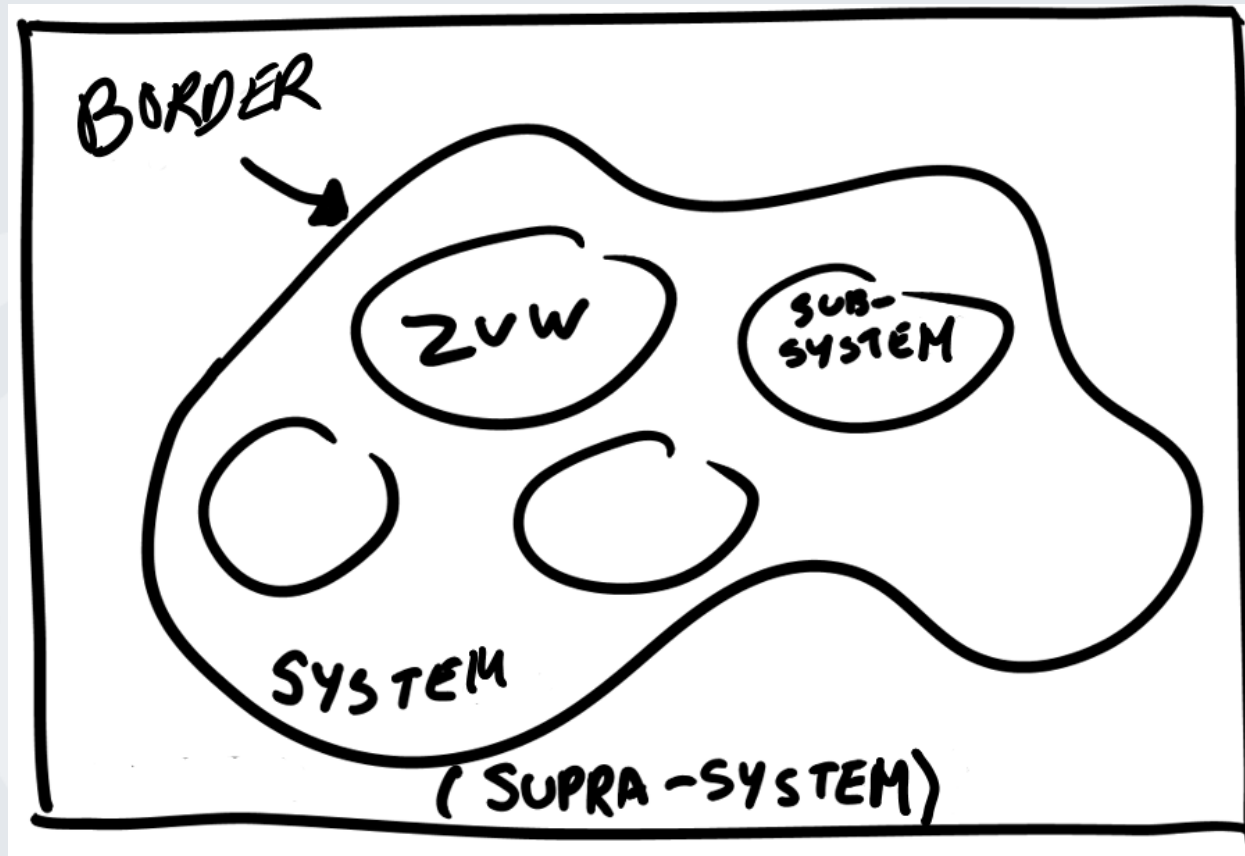
Reality



Weak spot I

- The payment system
 - Fee for Service
 - Pay for Coordination
 - Pay for Performance
 - Episode or Bundled Payments
 - Comprehensive Care/Total Cost of Care Payment

Weak spot II



Challenges

Accessibility

- Maintain solidarity → not punishing lifestyle
- High co-payments

Quality

- More transparency
- More innovation
- More prevention

Efficiency

- More efficiency

Focus on
quality
and
efficiency



Conclusion

Integrated focus on quality and efficiency

- Innovations raise both quality and costs.
- No decrease in health care expenditures
- Increase value for money
 - bending the cost curve
 - continuing the outcome curve

They will benefit!





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