The Dutch Journey: Why the UK model works abroad

Dr. Prabath Nanayakkara, MD, PhD, FRCP
Head, section acute medicine
Department of Internal Medicine
VU University medical center
Amsterdam
• Dutch health care system

• Comparison between the systems

• (system-related) Problems in acute care

• Solutions from the UK model
Euro Health Consumer Index 2012
at a glance:

Winner: Netherlands
Runner-up: Denmark
Third place: Iceland

1. Patient rights and information
2. e-Health
3. Waiting time
4. Outcomes
5. Range and reach of services provided
6. Pharmaceuticals
EHCI 2012 total scores

- Netherlands: 872
- Portugal: 617
- France: 752
- Sweden: 783
- Denmark: 822
- Germany: 721
- United Kingdom: 737
- Norway: 756
- Switzerland: 822
- Austria: 766
- Finland: 791
- Belgium: 799
- Luxembourg: 799
- Greece: 655
- Italy: 675
- Czech Republic: 694
- Ireland: 704
- Slovakia: 714
- Estonia: 653
- Croatia: 675
- Slovenia: 627
- Latvia: 623
- Poland: 609
- Hungary: 603
- Spain: 599
- Malta: 589
- Lithuania: 585
- Albania: 577
- Bulgaria: 491
- Romania: 489
- Serbia: 456
- F.Y.R. Macedonia: 451
Curative care: (pre 2006)

• Tradition of private initiative
  – Hospitals, nursery homes privately owned
  – Medical specialists and general practitioners mostly private entrepreneurs (partnerships)

• Mixed public/private insurance
  – 60% social insurance (below average income level)
  – 30% private insurance (no government interference)

• Growing government interference (from ± 1980 onwards)
  – Main objective: Cost containment
  – Detailed price regulation, budgeting
System-related problems stressed the need for reform

- Lack of Cost Consciousness
- Unexpected Financial Effects Around Income Threshold
- Fragmented Insurance Market
- Lack of Transparency
- Lack of efficiency
- Lack of innovation
- Waiting lists
- Different Rules
The Dutch healthcare system is divided into three ‘compartments:’

Long-term care for chronic conditions

Exceptional Medical Expenses Act (AWBZ)

Basic and essential medical care from GP visits to short-term hospital stays and specialist appointments or procedures

managed primarily by the government however, it is now the private health insurance market which is responsible for providing the basic package of health insurance to all Dutch citizens. Extra government finance schemes ensure that universality of care is maintained, no matter what your income, as well as providing a safety net for illegal immigrants.\(^\text{10}\)

Supplementary care e.g. dental work, physiotherapy, cosmetic procedures
2006

A system based on the principles of durability, solidarity, choice, quality and efficiency.

**The Competition Model**

- Providers compete for consumers on the basis of quality.
- Insurers compete with each other on the basis of quality of contracted care, price, and coverage of extra insurance.
- Providers compete with each other on quality and price for insurance contracts.

**Government safeguards**
- Freedom of contracting (insurer ↔ health care provider)
- Freedom of price negotiations
- Freedom of capital investments (capital costs in DRG’s)

- Compulsory acceptance for basic insurance
- Compulsory health insurance and income related subsidy
- Legally defined coverage of basis insurance
- No premium differentiation between insured
- Health Care Authority (market development, price regulation)
- Health Insurance Board (package of entitlements, risk equalization)
- Diagnosis treatment combinations
All individuals are required to purchase the basic package of health insurance or face a fine worth 130% of the premium. An ‘open enrolment’ system obligates insurers to accept any application for insurance; they cannot “risk assess” to deny coverage to individuals deemed to be ‘high-risk’ on account of their age, gender or health profile.

Tax credits make the package affordable to those on low income (in October 2012 changes were proposed to this mechanism, although the principle remains. See ‘Reforms’ below).
Dutch Doctors and Their Patients — Effects of Health Care Reform in the Netherlands

In 2011, insurance premiums averaged about €1,200 ($1,749) per person, with a mandatory deductible of €170 ($248). Workers must additionally contribute earmarked payroll taxes for health insurance — 7.75% of their wages, up to a maximum of €2,590 ($3,774). 

5% increase every year since 2006
3% uninsured
4 conglomerates 90% market
Primary care:

Many GP practices are solo practices, but support each other through ‘cooperatives’ to provide out-of-hours care, usually within one of the 105 regionally distributed out-of-hours centres. Typically, a GP will see around 30 patients per day, and hold 12 consultations by telephone. A consultation usually costs €9, which patients can claim back from their insurer. In 2003, the Dutch spent €1,980 million on GPs; an average of €122 per head.

More than 90% of Dutch hospitals are owned and managed on a private not-for-profit basis, with specialists working on a self-employed basis. Traditionally the government regulated.

Crucially, insurers are also now free not to contract hospitals; hospitals offering poor standards of care will not be propped up as insurers direct large numbers of patients to the best hospitals.

AD Ziekenhuis Top 100 - 2013
Health care costs

1983: 4.9 % GNP
2012: 10.7 % GNP

66 Billion
Figuur 1.5 Zorgkosten naar levensjaar

Bron: CPB, 2010
Over the next 15 years, ageing will continue to drive volume, but yearly impact does not exceed 1%

Hence, a strong need to reduce any volume growth on top of ageing

Sources: United Nations; Department of Economic and Social Affairs; Booz & Company analysis
Figuur 1.2 Zorguitgaven (xMln)

Bron: RIVM, 2011
### Overzicht Verenigd Koninkrijk

<table>
<thead>
<tr>
<th>Aantal inwoners</th>
<th>61.792.000 (medio 2009)</th>
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<tbody>
<tr>
<td>% verzekeren</td>
<td>13% is vrijwillig verzekerd</td>
</tr>
<tr>
<td>Type systeem</td>
<td>Zorg wordt gedekt door de NHS en particuliere verzekeringen.</td>
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### Overzicht Verenigde Staten

<table>
<thead>
<tr>
<th>Aantal inwoners</th>
<th>309.050.816 (half 2010)</th>
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<tbody>
<tr>
<td>% verzekeren</td>
<td>83,3%</td>
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<td>Type systeem</td>
<td>Combinatie van publieke (30,6%), private verzekering (63,9%) en verzekerd via de werkgever</td>
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<tr>
<td>Zorgkosten</td>
<td>US$2.486,3 miljard (2009)</td>
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<tr>
<td>% BBP voor zorg</td>
<td>17,6% (2009)</td>
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<td>Aantal ziekenhuizen</td>
<td>6.052</td>
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### Overzicht Japan

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<thead>
<tr>
<th>Aantal inwoners</th>
<th>127.970.000</th>
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<tr>
<td>% verzekeren</td>
<td>100%</td>
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<tr>
<td>Type systeem</td>
<td>Verplichte publieke verzekeringen, en zeer beperkte aanvullende verzekeringen.</td>
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<tr>
<td>Zorgkosten</td>
<td>JPY¥ 34,1 miljard (2007)</td>
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### Overzicht Japan

<table>
<thead>
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<th>% BBP voor zorg</th>
<th>8,1%</th>
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<tr>
<td>Aantal ziekenhuizen</td>
<td>8.794</td>
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</table>
The book "Understanding Women" has finally arrived in book stores.
Vooral fusies en nieuwbouw zijn oorzaak

Minder ziekenhuizen met alle spoedeisende hulp

‘Aantal spoedeisende hulp hulpen moet gehalveerd’

- Kleine SEH-afdelingen: 0-15.000 bezoekers per jaar.
- Middelgrote SEH-afdelingen: 15.001-30.000 bezoekers per jaar.
- Grote SEH-afdelingen: meer dan 30.000 bezoekers per jaar.
Medische bezetting

Patient arrival pattern

- Exceeding 4 hours
- Within 4 hours

Hour of arrival

Frequency
Acute medical care

The right person, in the right setting – first time

October 2007

Hospitals on the edge? The time for action

Acute medical units: Review of evidence

Declan Byrne a,*, Bernard Silke b

a Department of Medicine, Kerry General Hospital, Tralee, Ireland
b Department of Medicine, St James’ Hospital and Pharmacology and Therapeutics, Trinity Centre for Health Sciences, Dublin 8, Ireland
Acute Medical Unit

Nederlands Netwerk
Acute Opname Afdelingen
Lack of beds

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
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<tr>
<td>2009</td>
<td>779</td>
</tr>
<tr>
<td>2010</td>
<td>687</td>
</tr>
<tr>
<td>2011</td>
<td>648</td>
</tr>
<tr>
<td>2012</td>
<td>499</td>
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Admissions and transfer from ED
Length of stay

- Only 10% > 72 hours uur
Length of stay before

mean
2009: 7.7 d
2010: 7.9 d
2011: 7.2 d
Length of stay after

- LOS from 7 to 6 days
- More admissions < 3 day

Mean 6,0 d
Discharge within 3 days
<table>
<thead>
<tr>
<th>opnemend specialisme</th>
<th></th>
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<tbody>
<tr>
<td>INW</td>
<td>425</td>
<td>20%</td>
</tr>
<tr>
<td>GAS</td>
<td>251</td>
<td>12%</td>
</tr>
<tr>
<td>TRA</td>
<td>229</td>
<td>11%</td>
</tr>
<tr>
<td>NEU</td>
<td>217</td>
<td>10%</td>
</tr>
<tr>
<td>HGE</td>
<td>208</td>
<td>10%</td>
</tr>
<tr>
<td>LON</td>
<td>150</td>
<td>7%</td>
</tr>
<tr>
<td>NEF</td>
<td>128</td>
<td>6%</td>
</tr>
<tr>
<td>URO</td>
<td>87</td>
<td>4%</td>
</tr>
<tr>
<td>ORT</td>
<td>71</td>
<td>3%</td>
</tr>
<tr>
<td>VAT</td>
<td>69</td>
<td>3%</td>
</tr>
<tr>
<td>HEM</td>
<td>63</td>
<td>3%</td>
</tr>
<tr>
<td>NCH</td>
<td>41</td>
<td>2%</td>
</tr>
<tr>
<td>GER</td>
<td>35</td>
<td>2%</td>
</tr>
<tr>
<td>ONI</td>
<td>27</td>
<td>1%</td>
</tr>
<tr>
<td>CAR</td>
<td>24</td>
<td>1%</td>
</tr>
<tr>
<td>anders</td>
<td>64</td>
<td>3%</td>
</tr>
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</table>
Reduction in the mortality with the introduction of AAU

- Reduction in the length of stay
- Reduction of 50 beds in the hospital
- Increase in discharges within 48 hours
- Reduction in the hospital mortality rate
Guus Schrijvers: het adopteren van innovaties in de gezondheidszorg kost 17 jaar.
Team Work
An observational cohort study on geriatric patient profile in an emergency department in the Netherlands

E.J.M. Schrijver\textsuperscript{1,3,} Q. Topping\textsuperscript{a}, O.J. de Vries\textsuperscript{2,3}, M.H.H. Kramer\textsuperscript{3}, P.W.B. Nanayakkara\textsuperscript{a,*}
Editorial

Where are the acutely ill best cared for and who should look after them?

Acute hospital medicine — A new sub-speciality or internal medicine re-born?
EDITORIAL

Complex acute medicine: the internist in the lead

W.E.M. Schouten
Acute hospital medicine — A new sub-speciality or internal medicine re-born?

- AAU
- GP's
- Hospital units
- Management
- Rapid acces clinics
- Internist – generalist
- Acute medicine
- Lab / Rad
- Research
- Teaching
- VU medisch centrum
Acute medicine fellowship

First (pre) central commitee meeting: 07/11/2006

Inaugural central committe meeting: 9 maart 2009

Register acute medicine specialists: 125/1992 internists

1e congres
Dutch Acute Medicine
28 september, 2012
1125 NEWS Travels: Exploring the Performance of NEWS in a Dutch ED
Dr Nadia Alam, Amsterdam
Conclusions

• Concept of Acute Admission units

• UK has inspired acute medicine specialists in the Netherlands

• NEWS will travel (fast)