

The Dutch Health care performances

Lecture by
prof. Guus Schrijvers and Emma van Bussel
on April 15, 2011
in Edmonton, Canada



University Medical Center
Utrecht

About myself

- Professor of Public Health
- Macro-economist
- Evaluator of innovations
- Editor-in-chief of international Journal of Integrated Care
- Co-organiser INIC-congresses
- Knowledge about innovations in many countries

I evaluate(d) (together with colleagues)

- Telemonitoring in COPD-patients (Health Buddies)
- Telecare in persons with serious psychotic disorders (De Leeuw)
- Introduction of EPR in big teaching hospital (De Leeuw)
- E-portals for persons with AIDS, Itch and CF (Ros)
- Integrated Regional Information System (Nauta)
- Integrated Care Pathways.



Chapters of the book

1. Theory
2. Pain in the chest
3. Collum care
4. In-hospital emergency service
5. 24/7 TIS service
6. Cataract services
7. Hernia inguinalis
8. Varicose veins
9. Cohn-& rectum carcinoma
10. Mamma carcinoma
11. COPD
12. Arthrosis in the hands
13. PAOD (= peripheral occlusive arterial disease)
14. Neurological disorders in infants
15. PHC and ophtomology
16. Prenatal care in and outside the hospital
17. LRS (= lumbo radicular syndrom)
18. Characteristics and effects

When we assess or evaluate then....

1. What is the webbased innovation?
2. Does it work?
3. Does it help?
4. Does it save money?

Content



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- Population
- Care consumption
- Care providers
- Numbers of institutions
- Health care expenditure
- Structures
- Some non-statistical trends
- Conclusions

Population of the Netherlands in 2010



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- *Total: 16,6 million*
- *> 65y: 2,6 million*
- *65-80y: 1,9 million (11,4% of total)*
- *>80y: 0,6 million (3,9% of total)*
- *Persons in institutions: 0,2 million*

Demography of the Netherlands



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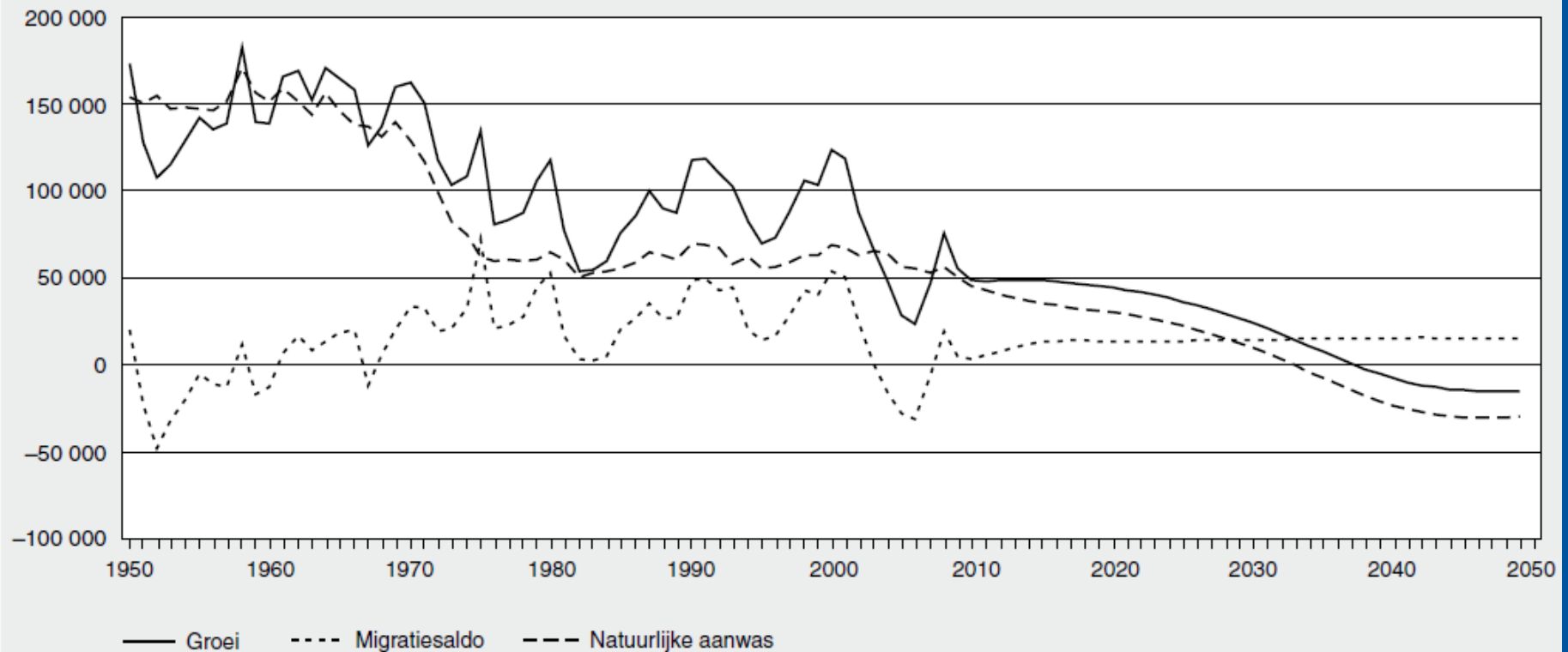
	2010	2025	2050
Population	16,6 million	17,2 million	17,3 million
65-80 y	11,4 %	16,2 %	14,7 %
>80 y	3,9 %	5,5 %	9,8 %
Mortality	136000/y	166000/y	220000/y
Birth	185000/y	184000/y	178000/y

Source: Garssen J, Apperloo J et al. 2010, Bevolkingstrends
4de kwartaal 2010. 58: p17-21. CBS, Den Haag/Heerlen



Prognosis of population growth

7. Bevolkingsgroei, migratiesaldo en natuurlijke aanwas



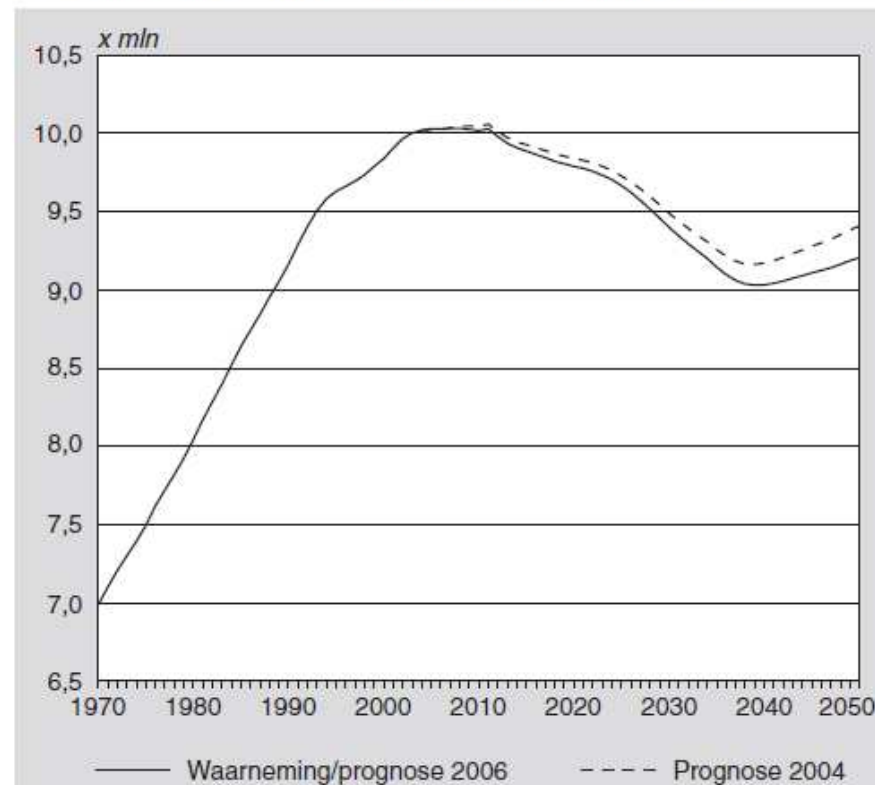
Harmen C. Het effect van de economische crisis op de demografische ontwikkeling.
Bevolkingstrends 4de kwartaal 2010. CBS

Prognosis of the labour force



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12. Ontwikkeling van de potentiële beroepsbevolking, 1970–2050



Garssen J, Duin C. Bevolkingsprognose 2006-2050: belangrijkste uitkomsten.

Bevolkingstrends, 4de kwartaal 2006. p85-92. CBS, Den Haag/Heerlen

<http://www.cbs.nl/NR/rdonlyres/2E75900D-E0B8-4068-99CD-6F6F3EDA4D14/0/2006k4b15p85art.pdf>

Healthy life expectancy 1983-2008



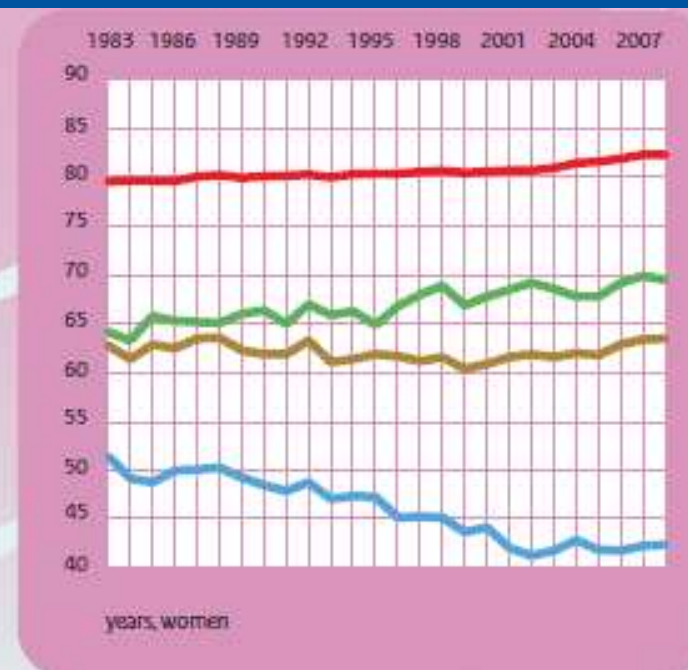
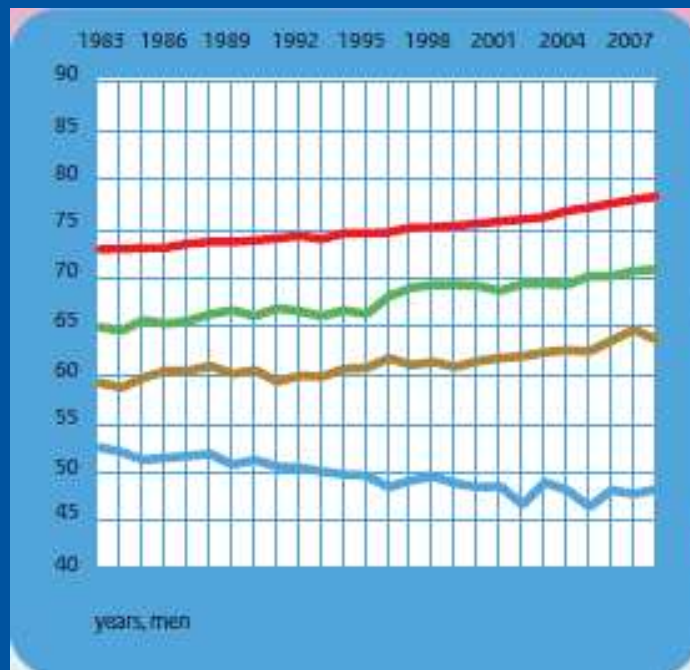
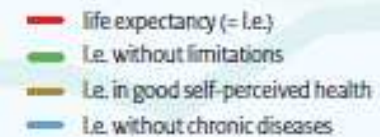
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Red: life expectancy (l.e.)

Green: l.e. without limitations

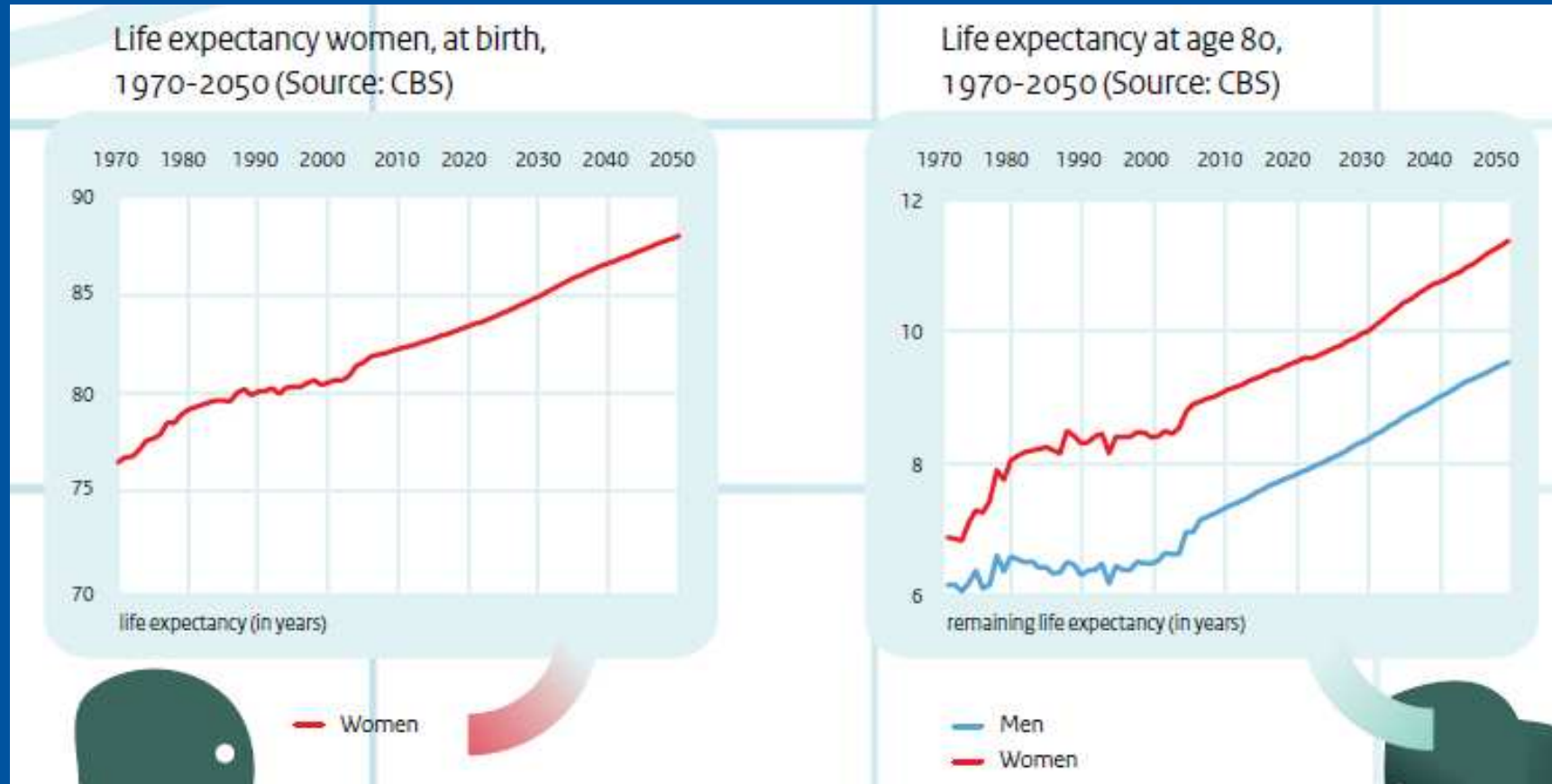
Braun: l.e. in good self perceived health

Blue: l.e. without chronic diseases



Lucht F, Polder J.J. Towards better health. The Dutch 2010 Public Health Status and Forecast report. RIVM 2011

Life expectancy



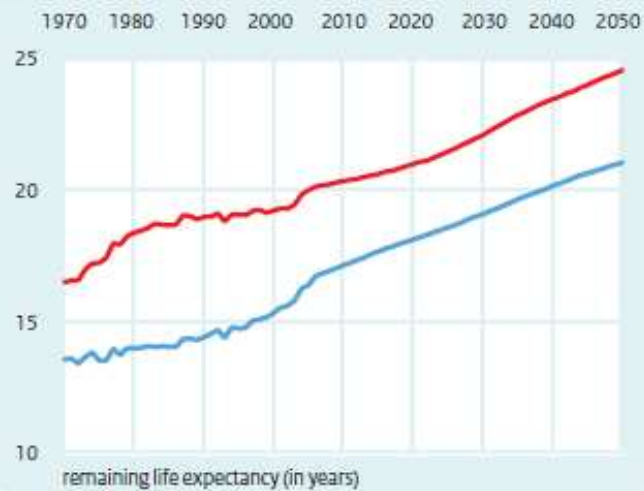
Life expectancy



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1.1 History and future of life expectancy, 1970-2050 (Source: CBS)

Life expectancy at age 65,
1970-2050 (Source: CBS)



— Men
— Women

Life expectancy men, at birth,
1970-2050 (Source: CBS)



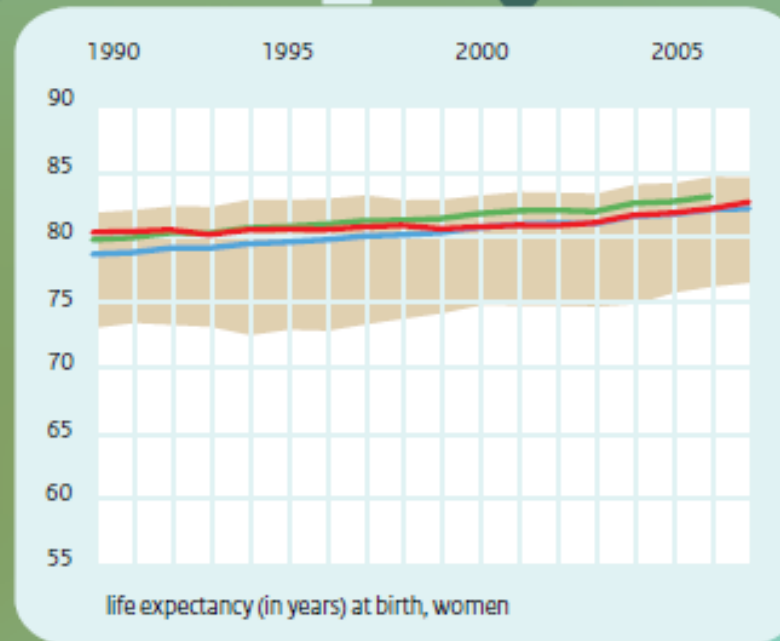
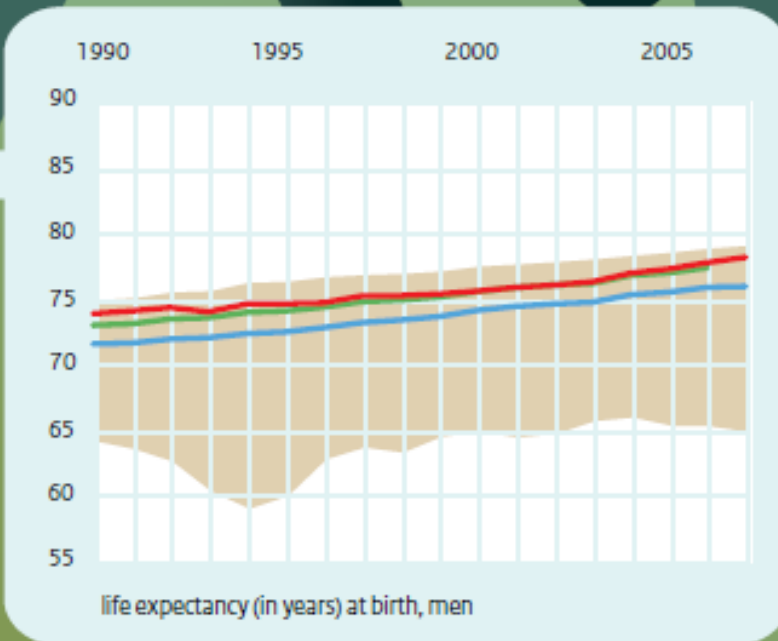
— Men

Life expectancy



Life expectancy in the Netherlands and Europe, 1990-2007 (Source: CBS)

1.3



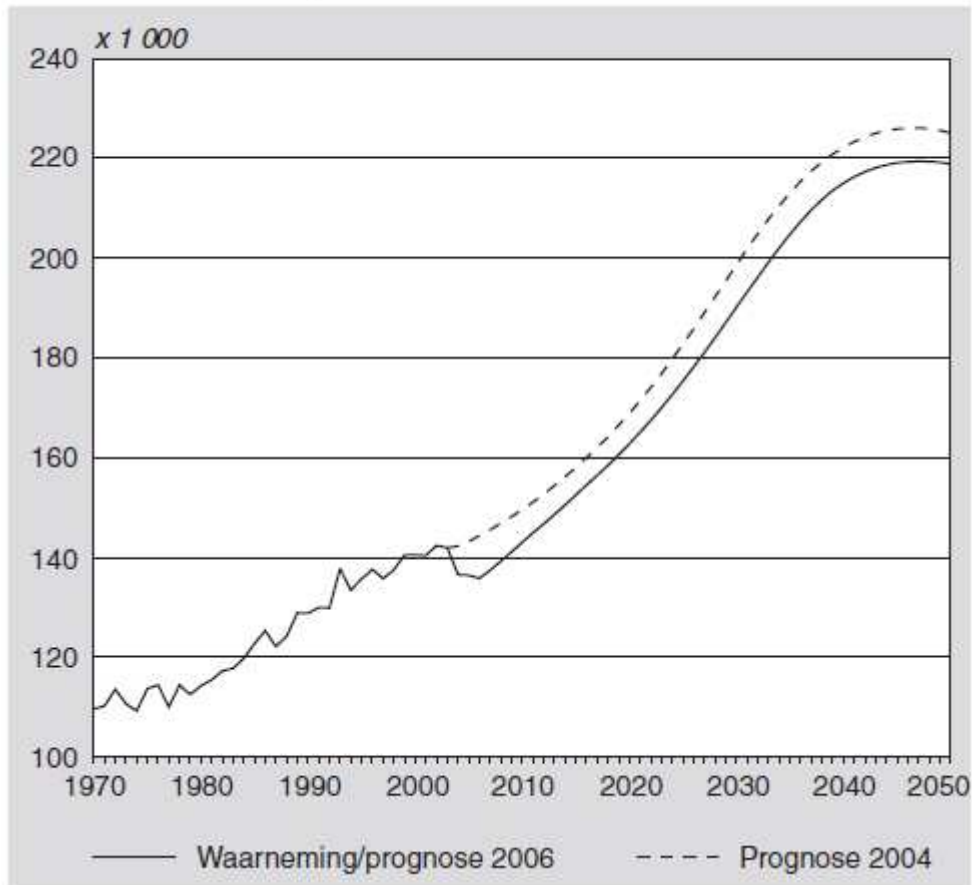
- Netherlands
- EU 15
- EU 27
- Min/Max

Number of deaths 1970-2050



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6. Aantal overledenen, 1970–2050



Causes of death (2010)

Total: 135 895

Neoplasms: 32.4%

Cardiovascular diseases: 36,3%

Neurological diseases: 3,3%

Accidents: 2,5%

Suicide: 1,1%

Garssen J, Duin C. Bevolkingsprognose 2006-2050: belangrijkste uitkomsten.

Bevolkingstrends, 4de kwartaal 2006. p85-92. CBS, Den Haag/Heerlen

<http://www.cbs.nl/NR/rdonlyres/2E75900D-E0B8-4068-99CD-6F6F3EDA4D14/0/2006k4b15p85art.pdf>

Wealth and life expectancy



1.4 Global differences in wealth and life expectancy, 2007



Mortality



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1.7

Mortality by infectious disease, cancer and cardiovascular diseases, 1900-2008 (Source: CBS)

- Cardiovascular diseases
- Cancers
- Infectious diseases



Deaths from chronic diseases in the Netherlands



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BMC Palliative Care 2009, 8:4

<http://www.biomedcentral.com/1472-684X/8/4>

Table 2: Number of deaths from chronic diseases in the Netherlands from 1996–2006 according to primary cause of death and percentage change relative to the preceding year

Diagnosis	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Cancer *	38,157	37,968	38,266	39,005	38,702	38,917	39,579	39,789	40,196	40,252	40,421
		-0.5%	0.8%	1.9%	-0.8%	0.6%	1.7%	0.5%	1.0%	0.1%	0.4%
Stroke	12,232	12,146	12,104	12,409	12,184	11,890	12,222	11,469	10,990	10,326	9,882
		-0.7%	-0.3%	2.5%	-1.8%	-2.4%	2.8%	-6.2%	-4.2%	-6.0%	-4.3%
Dementia	4,383	4,588	4,653	5,203	5,343	5,827	6,840	7,046	6,990	7,005	7,688
		4.7%	1.4%	11.8%	2.7%	9.1%	17.4%	3.0%	-0.8%	0.2%	9.8%
COPD	6,488	6,356	6,974	6,740	6,753	6,373	6,310	6,548	5,755	6,423	6,292
		-2.0%	9.7%	-3.4%	0.2%	-5.6%	-1.0%	3.8%	-12.1%	11.6%	-2.0%
Heart failure	5,272	5,265	5,322	5,551	5,908	5,530	5,598	5,830	5,624	5,943	5,952
		-0.1%	1.1%	4.3%	6.4%	-6.4%	1.2%	4.1%	-3.5%	5.7%	0.2%
Diabetes	3,143	3,198	3,224	3,308	3,345	4,283	4,079	3,791	3,769	3,759	3,510
		1.7%	0.8%	2.6%	1.1%	28.0%	-4.8%	-7.1%	-0.6%	-0.3%	-6.6%
Other chr. diseases	3,304	3,338	3,259	3,395	3,256	3,337	3,444	3,630	3,450	3,480	3,621
		1.0%	-2.4%	4.2%	-4.1%	2.5%	3.2%	5.4%	-5.0%	0.9%	4.1%
Total	72,979	72,859	73,802	75,611	75,491	76,157	78,072	78,103	76,774	77,188	77,366
		-0.2%	1.3%	2.5%	-0.2%	0.9%	2.5%	0.0%	-1.7%	0.5%	0.2%

Source: CBS (deaths); processed by NIVEL (selection of chronic diseases, a.o.)

*: Cancer, including death from neoplasms with uncertain behaviour

Causes of death from chronic diseases in the Netherlands



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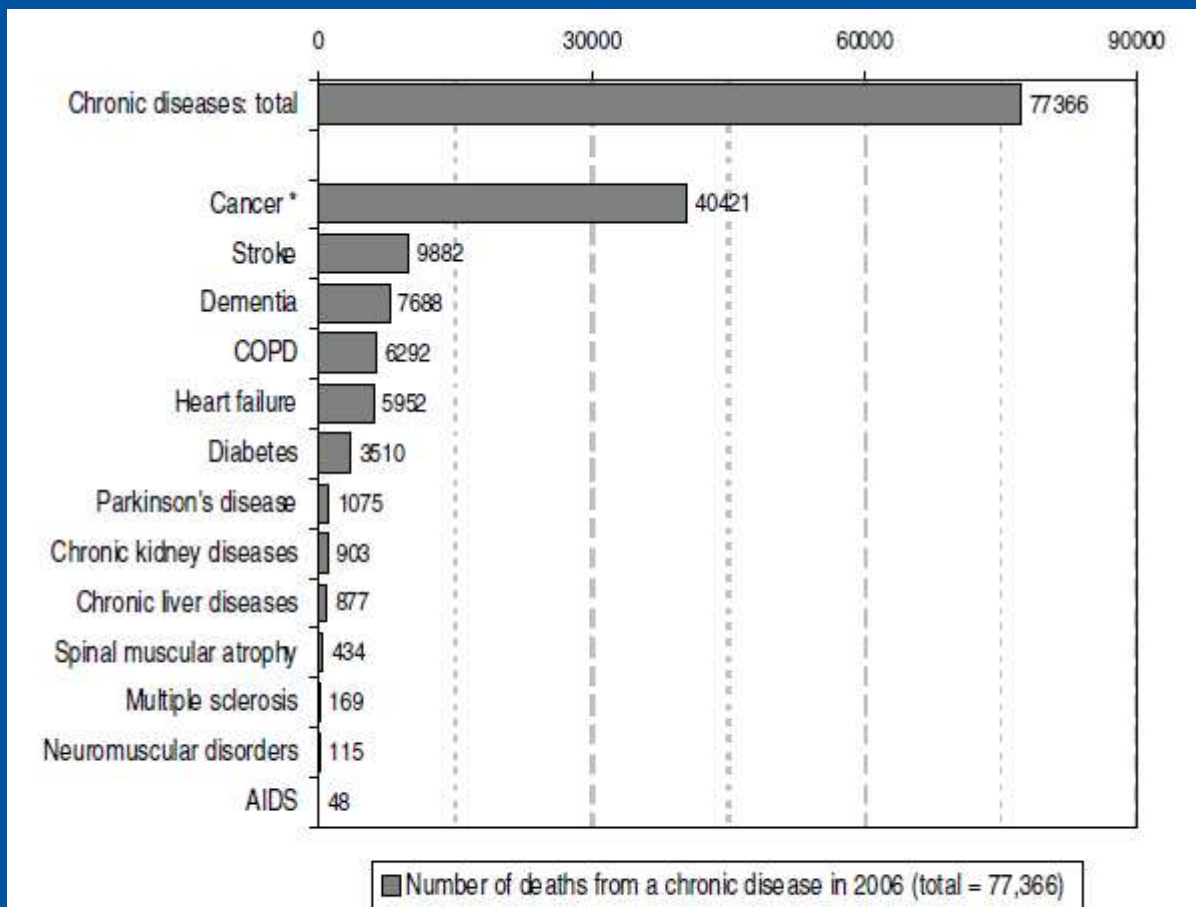


Figure 1

Number of deaths in the Netherlands from chronic diseases in 2006 according to primary cause of death.

Source: CBS (deaths); processed by NIVEL (selection of chronic diseases, a.o.). *: Cancer, including death from neoplasms with uncertain behaviour.

Velden L. Dying from cancer or other chronic diseases in the Netherlands

ten year trends derived from the death certificate data. BMC Palliative care 2009; 8:4

Circulatory mortality per 100.000 inhabitants

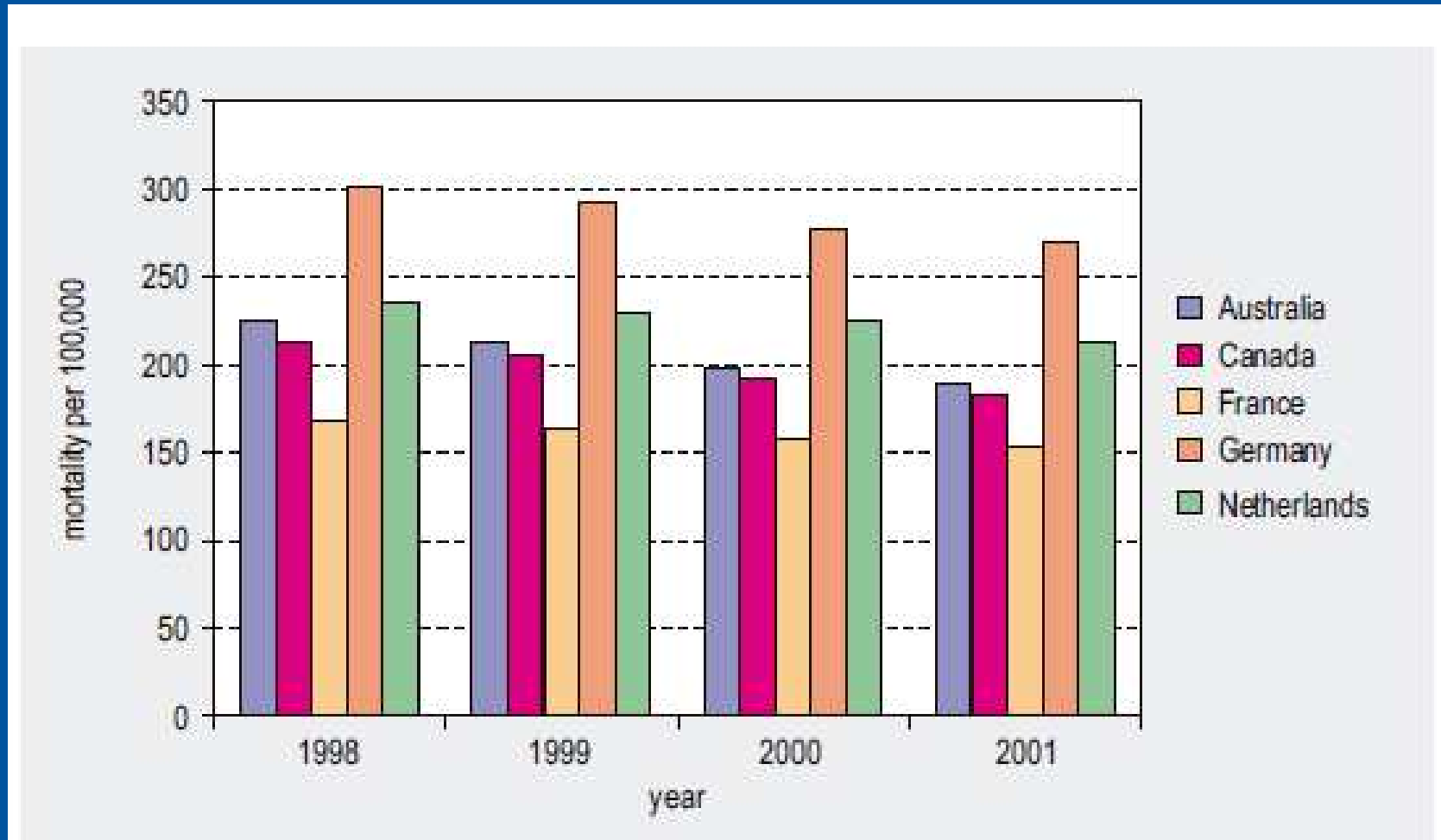
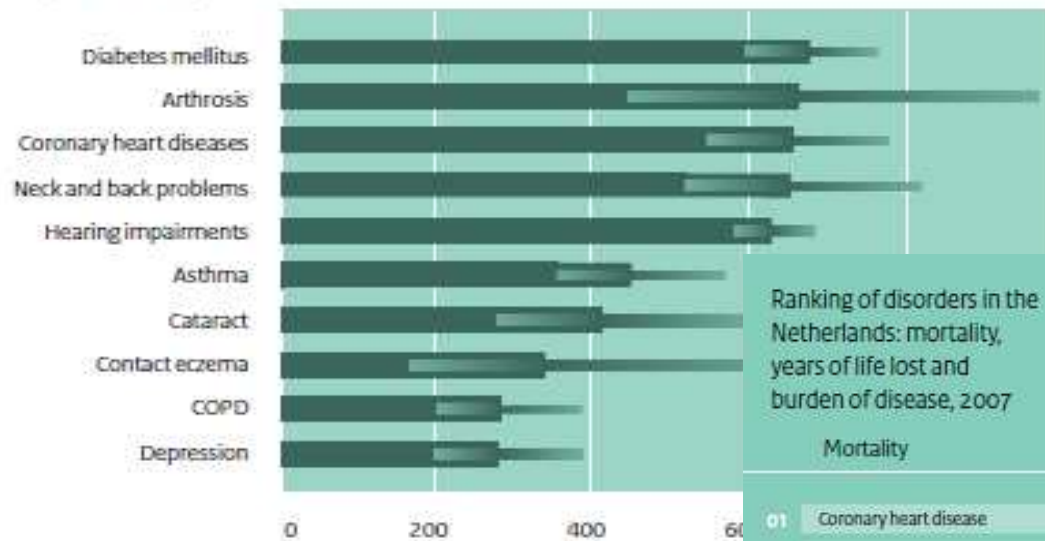


Figure 8: Circulatory mortality between 1998 and 2001 per 100,000 inhabitants (age-standardised) Source: OECD Health Data 2005



Most prevalent diseases

The 10 most prevalent diseases in the Netherlands
(point prevalence and 95% confidence interval, 1-1-2007)
(Source: CBS)



Ranking of disorders in the Netherlands: mortality, years of life lost and burden of disease, 2007

Mortality		Potential years of life lost		Burden of disease (DALYs)	
01	Coronary heart disease	01	Lung cancer	01	Coronary heart disease
02	Lung cancer	02	Coronary heart disease	02	Stroke
03	Stroke	03	Stroke	03	Anxiety disorders
04	Dementia	04	Colorectal cancer	04	Depression
05	Heart failure	05	COPD	05	Diabetes mellitus
06	COPD	06	Breast cancer	06	Lung cancer
07	Pneumonia	07	Heart failure	07	COPD
08	Colorectal cancer	08	Dementia	08	Arthrosis
09	Diabetes mellitus	09	Suicide	09	Home and leisure accidents
10	Breast cancer	10	Pneumonia	10	Dementia



Trends in smoking and overweight

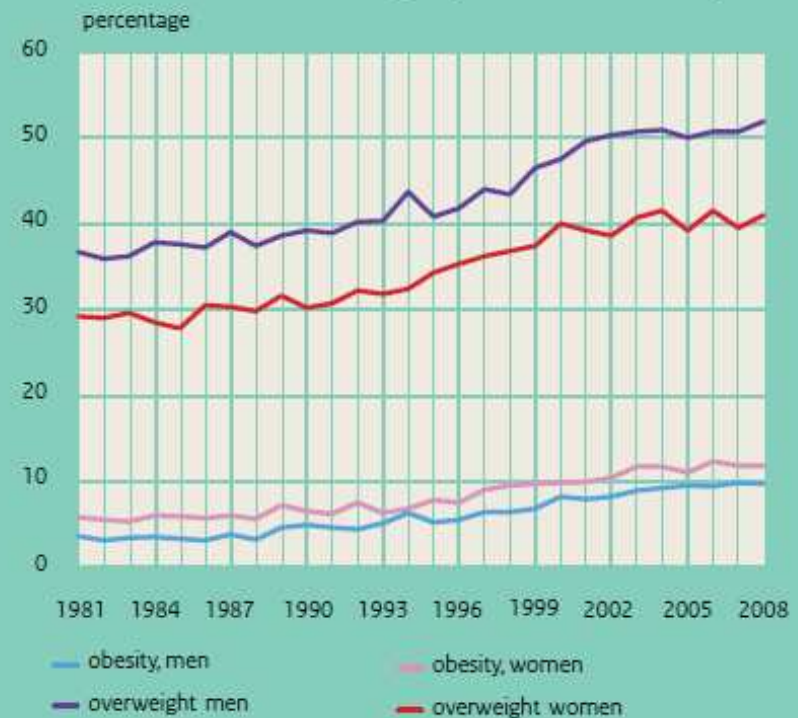
52,5% of man has overweight

41,9% of woman has overweight

3.1 Time trends smoking 1958-2008
(Source:Stivoro, 2009)



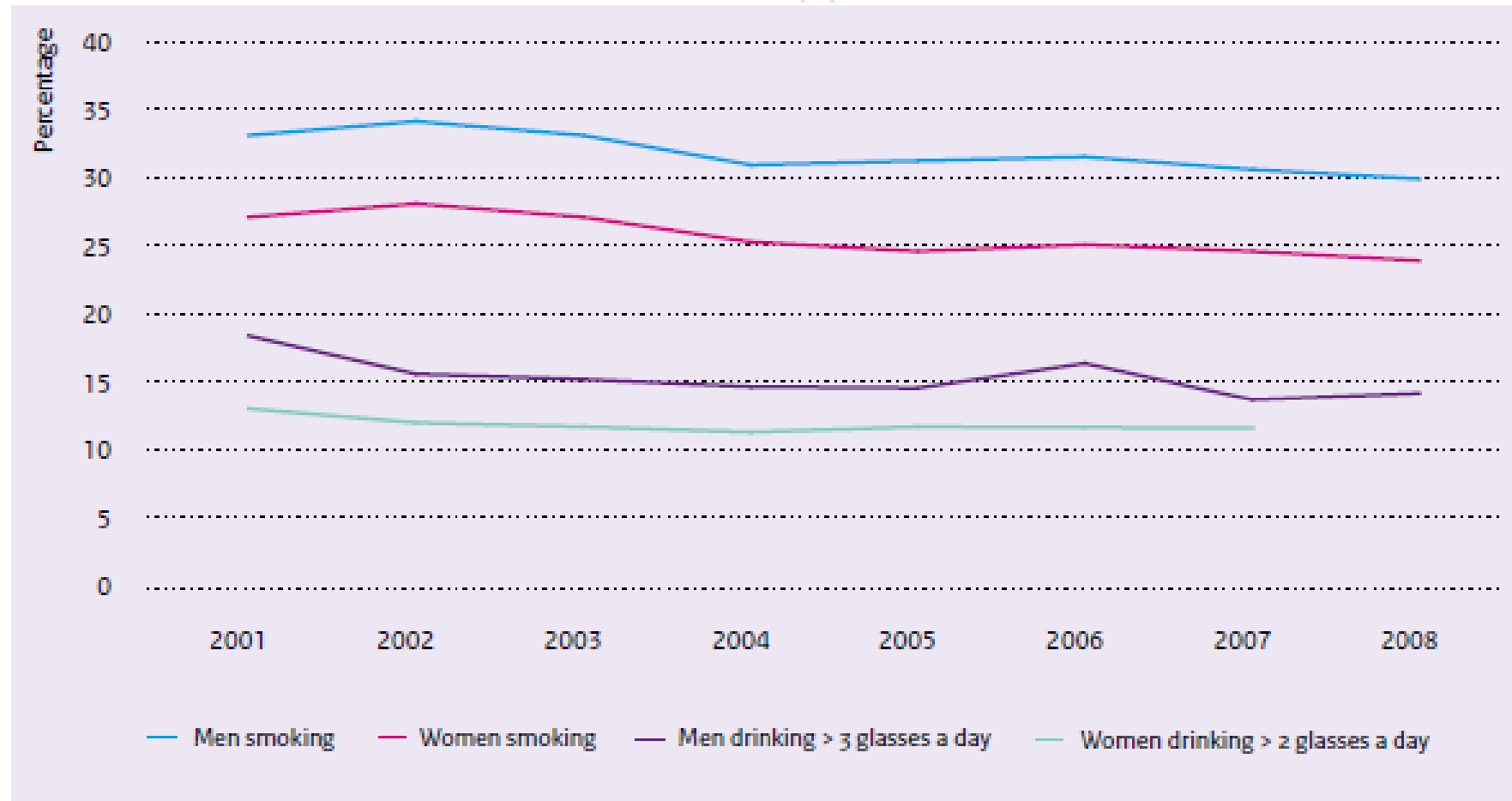
3.2 Percentage of people (aged 20 year and above) with overweight and obesity 1981-2007, standardized for age and sex distribution in 1981 (Source:POLS, 2008)



Trends in smoking and drinking



Figure 2.2.3: Men and women who smoke or drink heavily (%), 2001-2008



(Source: Stivoro, 2010; CBS, 2009a)

Avoidable hospital admission



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)

conclusions



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- Life expectancy is comparable with other rich states
- Growing number of 65+
- Dimishing labour force
- Increase of healthy life expectancy
- Life expectancy keeps growing until 2050
- Mortality from cancers increases and from CVD and infectious diseases decreases
- Mortality from chronic diseases is stable
- Smoking goes down and overweight goes up
- Hospital admission are still avoidable

Care consumption



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GP consultation



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- Minimal once a year contact with GP (2005-2008)
 - *73% of population*
 - *95% of chronic ill people (stable over the past 15 year)*
- Number of contacts
 - *Chronic ill: 5,9 times /y*
 - *Population: 5,3 times /y*

Mulder M (RIVM). Contact met huisarts 2005-2008. In: Volksgezondheid Toekomst Verkenning, Nationale Atlas Volksgezondheid. Bilthoven: RIVM, <<http://www.zorgatlas.nl>> Zorgatlas\Zorg\Eerstelijnszorg\Huisartsenzorg\Gebruik, 21 juni 2010.

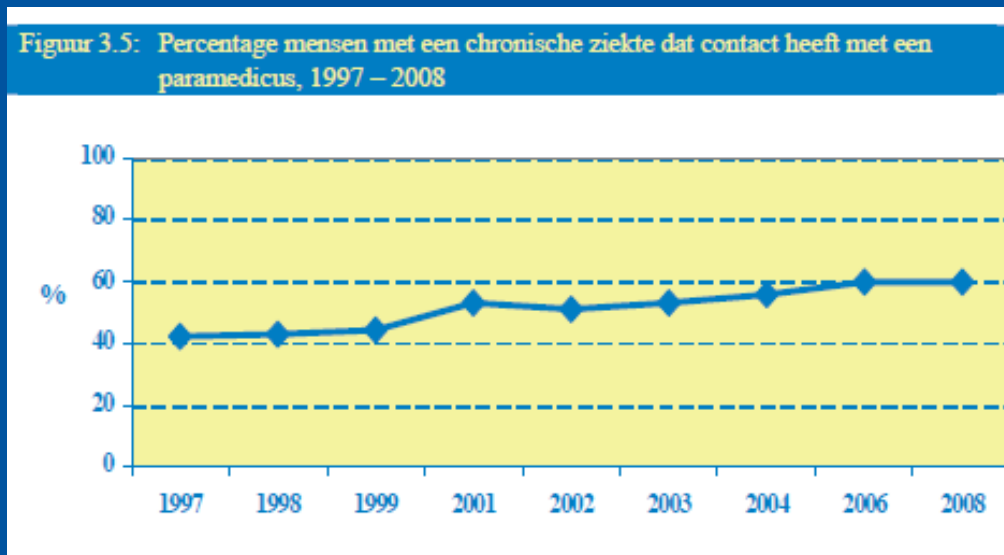
Heijmans M, Spreeuwenberg P, Rijken M. Ontwikkelingen in de zorg voor chronisch zieken. Rapportage 2010, NIVEL 2010

Non-medical consultation



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Non-medical consultations of the chronic ill



1997-2008

Specialist consultation and hospital admission

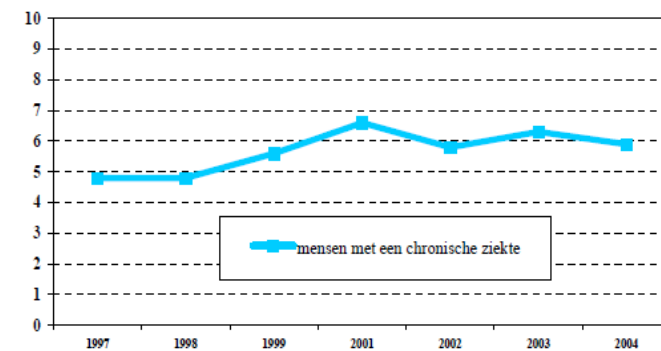
Chronic ill vs population



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- Out- patient contacts
 - *Chronic ill: 79%*
 - *Population: 42%*
- Hospital admission
 - *Population: 7%*
 - *Chronic ill: 19%,
not significantly changed since 1997*
- Number of contacts specialist
 - *Chronic ill: 6/y*

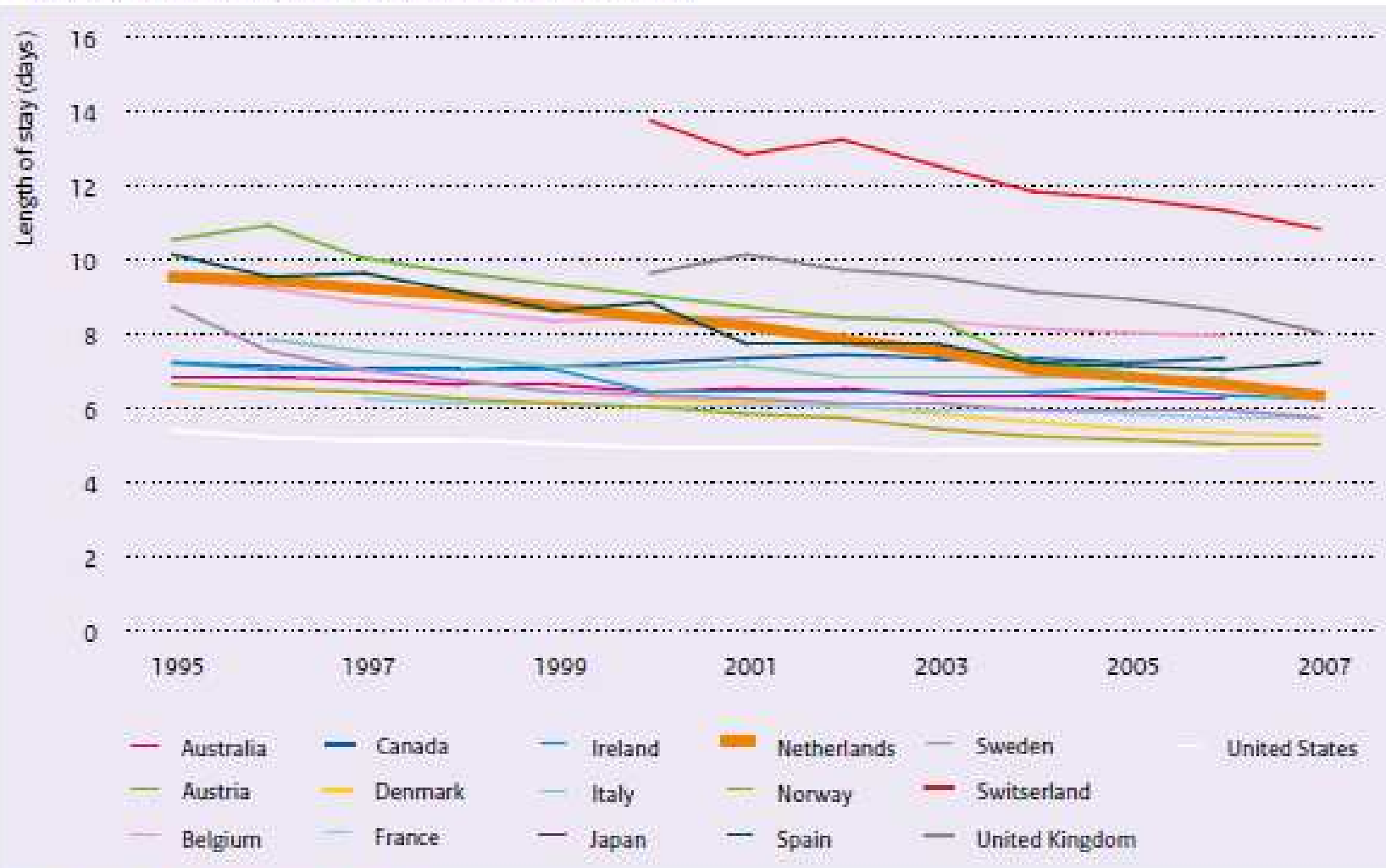
Figuur 3.11: Gemiddeld aantal contacten met de medisch specialist van mensen met een chronische ziekte over de periode 1997-2004



Average length of hospital stay



Figure 4.3.8: Average length of hospital stay, 1995-2007

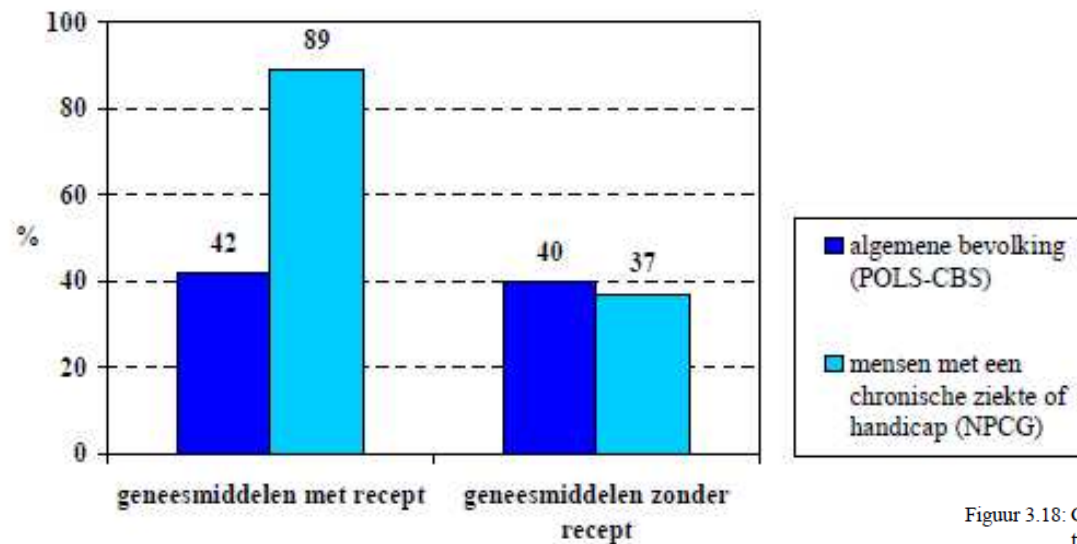


(Source: OECD Health Data, 2009)

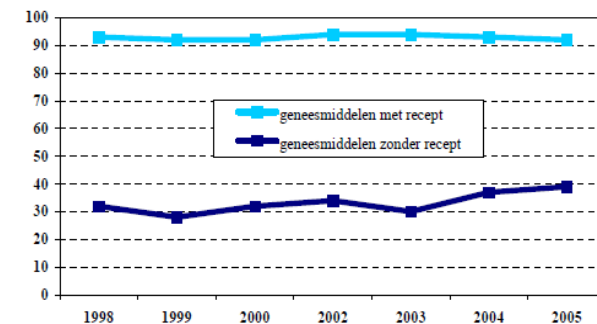
Pharmaceutical drugs consumption



Figuur 3.15: Gebruik van geneesmiddelen met en zonder recept gedurende de afgelopen twee weken door mensen met een chronische ziekte of handicap (% in 2005) in vergelijking de algemene bevolking (% in 2004)



Figuur 3.18: Gebruik van geneesmiddelen met en zonder recept gedurende de afgelopen twee weken door mensen met een chronische ziekte of handicap over de periode 1998-2005 (% per jaar)



Medicine use



Table 4.2.4: Number of users, average annual growth in number of users (%), for some 'high-volume categories' of medicines¹, 2004 and 2008

	Number of users		Annual volume growth (%)
	2004	2008	
Antidepressants	936,000	978,000	1.1
Statins	1,046,000	1,591,000	11.1
Asthma and COPD medicines	1,361,000	1,552,000	3.3
Stomach drugs	1,521,000	2,274,000	10.6
Diabetes medicines	605,000	749,000	5.5
Sedatives and tranquillizers	1,868,000	1,809,000	-0.8
Expensive medicines			
• Etanercept (rheumatism, psoriasis)	3,112	10,394	35.2
• Adalimumab (rheumatism, psoriasis, Crohn's disease)	2,355	6,624	44.8

(Source: CVZ, 2009b; SFK, 2009)

¹Antidepressants, statins, asthma and COPD medicines, stomach drugs, diabetes medicines, and sedatives and tranquillizers on the basis of CVZ (2009b); Expensive medicines on the basis of SFK (2009). According to the SFK definition, the price of an expensive medicine is over € 500 per prescription

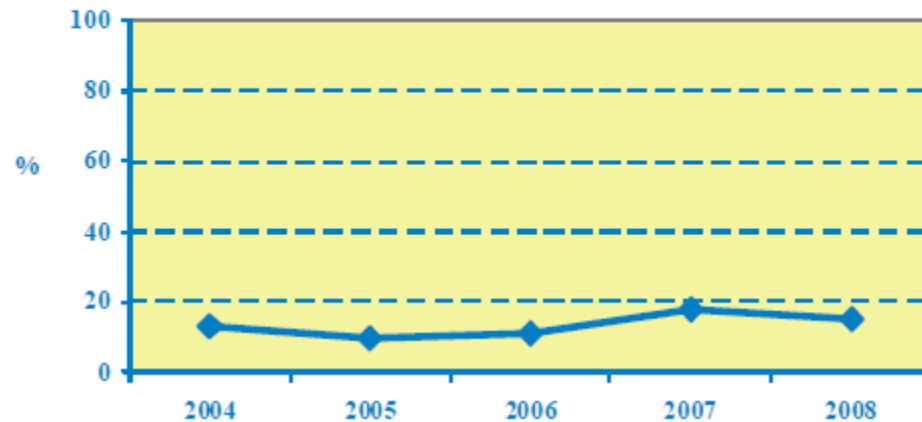
Home care and specialized nurse-contacts of the chronic ill



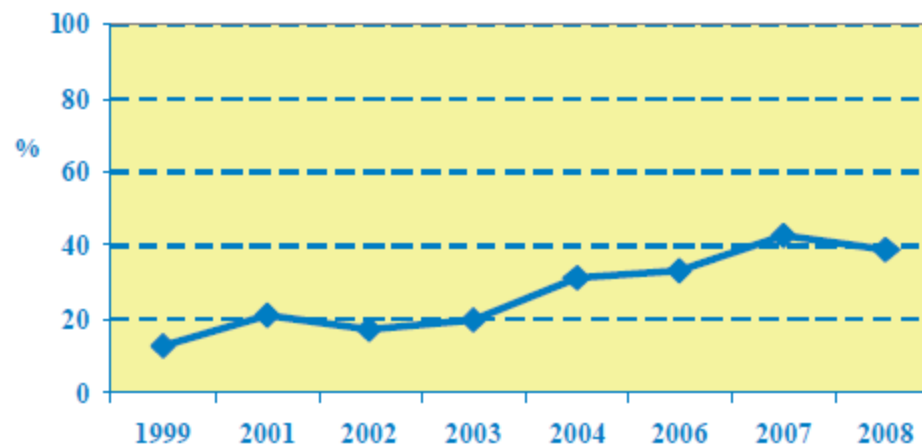
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- Home care
2004-2008
- Specialized nurse
1999-2008

Figuur 3.15: Percentage chronisch zieken dat gebruik maakt van professionele thuiszorg, 2004 – 2008



Figuur 3.9: Percentage chronisch zieken dat contact heeft met de gespecialiseerd verpleegkundige, 1999 – 2008



Heijmans M, Spreeuwenberg P, Rijken M.
Ontwikkelingen in de zorg voor chronisch zieken.
Rapportage 2010, NIVEL 2010

Number of persons in long term care during 24/7 in institutions



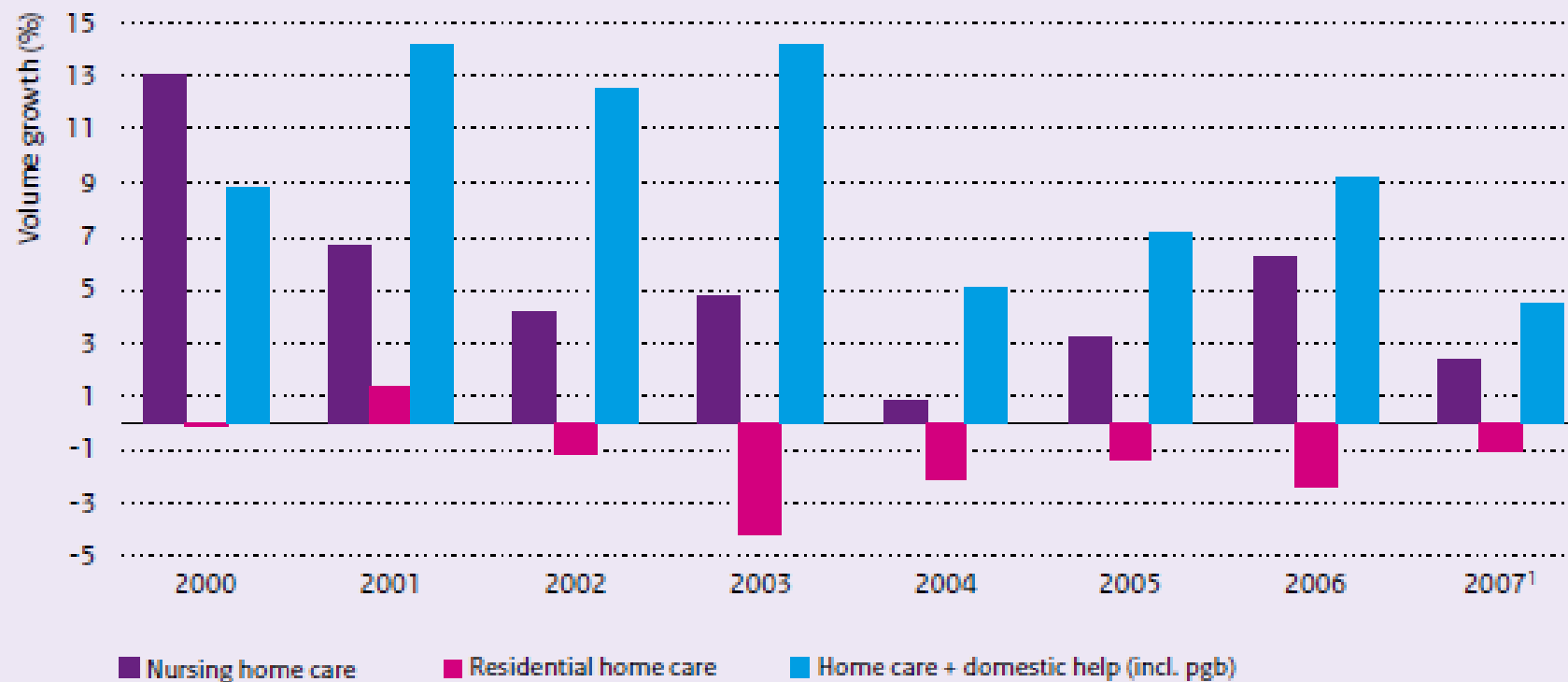
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	2004	2005	2006	2007	2008	2009
total	240000	242000	244000	-	251000	255000
Total: % >18y	1,88	1,89	1,90	-	1,95	1,96
% 60-65y	0,50	0,50	0,53	-	0,55	0,57
% 65-70y	1,10	1,10	1,13	-	1,14	1,17
% 70-75y	2,88	2,86	2,83	-	2,65	2,65
% 75-80y	7,06	7,09	7,02	-	6,67	6,59
80-85y	16,18	15,94	15,64	-	15,02	14,77
85-90y	32,40	31,10	30,04	-	29,31	29,13
90-95y	51,02	49,97	48,83	-	48,35	47,64
>95y	67,41	65,63	64,54	-	64,42	63,17

Care for the elderly



Figure 4.2.8: Annual growth in volume of care for the elderly (%), 2000-2007



(Source: CBS data, data analysis RIVM)

¹ provisional figures

PGB (persoonsgebonden budget) = personal health budget

Conclusions



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- Ca. 5 visits per citizen to GP per year
- 42% of population visits specialist
- 7% is admitted in hospital
- LoS decrease as everywhere
- 40% of chronic patients visits specialized nurses
- 42% uses pharmaceutical drugs
- 2% of population in LTC
- Nursing homes and home care grow and residential home care decreases

Care providers: numbers and trends



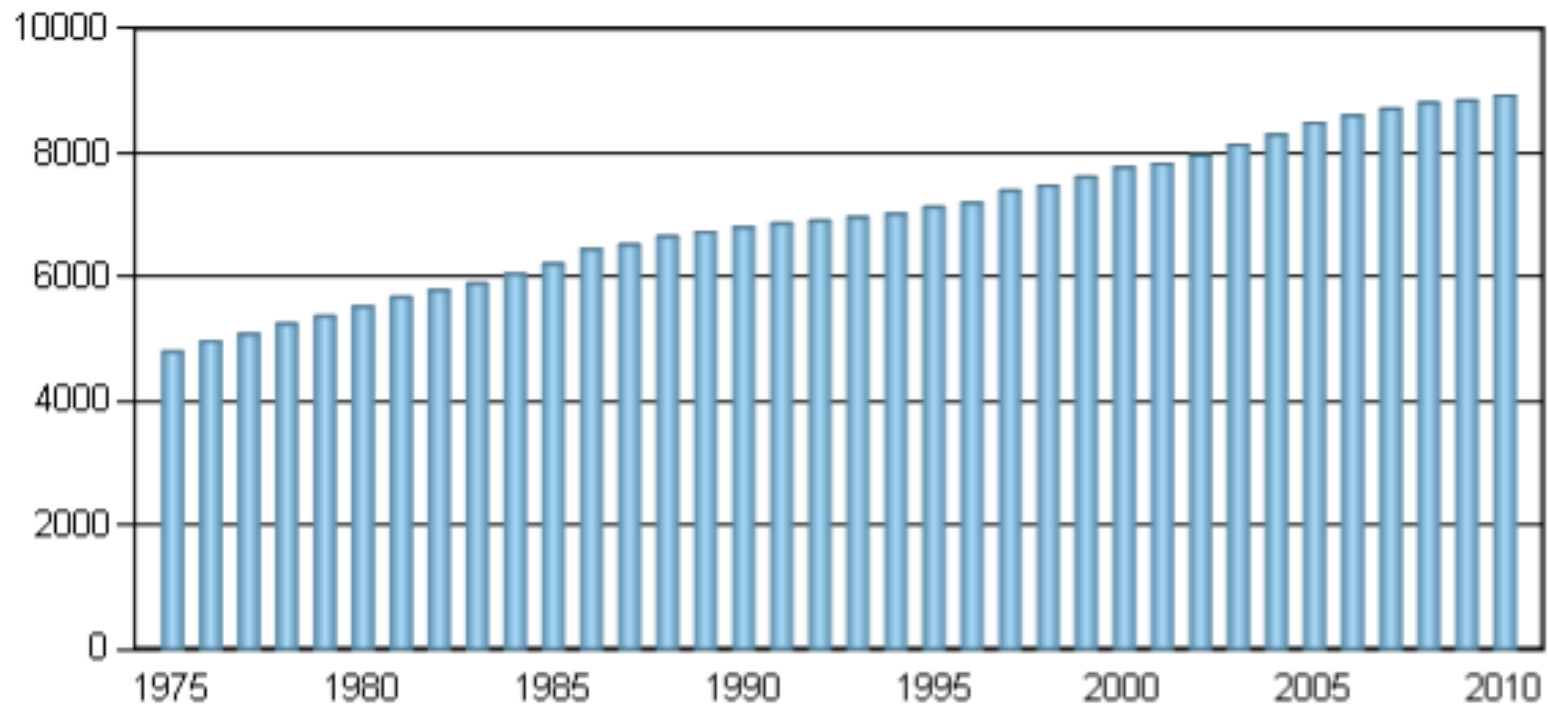
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Number of general practitioners



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Aantal werkzame huisartsen, op 1 januari (vanaf 1975)



Bron: NIVEL huisartsenregistratie, verschijningsfrequentie: jaarlijks

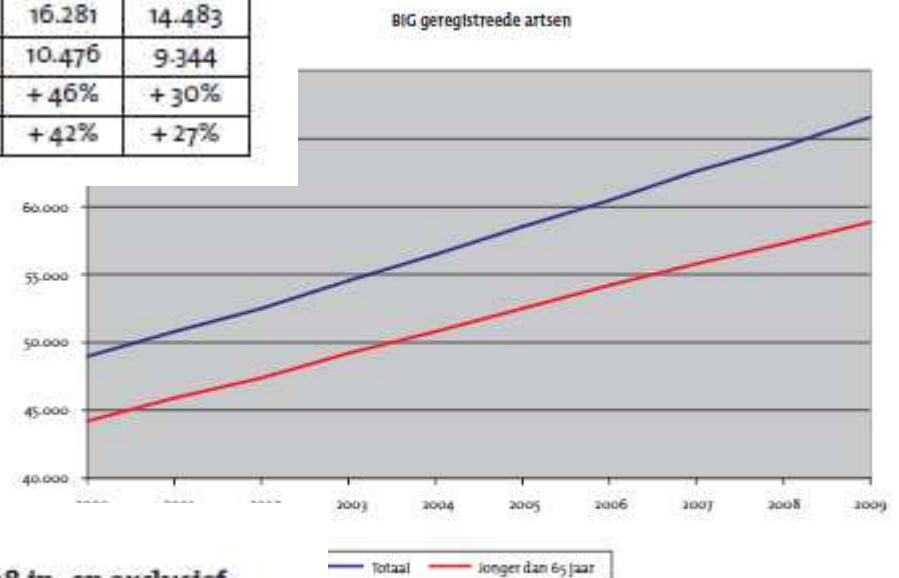
Physicians



Tabel 7: Huidige capaciteit en geraamde zorgvraag naar huisartsen in 2022 en 2028

	Beschikbaar 2010	Geraamd 2022		Geraamd 2028	
		Excl.	Incl.	Excl.	Incl.
Aantal huisartsen	11.121	14.435	13.151	16.281	14.483
Fte's huisartsen	7.358	9.461	8.655	10.476	9.344
Procentuele verandering aantal	100%	+30%	+18%	+46%	+30%
Procentuele verandering fte	100%	+29%	+18%	+42%	+27%

geregistreerde artsen per 1 januari; 2000- 2009



Tabel 6: Huidige capaciteit en geraamde zorgvraag in 2022 en 2028 in- en exclusief verticale substitutie door verpleegkundig specialist en physican assistant

	Beschikbaar 2010	Geraamd 2022		Geraamd 2028	
		Excl.	Incl.	Excl.	Incl.
Aantal medische specialisten	17.350	24.258	22.893	27.660	25.337
Fte 's medische specialisten	15.525	21.280	20.099	24.131	22.121
Procentuele verandering aantal	100 %	+41 %	+32 %	+59 %	+46 %
Procentuele verandering fte	100 %	+37 %	+29 %	+55 %	+42 %

Physicians and nurses

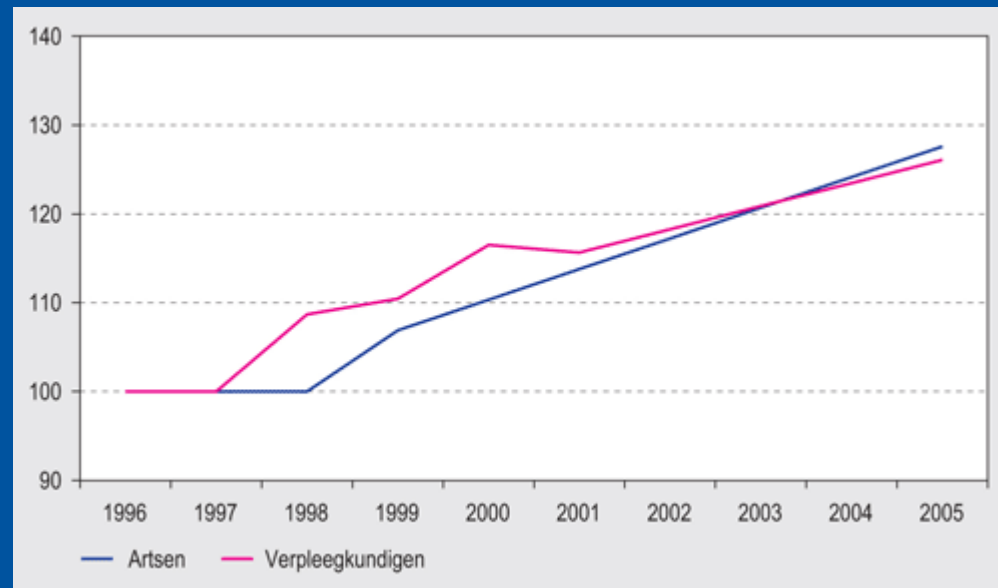


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Registered nurses (BIG) in 2011: 263.427

= 14,5 per 10.000 inhabitants

Number of physicians and nurses in the Netherlands per 1000 inhabitants, 1996 – 2005



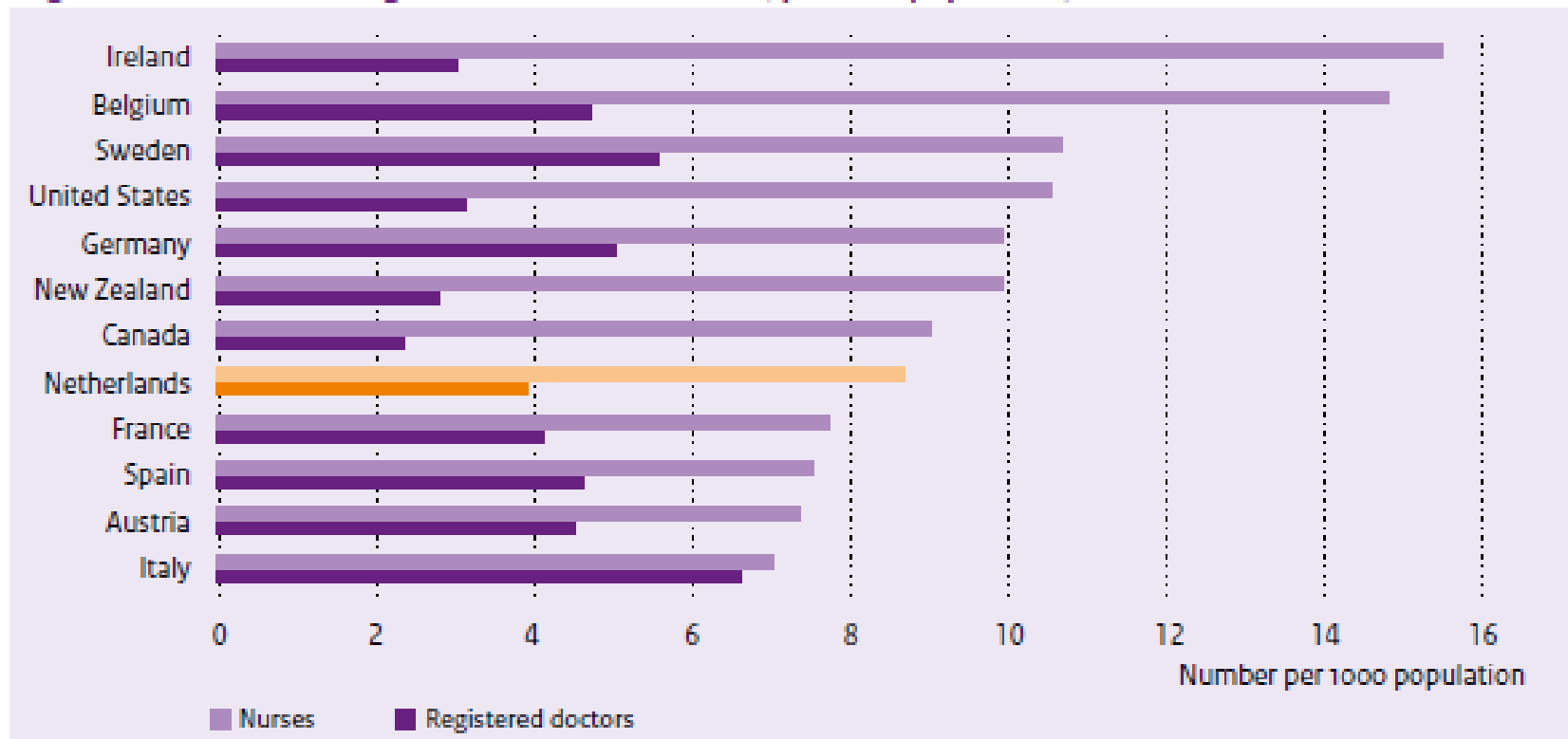
www.BIGregister.nl

Berg MJ van den (NIVEL), Verkleij H (RIVM). Is er voldoende personeel – Aantal artsen en verpleegkundigen per 1000 inwoners. In: zorgbalans 2008. Bilthoven. Nationaal Kompas Volksgezondheid RIVM (Bron:OECD Health Data 2007, databewerking RIVM).

Physicians and nurses



Figure 3.7.5: Number of registered doctors and nurses, per 1000 population, 2007



(Source: OECD Health Data, data analysis RIVM)

Number of registered doctors in France for 2005; Number of nurses in Belgium and Sweden for 2005

Conclusions



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- Twice as much GP's in 2010 than in 1975
- Growing number of doctors and nurses per 1000 inh.
- The same growth for GP's and specialists
- Vertical substitution works
- Less doctors and nurses than in other comparable countries

Health care institutions



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Primary care



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General Practitioners

- 2351 inhabitants per fte GP in 2009
- 2322 inhabitants per fte GP in 2008

- 11.100 GP's
- 7.300 fte GP in 2010
- Mostly in multipractices and health centres
- GP has registered patients, is gate keeper and is family oriented

Deuning CM (RIVM). Huisartsendichtheid 2010.

In: Volksgezondheid Toekomst Verkenning, Nationale Atlas Volksgezondheid. Bilthoven

Capacity of beds in Dutch hospitals



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3 beds per 1000 inhabitants in 2008

- *(50.542 beds in total of which 8.186 beds in academic hospitals)*
 - *Average size ca. 500 beds*
 - *Private, non profit institutions*
 - *Often more than one location*
-
- 5% less as in 2005
 - Goal of VWS: 2 beds per 1000 inhabitants in 2015

Deuning CM (RIVM). Beddencapaciteit ziekenhuizen 2008.
In: Volksgezondheid Toekomstverkenning, Nationale Atlas Volksgezondheid. Bilthoven.

Capacity of nursing homes and homes for the elderly



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Mostly private, non profit organisations

- Large chains of homes
 - 479 nursing homes (in 2009)
 - 1131 homes for the elderly
 - 290 combined homes
- Homecare (in 2007)
 - Sometimes huge organizations
 - 248 homecare institutions
 - 255 nursing homes with homecare services
- Hospices
 - *89 hospices independant*
 - *130 hospice-service in nursinghomes*
 - *10 hospice services in hospitals*

Conclusions



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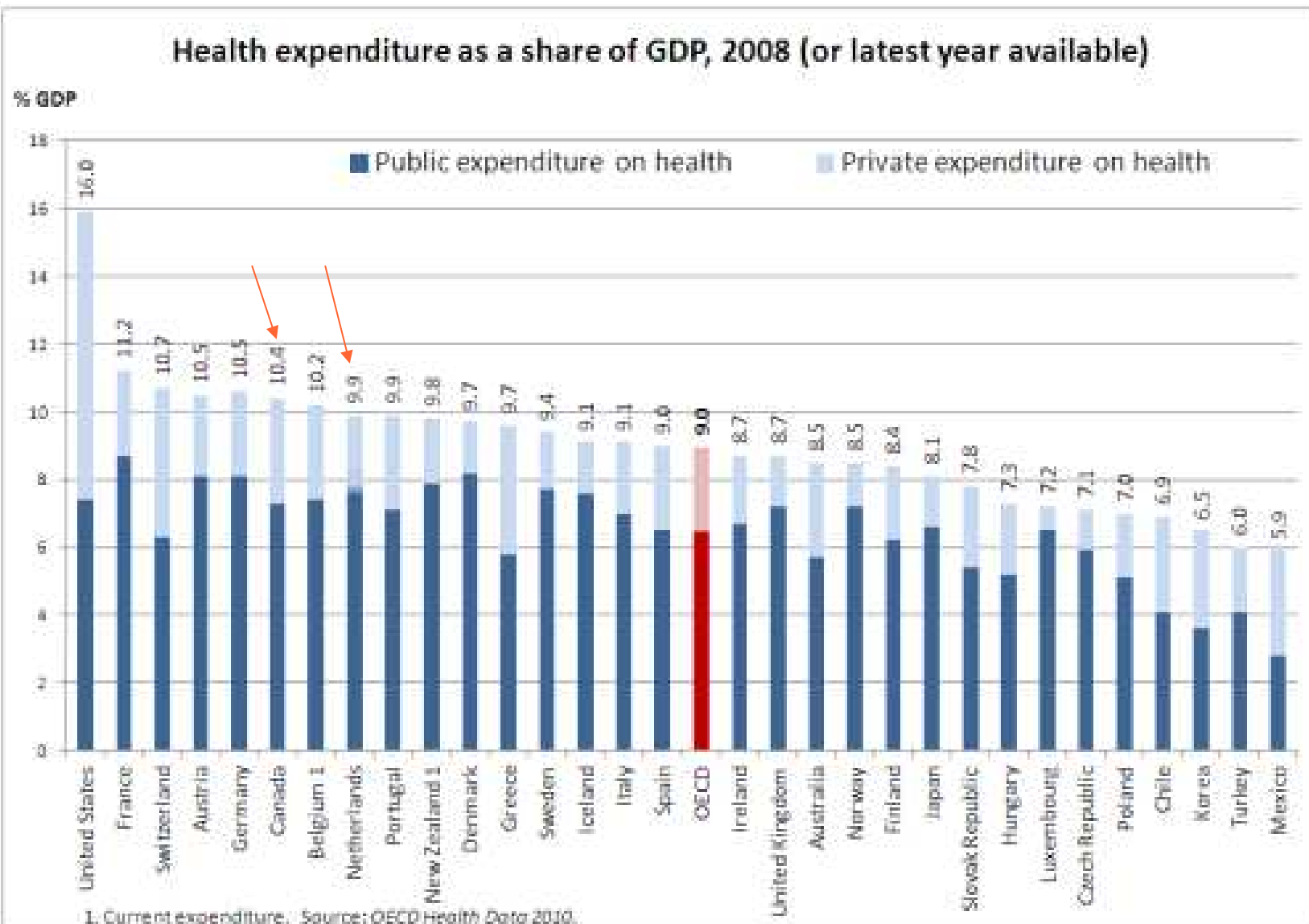
- 2350 patients per GP (registered practice, gatekeeper and family oriented)
- More and more larger organizations in PHC, Hospitals, Nursing homes and home care organizations
- 3 hospital beds per 1000 inh (will be 2)
- Domination of private, non profit organizations

Health care expenditure: euro and trends



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Health expenditure





(growth in) Expenditure on health

Table 4.2.5: Average annual growth in GDP, in health expenditure (SHA) and in expenditure on other goods and services, and the growth in health expenditure as a share in growth in GDP (%), adjusted for inflation, 1975-2025

	1975- 2007	1975- 1980	1980- 1985	1985- 1990	1990- 1995	1995- 2000	2000- 2007	2007- 2025
Growth in GDP	2.0	1.9	0.7	2.8	1.6	3.4	1.5	1.5
Growth in health expenditure	2.9	3.1	0.8	4.2	2.4	2.7	4.1	2.5
Growth in other expenditures	1.9	1.8	0.7	2.7	1.5	3.5	0.5	1.4
Growth in health expenditure as a share in growth in GDP	11.7	10.8	7.8	10.8	11.4	6.0	22.0	16.4

(Source: OECD Health Data, 2009, data analysis RIVM)
GDP = gross domestic product

Table 4.2.6: Public expenditures in relation to GDP (%), 1960-2010

	1960	1970	1980	1990	2000	2005	2010 ¹
Public expenditures	33	44	58	56	45	47	51
Public administration	8	11	12	12	12	12	13
Education	4	6	7	6	5	5	6
Social security	7	12	19	17	11	11	13
Health care	1	3	5	6	6	7	10
Other	13	12	15	15	11	12	9
Health care as a share of public expenditures (%)	3	6	8	10	13	16	19

(Source: De Kam, 2009; CPB, 2009)
¹ 2010 on the basis of estimates in Central Economic Plan 2009 (CPB, 2009)
GDP = gross domestic product

Hospitals are not the big spenders



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



(Source: CBS Statline, 2009)

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

Trends and comparison of health expenditure

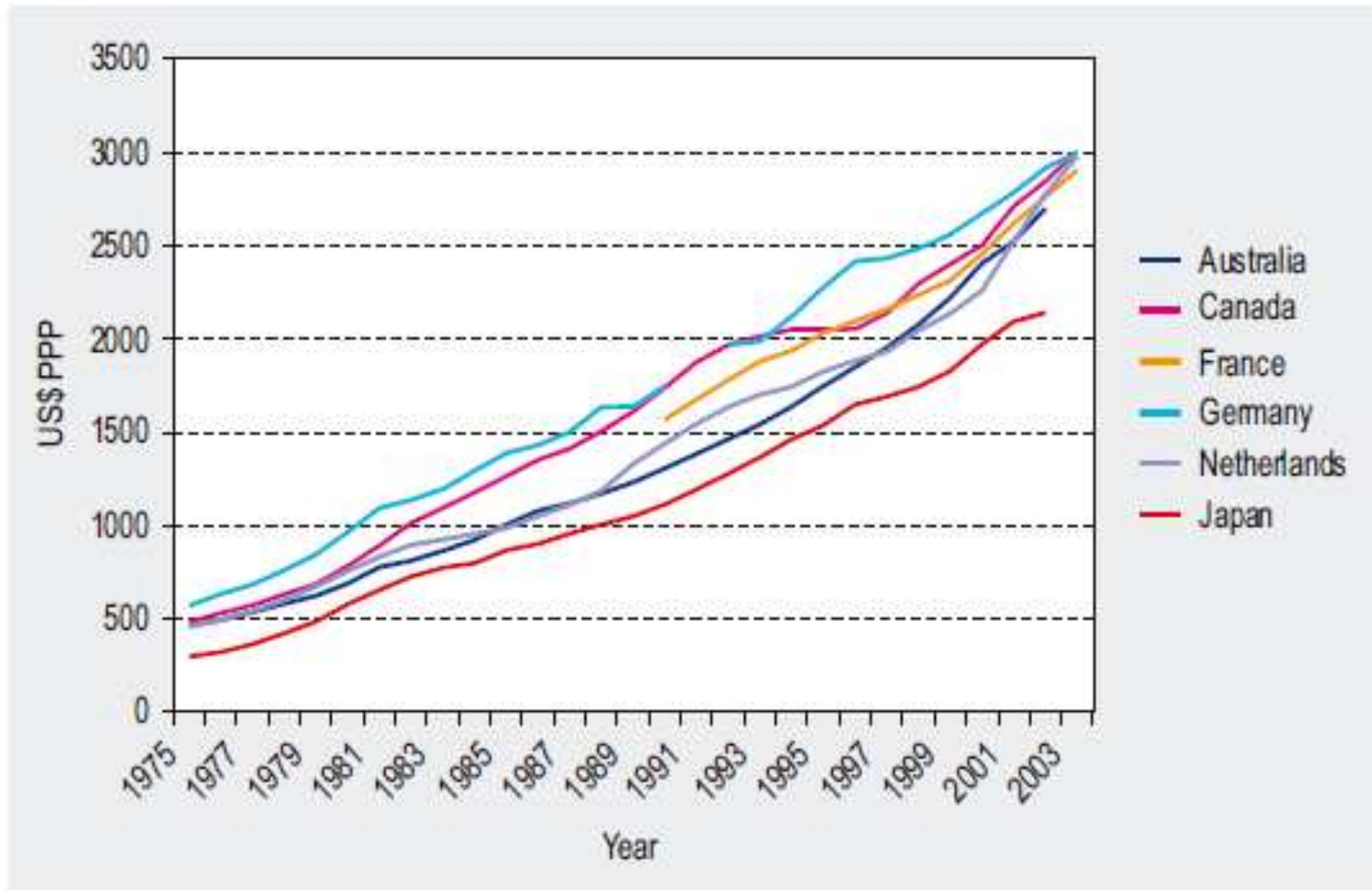


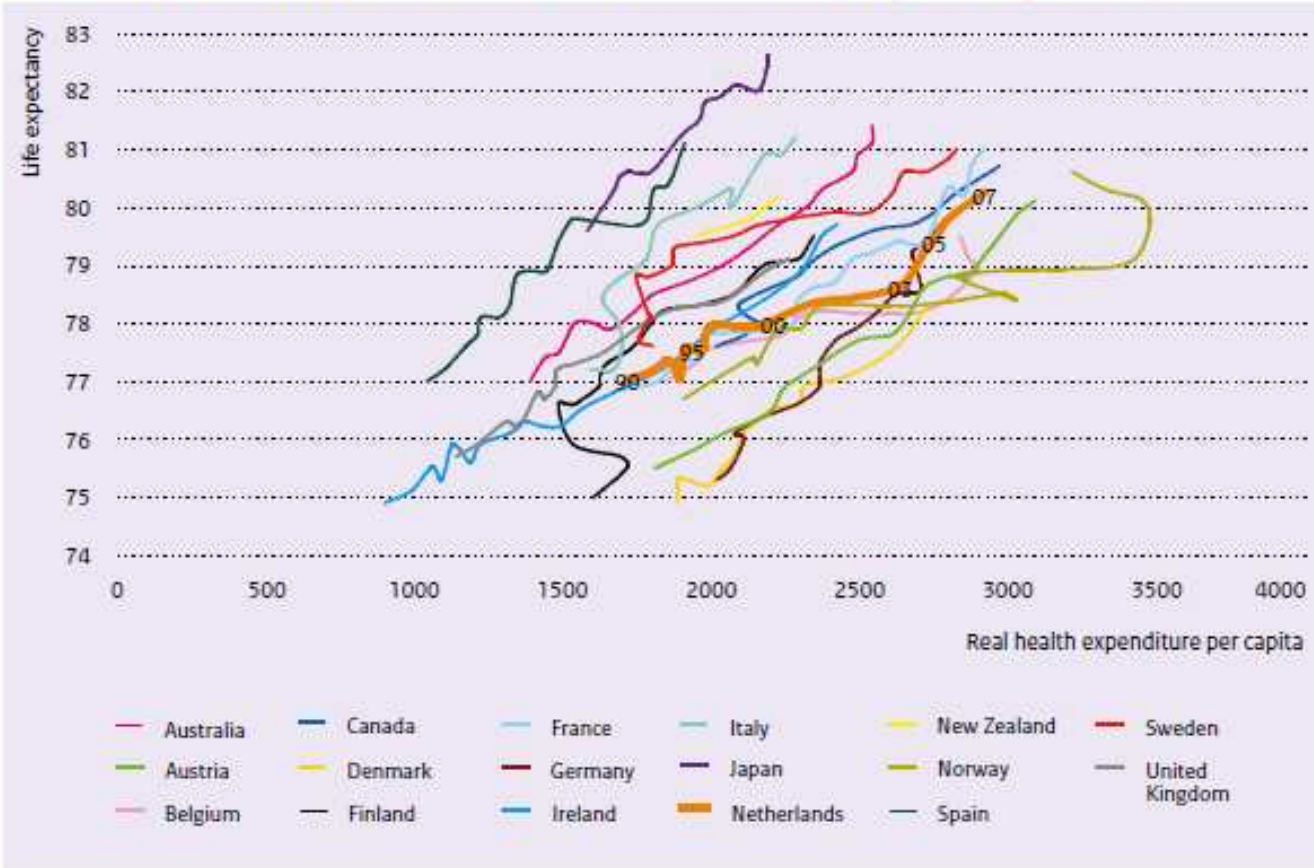
Figure 1: Per capita health expenditure in six countries, 1975-2002 (US\$ PPP)

Source: OECD Health Data 2005

Life expectancy and health expenditure



Figure 4.3.1: Life expectancy at birth and real health expenditure per capita (in US\$ PPP), 1990-2007



(Source: OECD Health Data, data analysis RIVM)

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

Health expenditure

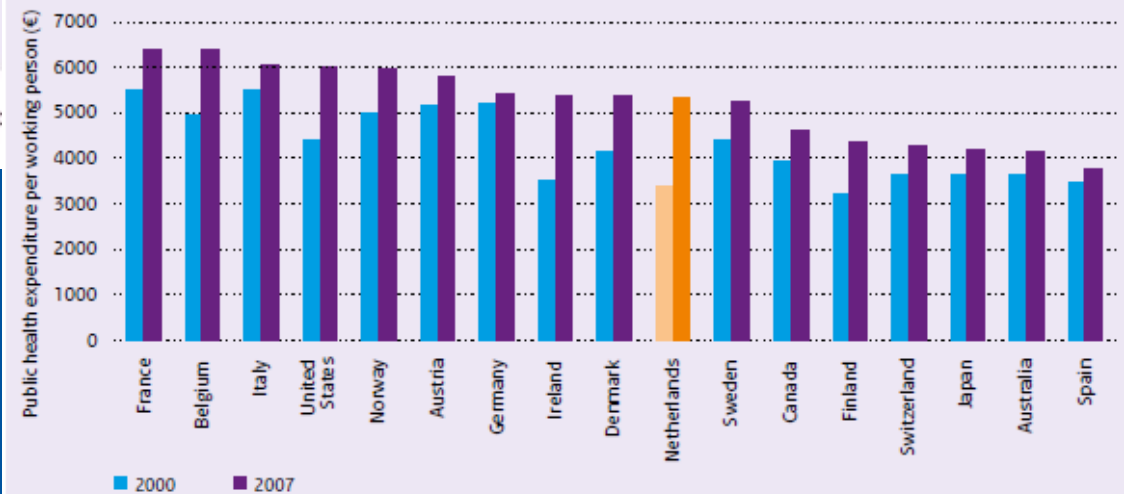


Figure 4.2.2: Annual nominal growth in health expenditure (%), 2000-2009



(Source: VWS, 2009b; VWS, 2010a; CBS, 2009b; OECD Health Data)
BKZ (Budgettair Kader Zorg) = Health Care Budgetary Framework (= general System of Health Accounts)

Figure 4.2.9: Public health expenditure per working person (€), 2000 and 2007



(Source: OECD Health Data, data analysis RIVM)
No data available for the United Kingdom and New Zealand

Health care expenditure

Tabel D.2
Uitgaven aan zorg naar (clusters van) actoren

	1998	2006	2007	2008*	1999	2006	2007	2008*
	<i>mbt euro</i>				<i>%-mutatie t.o.v. voorgaand jaar</i>			
Aanbieders gezondheidszorg								
Ziekenhuizen, specialistenpraktijken	10 079	17 593	19 012	20 371	6,0	3,6	8,1	7,1
Verstrekkers van geestelijke gezondheidszorg	2 262	4 208	4 385	4 895	9,0	4,0	4,2	11,6
Huisartsenpraktijken	1 318	2 296	2 435	2 471	4,6	16,6	6,0	1,5
Tandartsenpraktijken	1 191	1 886	2 021	2 215	3,8	1,8	7,2	9,6
Paramedische en verloskundigenpraktijken	778	1 471	1 580	1 649	11,5	19,9	7,4	4,4
Gemeentelijke Gezondheidsdiensten	384	711	729	789	5,8	0,7	2,4	8,3
ARBO en reïntegratie	679	999	1 069	1 150	12,7	-12,1	7,0	7,6
Leveranciers van geneesmiddelen	3 363	5 601	6 020	6 103	9,3	2,2	7,5	1,4
Leveranciers van therapeutische middelen	1 663	2 597	2 698	2 993	5,7	4,7	3,9	11,0
Verstrekkers van ondersteunende diensten	619	1 195	1 190	1 404	12,5	4,4	-0,4	17,9
Overige verstrekkers van gezondheidszorg	1 268	2 125	2 252	2 341	4,0	-3,0	6,0	3,9
Totaal aanbieders gezondheidszorg	23 602	40 683	43 390	46 382	7,0	3,7	6,7	6,9
Aanbieders welzijnszorg								
Verstrekkers van ouderenzorg	7 641	13 392	13 776	14 496	5,2	5,8	2,9	5,2
Verstrekkers van gehandicaptenzorg	3 494	6 581	6 917	7 542	7,7	4,2	5,1	9,0
Verstrekkers van kinderopvang	1 176	3 057	3 284	3 526	14,6	8,6	7,4	7,4
Verstrekkers van jeugdzorg	799	1 148	1 214	1 275	15,1	0,4	5,7	5,0
Internaten	758	571	541	476	27,5	-14,2	-5,2	-12,0
Sociaal-cultureel werk	859	1 218	1 227	1 232	7,2	-2,3	0,8	0,4
Overige verstrekkers van welzijnszorg	922	1 556	1 603	1 657	9,7	4,4	3,0	3,4
Totaal aanbieders welzijnszorg	15 648	27 523	28 562	30 204	8,4	4,5	3,8	5,7
Beleids- en beheersorganisaties								
Beleids- en beheersorganisaties	1 578	2 327	2 494	2 505	4,8	1,6	7,2	0,4
Uitgaven aan zorg	40 828	70 532	74 447	79 091	7,4	4,0	5,6	6,2

Bron: CBS.

Conclusions



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- Hospitals are not the big spenders
- Care for the relderly, disabled and psychiatric patients are big spenders
- The Netherlands are not exceptional in health care spending
- Relation life expectancy and per capita spending is comparable in NL, Germany and Canada

Structures and Systems



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Social insurances



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- Health Insurance Act (Zorgverzekeringswet, obligatory, PHC and hospitals)
- Competition between health care insurers
- Exceptional Medical Expenses Act (AWBZ, obligatory, LTC)
- No competition
- Low co-payments

Payment systems



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- GP: capitation fee, fee for service and bundled payment for chronic patients
- Hospitals: DRG's, 30% in competition
- Care for the elderly: pay per case and per day
- Co-payments in LTC

Non statistical trends



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Recent policy trends



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- Much health care innovation
- Horizontal Integration in PHC
- Vertical integration between PHC and hospitals
- Horizontal and vertical integration in PHC's
- Introduction of Health information Technology everywhere
- More emphasis on quality measurement
- Strong patients organisations
- Growth of health care costs is a problem
- Growing number of chronic patients

Greetings from the Netherlands



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I thank you for your attention

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