How does Dutch healthcare work?
This Atlas shows how the healthcare system in the Netherlands operates, using visualisations in combination with brief sections of text. In a clear and compelling way the book explains the workings of the Dutch healthcare system, the laws most relevant to healthcare, and how healthcare in the Netherlands is funded. This book helps people who are interested in the Dutch healthcare system to better understand how it works. It describes the world of healthcare beyond the doctor’s consultation room and addresses questions policymakers, doctors, nurses, paramedics, administrators, insurers and others need answers to, but were afraid to ask.

“This illustrative book provides a good insight for those who are interested in the Dutch healthcare system” – Edith Schippers, Dutch Minister of Health, Welfare and Sport
This Is How Dutch Healthcare Works

Atlas of the healthcare system in the Netherlands
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preface Edith Schippers</td>
<td>3</td>
</tr>
<tr>
<td>Preface Maaike de Vries and Jenny Kossen</td>
<td>5</td>
</tr>
<tr>
<td>How was this book written?</td>
<td>7</td>
</tr>
<tr>
<td>1. How has the Dutch healthcare system changed as of 1st January 2015?</td>
<td>12</td>
</tr>
<tr>
<td><strong>About the healthcare system as of 1st January 2015</strong></td>
<td></td>
</tr>
<tr>
<td>1.1 Why has the healthcare system changed?</td>
<td>13</td>
</tr>
<tr>
<td>1.2 How has the healthcare system changed?</td>
<td>18</td>
</tr>
<tr>
<td>2. What is healthcare and what is healthcare expenditure?</td>
<td>26</td>
</tr>
<tr>
<td><strong>About healthcare and how much we spend on it</strong></td>
<td></td>
</tr>
<tr>
<td>2.1 How is “healthcare” defined in this book?</td>
<td>27</td>
</tr>
<tr>
<td>2.2 What are the various forms of healthcare?</td>
<td>28</td>
</tr>
<tr>
<td>2.3 How much do we spend on healthcare?</td>
<td>34</td>
</tr>
<tr>
<td>3. Who’s who and who does what in Dutch healthcare?</td>
<td>38</td>
</tr>
<tr>
<td><strong>About the division of duties in healthcare</strong></td>
<td></td>
</tr>
<tr>
<td>3.1 Who are the key players?</td>
<td>39</td>
</tr>
<tr>
<td>3.2 Who are the other players?</td>
<td>52</td>
</tr>
<tr>
<td>4. Which legislation governs the healthcare sector?</td>
<td>56</td>
</tr>
<tr>
<td><strong>About the legislation</strong></td>
<td></td>
</tr>
<tr>
<td>4.1 What are the important general laws relevant to healthcare?</td>
<td>58</td>
</tr>
<tr>
<td>4.2 What are the four core acts governing the provision of healthcare?</td>
<td>62</td>
</tr>
<tr>
<td>4.3 Which other important healthcare-related acts are there?</td>
<td>65</td>
</tr>
</tbody>
</table>
### 5. How do the four core healthcare acts function?

#### About the four core healthcare acts

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Who determines which types of care are covered?</td>
<td>70</td>
</tr>
<tr>
<td>5.2 How do people access healthcare services?</td>
<td>72</td>
</tr>
<tr>
<td>5.3 How is the healthcare sector supervised?</td>
<td>78</td>
</tr>
</tbody>
</table>

#### 6. How are financial flows organised in the healthcare sector?

#### About the financial flows

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 How is healthcare funded?</td>
<td>85</td>
</tr>
<tr>
<td>6.2 How is hospital care procured?</td>
<td>100</td>
</tr>
</tbody>
</table>

#### 7. How is knowledge generated in the healthcare sector?

#### About data collection and research in healthcare

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 How much knowledge do we have?</td>
<td>109</td>
</tr>
<tr>
<td>7.2 How is knowledge generated in the healthcare sector?</td>
<td>110</td>
</tr>
</tbody>
</table>

#### 7.3 Knowledge generation in the healthcare sector: who is responsible for what?

#### 8. How does the healthcare market operate?

#### About healthcare as a market

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1 What constitutes competition in the healthcare sector?</td>
<td>125</td>
</tr>
<tr>
<td>8.2 How does competition work in curative care?</td>
<td>128</td>
</tr>
<tr>
<td>8.3 What are arguments for and against the current system of competition in the healthcare sector?</td>
<td>134</td>
</tr>
</tbody>
</table>

### List of figures | 137  
### Acknowledgements | 141  
### Sources of data used in the figures | 145  
### Want to respond? Want to know more? | 147
Who’s who and who does what in Dutch healthcare?

3.1 Who are the key players?
3.2 Who are the other players?
About the division of duties in healthcare

In this chapter we look at the various parties which play a role in Dutch healthcare and what it is they do. Who are the key players in the Dutch healthcare sector, who are the other players and what do the various acronyms mean?

It is a Monday morning and a young doctor is scanning the newspaper headlines. “Health Care Inspectorate has permission to view files without patients’ consent”; “ACM places bomb under concentration of emergency care”; “Dutch Healthcare Authority ‘rewards’ effective GPs”. He sighs, thinking: “All those names and acronyms … I have no idea what all those organisations are and what they do.”

3.1 Who are the key players?
There are a large number of players in Dutch healthcare. In order to gain a better understanding of who’s who and who does what, we distinguish between private individuals, healthcare providers and healthcare purchasers – all three of which play a key role in Dutch healthcare – on the one hand, and the other significant players on the other. We will discuss each of these players in succession.

Private individuals
The Netherlands has a population of 16.8 million. As “policyholders” – i.e. having a contract with a health insurer – these private individuals are one of the three key players in Dutch healthcare (see Figure 3.1). As we will see in Chapter 5, all Dutch people are required by law to insure
All Dutch people are policyholders; many are care recipients, healthcare consumers, patients or clients.

themselves for medical expenses. Insurers and policymakers refer to private individuals who consume healthcare as “care recipients” or “healthcare consumers”, while healthcare providers refer to them as “patients” or “clients”.

The majority of Dutch people require healthcare services at some point in the year: according to Statistics Netherlands, seven out of ten Dutch people see their general practitioner at least once a year.

Healthcare providers
In addition to private individuals, healthcare providers also play a key role in Dutch healthcare. “Healthcare providers” are defined in this Atlas as all organisations, institutions and individual healthcare providers who offer healthcare, assistance and support. In other words, the term “healthcare provider” refers to more than merely an institution that provides healthcare services: healthcare providers also includes individuals employed in the healthcare sector – a substantial number.
Who are the healthcare purchasers for each act?

Private individuals

Health Insurance Act

Health insurance companies

Healthcare providers

Healthcare administration offices

Private individuals

Long-Term Care Act

Healthcare providers

Healthcare providers
Healthcare insurers, healthcare administration offices and local authorities are responsible for implementing the core healthcare acts.

responsible for purchasing care from healthcare providers, at least where healthcare falling under the remit of the Health Insurance Act is concerned. In chapters 4, 5 and 6, we explain exactly how the Health Insurance Act and the other core healthcare acts work. Figure 3.4 shows who plays the third key role in the four core healthcare acts, i.e. that of healthcare purchaser. Health insurance companies purchase care provided under the Health Insurance Act, healthcare administration offices under the Long-Term Care Act, and local authorities under the Social Support Act and the Youth Act. In the Netherlands, a total of nine insurance groups, 32 healthcare administration offices and 403 local authorities purchase healthcare. VGZ, Achmea, CZ and Menzis are the largest health insurance companies in the Netherlands. The largest health insurance company in the region usually serves as a healthcare administration office. Achmea, for example, is the concession holder in the county Drenthe, while Menzis has the same role in the county Groningen.
How are financial flows organised in the healthcare sector?

6.1 How is healthcare funded?
6.2 How is hospital care procured?
About the financial flows

In this chapter, we will first look at how the Dutch healthcare system is funded under the Health Insurance Act, the Long-Term Care Act, the Social Support Act and the Youth Act. How is healthcare in the Netherlands paid for? Who pays what to whom? How are financial flows organised? We will also look at the procurement of hospital care. How does that work?

Several studies show that many policyholders and professionals in the healthcare sector are unaware of the cost of healthcare. “One hundred euros a month” is what many people answer when asked about their healthcare expenditure. But in saying this, they only think of the nominal premium they pay their health insurance company for the basic insurance package and forget about their income-related payments under the Health Insurance Act, the income-related Long-Term Care premium, any supplemental insurance policies and other co-payments. These payments cover items such as cough syrup, painkillers or paramedical care for which they have not purchased supplemental insurance.

In this chapter, we will first show how healthcare is funded under the four core healthcare acts. The funds received by healthcare providers for their services go through a large number of channels. We will look at the funding channels for care provided under the Health Insurance Act, the Long-Term Care Act, the Social Support Act and the Youth Act.

6.1 How is healthcare funded?
The three key players in the healthcare sector – private individuals, healthcare purchasers and healthcare providers –
People pay a nominal premium to the healthcare insurer of their choosing for their basic health insurance.

also provide a key role in funding healthcare, along with the players that make up the Central Government Parties: central government, the National Health Care Institute (Zorginstituut Nederland), the Dutch Healthcare Authority (Nederlandse Zorgautoriteit – NZa), the Central Administration Office (Centraal Administratie Kantoor – CAK) and the Social Insurance Bank (Sociale Verzekeringsbank – SVB). Although there are similarities to how care, assistance and support are funded under the Health Insurance Act, the Long-Term Care Act, the Social Support Act and the Youth Act, they are not the same.

Funding of healthcare under the Health Insurance Act
In Chapter 2, we saw that the Dutch collectively spent 41 billion euros on care services covered under the Health Insurance Act in 2013. Supplemental insurance purchased by people voluntarily, co-payments and other contributions are not part of the Health Insurance Act. Expenditure under the Health Insurance Act, co-payments, direct payments for healthcare, and premiums for supplemental insurance collectively make up the total expenditure for curative care.

When Dutch people purchase their compulsory basic health insurance, they can choose between two types:
a contracted care policy and a non-contracted care policy. Policyholders with a contracted care policy receive in-kind care purchased by the health insurance company. This means that they will normally only be fully reimbursed if they purchase services from a healthcare provider contracted by the health insurance company. In this situation, the health insurance company pays the healthcare providers directly. This restriction does not apply to policyholders with non-contracted care policies: they are free to choose their own healthcare provider. In this situation, the health insurance company pays healthcare providers directly or reimburses policyholders for all or part of the expenses they have incurred. In other words, a non-contracted care policy offers greater freedom of choice (see Figures 6.1 and 6.2).

People pay a fixed fee to the health insurance company of their choice for the basic health insurance; this is referred to as a “nominal premium”. In 2015, the nominal premium averaged around 1,200 euros annually. People can purchase supplemental health insurance in addition to the basic insurance package, either from the same or a different insurance company (e.g. to cover the fees charged by physiotherapists or dentists). Policyholders pay an additional premium to the health insurance company for this supplemental health insurance.

People with low incomes can request what is known as a “care allowance” from the government, which they can use to cover part of the nominal premium. In 2014, the care allowance for a single person was approximately 72 euros a month.

In addition to the nominal premium, all Dutch people are required to pay an income-related premium to the tax authorities (Tax and Customs Administration). Those who earn a higher income pay more. For employed people it is the employer that pays this premium. This is known as employer healthcare insurance tax. Self-employed professionals pay the income-related premium to the tax authorities themselves. Benefits agencies such as UWV and local authorities pay the nominal premium on behalf of benefits recipients. Policyholders must always pay the nominal and income-related premiums, regardless of whether they make use of healthcare. However, in total policyholders who do not make use of healthcare pay less than their counterparts who do, as they do not have to pay the policy excess.
Who pays what under the Health Insurance Act?

**Private individuals**
- People pay insurers a nominal premium for the compulsory basic health insurance.
- People pay income-related contributions for the compulsory basic health insurance.
- People can purchase supplemental insurance and pay a premium to health insurance companies for this.
- Individuals who purchase healthcare pay a policy excess in many cases.
- People pay healthcare providers themselves for any healthcare services for which they are not insured.

**Central government**
- The central government establishes the Budgetary Framework for Healthcare, which contains macro-budgets.
- The central government determines the amount of the policy excess, the income-related contribution and the care allowance.
- The central government provides a care allowance to people with low incomes, to cover the nominal premium.
- The central government pays the costs of the nominal premium for children to the Health Insurance Fund.
- The central government pays availability contributions to healthcare providers.

**Health insurance companies**
- Health insurance companies reimburse healthcare providers or policyholders, depending on the policy terms.

**National Health Care Institute**
- The National Health Care Institute pays equalisation contributions to insurers from the Health Insurance Fund.
Who pays what under the Health Insurance Act?

1. People pay insurers a nominal premium for the compulsory basic health insurance.
2. People pay income-related contributions for the compulsory basic health insurance.
3. People can purchase supplemental insurance and pay a premium to health insurance companies for this.
4. Individuals who purchase healthcare pay a policy excess in many cases.
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7. The central government provides a care allowance to people with low incomes, to cover the nominal premium.
8. The central government pays availability contributions to healthcare providers.
9. The National Health Care Institute pays equalisation contributions to insurers from the Health Insurance Fund.
10. The central government’s contribution.

How are financial flows organised under the Health Insurance Act?

- Personal payments and co-payments
- Fees for healthcare provided
- Availability fees
- Risk equalisation
- Central government’s contribution
- Fees for healthcare provided

Diagram:

1. Nominal premium
2. Income-related contribution
3. Care allowance
4. Excess
5. Supplemental insurance premium
6. Central government
7. National Healthcare Institute
8. Healthcare providers
9. Health insurance companies
10. Personal payments and co-payments
Who pays what in the procurement of hospital care?

- Health insurance companies sometimes pay an advance to a hospital based on ongoing services.
- The health insurance company reimburses the hospital for the care provided based on the insurance claims that are submitted.
- The health insurance company checks the claims that are submitted, with the hospital making changes where necessary.
- If a contract sum is used, health insurance companies and hospitals add or deduct the excess amount/shortfall.
- If a revenue limit applies, the hospital adds or deducts the claims that have been submitted above the revenue limit.
How are financial flows organised in the procurement of hospital care?

1. Advance
2. Payment
3. Modification of claims (if necessary)
4. Offsetting of contract sum
4. Offsetting of revenue limit

HEALTH INSURANCE COMPANIES

PRIVATE INDIVIDUALS

HOSPITALS
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This book began with an idea that first saw the light of day on March 11, 2009. Frank Kalshoven and Kees Kraaijeveld, founders of The Argumentation Factory (De Argumentenfabriek), were visiting Pauline Meurs, professor, healthcare manager and chair of The Netherlands Organisation for Health Research and Development (ZorgOnderzoek Nederland Medische Wetenschappen, ZonMw) and Council for Health and Society (Raad voor Volksgezondheid en Samenleving, RVS). While discussing the complexity of the healthcare system, they realized how difficult it was for many people to see the forest for the trees. Wouldn’t it benefit all those medical specialists, family doctors, healthcare managers, insurers, policy makers and students to have a comprehensive “Atlas” explaining the complexities of the Dutch healthcare system in one clear overview?

Herman van Hemsbergen and Edwin Brugman, respectively head of directors and director knowledge management and networks at the VvAA, a society for medical doctors, answered this question with a definitive “yes” and became together with Frank, Kees and Pauline, the founders of this book. We thank them warmly for their initiative, support and trust which made this book possible. Kees, Edwin and Herman have all reviewed the book and provided helpful comments, as well as Mirella Buurman (general practitioner in Amsterdam).

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