

How do we care?

A new program for care and cure

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Care and cure in The Netherlands

- One of the best systems of the world
- Complex
- The most expensive system in the world
- Paying costs are not different between inhabitants (retired people included)

Cost

Per adult € 6.000 per year (156.000 CZK) for care and cure: almost 20% of the average income

Average income (including retired people):

€ 27.000 (702.000 CZK) per year

Average income of the working people:

€ 37.000 (962.000 CZK) per year

For employees also 20% of the income for pension
Care, cure and pension together: almost 40% of the
income of the employees

First (front)section/level: health care

General practitioners/family doctors:

- 1 doctor 2.300 patients on the registration list
- Solving 90% of the problems for 3% of the health care budget in The Netherlands
- 78% visit a doctor once or more per year
- 4,4 contacts per person per year (10% at home)

Gatekeeper

- For pharmacy, physiotherapy, psychotherapy, hospitals and medical specialists.
- Without reference no access
- Except accidents and emergency cases (112)
- The doctors are paid by insurance companies
- Patients free of charge (no threshold)

Second section/level health care

- Hospitals, medical specialists
 - Polyclinics
 - Pharmacy
 - And so on
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- Also paid by insurance companies
 - Own contribution maximum € 385 per year
 - Untill 18 years old: free

Input insurance

2019

1. Fixed amount per adult € 110 per month
(until 18 years free) € 1320 per year

2. Income depended (via tax)

. retired people

5,65% of income

. employees

6,9% of income

Input WLZ (Long Time Care)

. income depended (tax)

9,65% of income

To sum up (in the 20% of income)

- Fixated amount per year everybody: 1.320,=
- Own contributionL maximum 385,=
- Health care via tax: 5,65% (retired people), 6,9% (employers)
- Via tax 9,65% for long term care

- Above 20%: for long term care own contribution from 160,= (simple home care) untill 2.300,= per month (including housing in nurse homes)

New system of the care

- As long as possible at home
- Body related help: insurance companies
- Not body related help (f.e. house cleaning): municipality
- 24 hours care (heavy physical problems, dementia etc.) in nursing homes
- Long time care fund (input 5,65% and 6,9 of the income) and own contribution (€ 160 – max € 2.300)

Problems of the complexity and other problems

- Different financial sources
- Different players
- Competition between insurance companies (price and private supplement)
- In the future too expensive

Other problems

- Labour shortage
- Power of pharmacy and medical specialists
- Growing number of older people
(last three years of someone's life)
- Development techniques

On the way to 2030 (1)

- Investment in education
- Smaller number of hospitals and concentration on big and university hospitals
- Plans for better prevention and life style
- Investment in the first section/level:
General practitioners/Gatekeepers

On the way to 2030 (2)

Special programs for the first section

General practitioners:

- Geriatrics
- COPD
- Overweight (obesitas)
- Heart and blood vessels
(including high blood pressure)
- Psychological problems

On the way to 2030 (3)

- More aid/assistance of the family, neighbours, friends, etc
- More home care
- A program for building 75+ proof houses/apartments
- Special programs and money (> € 2 billion) for home care and nursing homes
- Development Domotica (techniques for staying longer at home) and E-health
- Special programs for the elderly

With all players in the field – direction : ministry care and cure

Our challenge in care and cure

- General ambition:
 - Good quality
 - Affordability
 - Accessibility
- How much are we willing to pay for it?
- How can we secure the solidarity in the system