Long Term Care in The Netherlands

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Netherlands Key Data (’09-’10)

- 16.7 million inhabitants

- 1259 inhabitants per square mile

- 12 provinces/421 municipalities

- Four major cities (300,000-800,000)

- 60 percent population below sea level

- Size of the Netherlands (16,500 sq.miles)

- Maryland (12,500 sq.miles)
Economic Data (’09-’10)

- Labor Force 7.5 million
- Unemployment rate 4.9 percent
- Unfit for work: 810,000
- Inflation 1.1 percent
- Econ. Growth 2009: - 4 percent (2010: 1.5 percent)
- Average income: 32,000 euro
- NL supports 700,000 jobs in US
- NL 3rd largest investor in USA, 7th in trade USA>NL
Political Data (’09–’10)

- Two tiered parliamentary system
- House of Representatives (150 members)
- 10 parties (2-31 seats)
- Senate (75 members)
- 10 parties (1-21 seats)
- Coalition Governments
- 100 hospitals
- 2000 long-term care institutions
- 16000 medical specialists
- 8000 general practitioners
- 21 insurance companies
- € 60 billion spent on health care = 10% GDP

Hospitals, nursery homes are privately owned
Medical specialists and general practitioners are mostly private entrepreneurs
Individual mandate
Legal structure of health care

Healthcare insurance act (ZVW/HIA)  
(mandatory) private healthcare insurance: GP’s / therapists / medication / hospital care / specialists / ambulance transport / audiovisual and locomotive aids

Exceptional Medical Expenses Act (AWBZ/EMEA)  
(mandatory) public long-term care insurance: nursing homes / elderly homes / home care / institutional care for disabled people and people with chronic psychiatric disorders

Social Support Act (WMO/SSA)  
(social participation; national government/local authorities)

General laws  
on Price control / Accreditation / Quality / Rights of clients
(ZVW/HIA) cure

(AWBZ/EMEA) care

(WMO/SSA) social support
Health Insurance Act

- Private health insurance companies
- Private providers
- Obligation to accept every resident
- Individual mandate
- Standard package of essential health care
- Supplemental insurances
Exceptional Medical Expenses Act (AWBZ/EMEA)

- National insurance scheme for long-term care
- Everyone who pays payroll tax in the Netherlands is insured
- Carried out by health care insurance companies
- Everybody with a compulsory health insurance is automatically registered for entitlements under this act
- Aim is to provide chronic and continuous care
- Financed by income and payroll tax systems (government sets the percentage annually)
EMEA / AWBZ

- Rights are described in 5 functions:
  Personal care
  Nursing
  Treatment
  Accommodation
  Supportive Guidance (>SSA)

- Indication by assessment office
Organisational structure

Client → Assessment office → Insurance company/Health care office → Care provider
Care Assessment Centre

Independent autonomous authority

Control function on public financed care

Six districts
Assessment Process

- Medical diagnosis: physician

- Needs assessment: assessors with a background as nurse, social worker, physiotherapist, ergo therapist, etc.

- Multi disciplinary team: physician, senior assessor. For complicated situations e.g. multi problem cases.

- Information from caregivers, therapists, physicians

- Post bachelor level education for assessor.
Assessment Framework

Client

1. "Picture" of the client in his surroundings
   - Treatment, rehabilitation, education, adaptation
     - Regular care provided by members of the same household
     - Provisions from other laws/acts
     - General accessible facilities

2. Gross need for care
   - Care given by informal caregivers

3. Net need for care

4. Decision

5a. Without

5b. With
## Long-term Care: who?

<table>
<thead>
<tr>
<th>Target groups</th>
<th>Residential care</th>
<th>Home care</th>
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<tbody>
<tr>
<td>Demented elderly people</td>
<td>55,000</td>
<td>17,000</td>
</tr>
<tr>
<td>Elderly people with somatic disorders</td>
<td>109,000</td>
<td>210,000</td>
</tr>
<tr>
<td>Disabled people</td>
<td>66,000</td>
<td>47,000</td>
</tr>
<tr>
<td>People with psychiatric disorders</td>
<td>23,000</td>
<td>61,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>253,000</strong></td>
<td><strong>335,000</strong></td>
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Recalculated based on several data sources: ZZP-bronbestand, NZA, CAK, CIZ, CVZ and VGZ.
## Costs Long-Term Care

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<th>Total costs (billion euro’s)</th>
<th>Average amount per client (euro’s)</th>
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<tbody>
<tr>
<td>Care in kind:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• residential</td>
<td>€ 14.8</td>
<td>€ 58,500</td>
</tr>
<tr>
<td>• home care</td>
<td>€ 5.9</td>
<td>€ 22,000</td>
</tr>
<tr>
<td>Personal care budget</td>
<td>€ 1.3</td>
<td>€ 14,500</td>
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Long-Term Care in historic perspective

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<tbody>
<tr>
<td>Costs AWBZ/EMEA-care(^1) (billion €’s)</td>
<td>&lt; € 1</td>
<td>€ 12.8</td>
<td>€ 20.5</td>
</tr>
<tr>
<td>Number of clients</td>
<td>about 55,000</td>
<td>about 900,000</td>
<td>about 600,000</td>
</tr>
<tr>
<td>Premium AWBZ/EMEA</td>
<td>0.41 %</td>
<td>9.60%</td>
<td>12.15%</td>
</tr>
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</table>
Various data:

- Deductible EMEA on average 5-8%
- 600,000 EMEA entitlements of which 70,000 PCB
- PCB: nursing, personal care, supportive guidance (>SSA)
- 3.5% of GDP is spent on long-term care
- 8.2 long term care workers/1000 pop. over 65 (OECD: 6.4)
- Health care workers 1.3 million, 400K more needed 15-20 yrs
- Financing EMEA: 70% premium (12.5%), 25% tax, 5% deductible
- PCB costs risen on average 23% annually (non-PCB: 4 %)
- Number PCB clients 13,000 (2001) > 130,000 (2011)
## Future perspective 2020

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<th>2008</th>
<th>2020</th>
<th>Change</th>
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<tr>
<td>Population 75+ Dementia</td>
<td>1.7 million</td>
<td>2.8 million</td>
<td>+1.1 million</td>
</tr>
<tr>
<td></td>
<td>200,000</td>
<td>250,000</td>
<td>+ 50,000</td>
</tr>
<tr>
<td>Working population</td>
<td>7.5 million</td>
<td>7.7 million</td>
<td>+0.2 million</td>
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Social Support Act

-Covers care and support in cases of protracted illness, invalidity or geriatric disease as well as the area of well-being and welfare policy

-Aim is to ensure that all citizens participate in all facets of the society, whether or not with the help from friends, family or acquaintances

-All citizens of the Netherlands

-Implemented by the municipalities; the minister defines the framework within which each municipality can make its own policy, based on the composition and demands of its inhabitants
Wmo provisions (1)

Housekeeping/cleaning

Wheelchair
WMO/SSA provisions (2)

Housing adaptations
WMO/SSA provisions (3)

Transportation facilities
Challenges:

• Ageing population

• Labor market

• More demanding society /clients

• Financial sustainability

• ......?
Government Proposals November 2011 (1)

Personal care budget

- Limit of PCB to clients with “residential indication”

- Budget increase PCB by 5%

- Payments only via bank account

- Submit care plan to insurance company
Government Proposals November 2011 (2)

Exceptional Medical Expenses Act

- Law on Entitlements: care plan, 8 subjects, reinforcement position of client

- Reinforcement Health Inspectorate, high trust/high penalty, expansion, breaking up care organizations (quality/patient safety)

- Various programs to implement innovations

- Program to prevent assault and battery of elderly persons

- Reduction bureaucracy
Exceptional Medical Expenses Act

- Indications: more standard indications, mandated indications, indication 5 > 15 year, over 80 years just registration

- "Results financing" (definition of result "areas" ?)

- Extramural assistance > SSA/Municipalities

- Youth care > SSA/Municipalities

- Restrict access EMEA to persons IQ < 70

- Separation accommodation and care