



# Long Term Care in The Netherlands

Peter A. Bootsma, MD

Counselor for Health and Welfare  
to the USA and Canada

Royal Netherlands Embassy, Washington DC  
United States of America



# 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, 7<sup>th</sup> 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

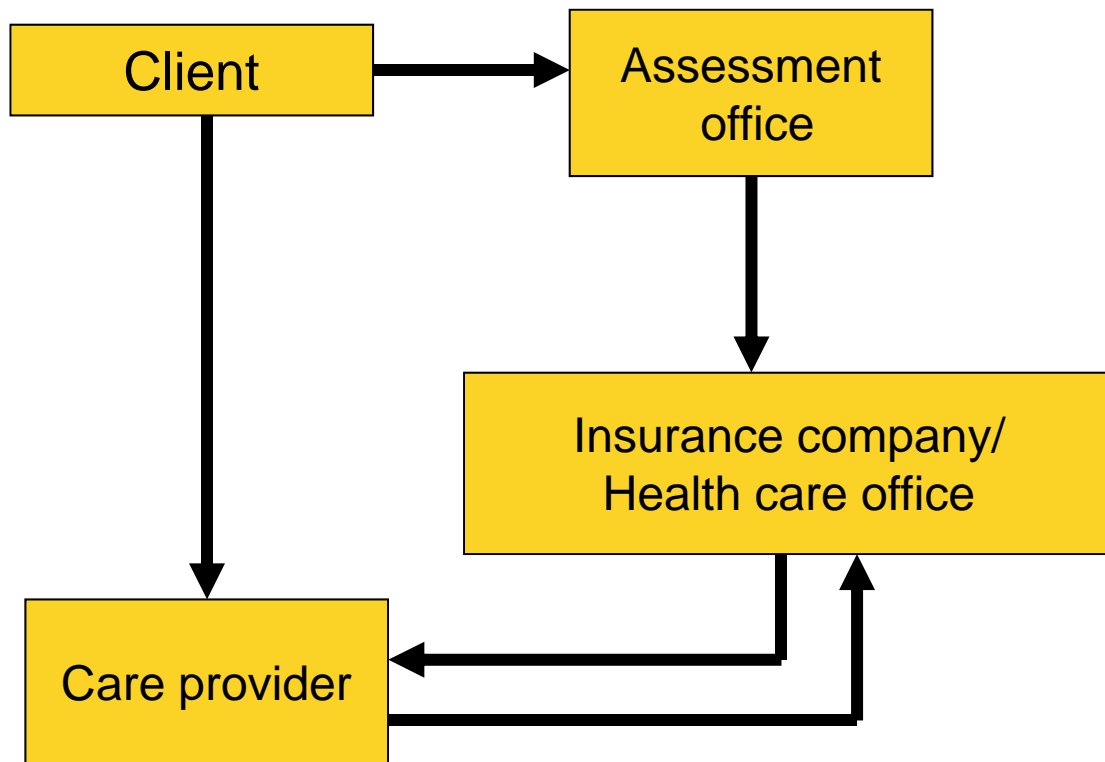
Supportive Guidance (>SSA)

- Indication by  
assessment office





# Organisational structure



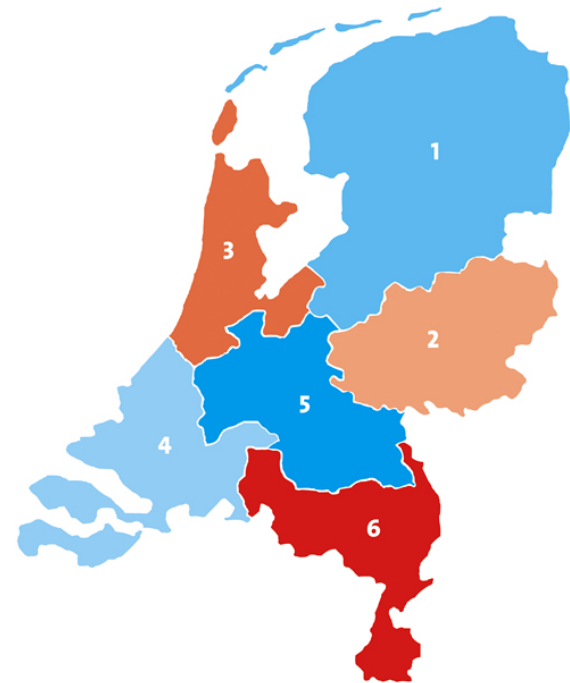


# Care Assessment Centre

Independent autonomous authority

Control function on public  
financed care

Six districts



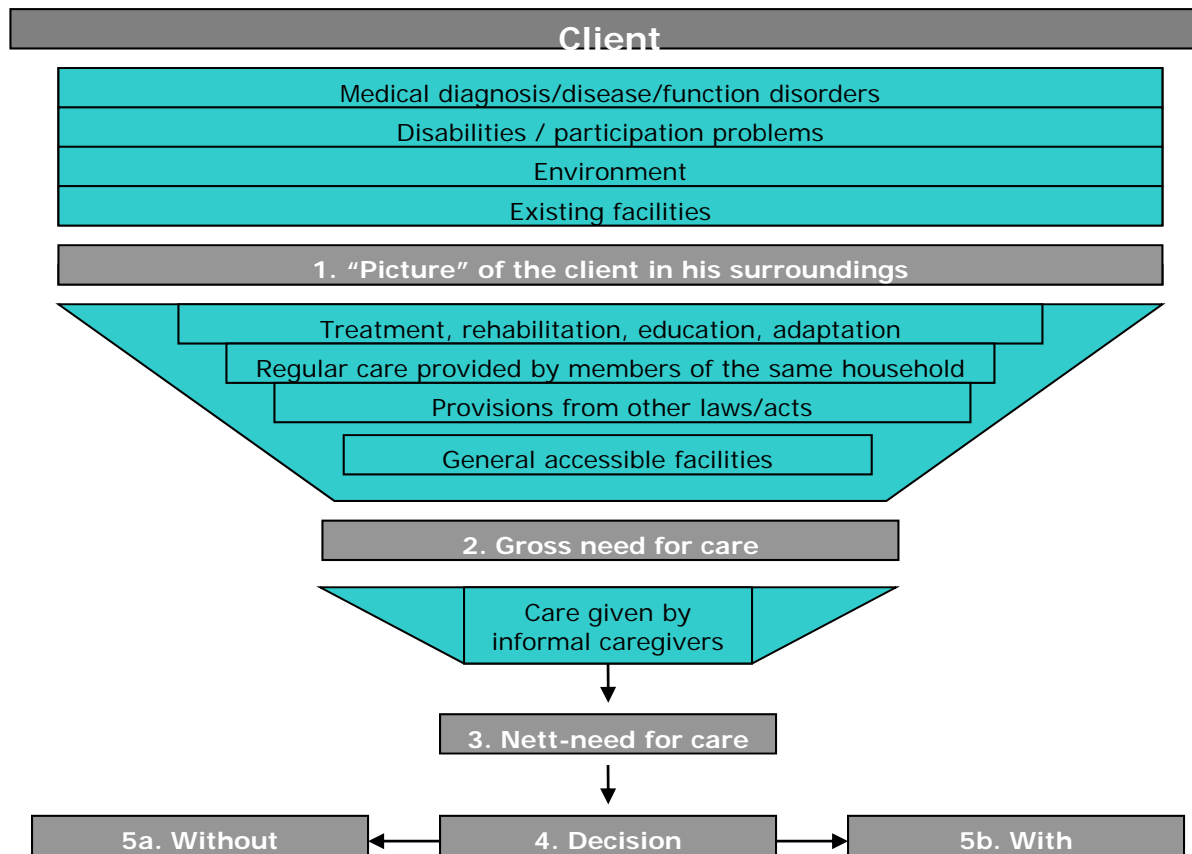


## Assessment Process

- 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





## Long-term Care: who?

<b>Target groups</b>	<b>Residential care</b>	<b>Home care</b>
<b>Demented elderly people</b>	<b>55,000</b>	<b>17,000</b>
<b>Elderly people with somatic disorders</b>	<b>109,000</b>	<b>210,000</b>
<b>Disabled people</b>	<b>66,000</b>	<b>47,000</b>
<b>People with psychiatric disorders</b>	<b>23,000</b>	<b>61,000</b>
<b>Total</b>	<b>253,000</b>	<b>335,000</b>

Recalculated based on several data sources: ZPP-bronbestand, NZA, CAK, CIZ, CVZ and VGZ.



## Costs Long-Term Care

	<i>Total costs (billion euro's)</i>	<i>Average amount per client (euro's)</i>
Care in kind: <ul style="list-style-type: none"><li>• residential</li><li>• home care</li></ul>	€ 14.8 € 5.9	€ 58,500 € 22,000
Personal care budget	€ 1.3	€ 14,500





## Long-Term Care in historic perspective

	1968	1998	2008
Costs AWBZ/EMEA- care <sup>1</sup> (billion €'s)	< € 1	€ 12.8	€ 20.5
Number of clients	about 55,000	about 900,000 about 500,000 (excl. GGZ- extramural)	about 600,000
Premium AWBZ/EMEA	0.41 %	9.60%	12.15%



## 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

	2008	2020	Change
Population 75+ Dementia	1.7 million 200,000	2.8 million 250,000	+1.1 million + 50,000
Working population	7.5 million	7.7 million	+0.2 million



## 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)





## 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



## Government Proposals November 2011 (3)

### 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