

WELCOME TRIADE!

Rotterdam meeting
Focus on informal care
Thursday 28th of June –
Wednesday 29th of June

Program Tuesday 28th of June

- 9:00 – 12:00 Welcome, TRIADE recommendations and introduction to the Dutch system
- 12:00 – 13:45 Transfer to Markthal, lunch and transfer to IJsselmonde
- 13:45 – 17:00 introduction ‘ Huis van de Wijk’, Good Practice 1+2
- 17:00 – 18:00 Transfer to Willemsplein
- 18:00 – 21:00 Boat trip in the harbours of Rotterdam
- Questions? Tamara, Zoulicha and Annejet are available!



June 2016

Dutch health care system

Gert-Jan van der Hout, senior policy advisor



Main laws in the Dutch health care system

1. **Health insurance Act**
2. **Long-term Care Act**
3. **Social Support Act**
4. **Youth Act**

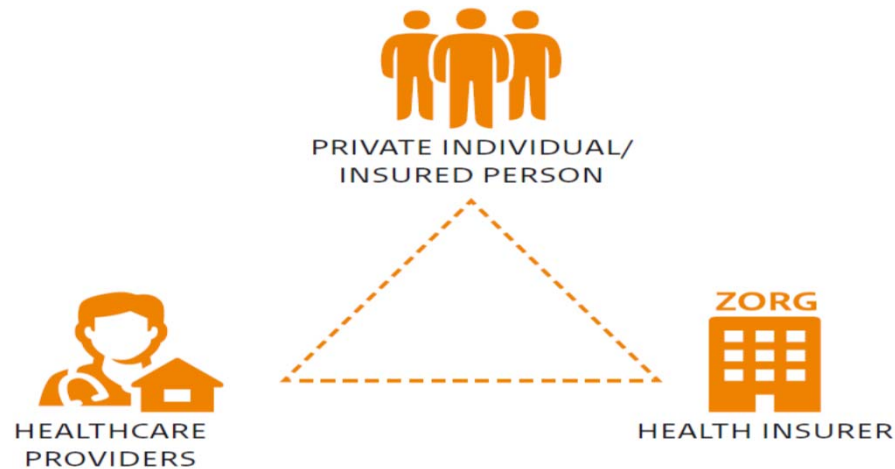
1 and 2 are run by national government and insurance companies.

3 and 4 are run by local government.

Almost all of the health care in the Netherlands is provided by publicly financed, private companies



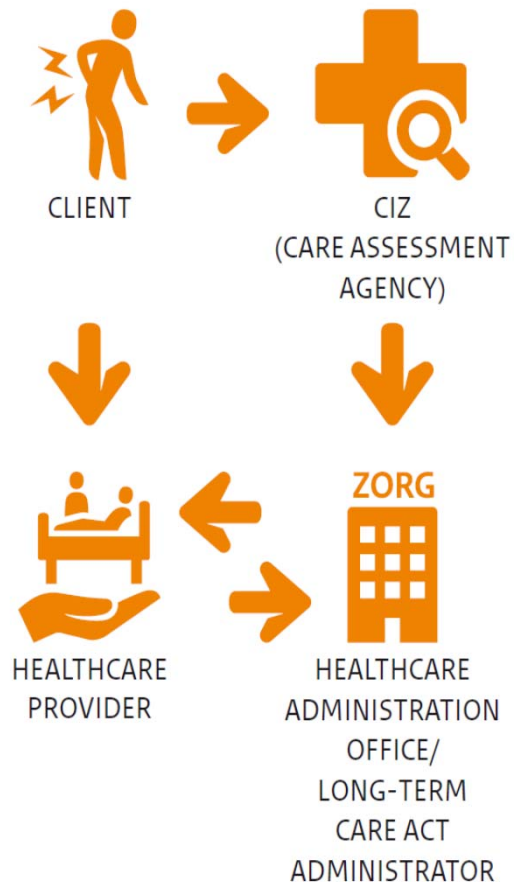
1. Health Insurance Act



- Anything that can be cured (or treated at least)
- Access is determined by professional judgement (doctors mainly)
- Payed for a small part by insurance fees but mostly via taxes
- Maximum prices are determined by national government (insurance companies pay in practice 95% of the maximum)
- Yearly procurement by the insurance companies
- Main part of the budget goes to hospitals and medication, GP's and district nursing amount to only 10% of the budget
- Only 25 insurance companies, 90% of the people are insured with 4 big companies (Menzis, VGZ, Achmea, CZ)
- Municipality cooperates to make arrangements for citizens who use both kind of care and to provide care for the poorer people



2. Long-term care act



- Only for people who have a life-long care dependency
- A specialized national organization (CIZ) determines the care needs and decides how many care someone gets
- Paid for a small part by citizens own contribution, but mostly via taxes
- Maximum prices are determined by national government (insurance companies pay in practice 95% of the maximum)
- Yearly procurement by the insurance companies
- Nursery homes, homes for the disabled (mentally / physically), care for severe psychiatric illness (without intensive treatment)
- Municipality cooperates to keep a good balance between both systems



3. Youth Act



- Support for youth (0-18 years) and protect them and their families
- Assessment of support and care needs is done by local professionals (run by local government) or GP
- Payment exclusively via taxes / 'free'
- Prices are determined by local government, 2- or 3 yearly procurement (combined with 15 other municipalities in our region)
- Accent on the power of the families, basic care (or specialized care) only if needed
- Includes most care for youth with psychological (or psychiatric) problems or behavioural problems



4. Social Support Act



PERSON CONTACTS
LOCAL AUTHORITY



MEETING WITH
LOCAL AUTHORITY



APPROPRIATE
SUPPORT



APPLICATION

- Support for adults (18-100 years) and protect them and their families
- Assessment of support and care needs is done by local professionals (run by local government) not GP's
- Payment via taxes and own contributions citizens
- Prices are determined by local government, 2- or 3 yearly procurement (mainly just local Rotterdam), now 70 support providers in Rotterdam
- Accent on the selfreliance of the citizens, basic care (or specialized care) only if needed
- Many of them have psychological or psychiatric problems (in Rotterdam 50%) and need housing and / or support
- But also housekeeping help and transportation for elderly or disabled, and many other products

