Sebastian Eckert

Von: NEVEP [info@nevep.nl]
Gesendet: Montag, 15. August 2011 14:49
An: 'sebastian_eckert@web.de'
Betreff: RE: Elder Care
Anlagen: 20110815 elderly care.pdf

Dear mr. Eckert,

Regarding your e-mail of last Friday I send you the following information.

In the attachment you can find information about the Dutch model in a more scientific way.

Furthermore I send you the following information about the way care in general is organized. This has been derived from several sources.

Authorities involved in the sector and rules framework

G. State

Healthcare in the Netherlands is financed by a dual system that came into effect in January 2006. Long-term treatments, especially those that involve semi-permanent hospitalization, and also disability costs, are covered by a state-controlled mandatory insurance. This is laid down in the Algemene Wet Bijzondere Ziektekosten ("General Law on Exceptional Healthcare Costs") which first came into effect in 1968. In 2009 this insurance covered 27% of all health care expenses.

For all regular (short-term) medical treatment, there is a system of obligatory health insurance, with private health insurance companies. These insurance companies are obliged to provide a package with a defined set of insured treatments. This insurance covers 41% of all health care expenses.

Other sources of health care payment are taxes (14%), out of pocket payments (9%), additional optional health insurance packages (4%) and a range of other sources (4%). Affordability is guaranteed through a system of income-related allowances and individual and employer-paid income-related premiums.

A key feature of the Dutch system is that premiums may not be related to health status or age. Risk variances between private health insurance companies due to the different risks presented by individual policy holders are compensated through risk equalization and a common risk pool. Funding for all short-term health care is 50% from employers, 45% from the insured person and 5% by the government. Children under 18 are covered for free. Those on low incomes receive compensation to help them pay their insurance. Premiums paid by the insured are about 100 € per month with variation of about 5% between the various competing insurers.

H. Regions

Covering the whole country there are regions which are a cooperation of municipalities. These regions organise among others mental care, ambulance care, maternity care and youth care .

I. Municipalities

All municipalities have powers on matters of well being and care. The Law on social support (‘Wet maatschappelijke ondersteuning’) enables citizens to be part of society and to live in their own house as long as possible. For that they can receive homecare, like cleaning, adjustments in their home like a stairlift or a higher toilet, transport facilities in the region for people who can’t travel by public transport because of restrictions, education aid for the children, a wheelchair and mealservices.

L. Social Security Services

There are three strands: National Insurance administered by the social insurance bank (www.svb.nl) which includes old age pension (AOW) and child benefit (AKW); Employee Insurance including unemployment benefit (WW), long-term disability (WAO, WIA) and sickness (ZW); and Social Assistance (Muncipalities). Specific conditions apply to each benefit.
Most of the benefits are financed by tax-income or social premium income on a state-level. Some of them like part of the health insurance are paid for by consumers.

Amongst others you can find the following forms of social security.

-Health insurance
-Maternity insurance
-Old-age pension
-Child benefit
-Unemployment insurance
-Benefit for long-term disability
-Social assistance

M. Health Services

In Holland Health Services are organised on several levels. The task of the Food and Consumer Product Safety Authority, which operates on a state-level, is to protect human and animal health. It monitors food and consumer products to safeguard public health and animal health and welfare. The Authority controls the whole production chain, from raw materials and processing aids to end products and consumption.

Municipalities have powers to give licenses for cafes for example and they organise on a regional or local level the Common or City Health Services. (GGD) These organisations have the legal power to promote the health of the citizens and to protect them against diseases and calamities.

N. Care Insurance

See under G.

As you can read the government tries to let people live in their own homes as long as possible.

When they are not able any more, most people will go to regular rest homes financed by the tax payer. The client only pays a contribution for the health care dependent of his income.

A small but growing group, who can afford it, will go to private rest homes. the client pays for the accommodation and catering, the taxpayer pays for the healthcare with an own contribution from the client dependent of his income.

People who need nursing will go to nursing homes. These have the same financial basis as the regular rest homes.

I hope that I have sent you some information that you need,

With kind regards,

Paul Jutte
algemeen secretaris/beleidsmedewerker

Wilhelminalaan 3
Postbus 12
3740 AA BAARN
Tel.: 035 - 5 427 467
Fax: 035 - 542 76 42
KvK 40476063
www.nevep.nl
info@nevep.nl


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From: sebastian_eckert@web.de [mailto:sebastian_eckert@web.de]
Sent: vrijdag 12 augustus 2011 17:54
To: NEVEP
Subject: Elder Care

Dear Sir or Madame,

I´m preparing my master thesis at the university of Münster in Germany and studying hospital management.

I`m looking for an overview about the dutch health care system for elder people. Maybe, you can send me some good internet links or can explain me shortly who is responsible in the Netherlands for the elder care und which services are provided (public and private). If you know any eBooks or studies dealing with the topic of ageing, retirement and health of elder people it would be nice when you send me the right link or PDF. It would be a great support for my thesis.

I appreciate your time and work. Thanks a lot in advance.

Best Regards

Sebastian Eckert
WWU Münster
