Can a tulip become a rose?
The Dutch route of guided self-regulation towards a community based integrated health care system

Niek Klazinga
Professor and Chair of the Department of Social Medicine, University of Amsterdam

ABSTRACT

The Dutch health care system has both in financing and health care provision a hybrid nature. Financing is realized through a mixture of public and private insurance executed by care insurers with a (semi) private status. Health care is provided through professions and institutions that function to a large extent as not-for profit private entities within a highly regulated context, reimbursed through a mixture of budgetary, pro-capita and fee-for-service schemes. The role of the state has changed over the years. Roughly one can claim that in the fifties and sixties the welfare state was created, in the seventies and eighties government tried to control the growing costs through managing the structure of health care by planning regulation and in the nineties the processes within the system (regulated market) were the main policy paradigm. At the turn of the century the steering paradigm is shifting towards the input (needs assessment) and outcome (performance measurement) of the system. Not only production and costs, but also performance in terms of health outcomes and consumer satisfaction are deemed relevant management factors. This shift is facilitated by the present perceived performance crisis (waiting times are a pressing political issue) and a public call for more transparency. One of the challenges in creating this new steering paradigm lies in linking the various quality management activities set up since 1989 with a stronger public health orientation and community participation. Performance indicators can only be of use if they are part of existing management cycles either set up for internal process control and improvement or for external accountability. This paper will explore the following:

- First the nature of the Dutch health care system and the rationale of the existing policy and management mechanisms will be explained in more detail. Self regulation plays an important part in the Dutch health care system. This is partly due to the historical (not for profit) private nature of the main part of the system and a consensus culture for policy making.

- Secondly the results of a national policy on quality of care will be discussed. This policy, based on the premise that care providers should develop quality systems for internal process control and external accountability towards consumers and insurers, has been in place since 1989. Various components of the national quality policy will be discussed both for health care institutes (i.e. quality systems and certification/accreditation) and professions (relicensing, external peer-review, practice guidelines, clinical indicators and audit). The functioning of these various components will be discussed and linked to the debate on performance indicators.

- Thirdly an analyses will be provided of the strengths and weaknesses of the Dutch approach in optimizing the overall performance of the health care system. To do this, data on the public health situation will be presented that are collected regularly for the Public Health Forecasting Scenario's (RIVM 1997). By focussing on the performance of individual health care institutes and organized groups of professionals, the overall performance of the system is not an integrated part of the existing management cycles. Although government initiates specific public health policies in areas of concern, the preventative function, the cure- and care function and the social care function are to a large extent separate entities. The analyses will show how

the development of community based integrated care takes place in a health care system dominated by self-regulation. The analyses will discuss functional integration (prevention, acute and long-term care, social care), organizational integration (shared-care arrangements) and professional integration (amongst disciplines as well as the integration of professions within organizations).

- Fourthly the Dutch situation will be compared with developments in other countries, notably the UK, USA and Germany and several observations towards possible lessons learned will be presented.