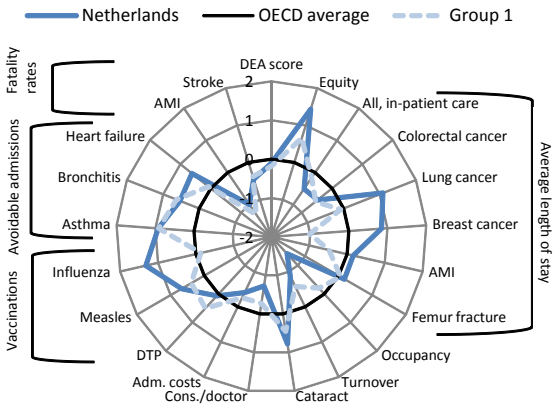
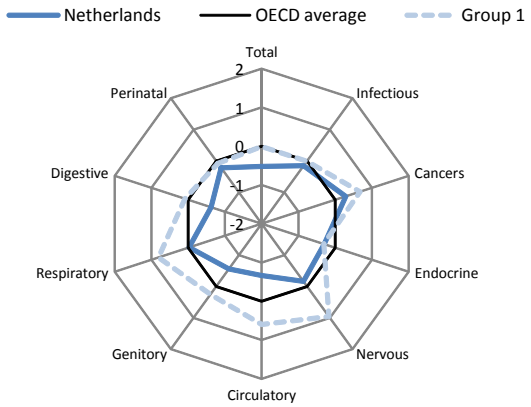
Netherlands: health care indicators

Group 1: Germany, Netherlands, Slovak Republic, Switzerland

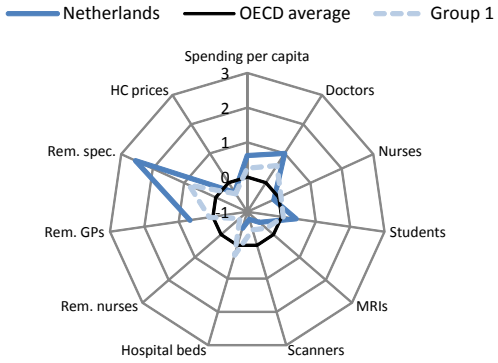
A. Efficiency and quality



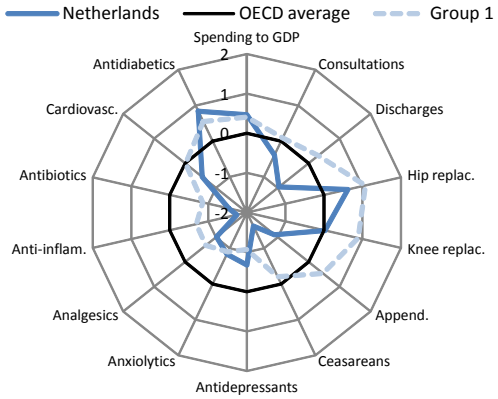
B. Amenable mortality by group of causes



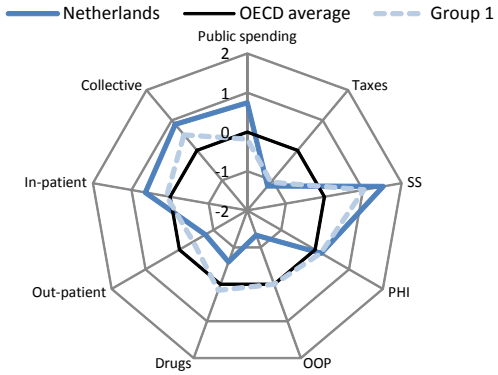
C. Prices and physical resources



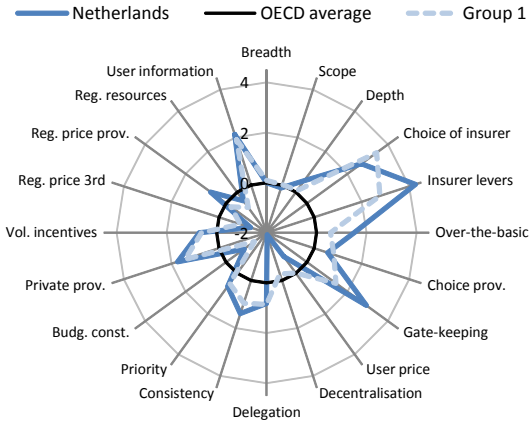
D. Activity and consumption



E. Financing and spending mix



F. Policy and institutions



Note: Country groups have been determined by a cluster analysis performed on policy and institutional indicators. In all panels except Panel A, data points outside the average circle indicate that the level of the variable for the group or the country under scrutiny is higher than for the average OECD country (e.g. Australia has more scanners than the OECD average country).
In Panel A, data points outside the average circle indicate that the group or the country under scrutiny performs better than the OECD average (e.g. administrative costs as a share of total health care spending are lower in Australia than on average in the OECD area).
In all panels except Panel F, data represent the deviation from the OECD average and are expressed in number of standard deviations.
In Panel F, data shown are simple deviations from the OECD average.

Source : OECD Health Data 2009; OECD Survey on Health Systems Characteristics 2008-2009; OECD estimates based on Nolte and Mc Kee (2008).

NETHERLANDS

GROUP 1: Extensive reliance on market mechanisms in regulating both basic and "over-the-basic" insurance coverage and abundant private provision of health care.

Efficiency and quality	Prices and physical resources	Activity and consumption	Financing and spending mix	Policies and institutions	Weaknesses and policy inconsistencies emerging from the set of indicators
About group-average DEA score but lower inequalities in health status			More reliance on social insurance financing and less on out-of-pocket payments	Market mechanisms in delivering basic insurance coverage play an important role but the insurance market remains more concentrated than in the peer countries	Ensure that competitive pressures in the insurance market are strong enough
Mixed scores on output/acute hospital care efficiency	Less high-tech equipment and acute care beds *per capita*	Low number of hospital discharges and consumption of pharmaceuticals *per capita*		Less volume incentives, in particular at the hospital level	Examine the relatively low activity levels of hospitals and whether reforming hospital payment systems could improve hospital incentives to better respond to needs
High quality of out-patient and preventive care	More doctors and medical students		Lower out-patient share	Less choice among providers and more gate-keeping	
Administrative costs are broadly in line with the group average	Higher relative income level of specialists and GPs			Less decentralisation, consistent responsibility assignment	