Assuring the accessibility of health care in the Netherlands: combining subsidies and DBC's

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Introduction
Economic theory is clear: because of market failure governments intervene in health care. There are various instruments available. In case of the risk of people having no access to health care governments can subsidize health insurance programs. Another way is to subsidize health care providers in order to ensure the provision of health care, without individual payments by the patient (governmental provision).

In reality we see intricate combinations of chosen instruments en their policy backgrounds. In the Netherlands government also subsidizes a number of health care components in order to ensure their accessibility (called an availability contribution). Examples are specialized burns care, acute curative services, and acute trauma care. Which components have to be subsidized is subject of political decision-making.

Distinctive for the Dutch health care system is the role of the health insurer: the insurer has the legal duty to ensure the accessibility of health care for its policyholders. This would imply that health insurers also pay for the components mentioned. However some health care components can not be paid for by health insurers entirely without creating market distortions.

The result is a very complex and sensitive distribution of responsibilities between government, health insurers and health care providers. Government defines the components that will be subsidized by the government, insurers often also have to pay (DBC's), providers have to apply for subsidies, and are also financial accountable. This accountability often includes the payed DBC's. The Dutch Healthcare Authority finally controls this system.

This paper explores the Dutch method to ensure accessibility of health care by subsidizing care providers, the consequences for health care expenditures, methods to determine the rate subsidies-DBC's, and the accountability of care providers.

Methods
We use a descriptive analysis of:
- the political decision-making on health care subsidies
- the total amount of subsidies
- the calculation models of the Dutch Healthcare Authority
- the accountability of health care providers who receive a subsidy

Results
Provisional results are:
- in the public and political debate on the acute curative services in rural areas the government was asked to ensure their accessibility, the government agreed using the argument of the risk of market distortion
- the total amount of subsidies is small compared to the payments of health insurers
- calculation models progress as well as the way health care providers account for the subsidies received

Conclusions
The government in the Netherlands uses so called availability contributions (subsidies) to ensure the accessibility of health care. Although the total amount of these subsidies is small compared to the total health care expenditures the public and political debate is often fierce. Practically governmental intervention and payments bij health insurers, based on DBC's, are often used in combination. Models to calculate the subsidies as well as the way health care providers account for their expenditures and revenues are progressing.

1. Dutch Healthcare Authority, Utrecht, Netherlands.