

SESSION 1: HEALTH CARE REFORMS IN EUROPE**PRESENTATION KEYNOTE SPEAKER:****“QUALITY IMPROVEMENT AND COST CONTAINMENT IN THE DUTCH HEALTH INSURANCE SYSTEM”**

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**ABSTRACT:**

In 2006, the Netherlands commenced a major reform of its health care system. The main elements of the reform were: 1) replacement of the existing system of social health insurance for people with below average income and private health insurance for people with above average income by a universal health insurance with identical entitlements and contributions for all; 2) the gradual introduction of elements of managed competition in hospital markets. The main aims of the reform were to improve the so-called “public interests” in health care, which were defined as quality, access, efficiency and cost containment in health care.

This presentation describes the reforms that have been enacted in the Dutch health care system and evaluates the impact of these reforms on the “public interests” in health care. The health care reforms have had positive effects on most of “public interests”, though still much needs to be done. Transparency and choice in health care depend on the existence of solid, preferably legally-based, quality standards. These standards are not in place yet in the Netherlands but the government is working towards their development.

The reforms have failed to curb the rapid rising costs of health care. This will most likely prove to be one of the most challenging tasks for the years ahead. Eliminating the risk competition mechanisms for the health insurers is one of the most important tools to provide insurers with more incentives to control costs. The reforms are still a work in progress, and there is still a great deal of room for further improvement in “public interests” in the Dutch health care system.

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