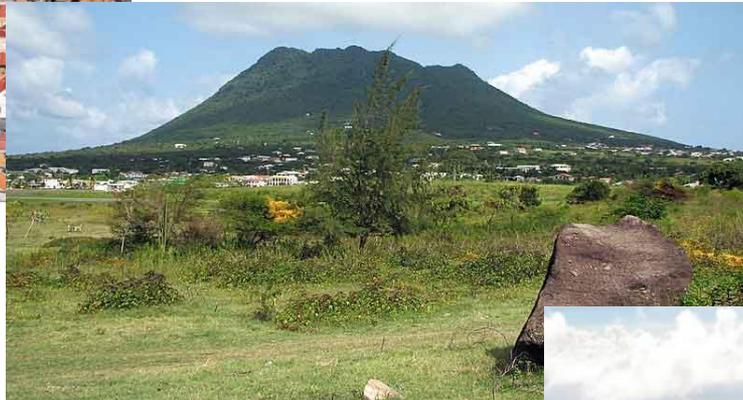




Performance, Expectations and Planning for the Future: The Health Insurance Office of the Dutch Caribbean 2011-2016



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(Zorgverzekeringskantoor BES or 'ZVK')



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- A brief history of the development of the Health Care Insurance Office (Zorgverzekeringskantoor BES or 'ZVK') and some of the key operating features and policies;
- Performance of the ZVK in achieving its objectives;
- Challenges faced – current as well as expected in the future;
- Strategies to address these challenges.



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Status after 10-10-10:

The Kingdom of the Netherlands (countries):

- The Netherlands
- St. Maarten
- Aruba
- Curacao

Special municipalities within the country The Netherlands pop. 17.000.000:

- Bonaire pop. 18.500
- St. Eustatius pop. 3.500
- Saba pop. 1.800

The three islands together: BES-islands or Dutch Caribbean





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Before 10-10-10:

- Inequality because of a broad variety of different healthcare insurances; private, via employer, social etc.;
- The availability and access to care was not guaranteed.

After 10-10-10:

A uniform and obligatory insurance with an extensive package for everybody who is a legal resident in the Dutch Caribbean.

This extensive package is the same as in The Netherlands; the standards of quality of care (like registrations of the GP's, MD's etc.) is also the same. The care has to be primarily provided in the BES-region.



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The system is partly financed through insurance premiums via the employer, for the greatest part directly financed by the Dutch Government.

To execute the new healthcare insurance, the Health Care Insurance Office – or ZVK – was formed by the Ministry of Health, Welfare and Sport as of January 1st, 2011.

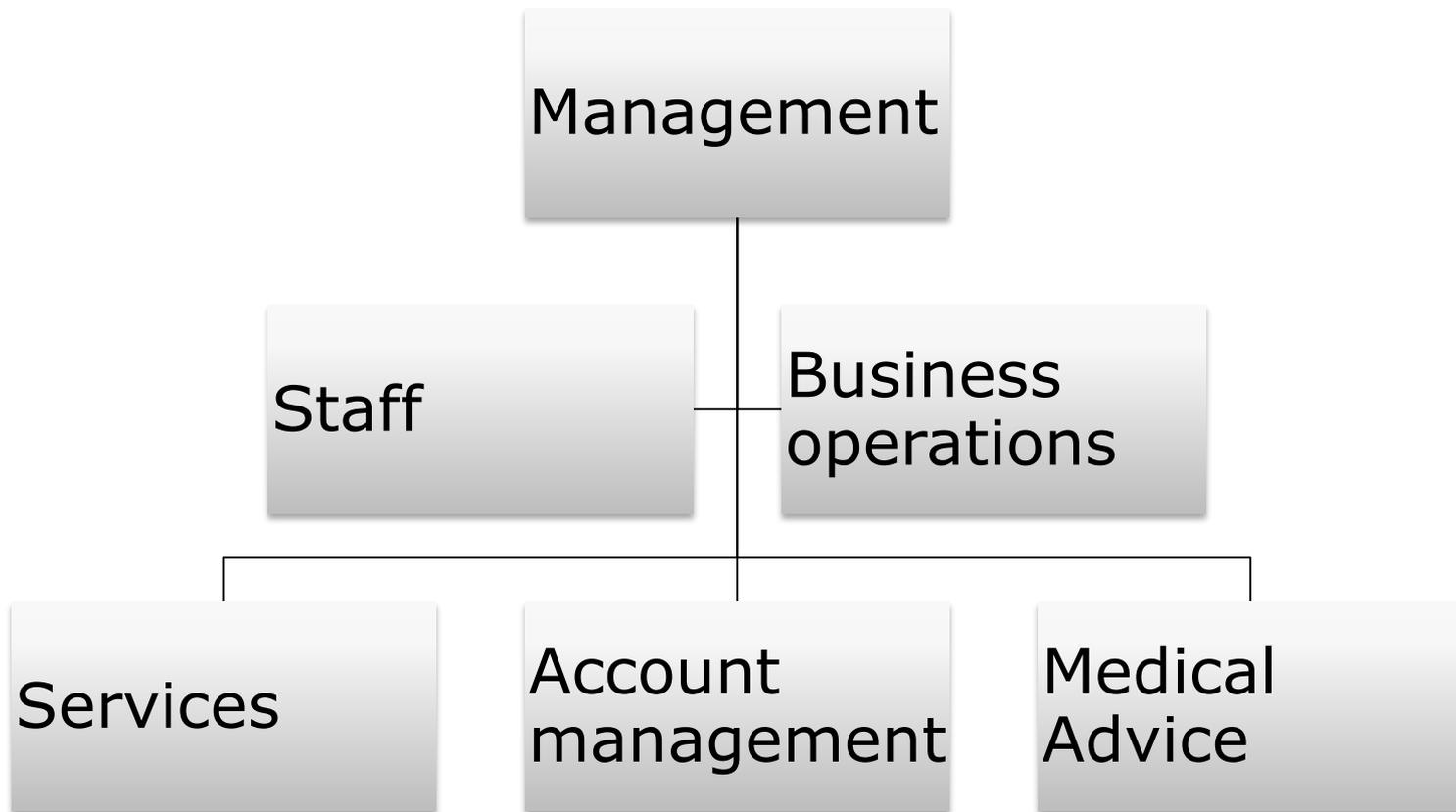
The ZVK still is the executive body of this Ministry

In 2010 the estimated costs were USD 17.000.000

Today: USD 128.000.000



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- **Ministry of Health, Welfare and Sports:**
 - Policy: (development of 'care' & 'cure');
 - Legislation (BES Healthcare Insurance Decree & Healthcare Insurance Claims Regulation);
 - Board of International Affairs: management and supervision;

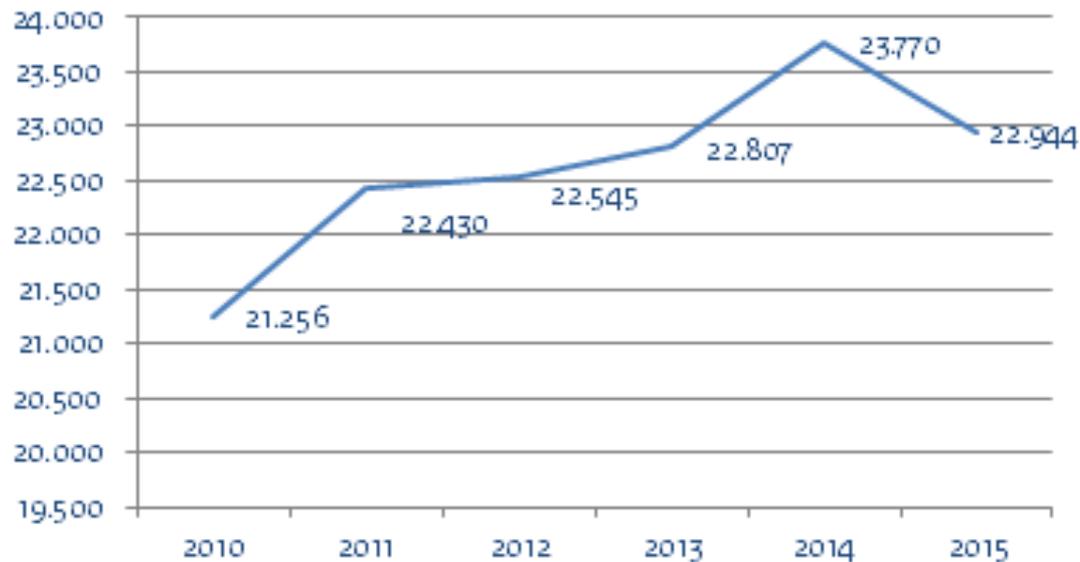
- **BES Health Insurance Office:**
 - Implementation of the Decree and the BES Decree countries;
 - Insured persons administration;
 - Contracting care providers;
 - Organisation of the medical referrals (Aruba, Curaçao, Colombia, the Netherlands, Guadeloupe and Sint Maarten);
 - Payment to insured persons (daily reimbursements, claims) and care providers;

- **Public Bodies (Bonaire, Sint Eustatius and Saba)**
 - Public health care, including information and prevention.



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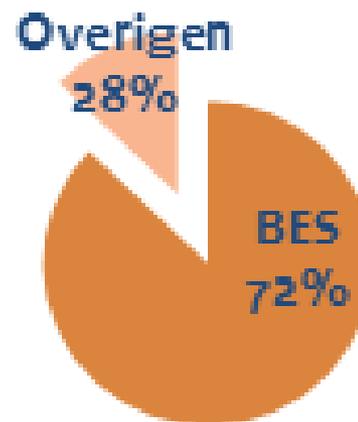
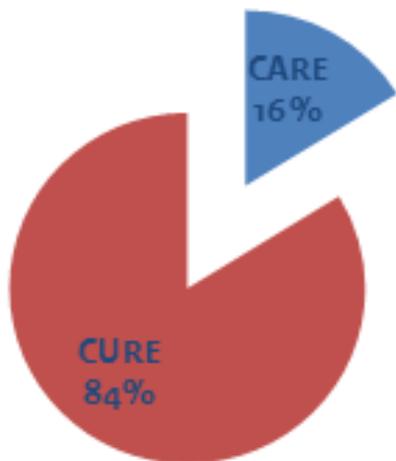
Numbers of insured residents of the BES-islands





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Some key stats on a total of roughly USD 128.000.000





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Type of care	% of total
Hospital care	43%
Specialistic care	14%
Medical referrals	13%
Pharmacy	11%
GP care	5%
Psychiatric/addiction	5%
Lab Care	3%
Dental Care	2%
Paramedic Care	2%
Other	2%



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Performance of ZVK in achieving its objects through the years and challenges faced:

Most important:

The process of coming to a 'national' Health Insurance coverage after 10-10-10.

Objects achieved (cure and care):

- Founding and development of the ZVK:
3 offices, directed from the department of International Business, part of the Ministry of Health.
- Privatization general practices;
- Privatization hospitals



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Objects achieved (continued)

- Procurement of hospital care in Colombia, Guadeloupe, Sint Maarten, Saint Martin, Aruba and the Netherlands
- Development of specialistic medical care (second and third line);
- Cooperation with academic hospitals in The Netherlands (the so-called jumelage);
- Dialysis on Bonaire;



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(continued)

- Medical infrastructure (CT-scans, etc.);
- Founding of psychiatric and addiction care;
- Air-ambulances on all three islands.
- Streamlining and later decrease of medical referrals (next slide);



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TRENDS 2011-2015



Figuur 15 Totaal aantal medische uitzendingen van ZVK verzekerden 2011-2015 vanaf Bonaire, Sint Eustatius en Saba.



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Objects achieved (conduct of business):

- Administrative procedures more in control;
- Reliability of the file of the insured;
- Availability of management information systems, business intelligence;





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Challenges faced (now and in the future):

In terms of conduct of business:

- Lawfulness or rightfulness of expenses made;
- Expediency or legality of costs made;
- SMART agreements with care providers;
- Use of business intelligence;
- Strengthening cooperation with healthcare providers.



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Strategies to address these challenges:

- Founding of the 'Care Group' for integrated care;
- Policy for the whole of elderly care;





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Strategies to address these challenges (continued):

- 80% of the care takes place on the BES-islands;
- 80% of the hospital care for residents of Bonaire takes place on Bonaire;
- SMMC as preferred provider for Saba and St. Eustatius;
- Further decrease of medical referrals;
- Education program for the GP's;
- Streamlining and decrease of medicine use and lab tests



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