Long Term Care in the Netherlands

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An ageing world
Care provision
Funding Long term care
LTC Insurance Opportunity?







Numbers (1996)

| Total population | 15523 |
|------------------------------------|-------|
| life expectancy at birth (fem.) | 80,4 |
| life expectancy at birth (male) | 74,7 |
| health exp./BBP | 8,6 |
| public health exp./tot health exp. | 72,1 |







An ageing world

Demographic transitionLife expectancy

Changes in health and disability patterns







Demographic transition: 65+

| | 2000 | 2010 | 2020 | 2030 | increase |
|--------------------|-------------|-------------|-------------|-------------|-------------|
| Germany | 16,2 | 20,2 | 22,5 | 28,1 | 11,9 |
| <u>Netherlands</u> | <u>14,1</u> | <u>16,4</u> | <u>21,5</u> | <u>26,0</u> | <u>11.9</u> |
| Luxembourg | 14,8 | 17,3 | 20,9 | 25,6 | 10,8 |
| Italy | 17,9 | 20,6 | 23,6 | 27,9 | 10,0 |
| Spain | 16,2 | 17,6 | 20,1 | 24,9 | 8,7 |
| Denmark | 14,5 | 16,4 | 20,1 | 22,6 | 8,1 |
| France | 15,5 | 16,3 | 20,2 | 23,3 | 7,8 |
| Belgium | 16,6 | 17,1 | 20,3 | 24,3 | 7,7 |
| Greece | 17,1 | 19,0 | 21,2 | 24,6 | 7,5 |
| Great Britain | 15,9 | 17,0 | 19,7 | 23,0 | 7,1 |
| Portugal | 14,3 | 15,0 | 16,9 | 20,9 | 6,6 |
| Ireland | 11,2 | 11,9 | 14,2 | 16,4 | 5,2 |





Demographic transition: 75+

| | 2000 | 2010 | 2020 | 2030 | increase |
|--------------------|------------|------------|------------|-------------|------------|
| <u>Netherlands</u> | <u>6.3</u> | <u>7,2</u> | <u>8.8</u> | <u>12,1</u> | <u>5.8</u> |
| Italy | 7,7 | 9,9 | 11,4 | 13,4 | 5,7 |
| Germany | 6,9 | 8,4 | 10,9 | 12,4 | 5,5 |
| Luxembourg | 6,0 | 7,6 | 9,0 | 11,5 | 5,5 |
| Greece | 6,7 | 9,3 | 10,1 | 11,8 | 5,1 |
| France | 6,7 | 8,1 | 8,5 | 11,4 | 4,7 |
| Spain | 6,6 | 8,6 | 9,4 | 11,2 | 4,6 |
| Belgium | 7,1 | 8,2 | 8,5 | 10,9 | 3,8 |
| Denmark | 6,6 | 6,6 | 8,3 | 10,4 | 3,8 |
| Great Britain | 7,3 | 7,9 | 8,8 | 10,6 | 3,3 |
| Portugal | 5,8 | 6,7 | 7,2 | 8,6 | 2,8 |
| Ireland | 4,9 | 5,1 | 5,9 | 7,4 | 2,5 |
| | | | | | |





Life expectancy

| 2000 | 2030 | increase |
|-------------|--|--|
| 75,2 | 80,6 | 5,4 |
| 75,7 | 80,6 | 4,9 |
| 75,8 | 80,6 | 4,8 |
| 76,2 | 81 | 4,8 |
| 77,2 | 81,8 | 4,6 |
| 77,4 | 82 | 4,6 |
| 73,7 | 78,3 | 4,6 |
| 76,8 | 81,2 | 4,4 |
| 74,7 | 79,1 | 4,4 |
| 77,4 | 81,7 | 4,3 |
| <u>77,3</u> | <u>81,5</u> | <u>4,2</u> |
| 75,6 | 79,6 | 4,0 |
| | 75,2 75,7 75,8 76,2 77,2 77,4 73,7 76,8 74,7 77,4 77,4 77,4 | 75,280,675,780,675,880,676,28177,281,877,48273,778,376,881,274,779,177,481,777,381,5 |





Changes in health and disability patterns

- Rise in chronic diseases: 22% of remaining life expectancy at age 60 lived with severity adjusted disability
- Rise in life expectancy => rise in disability?
- Growing attention for minimising the incident and duration of the dependence









Care delivery in context

The role of the family

The focus of care

The future of care provision







Care delivery in context

Different needs:

- 1. Medical care
- 2. Other health care
- 3. Personal care
- 4. Domestic care
- 5. Domestic maintenance
- 6. Social and emotional support
- 7. surveillance





The role of the family

Informal care in

- the Netherlands 58%
- France 75%
- US 85%
- Korea 90%







The focus of care

1990: 6% of elderly people in institutional care (large, impersonal, loss of control and independence)

Demand for assisted living facilities







Organisation

Private

(37%, norm al care /cure)

Zfw

(63% norm al care/cure)

Awbz

(100% pop covered long term care mental care and cure







Financing (1): (1999; bilj. Dfl)

| AWBZ | 26,6 | (37%) |
|-------------------|------|-------|
| ZFW | 25,9 | (36%) |
| private insurance | 10,5 | (15%) |
| government | 3,4 | (5%) |
| direct payments | 4,8 | (7%) |







Financing : procedures

AWBZ:

collected with income tax =>central fund => regional care offices

consequence: no data







Focus of care: 'AWBZ' cover - 1

Home care

- max.3 hours per day
- max. own contribution of 10 guilders per hour

Nursing home

- physical causes
- full time as well as only day care
- own contribution dependent on income







Focus of care: 'AWBZ' cover - 2

Care home

- 65+
- own contribution dependent on income

• 'PGB'

- long-term home care / mental handicap
- upon request
- purchased oneself







Focus of care: 'AWBZ' cover - 3

Intensive home care

- sick and terminal
- no own contribution, except for the first 3 hours
- max. 475 guilders per day







The future of care provision

More demand for

- Formal home care services
- Smart houses







Funding Long Term Care

Drivers on increasing pressure on funding

Current funding overview

Evaluating the current status quo







Drivers on increasing pressure on funding

Strong demographic, social and cultural pressures driving an increasing need for FORMAL care services

Increasing prosperity

 Acceptable standards of care are likely to rise (privacy)

Elderly dependency ratio rises from 14% (2000) to 26% (2030)







Current funding overview

AWBZ' provides LTC

- residents
- premium 10,25% of the first tax band
- regional care authorities







Current funding overview: LTC in other countries

| Country | Costs per | Government |
|-------------|----------------|-----------------|
| Country | person in US\$ | contibution (%) |
| Greece | 598 | 75.9 |
| Portugal | 938 | 55.6 |
| Spain | 1,005 | 78.5 |
| Ireland | 1,201 | 76,8 |
| UK | 1,211 | 82.9 |
| Sweden | 1,348 | 83 |
| Finland | 1,357 | 79.3 |
| Denmark | 1,362 | 82.6 |
| Italy | 1,561 | 73.1 |
| Netherlands | 1,641 | 77.7 |
| Belgium | 1,653 | 88.9 |
| France | 1,866 | 74.4 |
| Germany | 1,869 | 70.2 |
| Austria | 1,965 | 66.2 |
| USA | 3,516 | 45.7 |







Evaluating the current status quo

- Supply oriented
- Out of scarcity model
- Strategies impact on middle range incomes who are no longer eligible for help
- Applying objective and consistent claims assessment criteria to long term care systems is a difficult challenge



Public funding only to those with very limited resources of their own





LTC Insurance Opportunity

The scope of the concept

Different solutions for different needs

The value for the opportunity







The scope of the concept

 Government should facilitate shift to demand oriented system

Concept should meet some or all of the costs of care should the insured become unable to function independent on a basic level







Different solutions for different needs

Age

Gender, marital and family status

- State of health
- Income and asset levels
- Trends in public provision
- Availability of formal care







The value for the opportunity

Maintain dignity and control lives

- Fund a high standard of care
- Select the best care providers
- Gain priority access to care provision where services are scarce(?!)
- Minimise absenteeism of employees who are also family carers.







Principal reforms underway (?)

Discussion about:

- National insurance for long term care
- Dual system of public and private insurance for basic medical care, incl. hospital
- Voluntary additional insurance for less necessary care, incl. dental care.





Discussion

Is there a market for private insurers on LTC products in the Netherlands?

Is it an service or an insurance market

Does the government facilitate LTC?





