



The Social Protection Committee
The Secretariat

**2021 SPC Multilateral Implementation Reviews (MIRs) of 2020/2019
Country Specific Recommendations (CSRs)**

Reporting and Reviewing Template¹

Policy Area: **Healthcare**
Reporting Member State: **Netherlands**
Reviewing Member State: **Estonia**

CSR(s) under review:

**2020 CSR # 1: Strengthen the resilience of the health system, including
by tackling the existing shortages of health workers and stepping up**

the deployment of relevant e-Health tools.

¹ Please note:

- The Reporting Member State should fill-in Section 2 and Annex 1.
- The Reviewing Member State should provide its assessment in Section 3.
- Section 1 (supporting information) is pre-filled by the Secretariat

Section 1: Supporting information

<p>Supporting/context information: 2019 CSR and text from relevant 2020 and/or 2019 recitals (as applicable)</p>
<p><u>Text from 2020 CSRs:</u></p> <p>(2020 Recital 17) The Dutch health system is performing comparatively well in terms of contributing to the overall health of the population and ensuring the accessibility of health services. As part of the immediate response to the crisis, the Netherlands put in place a control strategy involving general public health measures and adopted tailored health financing measures. Nevertheless, the onset of the COVID-19 has tested the resilience of the health system. In this regard pre-existing concerns have come to the fore. The capacity of the workforce would benefit from tackling existing shortages, in particular of nurses and in primary healthcare. The overall governance of the health systems and their capacity to ensure integrated service delivery across the care continuum could be improved by further strengthening data governance and scaling up the deployment of eHealth tools. The COVID-19 outbreak has therefore highlighted the need to continue to improve the resilience and the crisis preparedness of the health system by addressing such structural challenges.</p> <p><u>Text from 2019 CSRs:</u></p> <p>(2019 CSR)</p> <p>(2019 Recital)</p>

Section 2 **Report on the implementation of the reforms/policy measures**

To be filled-in by the **Reporting** Member State

1. Policy context (up to 1 page)

<p><i>Please describe briefly the context of the policy challenge identified in the CSR and the corresponding recitals. Please include any relevant facts or figures.</i></p>
<p>eHealth/Digital health & care Patients can receive more and more care in their own environment and at times when it suits them, with the help of remote guidance, via video calling or app contact, from an integrated network that crosses traditional domains. By keeping vital values up to date and sharing them with the practitioner, medication, diet or lifestyle can be adjusted quickly if necessary. Unnecessary travel, duplication and miscommunication can be prevented: the right care at the right time with the right information in the right place. Innovation through smart application of health technology is thus adding more and more value to healthcare in the Netherlands. This is not only a</p>

positive, but also a necessary development, because healthcare in the Netherlands is facing a major challenge. Rising health care costs, an aging population and a shrinking working population require care that is more innovative and smarter. In recent years, we have therefore initiated a large number of actions, which have led to a gradually growing undercurrent of practical applications of smart care technology.

With the corona pandemic, this care has taken off, because physical care was not always possible. Due to the speed with which this necessarily went, this upscaling may not always have gone smoothly. Learning from those experiences and at the same time building on the many things that did go well is our motto for the coming period. We also see that it is a challenge in practice to continue to deliver these innovative forms of care, when the urgency diminishes again. At the Ministry of Health, Welfare and Sport we take our responsibility for this by continuing to focus on the action lines for scaling up digital care, and intensifying them where we see opportunities to do so.

Data Governance

The COVID-19 pandemic has shown the importance of having the right data at the right place at the right time, for regular and virtual healthcare delivery, as well as for reporting, research and development for novel ways to meet the demands of patients and healthcare professionals. Improvement of data governance and acceleration of digital exchange of standardised health data has been on the agenda for years.

Workforce in healthcare

- The total workforce in healthcare in the Netherlands is 1.245.800 (Q2 2020; this number is without independent workers).
- More than half of the labor force works in elderly care or in a hospital.
- Existing shortages involve mostly nurses and assistant nurses/ auxiliary. If no policies are implemented, the expectation is that those shortages will increase, due to the ageing population and increase in health care demand.

2. Overall policy response (up to 1 page)

*Please describe briefly the **overall policy response to the CSR**, including what measures/investments have been undertaken/ planned. Please indicate whether EU funding (in particular from the Reform and Resilience Facility and ESF/ESF+) is to be utilized.*

Briefly explain the reasons why this is (or is not) a policy priority?

eHealth / Digital health & care

scaling up the deployment of eHealth tools

For response in 2020 see **policy letters** for innovation and renewals in care, cure, support

and prevention

scaling up the deployment of eHealth tools – policy letters^{2 3}

The Ministry of Health, Welfare and Sport has a dedicated programme department for innovation and renewals in care, cure, support and prevention (I&Z).

Plan team I&Z for 2021

2021: Scaling up continued! COVID has turned life in the world and the Netherlands upside down. Care for COVID patients places a heavy burden on healthcare and the scaling down of regular care in all sectors. The use of digital applications has increased considerably since March 2020 due to the restrictions imposed by corona. This was possible, among other things, because many efforts had already been made in recent years to facilitate and accelerate the introduction and upscaling of digital (health and) care. It is important to perpetuate the commitment and now continue on initiatives such as #zorgvannu and #hetkanookthuis.

A full return to the 'old' ways of providing care would mean an undesirable downturn and not logically given the opportunities that digitization offers. This does not mean that "everything" has to be digital. A blended approach, a mix of digital and physical, is required as part of the joint decision-making process between doctor and patient. It is desirable in the context of quality of care and quality of life, necessary to guarantee the organization of care and to be prepared for any new virus outbreaks.

In 2021, team I&Z is working on:

- organizing possibilities for upscaling and transforming processes
- preconditions for (digital) transformation through knowledge dissemination, knowledge expansion and support for innovators,
- preconditions for taking control by stimulating the use of PBOs/Personal Health Environment (PGO's), communication about the usefulness and necessity of the use of PBOs and help with the choice of a PBO (selection guide),
- careful management
- careful landing of the activities related to innovation and care renewal and the I&Z people in the broader organization of the Ministry of Health Welfare and Sport.

The I&Z team works together with various parties in the healthcare field and with various project teams and directorates within the Ministry and with other ministries.

Within the Ministry of Health, Welfare and Sport, various other departments are working on plans for Langer Thuis (stay home longer), Werken in de zorg (work in care and cure), Information and data-exchange (gegevensuitwisseling) Juiste Zorg op de juiste plek (proper

² 2020: [Kamerbrief opschaling succesvolle digitale zorg | Kamerstuk | Rijksoverheid.nl](#)

³ 2020: [Kamerbrief voortgang innovatie en zorgvernieuwing | Kamerstuk | Rijksoverheid.nl](#)

care/cure on the right place). And/or sector specific high level agreements. E-health/digital health is an important component in those plans. It is not a target in itself, but an instrument.

Resilience and Recovery Facility (RRF)-proposal⁴

There is a connection with a RRF-proposal called Digitalization Impuls for empowering professionals and patients.

The digital transformation offers great opportunities to further improve cure, care, support and prevention in the Netherlands by organizing care and support differently and better: the right care in the right place. The use of digital care and support is crucial for the organization of care in COVID times and structurally thereafter.

To achieve this, two preconditions must be met:

- Increase the use of personal health environments (PGO's) to direct and manage as a patient/citizen your health data and thus the necessary care, health and support.
- Increase the digital skills of patients and professionals and the change power of people and organizations by (increasing (basic) digital skills and knowledge about innovation and smart care, increasing the power to change, increasing the focus on people with limited health skills and improving these skills, offering personnel support in implementation and offering financial support in designing network initiatives in the context of the Proper Care In the Right Place (JZOJP)).

Data governance

One of the biggest barriers for effective COVID-19 responses is access to specific sets of patient- and (public)health data, at the right place, under strict conditions and for the duration of the crisis. The Dutch response on data governance has been focussing on improving data access and availability. Also, structural improvements were already planned and have been accelerated where possible.

Workforce in healthcare

The pandemic increased the urgency to tackle the existing shortage of health care workers. The Dutch government therefore decided to extend its funding of the general labor market policy, to further invest in actions to make working in health care more attractive and increase staff retention⁵. The focus of this general policy is to create (1) more opportunities for career development, (2) more time and autonomy for healthcare professionals and (3) more staff involvement in decision-making. To this end, the government has made extra resources available sector-wide, rising to 130 million structurally from 2023⁶.

In addition, a package of several new measures was installed in response to the outbreak of

⁴ Please note that this is one of the RRF proposals the NL is developing. Next month we have elections for our national parliament. The new government will decide upon the concrete proposals that could be eligible for RRF-budget.

⁵ <https://www.rijksoverheid.nl/binaries/rijksoverheid/documenten/rapporten/2020/10/31/monitor-actieprogramma-werken-in-de-zorg/monitor-actieprogramma-werken-in-de-zorg.pdf>

⁶ <https://www.rijksoverheid.nl/binaries/rijksoverheid/documenten/kamerstukken/2020/09/15/breed-pakket-voor-werken-in-de-zorg/breed-pakket-voor-werken-in-de-zorg.pdf>

COVID-19⁷:

- Health care providers who want to deploy temporary additional staff are facilitated by the government via a matching website.
- The government offers a short training course for people who want to work in health care.
- Former health care workers as well as health care students can be deployed (under certain conditions).
- The government has created temporary 'corona jobs'. The main purpose of the corona jobs is to provide a short-term relief for the crucial sectors such as health care.

3. One-sentence description of each specific policy measure/reform presented

Please limit your reply in this section – further details should be presented in Annex 1

eHealth / Digital Health & Care

Measure 1: Increase the use of PGO.

With a Personal Health Environment (PGO), every Dutch person can manage his health data from all healthcare providers in an app or on a website. People can retrieve and share this data and also add information themselves. There are several suppliers of PGOs and safety is guaranteed through an extensive system of agreements. Budget is needed to provide a free PGO.

Measure 2: Increasing knowledge about innovation and smart care:

"Zorg van Nu" is communicating about the possibilities of innovation and smart care and the experiences that have been gained with this and how you can use smart care is important for stimulating the use of digital care. Sharing the experiences of patients and professionals ensures that patients and professionals learn from each other and each other's experiences and are inspired and supported to use more smart care. "Zorg van Nu" is a communication program of Ministry of Health Welfare, and Sport that focuses on this (including a website, e-learning, social media channels, videos, support material, Smart Care Relay). Budget is needed to continue this awareness.

Measure 3: Increasing the digital (health) skills of clients, patients and carers

For the use of digital support in healthcare, health and welfare, it is important that healthcare professionals have sufficient digital skills. A budget is needed for training and education of these skills.

Measure 4: Increasing the change power through a coach scheme

Digital transition can only take place if there is sufficient attention for the change management issue: the reorganization of the care process, a change in culture and

⁷ <https://www.rijksoverheid.nl/binaries/rijksoverheid/documenten/kamerstukken/2021/02/02/stand-van-zakenbrief-covid-19/stand-van-zakenbrief-covid-19.pdf>

attention to change management skills. That is why setting up a program to increase the power of change in care organizations contributes to the adaptation and implementation of digital and smart care. This also makes it possible to respond more quickly to changes such as COVID, changes in the patient and in the care process. Budget is needed for the coaches.

Measure 5: Increasing attention to people with limited health skills

It is important that everyone has sufficient (digital) health skills. If people do not have sufficient (digital) health skills, a digital transition cannot take place. These skills are preconditions. In addition, having sufficient skills contributes to social resilience and cohesion because people can continue to participate in society. Budget is needed to provide these groups with appropriate information and support.

Measure 6: Providing personnel support during implementation on upscaling

The current arrangement for the deployment of an implementation and upscaling coach offers financial support for an implementation or upscaling issue of a healthcare provider or developer of a healthcare innovation. With the subsidy, one can hire an external implementation and upscaling coach. The coach offers advice on the implementation and upscaling that is necessary to advance innovation in healthcare. It turned out that digital care was crucial to guarantee the continuity of care during corona time. In addition, a transformation from healthcare to a more hybrid model is necessary to be able to guarantee healthcare in the future as well. Digital care, such as telemonitoring of chronically ill patients or the use of sensor technology, ensure that care can be provided with less staff. However, it is crucial to ensure that care is properly implemented in the work and organizational processes. This proves difficult to achieve in practice for many healthcare providers. Translating best practices to and in their own environment is a key task that many organizations struggle with in practice and, in principle, do not have the qualitative and quantitative capacity for it. With this scheme we organize extra short-term brainpower that contributes to the organizational capacity of healthcare institutions in the concrete implementation and upscaling issues in order to achieve more hybrid care (physical and digital care side by side). Budget is needed for the support.

Measure 7: Providing financial support for promising JZOJP network initiatives

With the COVID crisis, the importance of Proper Care in the Right Place (JZOJP) has become even clearer. Innovation occupies an important place within the Appropriate Care in the Right Place Program. In the coming year we want to set up a fund for the (further) development of a number of smart best practices that can ultimately function as standard/guidance for practice and can be applied/implemented by other organizations. This concerns initiatives with a large digital care component that contribute to the focus points of JZOJP, namely: innovation, prevention and cross-domain/regional cooperation. The initiatives must connect as much as possible with regional images / regional actions, be supported by the health insurer and patients/citizens must be involved in every phase. Budget is needed for the needed support.

Measure 8

Change care path/processes and funding

Determine with professionals which applications can become part of the care path / care processes and let the National Health Care Institute (Zorginstituut) see what can be included in the package, Dutch Healthcare Authority (Nza) in the funding and with municipalities, for example, in model regulations.

Data governance

Measure 9:

To facilitate the need to access basic patient data in acute cases, a temporary opt-out access permission has been set up, under strict conditions.

Measure 10:

New legislation that will make electronic exchange of health data in specific use cases such as exchange of patient summaries, electronic prescriptions and medical images, is being introduced to parliament.

Measure 11:

A temporary portal allows for patient data from COVID-19 patients to be exchanged to hospitals these patients are distributed to.

Measure 12:

A national dashboard website reports on how the Dutch pandemic response measures against an increasing set of indicators.

Workforce in healthcare

Measure 13: *Extend and increase funding to attract new health care professionals and increase sustainable employability.*

The current government has introduced a set of measures to this aim: a regional action plan in every region, supported with subsidy for health care organisations for extra training of (new) employees. Additional funding up to 130 million annually from 2023 onwards to continue policies aimed at attracting and retaining employees in health care.

Measure 14: *A package of additional measures to deploy extra health care staff as a response to Covid-19*

The aim of this package is more people in health care during the COVID pandemic. This package includes the creation of a matching website to bring together supply and demand in health care professionals, a short training course for people interested in working in health care, and so-called temporary 'corona jobs'.

Section 3 Assessment of the implementation of reforms/policy measures

To be filled-in by the **Reviewing** Member State

1. Adequacy and relevance

*Based on the information in provided by the Reporting Member State, explain in how far **the presented reforms or policy measures represent an appropriate response** to address the policy recommendations adopted by the Council in 2020?*

...

1. Impact

*How do you assess the potential effects of the reform/policy measure proposed in terms of their capacity **to meet the underlying challenges?***

...

2. Assessment of the measure and rationale:

<i>Please identify the main strengths and weaknesses of the overall policy approach...</i>	
<p>Strengths:</p> <p><input type="radio"/> ...</p> <p><input type="radio"/> ...</p> <p><input type="radio"/> ...</p>	<p>Weaknesses:</p> <p><input type="radio"/> ...</p> <p><input type="radio"/> ...</p> <p><input type="radio"/> ...</p>
<p><i>... and conclude by providing an overall assessment⁸ of the Member State's policy response to the CSR, by highlighting one of the below:</i></p> <ul style="list-style-type: none"> - Full implementation - Substantial progress - Some progress - Limited progress - No progress 	

2. Mutual Learning Opportunities

<p><i>Would some of the policy measures in the reviewed country be a good candidate ('best practice') for a mutual learning review?</i></p> <p><i>Could the reviewed country benefit from the results of an earlier mutual learning activity (and which one) or from the participation in a future mutual learning activity?</i></p>
...

⁸ Please base your assessment on the agreed SPC Common Assessment Scale (SPC/2018.11/6)

ANNEX 1**Further details on the policy measures/reforms undertaken to address CSR**

To be filled-in by the **Reporting** Member State

Measure 1: [Name of the reform / policy action]

Please provide the following details for relevant policy measures, focusing on those since June 2019:

<p>1. Aim / intended outcome⁹:</p> <p>Please describe the objectives and relevance of the measure/reform for addressing the CSR. If it addresses the CSR only partially, please indicate which part(s) is/are addressed</p>
...

<p>1. Reform/ measure description:</p> <p>Please describe in adequate detail the policy/reform presented:</p> <ul style="list-style-type: none"> - Does the measure/reform involve changes in legislation? If yes, at what stage of the legislative process is it? Please describe the steps already taken and the steps remaining. - Does the measure/reform require policy interventions in related areas? If yes, what is the state of play of those related policy interventions?
...

⁹ Quantified information would be welcome if available (and disaggregated by sex if possible)

1. Implementation details:

- Indicate if the measure is part of a **multiannual** policy programme or reform package.
- Please provide details about the implementation schedule, specifying whether the measure/reform has been **announced**, and **initiated**, and **well underway**, and **completed**.
- Please describe the **financial and administrative arrangements** for implementation, including budget, funding arrangements and responsible bodies.
- Please provide details if EU funding will be used as part of your approach, in particular from the **Recovery and Resilience Facility (RRF)** and **ESF/ESF+**.

...

1. Monitoring and evaluation of implementation:

- Has there been any ex-ante **impact assessment or evaluation** of the new measure carried out? If yes, please provide a short summary of the results.
- Please indicate whether **monitoring/enforcement/evaluation procedures** have been/ are planned to be put in place?

...

Measure 2: [Name of the reform / policy action]

Please provide the following details for relevant policy measures, focusing on those since June 2019:

<p>Aim / intended outcome¹⁰: <i>Please describe the objectives and relevance of the measure/reform for addressing the CSR. If it addresses the CSR only partially, please indicate which part(s) is/are addressed</i></p>
<p>...</p>

[please copy the format from Measure 1]

Measure 3: [Name of the reform / policy action]

Please provide the following details for all relevant policy measures since June 2019:

...

[please copy the format from Measure 1]

¹⁰ Quantified information would be welcome if available (and disaggregated by sex if possible)