

Interview: Yvonne van Rooy - President, NVZ, The Netherlands



16.02.2016

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Yvonne van Rooy, president of the NVZ, explains the patient's increasing role as a partner in Dutch healthcare and how greater investment in ICT is needed for the patient to fulfill this role. She further discusses the need for more transparency in the pharmaceutical industry and highlights the need for all stakeholders in the industry to work together in order to ease access to innovative treatments.

An important pillar of the NVZ's Vision 2020 is to establish the "patient as a partner"; particularly by increasing transparency and reducing information asymmetries, but also by empowering and training the patient to make him or her "self-conscious". Could you please elaborate on this objective, and explain how you would like to see healthcare companies partnering with the NVZ to achieve this?

We are convinced that the healthcare sector and curative care in particular will face very significant and disruptive changes comparable to the ones we have seen in the financial, travel and taxi industries. Due to the tremendous impact of ICT on cure we will see a shift in the position of the patient to a more demand-driven one. In the Netherlands, we want to be prepared for this future. Therefore, we need to make robust investments in ICT, electronic patients systems and

everything that is connected to these systems via Open Source. In particular, the patient will have access to his own data - something that was previously unthinkable in hospitals.

While we start to see implementation of these systems across the country, we want to accelerate this development because we believe that this will truly make the patient a partner. We are also considering new digital equipment such as wearables which will ultimately lead to a shift from treatment in hospitals to treatment in smaller centers or even at home.

This of course is a very difficult path and one that should be pursued in cooperation with all stakeholders of the patient, including hospitals, general practitioners, insurance companies, pharmaceutical companies and, of course, patient organizations.

In the future, patient education will become an important area of activity for all stakeholders mentioned above in order for the patient to fulfill his role as a partner.

It is indeed a big task but I am absolutely convinced that it is an area where many new jobs will be created in the future.

During our meeting, Minister Schippers called for process innovation and highlighted her ambition to build the healthcare system of the future, based on a more efficient distribution between hospital and patients' home care. What potential opportunities and advantages do you see for the hospital sector to achieve this revolution?

We very much support Minister Schippers and we both see disruptive developments taking place in the healthcare sector. These developments will have an impact on patients with chronic diseases in particular.

Currently, about 30% of a hospital's polyclinical patients have chronic diseases. However, the type of medicine required for these patients can be performed from home via all kinds of e-health applications. As a result, not all these patients will need to come to the hospital anymore. Certainly, hospitals can have monitoring centers where they will be in direct contact with patients, monitoring their developments and advising a much smaller number of patients to come to the hospital in case of emergency.

For hospitals, this will result in a reduction of costs, a reduction in space needed and a reduction in transport costs.

For patients, this means that they will be able to continue their work and not have to go the hospital so often for a check-up, which will have a tremendously positive impact on their lives.

In order for this evolution to be successful, we need to cooperate with the entire healthcare industry, especially in the Dutch context where the public sector stimulates cooperation with the private sector and innovative companies. Nevertheless, the best chances of success are if the goals of these innovative companies have two main characteristics. Firstly, their goals should always include the improvement of quality of patient care and secondly, they should entail a reduction in costs. We have seen many positive examples in pharmaceuticals where prices are indeed going down.

However, one hurdle we have to overcome concerns knowledge distribution. It is challenging in the healthcare sector, especially considering the important role of professionals, medical doctors and specialists, who are more reluctant to accept concepts that have been developed somewhere else. That is one reason why we focus on how we can distribute knowledge between our members, of course taking into account competition rules, learn from best in class examples, but also avoid mistakes that have been made before.

Many interviewees have highlighted the structural impact of moving the most innovative pharmaceuticals from the GVS system to the hospital budget. This has led hospital boards to often have to make difficult and highly ethical decisions when it comes to the reimbursement of certain innovative treatments; notably in terms of oncology treatments. What is the perception of your members regarding this transformation?

It is always important to identify the real cause of a problem when it arises. The cause here is not so much the transition from the GVS system to hospital budgets but rather the rapid increase of prices of innovative drugs. This development is not unique to the Netherlands; it is happening worldwide, but especially in European countries. The cost increase firstly relates to the high costs of research but also to the different pricing of drugs in other EU countries. There is certainly an issue of transparency and we support our Minister in her pursuit for more transparency in the pharmaceutical industry, a major topic during the Dutch EU presidency. This is especially important because pharmaceutical products are not commodities, they can be the difference between life and death. They make a difference in the quality of life of patients and also provide indirect benefits. In the past, people affected by migraines or arthritis couldn't work whereas now they are able to, which ultimately is an enormous indirect benefit for society.

However, this increases the social responsibility of pharmaceutical companies at the same time, vis-à-vis patients and society as a whole. You have a responsibility and obligation to society to be very transparent, because it will affect your license to operate if you are not. On a European basis,

we are in discussions as to how some pharmaceutical companies are dealing very well with this responsibility but unfortunately there are others that are less transparent, or have a monopoly and as research shows, are charging too high prices which is no longer acceptable.

In terms of cost containment, we have an agreement with the Minister of Health until 2017 to limit the total increase in costs for cure. After 2017, we will enter a new period and will have to reassess the situation. Overall, we have seen a tremendous effort to control costs on behalf of the hospitals and all partners involved. At the same time however, we also recognize that insufficient investments have been made, for example in ICT.

In short, there are several reasons why we should do our utmost to control costs but we should also make sure that we have sufficient room for new investments in the years to come.

Over the past years, the government has cultivated a system where health providers, insurance companies and the pharmaceutical industry have to take over responsibilities to innovate and cooperate. In this context, what role do you see the NVZ playing in the upcoming years?

We have a unique system in the Netherlands that attracts the interest of many other countries in Europe because it constitutes competition elements but at the same time a framework of legislation, which ensures accessibility, quality and maintenance of costs. However, every country is struggling with its own health system.

One possibility is a fully publicly controlled system like we used to have in The Netherlands. However, this system never really worked because costs continued to increase. The current system, where insurance companies represent patients and negotiate with hospitals, is certainly not ideal but has the advantage that we can control costs as well as leaving more room for innovation.

The overall issue we are facing as the hospital sector is that negotiations with insurance companies are focused on the short-term too much. We aim for more long-term contract periods between three to five years in order to really establish partnerships and implement strategies for cost control as well as innovation.

The role of the NVZ is to represent the interests of our 120 members – all hospitals and validation centers. We defend our interests through politics, the Ministry, parliament, the insurance organization, the patient organization, and society at large.

Our role is to push and pull the individual hospitals in the right direction and provide them with all the information, courses and successful collective bargaining tools they require in order to fulfill their role.

Have you witnessed an increasing importance of your presence in the recent years, given the way you cooperate directly with pharmaceutical companies and health insurance providers?

As an innovative organization we are respected by our members that conducts a lot of research, we are appreciated and well respected, although it is not always easy to get our messages to our stakeholders.

One concrete example is the development of our so-called “Quality Window”, an online overview that provides clear insights on the quality of rehabilitative care to patients. This is certainly not an easy task because it makes hospitals potentially vulnerable to patients who are able to compare data on, for example, patient and employee satisfaction, physician performance, and cooperation with patient associations.

One of Minister Schippers’ current priorities is transparency and decreasing information asymmetries in the current system, as patients should have access to higher quality information when it comes to choosing the most suitable hospital, surgeon, and even treatment. To what extent does your “Quality Window” program already meet these expectations, and how could it be improved further?

The accessibility of the individual patient dossier in hospitals is our next objective. This is difficult as it implies investments in hardware as well as software. Furthermore, it involves a change in the organization of hospitals as patients will be able to have access to their lab results within 24 hours – a time frame in which the doctor should have already communicated with the patient.

Nevertheless, a few hospitals have successfully implemented this new approach and it is much appreciated by patients. Thus, we believe that it will be the future in hospitals.

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