

1. Introduction

In the Netherlands live and work about 800.000 “internationals”, professionals, experts or scientists and their families. They work independently or as employees of international or local companies and institutions. In the summer and fall of 2013 International Health Servicesⁱ and ACCESSⁱⁱ conducted market research, investigating the experiences of internationals with Dutch healthcare. Participants of this online research also indicated what aspects of healthcare they would like to see improved to increase the quality of life in the Netherlands.

Results of this research are of great importance for those parties that deal with internationals and would like to make them feel at home in our country, like employers, authorities, healthcare providers and health insurance providers.

With over 500 participants the survey is representative. Even though respondents from the Hague and Amsterdam area are overweighted, likely the results also apply to populations of other cities, like Rotterdam or Eindhoven. Anglo-Saxon language groups are overweighted in this survey, with about 45% of respondents originating from English-speaking countries. East Asiatic internationals appear to be underweighted, so results may not automatically apply to these groups.

Respondents represent in total 490 households with 880 adults and 335 children under the age of 18. One third concerns single adult households; 40% of households has children.

The population not only consists of expats with postings of 2-3 years, but also of many international hires on a national contract, self-employed professionals and spouses of Dutch nationals. One third of the respondents resides in the Netherlands shorter than 5 years. Two thirds are expecting to stay more than 5 years; half of this group even permanently.

2. Experience with Dutch healthcare

Well over 80% of the respondents use the Dutch healthcare system and are registered with a GP, but more than half of them have also obtained healthcare outside the Netherlands while living here. Of those not using Dutch healthcare 57% state that they would prefer to go a local (Dutch) doctor “if the situation was right”.

Respondents were asked to indicate areas of satisfaction or difficulty with Dutch healthcare on both tangible areas (e.g. appointment times, language skills) and relatively intangible areas (e.g. confidence in, perceived open-mindedness of doctor).

Respondents were also asked to mark their preferred top-5 areas of improvement.

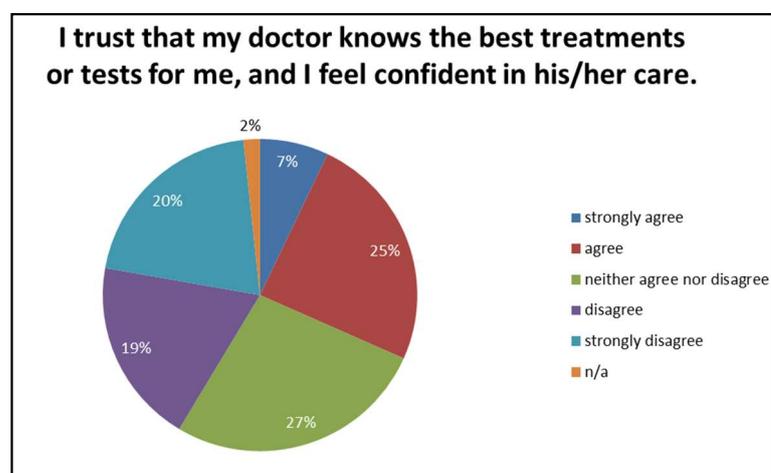


Figure 1 Level of trust in doctor

Be able to trust one's doctor clearly is a very important issue: more respondents (39%) say that they do not trust "that their doctor knows best", while (just) 32% say that they (strongly) agree with the statement of Figure 1. At the same time 59% of respondents select as a top area for improvement: "A doctor that I feel I can trust to know the best treatment and evaluations for me, and in whom I can feel confident".

Closely linked to trust is the perceived quality of healthcare and the strong wish to see this improved: 29% find quality of Dutch healthcare to be good or even excellent (15% rank it to be "adequate or okay"), while 34% consider quality to be worse than adequate or okay. 51% mark quality of care as one of their top 5 items.

Access to specialist care is an important issue for internationals: 30% claim to have difficulties to agree with their GP on seeing a specialist (though 35% don't) while 43% find problem in seeing a specialist quickly enough. 53% select "The opportunity to see a specialist doctor quickly and easily" as a top-5 area to improve.

Other areas of relative importance where respondents have issue with Dutch healthcare are: The perceived open-mindedness and willingness of the physician to take another approach than "go home and take a paracetamol". Just 21% find their doctor open-minded, while 40% don't. 47% select as a top-5 improvement area: "A doctor who understands that when I take time to come for an office visit, some sort of treatment or plan for addressing my problem needs to be made...", while 35% simply want "An open-minded doctor".

Time spent with the doctor in consultation is not marked as a strong relative issue: 46% feels time is adequate, 38% don't. However the length of consultation as experienced is strongly correlated with the level of trust and perceived difficulties to get a referral to a specialist: Of those respondents that find their doctor has sufficient time, 54% express trust in their doctor (versus 32% overall) and less than 10% have problems agreeing with their GP to see a specialist (versus 30% overall). Similar positive correlations exist for perceived open-mindedness and good language skills.

A responsive health insurance provided is listed as the 5th most important area for improvement with 37% selecting this item.

There are differences between individual providers, but overall less than a quarter of respondents feel that they are well supported by their health insurance provider.

International health insurance providers score better marks. 40% of their customers are positive about the support they receive.

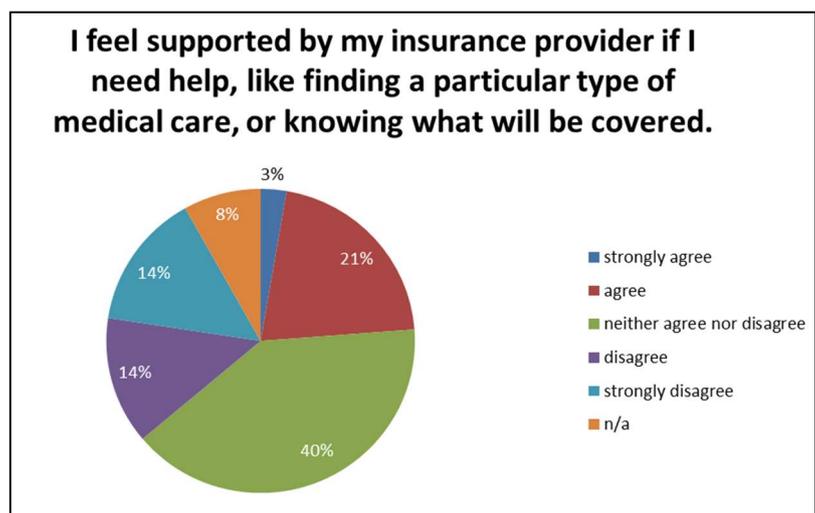


Figure 2 Support by health insurance provider

3. Impact of healthcare

In all, only 23% state their satisfaction with those areas of healthcare that they deem most important. 37% (Figure 3) say their willingness to stay in the Netherlands is negatively affected. Of this group one fifth claims to be actively looking for another position outside the Netherlands, (partly) because of Dutch healthcare.

However, if their top-5 priorities would be met, 64% of respondents would be more willing to stay in the Netherlands.

An overwhelming number of respondents would be willing to switch to a practice offering their top five priority items and most current respondents (81%) are willing to travel to visit such a medical practice, with 54% up to 30 minutes. A minority of 27% of total would travel 45 minutes or even an hour.

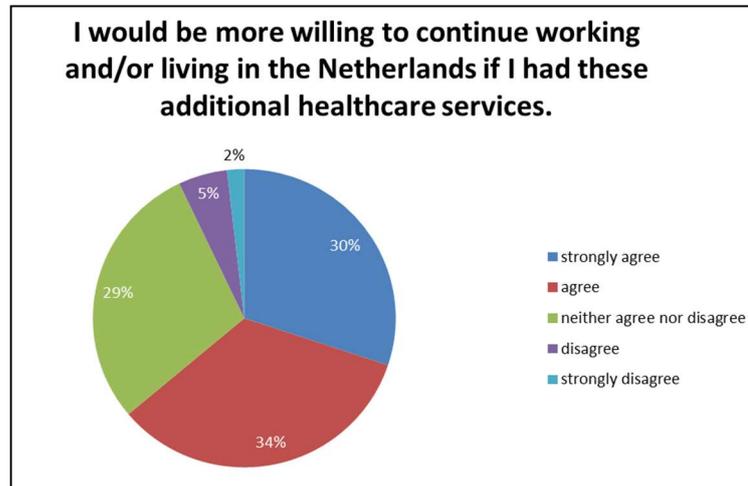


Figure 3 Impact of healthcare on willingness to stay

More than one-third (37%) of respondents is interested in paying an extra fee to attend a practice meeting their top 5 factors for improvement.

Responses were mixed as to who (else) should pay any additional costs for improved international healthcare. 62% expect their insurance provider to cover additional costs, while 24% expect their employer to do so.

4. Open-ended input and qualitative interviews

The survey had the option to provide free format input. 160 respondents made use of this possibility and provided, sometimes detailed, input.

96 respondents expressed their willingness to further contribute to the survey and volunteered their mail address. Out of this group 9 persons (7 female and 2 male) were interviewed during one-on-one 15-20 minute interviews by telephone..

Healthcare culture and the Dutch system

- Many comments regard the “wait and see” approach, “go home, take a rest and paracetamol”. Some feel ridiculed by this approach: “If I go to the doctor, it is because I feel it is serious”;
- “.....if your illness doesn't fit the guidelines...you will not get the treatment you need and will often have to suffer until it hits 'crisis' level....”
- Many complain about the approach to pain. “All doctors say having pain is normal!” (especially with pregnancy and child birth). “In the Netherlands, there is more acceptance of suffering”.
- About (lack of) open-mindedness: “Considering the high number of expats living in the Netherlands, it's important to have an open minded system. One that will accept the fact that people and cultures are different as the expectations they come here with....”.
- A returning issue is regular checks, that people feel are lacking: “I am amazed that there is no tendency to simply check vital signs every time a patient visits the doctor” but also



- the different approach to the frequency of pap smears or mammograms, which is done in some countries on an annually or even quarterly basis. Not getting those is considered by many women as a threat to their health, not just an idiosyncrasy of the Dutch system.
- The fact that information often is not available in any other language bothers many respondents, be it medical information or answering machines at the doctor's office. Sometimes this impacts directly the quality of care: "My problems with the health care system has not been the GP services but the consultatiebureau for my children's appointments. There was no information or correspondence in English" or
- "There were no English speaking speech therapists available (for my child) which the insurance covered"
- There are several accounts of internationals travelling back to their country to visit their doctor. As someone puts it: "This is a system that is of little use to me. I am obliged to pay for it but have no sense of feeling that I am protected by it. Any healthcare issues at present are dealt with via return trips to the UK".

On dealing with doctors:

- "I have good education and need to be convinced (by the doctor) what approach is the best. Often I feel I have to battle with the doctor but I don't want to go in a fight all the time..."
- "My doctor is open for discussion, but I am always the one who has to push for this".
- "I would like this (treatment plan) to be a joint process with the doctor. In my own country I can decide myself, after consultation, if I am going to seek further tests or specialist care".
- Doctors easily discard practices in other countries, find many respondents, as "we do things differently in the Netherlands".
- One reports a doctor saying: "it is because the doctors are more greedy in the USA, why they recommend certain tests and screenings".
- "I would like my doctor to be more open to questions, not afraid to be contacted, more 'humane', have an open mind (there is more than one solution to a problem) and better listening skills"

On accessibility and office staff

- Some are irritated by the fact that they have "to convince the receptionist, that I need an appointment with my GP"
- "I am not a hypochondriac. If I call for appointment I do not want to be dismissed, but get appointment or be put at ease by doctor on the phone"
- As another puts it: "the attitude is, we'll see you when we (the doctors) have time. In expat communities it is suggested to exaggerate the complaint to get an appointment sooner".

In line with the results of the survey, there are also respondents that recount cases of great satisfaction with their doctor or Dutch healthcare in general:

- "My doctor takes as long as needed with his patients. This means that I may have to wait some time until it is my turn, but that is okay as I will also get the time I need"
- Another respondent had good experience with her Dutch GP: "he listened, was interested, enquired how my visit to a specialist went and called him (the specialist) on the spot to ask some questions"

i International Health Services is a precursor to the network Healthcare for internationals

ii ACCESS is a not for profit organisation that serves the needs and interests of the international community in the Netherlands.