

## Summary

In 2006, the Dutch healthcare system has changed completely. Nowadays there is a strong urge to form a more competitive market, on which the insurers will have an important role. This study will aim at the changing role of the insurer on the health financing market by using the following as main question: Which role has the insurer on the health financing market in relationship with benchmarking of hospitals and the provided quality of care? This main question is answered using a qualitative approach. First of all a literature research has been done, followed by a research in the field using five in-depth interviews. For these interviews three insurers and two hospitals are approached.

Results of the study show that there's not yet an optimum utilization of the new role of insurers. This study applies the agency theory on the health financing market. In this case, the hospitals are the agents who accomplish proceedings by order of the principal, the healthcare insurer. In this relationship some interests of the principal are contrary to the interests of the agent, which the principal tries to solve in different ways. The insurer has different instruments to control the quality of care in hospitals. One of these instruments is benchmarking, which means that the quality of care in hospitals is compared and possibly put into a priority list. But in order to use benchmarking correctly, it is necessary that there are uniform quality-indicators to have an adequate measurement. On the current healthcare market, these indicators are insufficient. Hospitals have to provide quality-indicators to different organizations and different measurements are requested. This should be improved, in order to improve and use benchmarks correctly. Furthermore, to reach care that is based on demand, it is necessary that the information ends up at the clients. Therefore it is necessary to use uniform, systematic information about quality of care that is understandable and easily accessible for clients.

Next to this, there must be more subjects for the insurer to negotiate about. Only 20% of the financing of care takes place by using negotiable 'DBC's'. To achieve a competitive healthcare market, it is necessary to increase the DBC-financing. Finally the respondents point out that the financing market will grow to a selective contracting market. The insurers only contract specialists in a few hospitals, while nowadays all hospitals are fully contracted. By using selective contracting, there will be a more competitive healthcare market, but patients are not able (without consequences) to choose their own health provider.