Paying the medical specialist: the eternal puzzle: experiments in the Netherlands

Mot, E.S.

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Foreword

The history of this thesis starts in 1993: the Ziekenfondsraad (Zfr: the supervisory body of Dutch Public Health Insurers) wanted to commission a study of local and regional plans in the Netherlands to change the payment system for medical specialists. The study was commissioned in 1994 and carried out by the SEO (Foundation for Economic Research of the University of Amsterdam) where I was working at the time, in cooperation with the research bureau Ipso Facto. This extensive study formed the basis of this thesis. I was the project manager throughout: from the moment a detailed research design had to be made till the completion just before the general elections in 1998 (as requested by the Zfr). One of my Ph.D. supervisors, Bernard van Praag, formulated the original design of the study and supervised the study.

Many researchers contributed to the Zfr-study. I am grateful to them for all the work they did to make the study a success. Erik Brouwer contributed his econometric knowledge. Hannie van Dijk and Mark Minkman both played an important part in organising the study. Furthermore, Mark was important for the qualitative and quantitative analysis of the data. Anke Wegman did a lot of empirical work and gave us the benefit of her medical knowledge. Natasja Brouwer, Caroline ter Horst, Heidi Meulenbeek and Jasper de Winter all took care of parts of the analysis. At Ipso Facto many people contributed (including many medical students, who collected data). Special thanks to Petra van Dijk, Heleen van Bloemendaal and Ilse Hento. Bernard van de Berg (who was a trainee at the SEO after the Zfr-study was completed) analysed data for referrals from the hospital to the primary care sector, and collected a great deal of theoretical material for me about the payment of specialists. Bob Harmmeijer assisted with collecting the necessary articles and books. And last but not least, Bernard van Praag not only formulated the original design of the study (under severe time pressure!), but was available throughout for discussion.

I want to thank the Ziekenfondsraad for giving me the opportunity to use the collected material for scientific purposes.

I want to thank my Ph.D. supervisors for the role they played in the completion of this thesis. I had interesting discussions with both supervisors about the contents: with Bernard as the ‘godfather’ of Dutch health economics and with Jan-Willem as an experienced economist with a refreshing outsider-view on
health economics. Both Bernard and Jan-Willem encouraged me to finish this thesis. As time went by, Bernard became a university professor and had more time to supervise the research. Jan Willem started working at Price Waterhouse Coopers and consequently had less time for supervision. So, the Ph.D. supervisors complemented each other in that respect as well.

I am also grateful to my employers for their support. The SEO, where I worked till 2000, assisted me with research time and other resources. The CPB, where I have been working since I left the SEO, also made research time available to work on the thesis. Thanks are due to Rocus van Opstal who gave me a month’s leave to work on the thesis. I thank Ed Westerhout (CPB) and Loek Stokx (RIVM) for their comments and additions. Furthermore, I am grateful to Erwin Zijleman and Erika Aarnoutse for their practical assistance.

I appreciate the effort of Patricia Ellman who corrected the English thoroughly and edited the thesis.

I want to thank all my friends for their support. Jan Muizelaar, Corien Sips, Ina Horlings and mevrouw Van Raalte were especially supportive of this endeavour. Els Hoekman set me a good example. My new friend Jeltj sympathised with me during the last difficult stage and supported me. I also appreciate the support of my family: they stayed patient with my ‘busyness’ because of doing my job, writing a thesis, etc., etc. Finally, I am sad that my father did not live to see this thesis and share the Ph.D.-ceremony.