Organizing Remote Healthcare and Tailored Homes for an Exploding Population of Seniors

1. **Challenges in healthcare with ageing**
2. Strategy to bring health closer by for everyone
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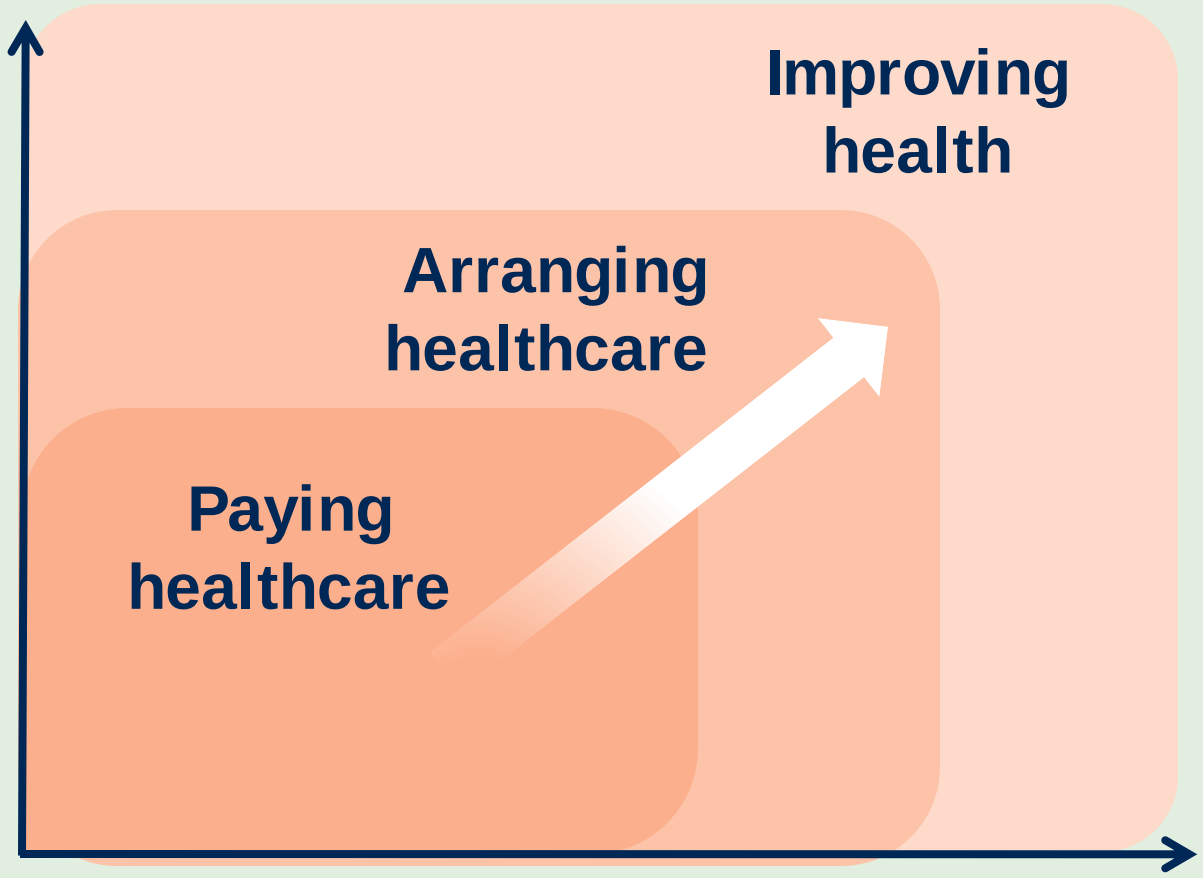
Vision and Strategy: bring health closer by for everyone



Since 1960: Stable population, implosion household, explosion single seniors

Population and housing

Dutch population has grown 30% to 17 million. Number of households had grown with 97% towards 8 million.

There is lack of housing because the number of people per household declined from 3,54 to 2,1

Number of single households has grown 375% to 3 million. There are with 2,6 million less households with children.

Ageing and health

Life expectancy gone up with a weekend every week but on average 1 chronic condition at 65.

Same access to healthcare but higher social classes life 7 years longer and have 15 more healthy years due to another lifestyle.

COVID has shown cracks in our healthcare system. The pressure is on and it's not cost but staff scarcity.

Towards 2040: Number of elderly, healthcare costs and staff shortages all double

Further ageing

Double number of people above 90 years.

Number of singles above 65 will increase from 1,2 towards 1,8 in 2040.

89% more patients with care. Towards 580.000 people with dementia.

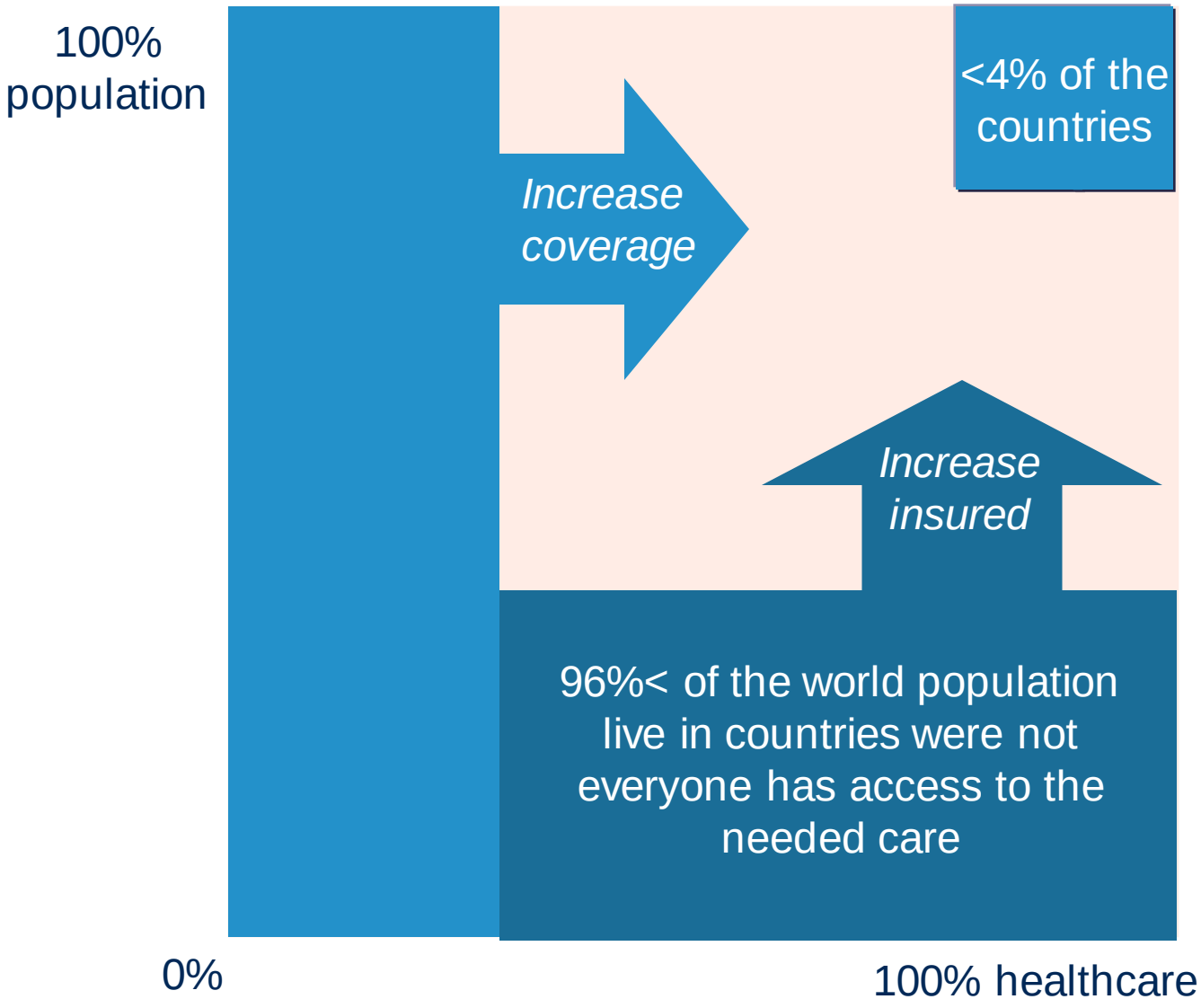
Scarcity in care

Shortage of 223.000 nurses and 1,8 million informal care providers

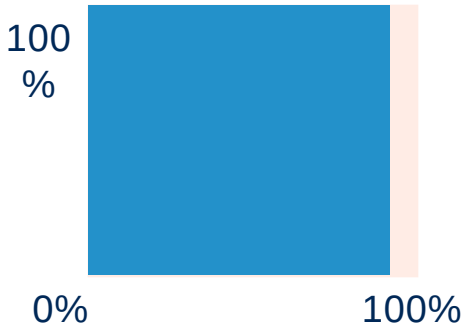
Shortage of 105.000 places in nursing facilities,

Cost healthcare double towards 174 billion.

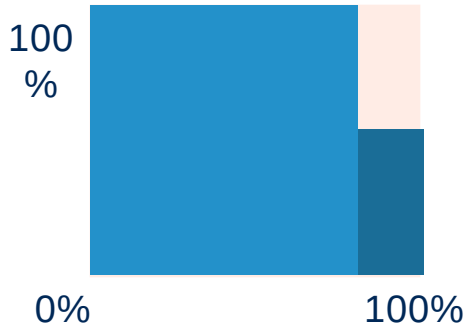
While we al face the same sort of challenges in ageing populations and scarcity in healthcare, the archetypical healthcare systems differ across the world,



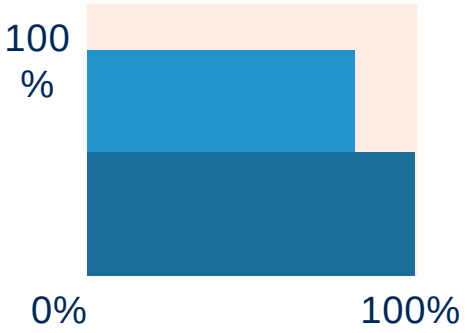
'Universal coverage' without differences:
(Like North-west Europe)



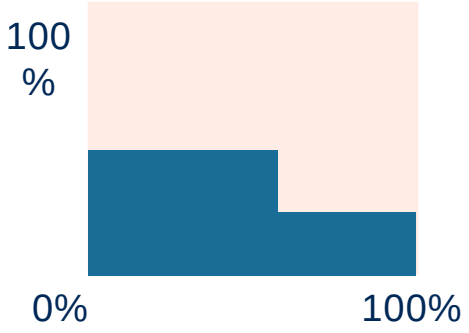
Public basic with private extension
(Like most of Europe and parts of Africa and Asia)



Dual public and private systems
(Like US and developing systems)



Only private coverage and payments
(Like some Asian and African systems)



Regional healthcare infrastructure and reimbursement systems result from the social and cultural history and can not be copied without digging into the roots

Studies in Healthcare systems in Europe from Achmea with Eurapco

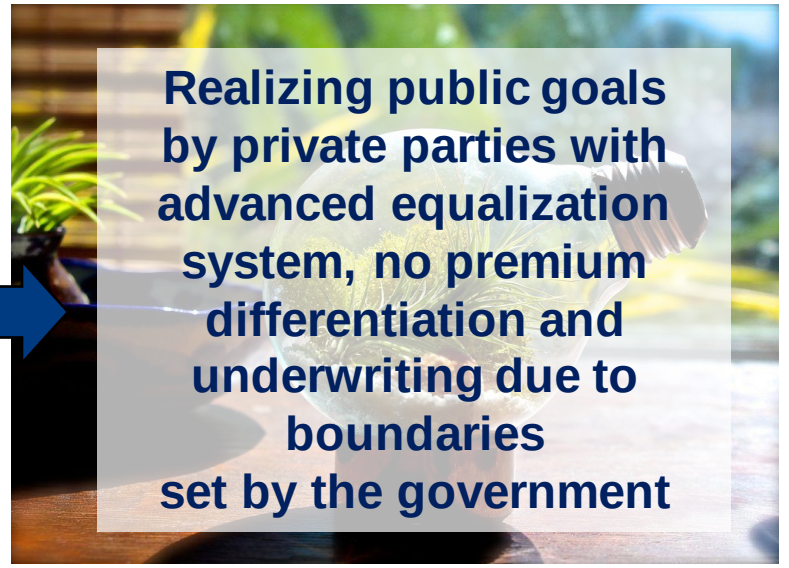
In The Netherlands we operate 3 systems in 1 country (or one big city with a park)

Tiny package in free market results in diminishing value for customers and insurers by selective use and limits in reimbursement

Voluntary Insurance (4 billion euro)

Compulsory Basic Insurance (ZVW, 50 billion euro)

Needed cure such as hospitals, GP's, mental care <3 years pharmacy



Realizing public goals by private parties with advanced equalization system, no premium differentiation and underwriting due to boundaries set by the government

Public execution appears to result in high costs for care and problems in the administration

Long Term Care (WLZ, 22 billion)

Mental care >3 years, disabled and intensive care for the elderly

Social Support (WMO, 8 billion)

Support, mobility, home adjustments

achmea

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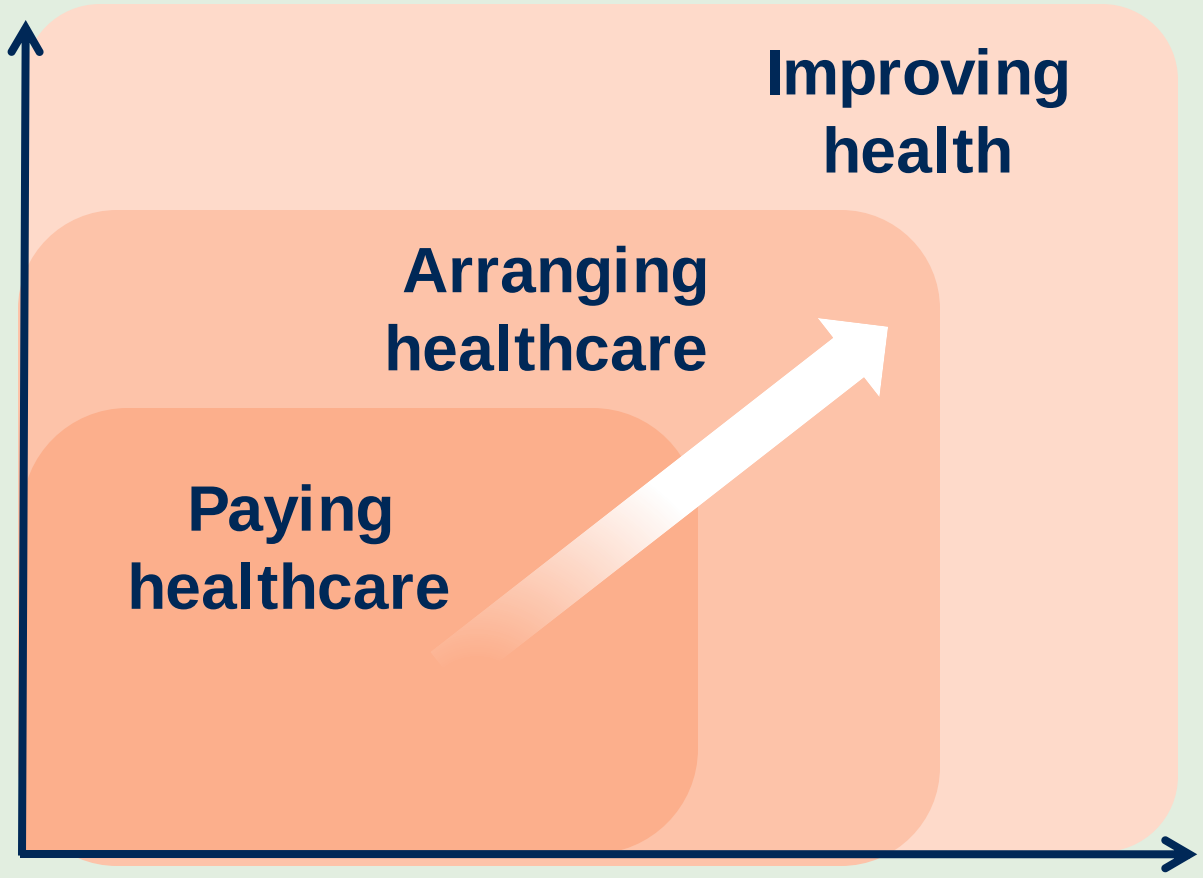
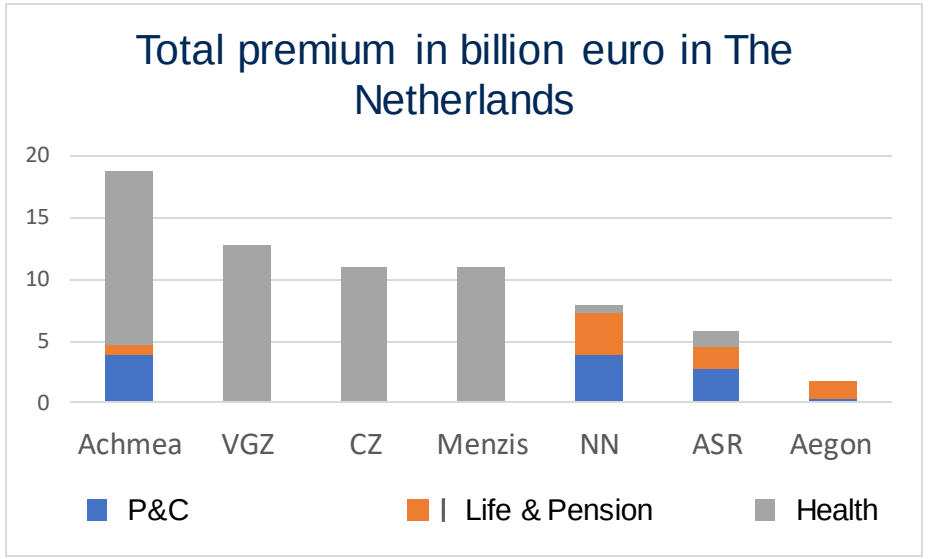


Achmea is top 5 in Europe due to its position as largest European health insurer

Leading P&C players in Europe	P&C GWP in Europe (2020), billion euro	Market share P&C in Europe, %
1 Allianz	31	9.4
2 AXA	18	5.3
3 Generali	17	5.1
4 Covéa	10	2.9
5 Zurich	8	2.4
6 Groupama	8	2.3
7 Unipol	7	2.0
8 R+V	6	1.9
9 HUK-COBURG	6	1.7
10 Aviva	6	1.7
11 Mapfre	5	1.5
12 if...	5	1.4
13 Vienna Insurance Group	5	1.4
14 achmea	4	1.2
15 Crédit Agricole	4	1.2
16 Provinzial	4	1.1
17 Direct Line Group	4	1.1
18 Munich RE	4	1.1
19 nationale nederlanden	4	1.1
20 MACIF	3	1.0



Top 5 biggest insurers in Europe (GWP P&C and Health)

1. Allianz
2. AXA
3. Generali
4. achmea
5. Covéa

Power of cooperation: potential to combine for instance housing and healthcare

Vison **SUSTAINABLE COOPERATIVE LIVING** according to achmea

We are a financial service provider from and for customers

Achmea creates sustainable value for customers, employees, the own company and society

Mission

Jointly we solve big societal issues in the domains

- Health closer by
- Smart mobility
- Carefree living and working
- Income for now, soon and later

Building blocks

- Large customer base
- Skillful employees
- Strong partner relations
- Expertise in data & digital
- Excellent financial position

achmea

Interpolis. Zilveren Kruis Centraal Beheer

A longer or shorter healthy lifespan starts in daily life and your environment

Birth
(Environment, DNA, age, sex)

Social situation
(Education, income, work, living, relations)

Lifestyle behavior
(Food, exercise, relaxation, sleep, safety, meaning)

True 'health' age
(Age corrected for physical and mental condition)

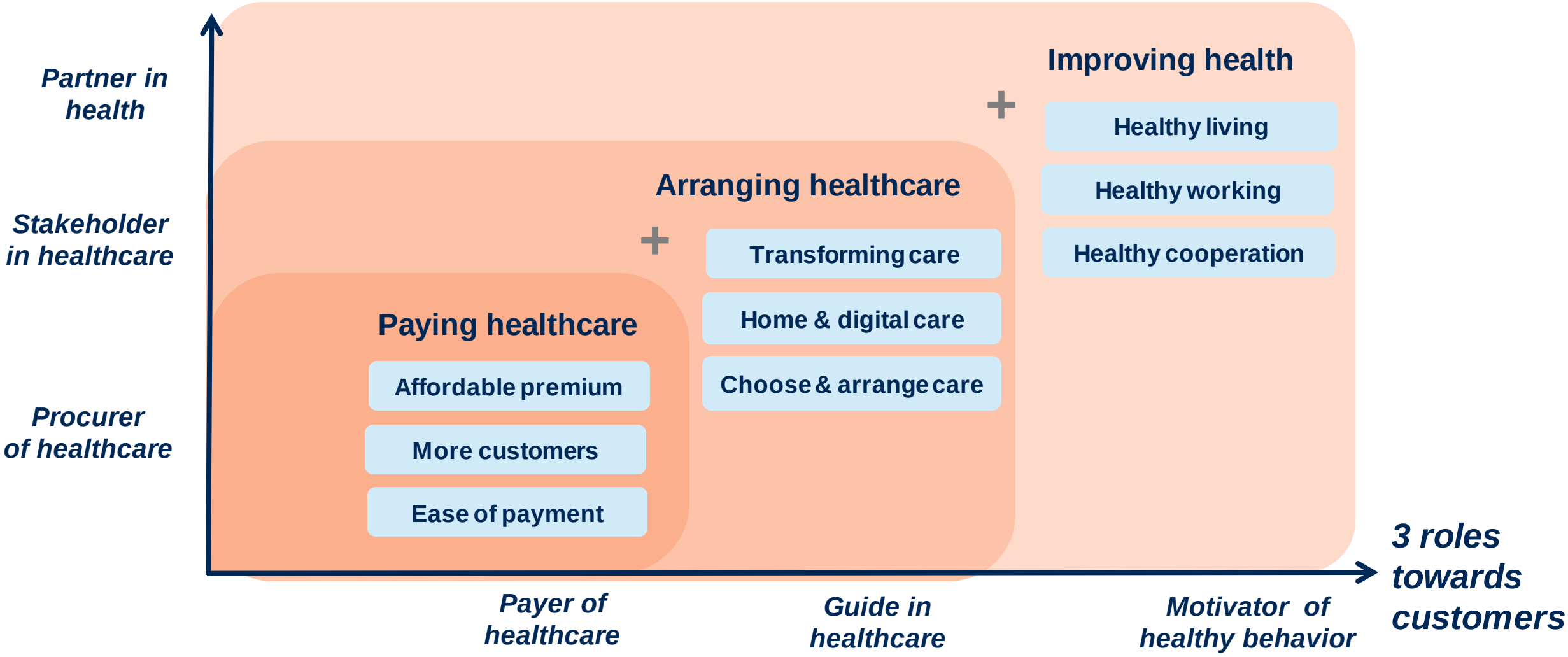
Medical condition
(Diseases and (dis)ability)

Death
(Natural or not natural)

We want to bring health close by from a broad perspective on health

Bringing health closer by for everyone requires broadening of the roles of Zilveren Kruis towards arranging care and improving health

3 roles in healthcare



6 needed breakthroughs from customer perspective to cope with growing demand, keep healthcare accessible and put health in the hands of the patient

Health close by

- Healthy housing and environment
- Sharing & caring for each other
- Prevention & self management
- Customers in the driver's seat
- Daily care around the patient
- Differentiation in specialized cure

Cure far away

Integrated treatment paths around patients instead of around providers

To facilitate this development, Achmea focuses on breakthroughs in society to create a healthier environment, to stimulate digital care and to help the elderly in healthy living

Source: Brilliant Business Models in Healthcare (2018, 2022)

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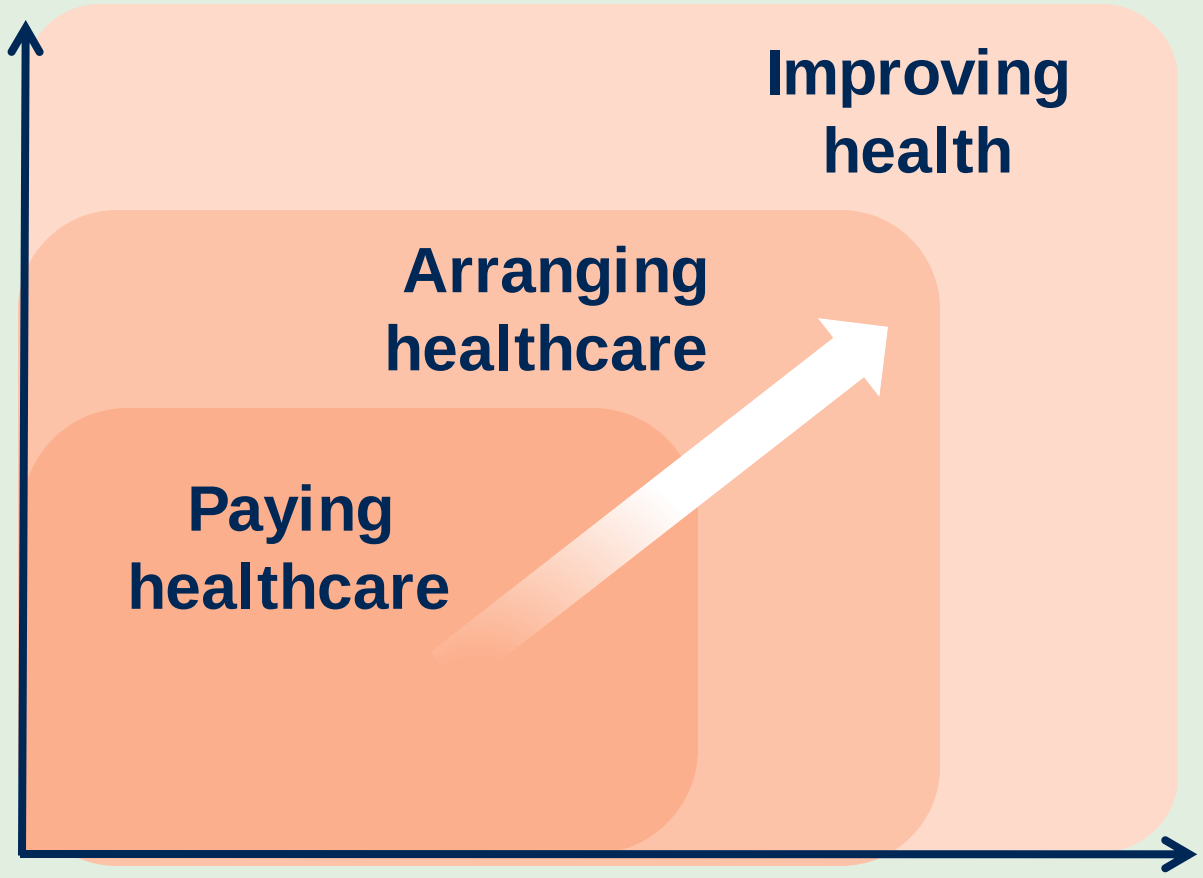
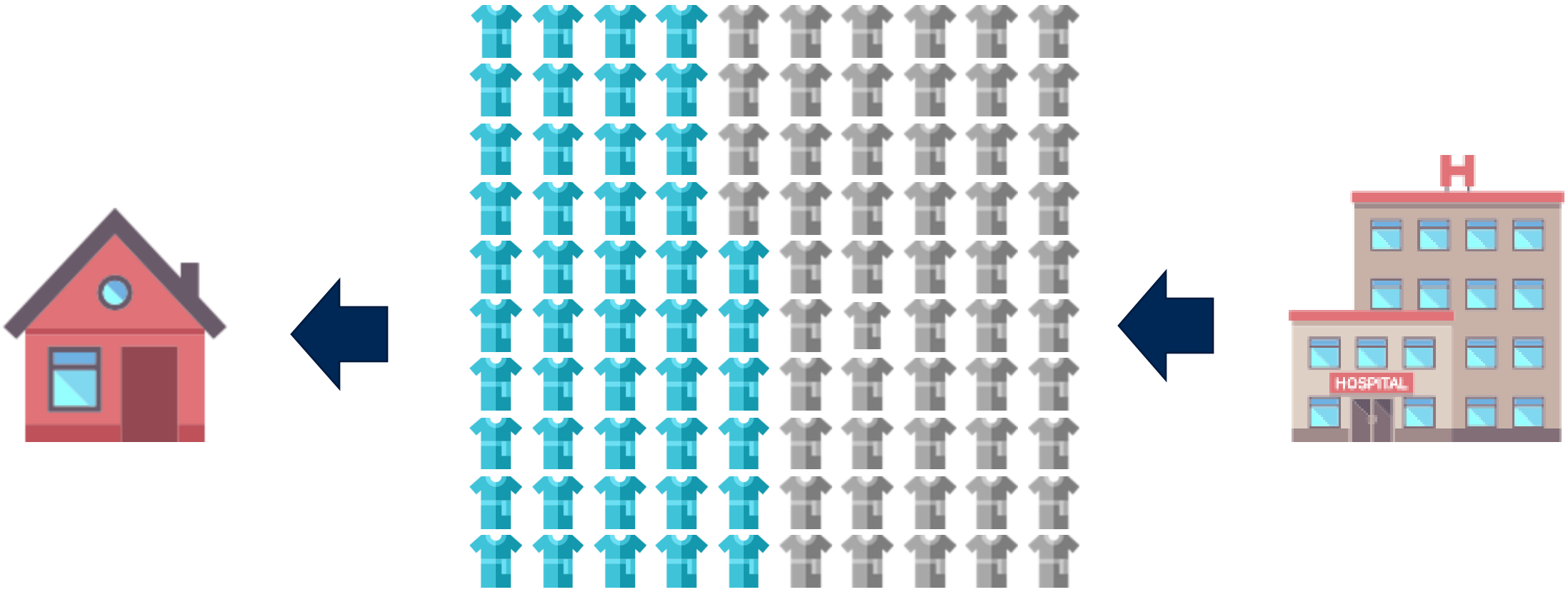


it is estimated that almost half of hospital care (46%) can be delivered at home with existing technological and clinical possibilities

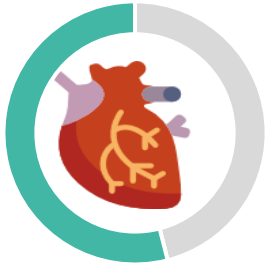


Source: Gupta Strategists, 'No Place Like Home', 2016 and update 2022

The percentage of treatments which can be provided at home is low in physical treatments but high in activities such as diagnoses, monitoring and nursing.

17%
Oncology

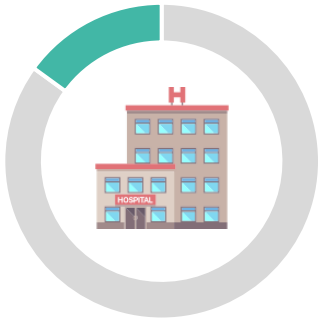
35%
Orthopedic



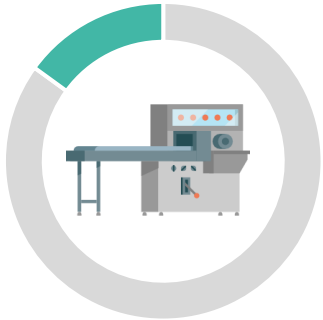
54%
Cardio vascular

68%
Kidney and urology

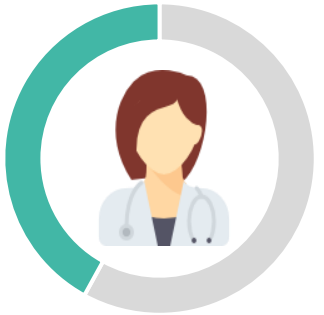
11%
Surgery



15%
Specialist visits



15%
Diagnoses based on imaging



42%
Other diagnoses

50%
Other therapeutic interventions

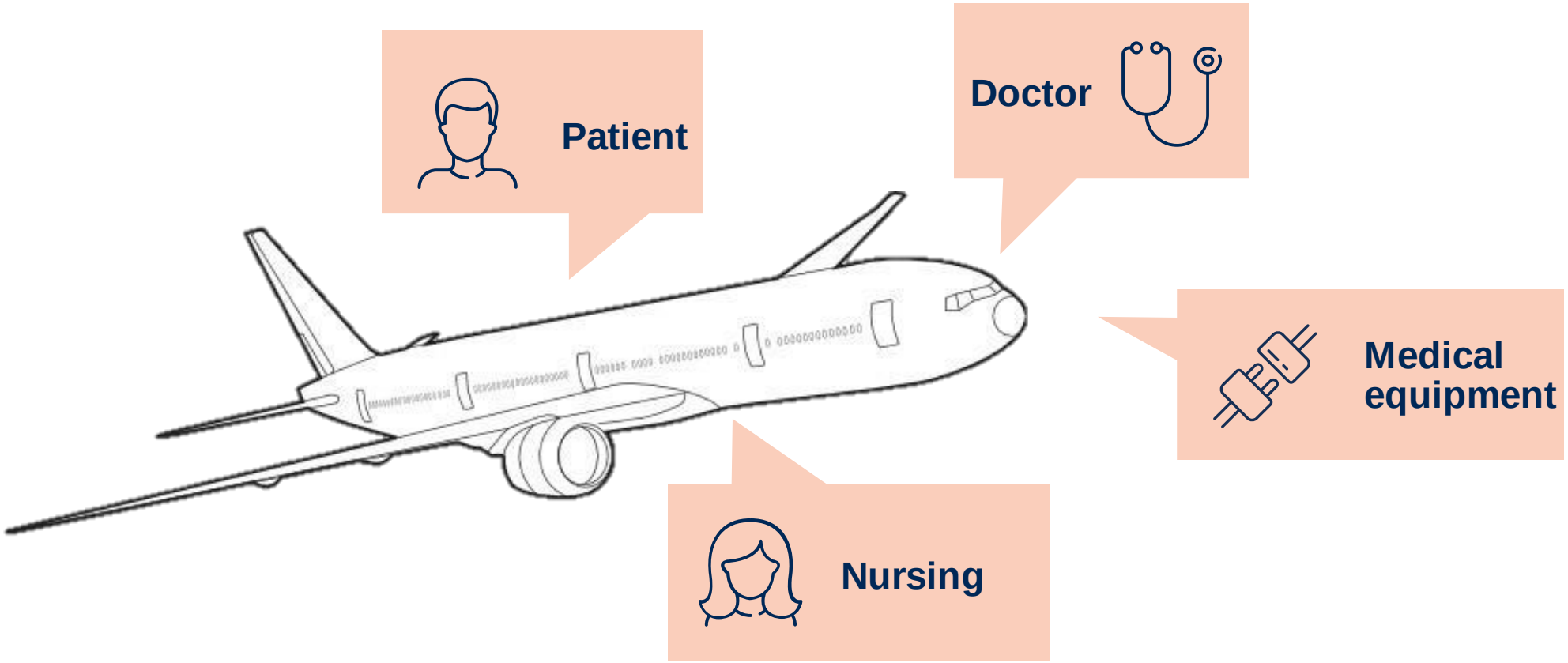
67%
Nursing

Source: Gupta Strategists – No Place Like Home – information based on figures on the Dutch Health authority (2016, 2022)

There is still far more potential than realization in the digitalization in healthcare

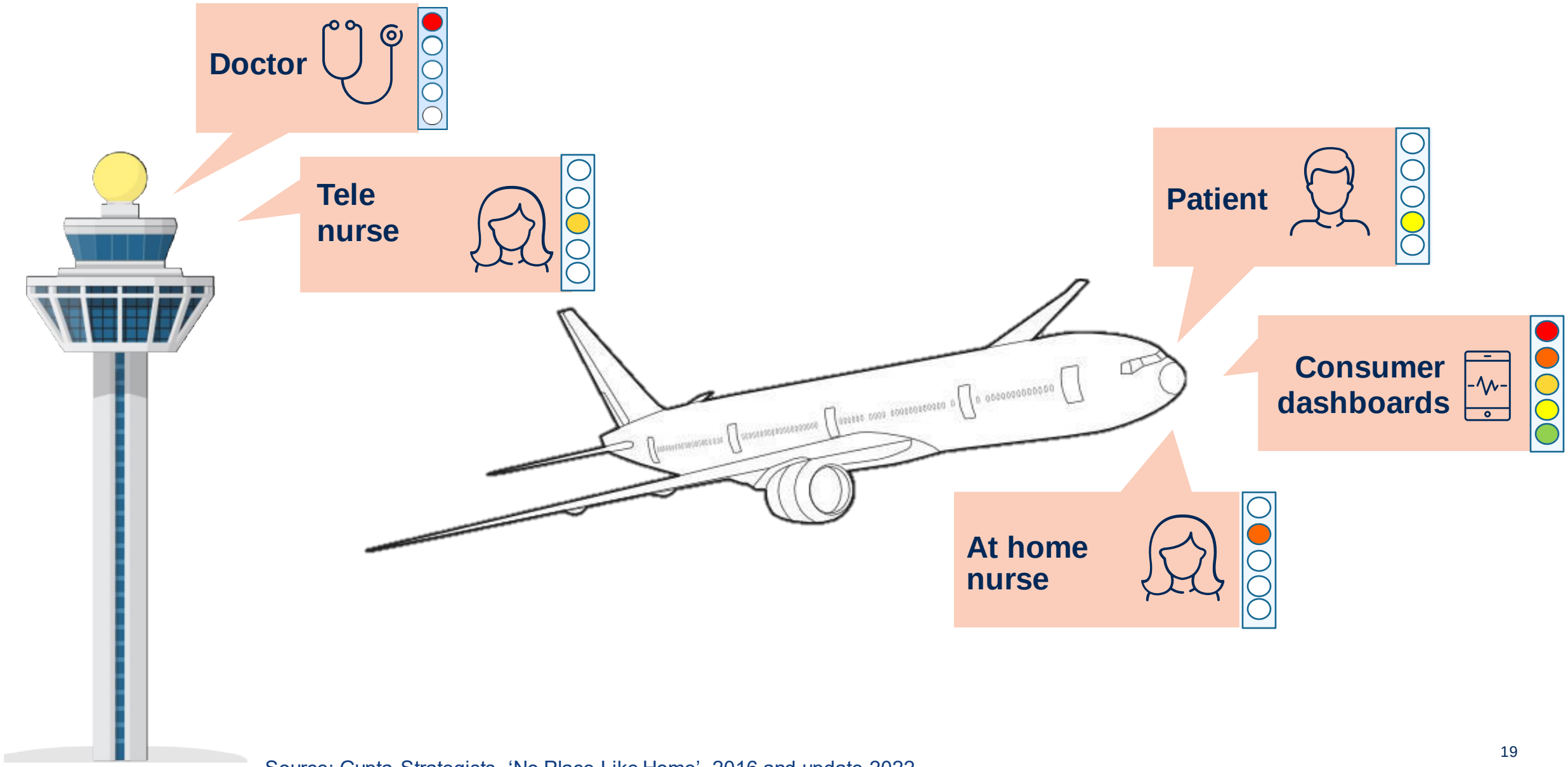
Developments in digitalization 1972-2022		Logical and promising growth path of applications in healthcare
Digital communication You can interact if you are not at the same place and/or on the same time.	=	**Calls, chats and online contact with healthcare provider** Patients can communicate and exchange messages with their healthcare provider while they are outside the institute
+		+
Order and select via platforms You can find and select providers and offerings with clear reviews and quotes	=	**Use symptom checkers and navigating platforms** Safeguard, exchange and protect personalized health information and medical records with healthcare providers
+		+
Exchanging data You can store data and share it online without having to travel physically	=	**Access to the full patient record when and where needed** Safeguard, exchange and protect personalized health information and medical records with healthcare providers
+		+
Automated measurement You can measure and monitor people and things with wearables and sensors	=	**Monitoring patients with automated protocols** Monitor 24/7 where people are and how chronic and periodic patients are doing medically and physically on a distance.
+		+
Augmented and artificial intelligence You can capture and improve 'what if, then that' decision rules in algorithms	=	**Automate and improve treatment paths as algorithms** Give advice and conduct triage for treatment decisions based upon continuous learning and measurements.

The traditional roles for all actors in the traditional care model are not suited for digital and blended treatment paths with(in) connected hospitals



Source: Gupta Strategists, 'No Place Like Home', 2016 and update 2022

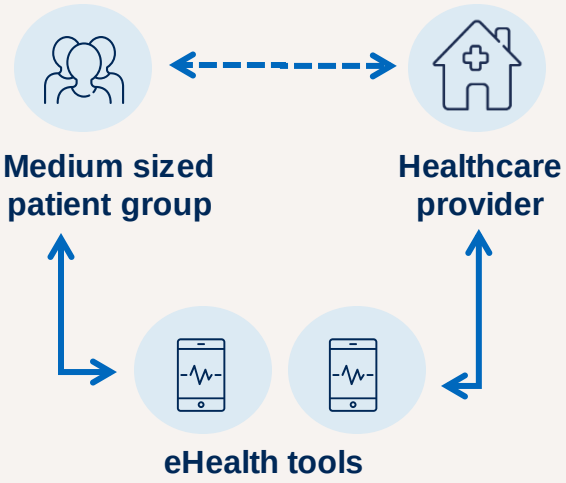
Treatment paths around patients require different roles of everyone involved



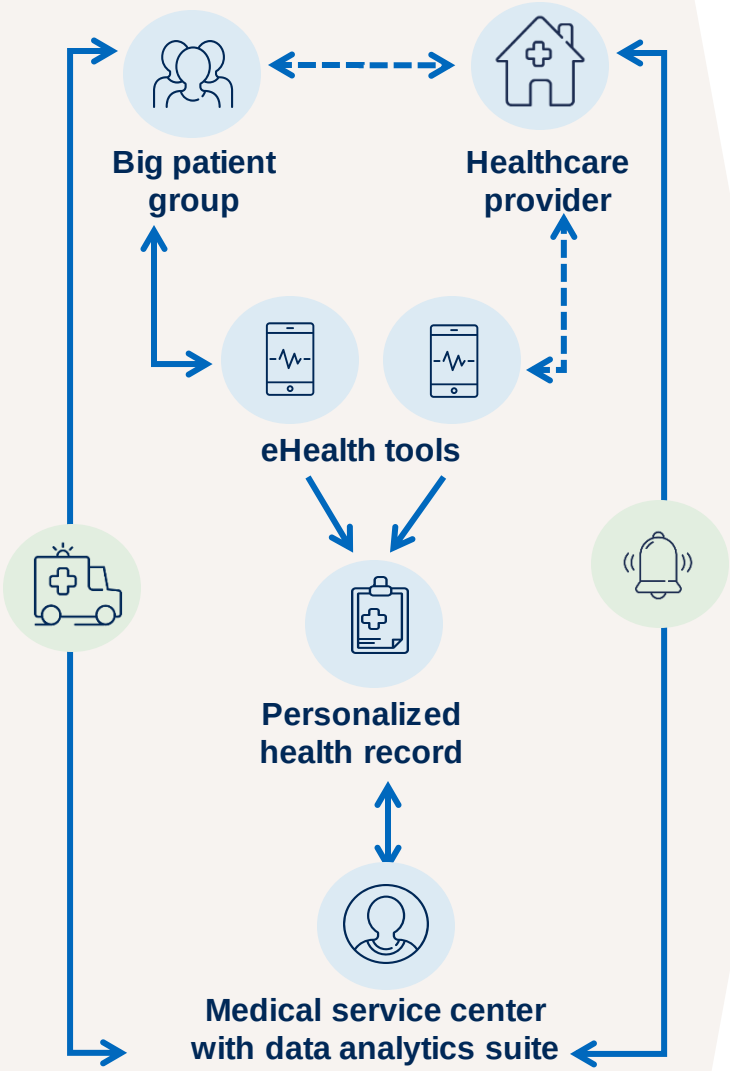
Source: Gupta Strategists, 'No Place Like Home', 2016 and update 2022

What could virtual treatment paths look like with(in) connected hospitals?

Traditional



Current innovations

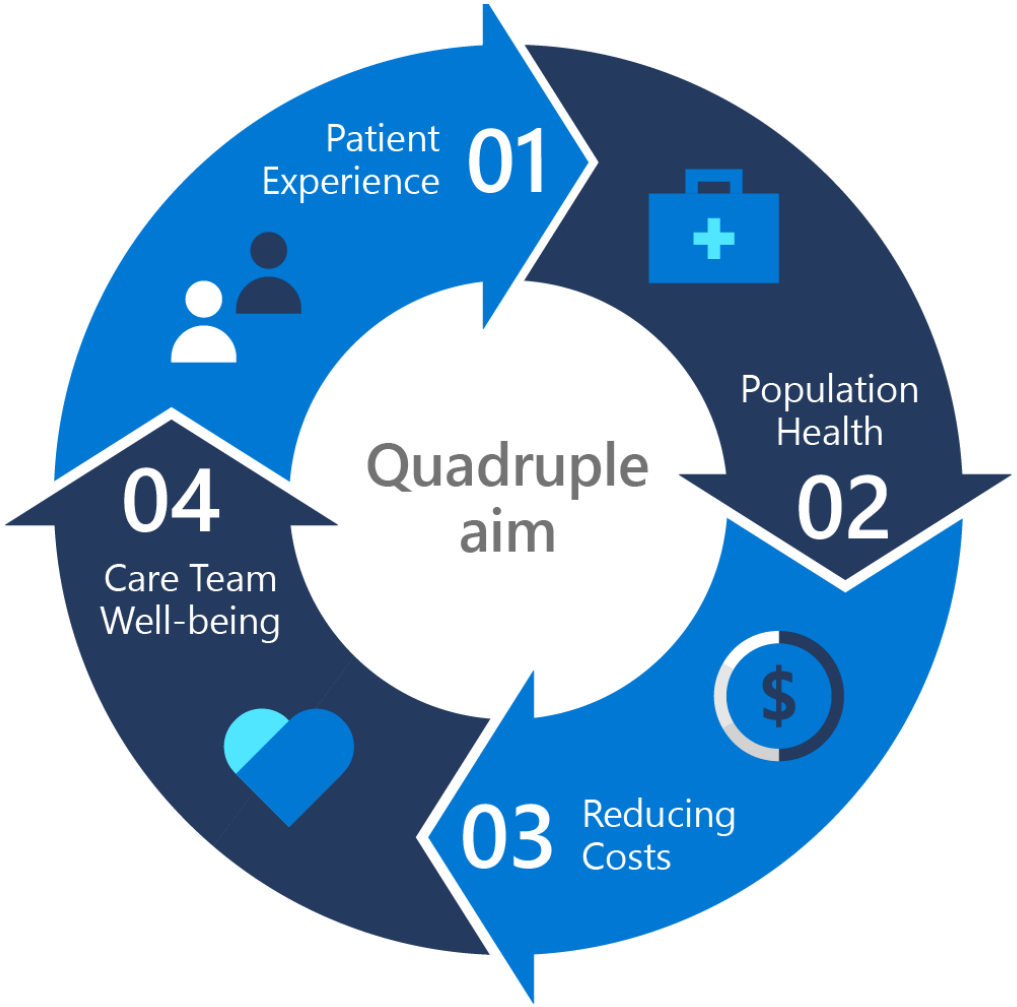


Connected hospital

virtual care might potential have a strong and lasting impact on each part of the quadruple aim

Improving patient experience by providing qualitative convenient care for patients from the comfort of their own home and reducing in hospital treatments.

Improving care team well-being by unburdening healthcare providers from an overload of work and supporting better care and research.

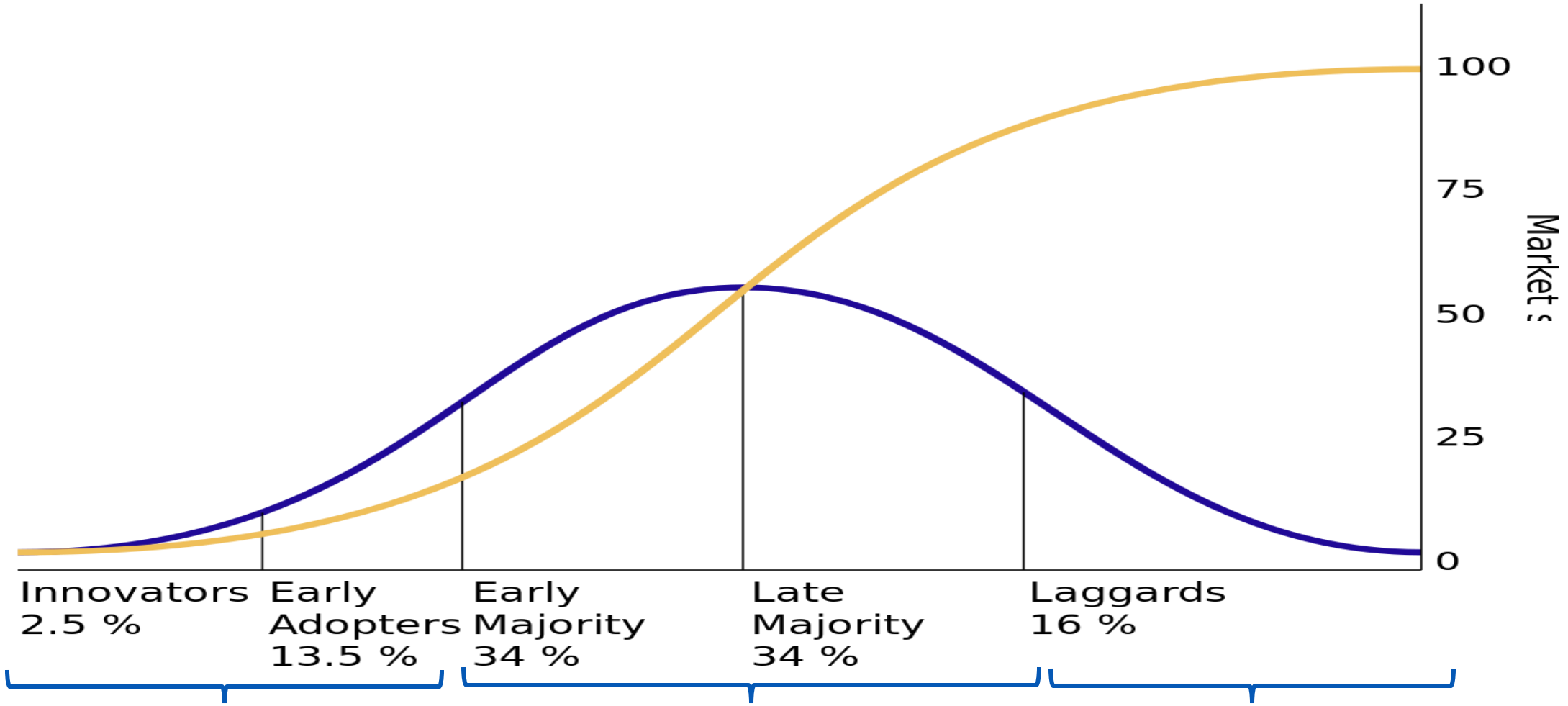


Increasing population health by offering 24/7 monitoring and medical service center facilities and learning from data to improve treatment paths and triage decisions.

Reducing costs by reducing readmission and creating a Medical Service Centers with enough scale to use the tele-nursing staff efficiently.

Implementation is still going slowly. The prime barrier is not the lack of technical innovation but the needed social and financial innovation within healthcare facilities.

We see three phases of diffusion and the challenge is to get in the second phase



Phase 1: Facilitate option
Create the possibility to create and use budgets to empower leading specialists to bring healthcare at home

Phase 2: Standardize option
Offer and promotion of healthcare at home as standard treatment option for patients

Phase 3: Change standard.
Change the option into the golden standard if the quadruple aim proves to be superior

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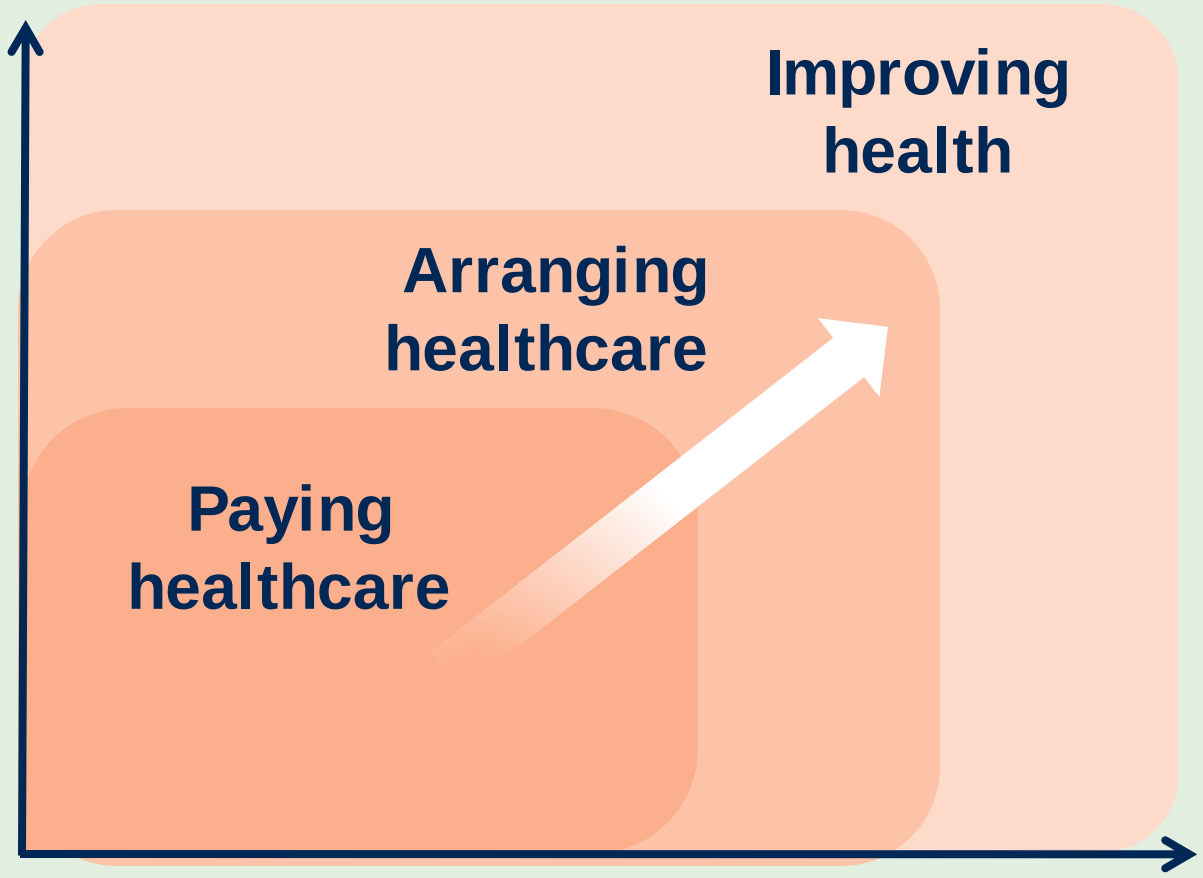
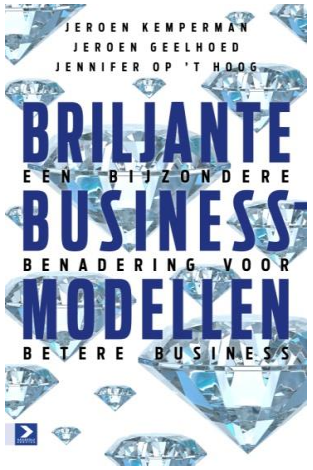
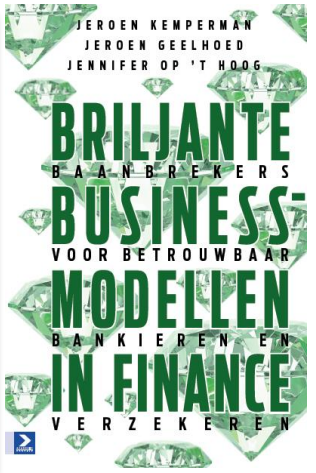


Search for business models and dream enterprises which show us the way



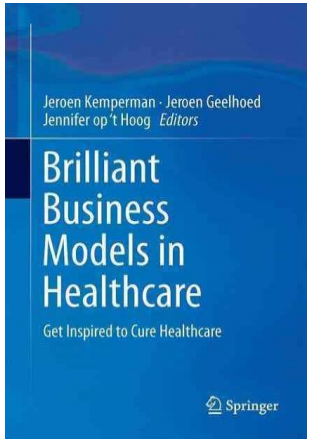
2013

2014



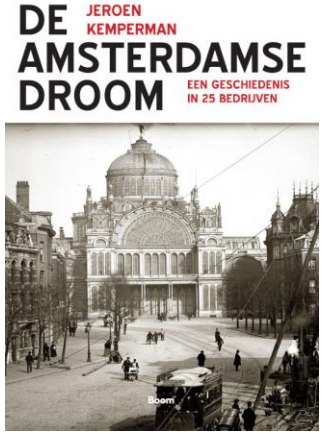
2015

2016



2017

2018



2020

“The darkest hour is before the dawn”. See for instance Amsterdam in 19th century

Lack of clean streets, housing, food and jobs?

City cleaning company, Social Housing, Bakery, industry Palace, and banks by Sarphati!

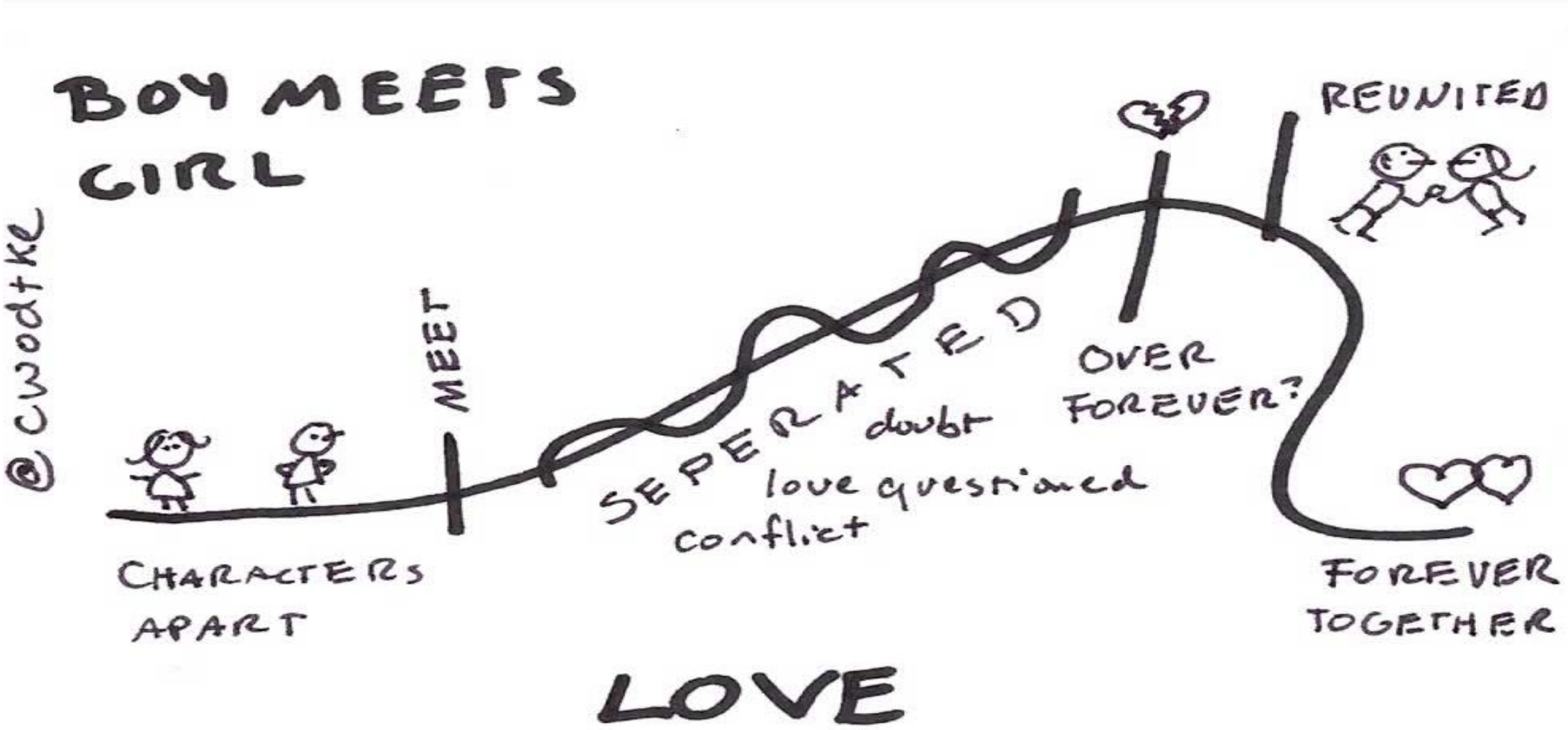
Lack of accessible and affordable care?

General Healthcare Fund Amsterdam by 152 doctors (currently Zilveren Kruis)!

Daily challenges require stepping in and working harder. Big breakthroughs requires stepping out and thinking broader. Existing parties often fail in this phase and are replaced. Can we use the needs of an aging population, scarcity of personal and the COVID lessons to realize breakthroughs in digital and blended care?

What happens after you fall in love with a brilliant business model?

Act 1. Why? **Act 2. How?** **Act 3. What?**

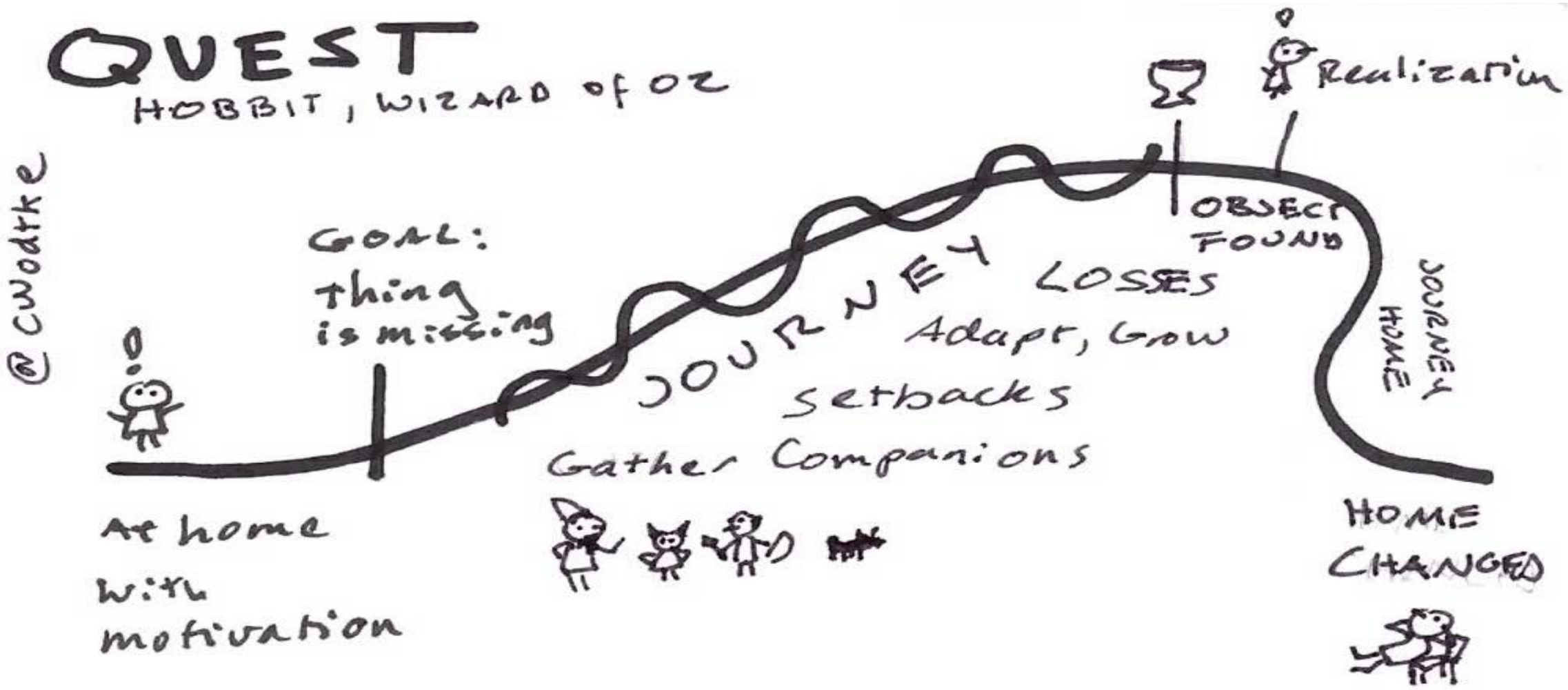


Which quest will we face if we want to change the world?

Act 1. Why?

Act 2. How?

Act 3. What?



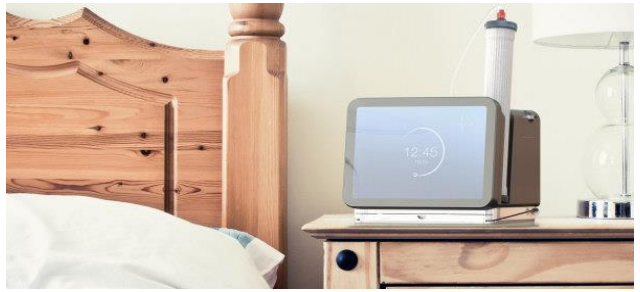
Diabetes has shown the way in bringing healthcare at home and can currently include home-monitoring and prevention with Lifestyle programs.

Act 1. Why?
Driven by vision

Act 2. How?
Enduring in the Business model

Act 3. What?
Value creation for all

In kidney dialysis it is proven that patients are capable to conduct the treatment themselves in the hospital and are capable to do home dialysis



NextKidney

DEBIOTECH SWITZERLAND

Act 1. Why?
Driven by vision

Act 2. How?
Enduring in the Business model

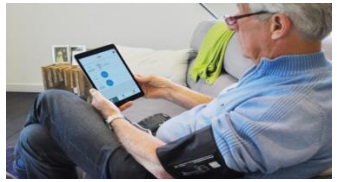
Act 3. What?
Value creation for all

In Heart-watch monitoring of the patient with chronic heart failure before and after the hospital treatment is conducted at home

Zilveren Kruis

Cardiologie Centra Nederland
Onze zorg klopt!

focus cura
Innovaties voor betere zorg en gezondheid

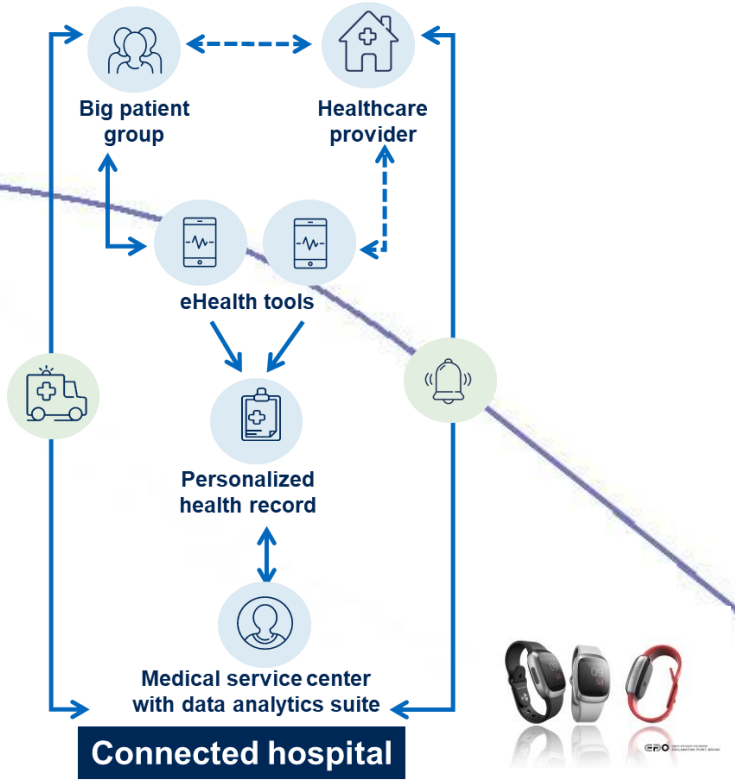


Act 1. Why?
Driven by vision

Act 2. How?
Enduring in the Business model

Act 3. What?
Value creation for all

24/7 medical service center propositions of Eurocross with online doctors, remote monitoring and personal alarm systems to help seniors at home



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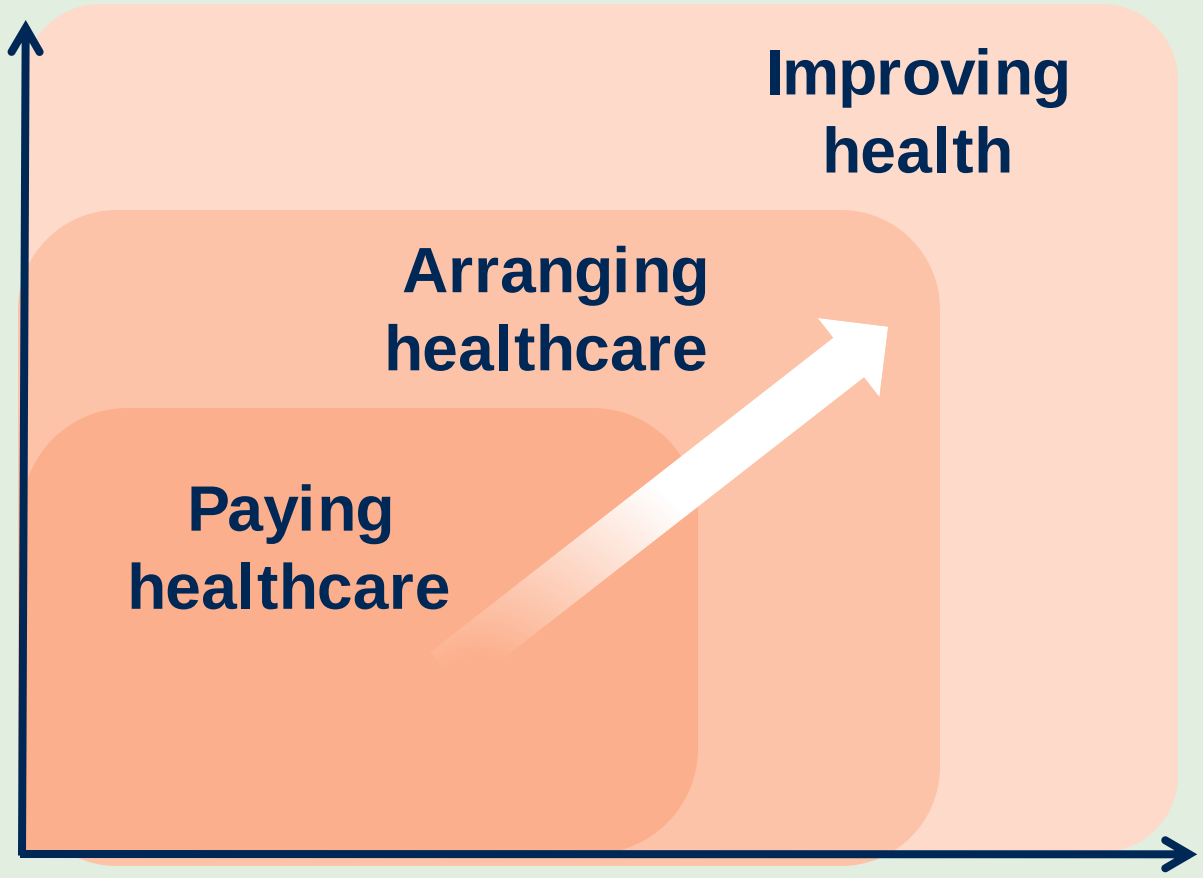
Vision and Strategy: bring health closer by for everyone



The combination of growing frailty and dementia in a society with 1,8 million single living seniors requires solutions beyond the healthcare system

Frailty

Increases the risks on falling and reduces the possibilities for self management in daily life and healthcare.

Single

Living single enlarges the risks associated with frailty and dementia because there is no one to watch after you.

Dementia

Requires additional care and is one of the prime reasons why people can not stay at home and need care in a facility

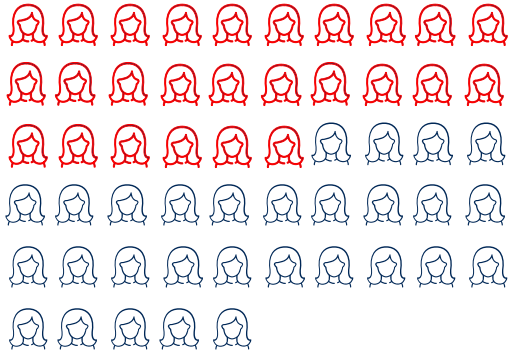
Ageing increases the pressure on the healthcare system and relatives to take care of the elderly and this requires solutions which go beyond healthcare and health insurance.

We need more lifespan proof living solutions in attractive physically and socially adjusted housing to enable the elderly to live healthy and save at home

35 fte formal care and 40 fte informal care for 100 people

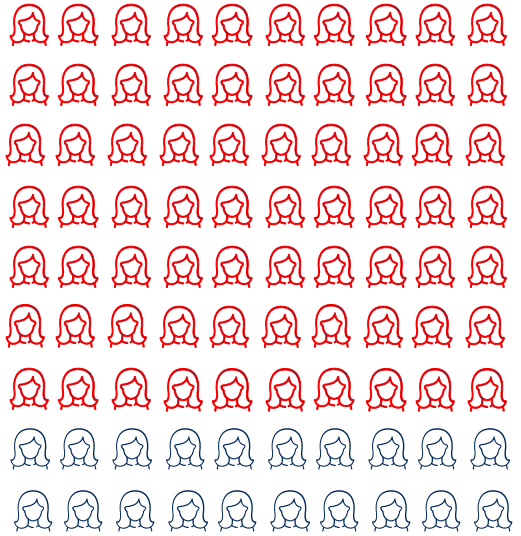
Less care with more active social environment
Less accidents such as falling, and less daily help needed in adjusted house.

25 fte formal care and 30 fte informal care for 100 people



Longer save at home postpones the transfer to a nursing facility with increased care which takes over self care in health and daily living

70 fte formal care and 20 fte informal care for 100 people



Call on society from Syntrus Achmea and Zilveren Kruis towards 2040: Create 450.000 extra lifespan proof houses to give all elderly a healthy house

Call on society to realize 450.000 lifespan proof houses:

- Confirmation of national ambition to create 1 million new houses
- Added vision: Make 450.000 houses attractive for the elderly with possibility to provide care and focus on community living for singles
- Challenge to cooperate on this between government, municipalities, healthcare providers, investors and insurers.

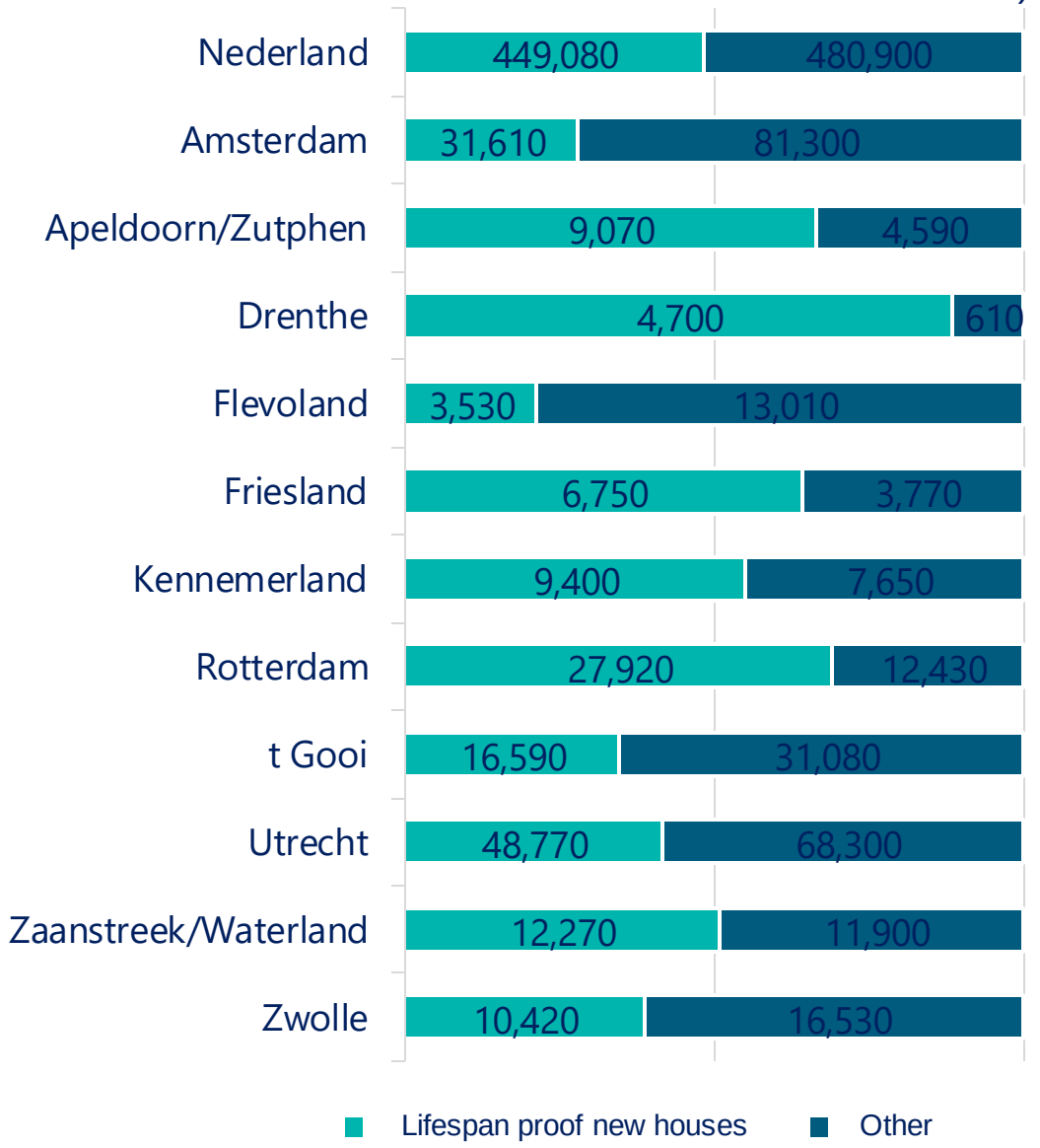
On a national level we calculated that we would need 100.000 additional fte in informal care and 50.000 additional fte in informal care if we compare the scenario of 1 and 450.000 lifespan proof houses

Own contribution of Achmea to give all elderly a healthy house

Own contribution of Achmea using the multiple business lines:

- ❑ Taking the lead in regional health transformations in the own core regions
- ❑ Investing 8 billion euro's ourselves in these new houses for shared living with our health real estate fund
- ❑ Arranging care and cure including digital and remote care with our health procurement
- ❑ Providing and developing silver proof financial solutions in mortgages, saving accounts and insurance
- ❑ Providing and developing new services in maintenance and a real estate agency for lifespan proof housing
- ❑ Expanding our medical service center Eurocross as alarm center which also activates neighbors and informal care

Demand differs between regions including the 11 where Achmea is market leader)



Organizing Remote Healthcare and Tailored Homes for an Exploding Population of Seniors

1. Challenges in healthcare with ageing
2. Strategy to bring health closer by for everyone
3. Organizing remote healthcare
4. Business models in remote healthcare
5. **Realizing tailored homes for healthy living**
6. Business models in healthy living

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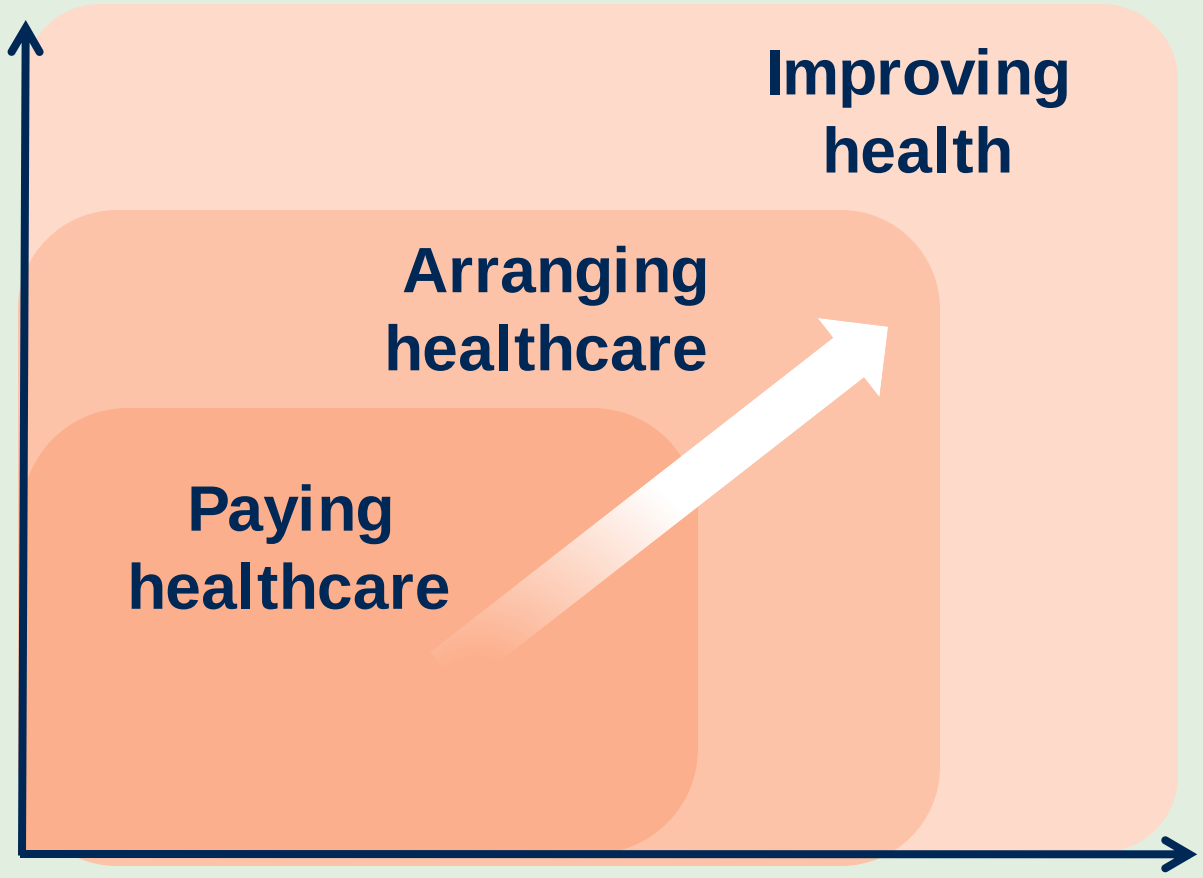
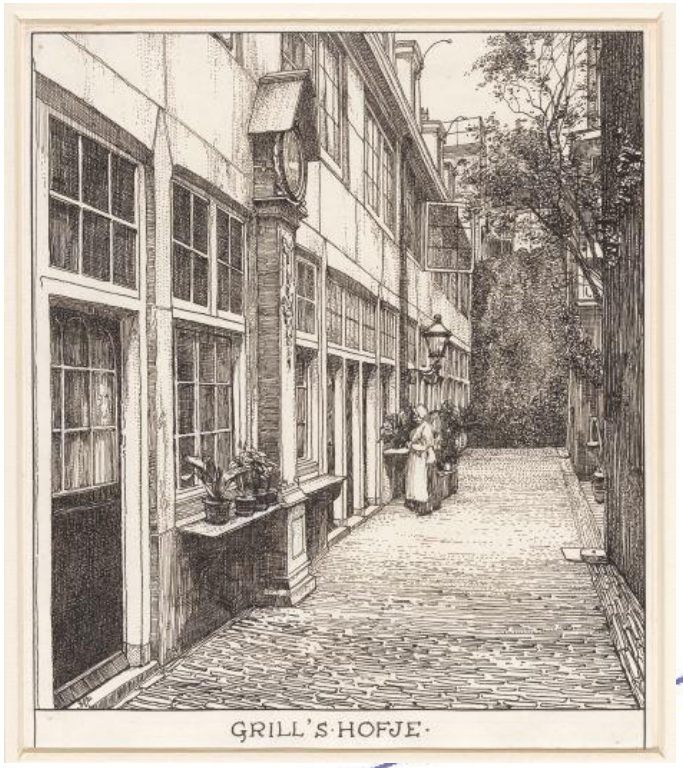
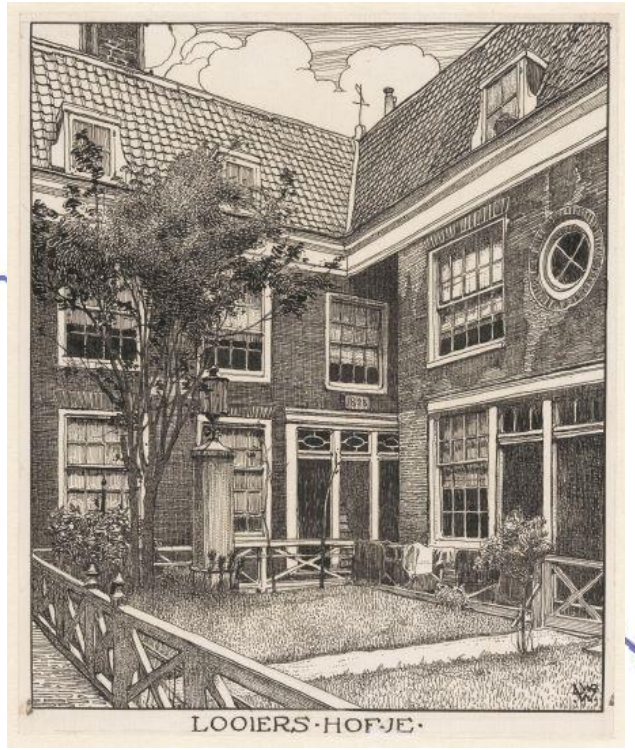


What can we learn from centuries of experience with courtyard houses??



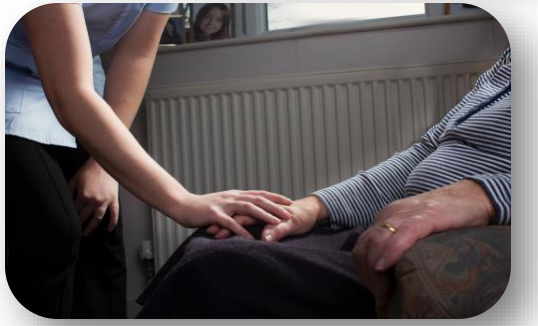


Act 1. Why?
Driven by vision

Act 2. How?
Enduring in the Business model

Act 3. What?
Value creation for all

What is the story of more-generation-living of Stiftung Liebenau?



Wohnanlage Meckenbeuren

Wohnanlage Amtzell

Act 1. Why?
Driven by vision

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Act 3. What?
Value creation for all

What is the secret of care-barnyard for people with dementia?

Act 1. Why?
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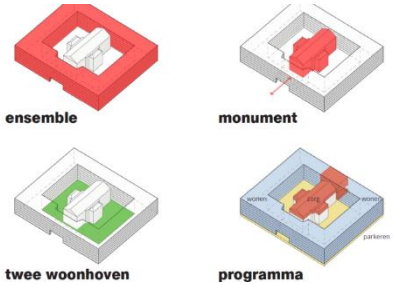
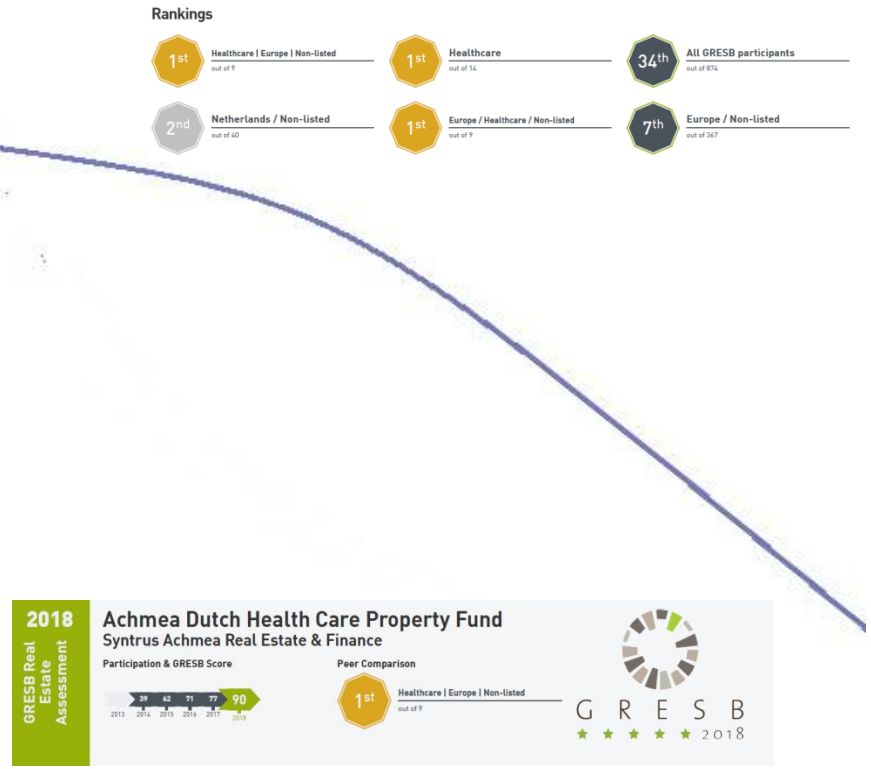
How do the Makroon and the new Sint Jacob operate new senior communities?





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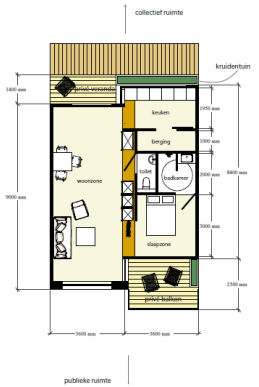
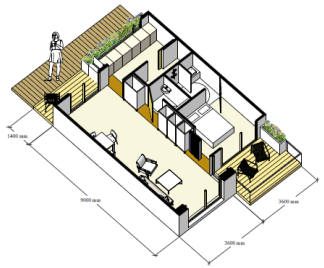
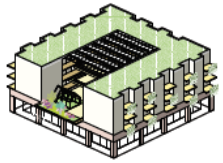
What is our prize-winning concept for courtyard houses for the 21st century?

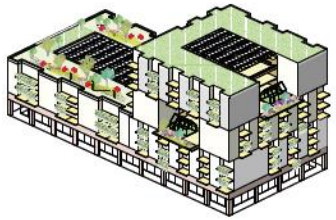




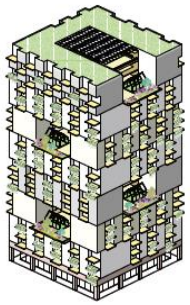
flexibel indeelbare woning maakt deze aanpasbaar voor veel doel-groepen en geschikt voor elke levensfase.



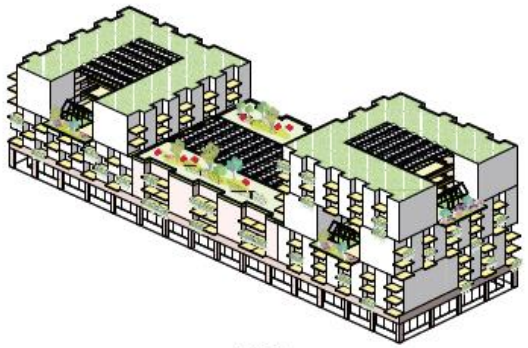
Small



Medium



Large - 1



Large - 2

Zilveren Kruis

vereniging achmea

syntrus | achmea real estate & finance

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achmea

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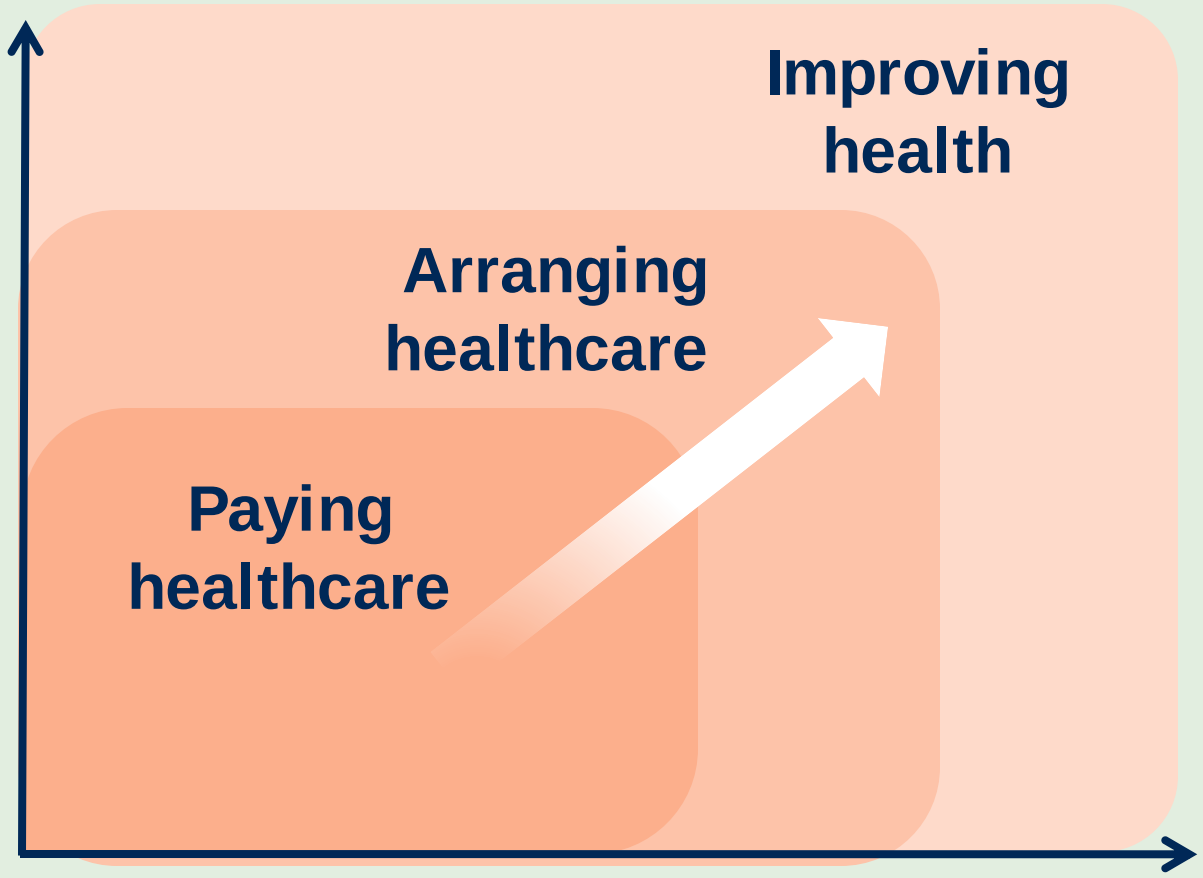
Q&A

Jeroen Kemperman, Senior Manager Strategy & Business Development Zilveren Kruis, Achmea

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