

Appendix 1

Description of the health insurance system and social security system in view of patients' contributions and patients' loss of income.

All three countries have an obligatory health insurance system. People with a lower income in the Netherlands (public insured) and all subjects in both other countries contribute a proportion of their gross wage for healthcare insurance. In the Netherlands this is 17.25% (5.85% paid by employer), in France 19.6% (12.8% paid by the employer but this figure includes contribution for sick leave and work disability) and in Belgium 7.35% (3.55% paid by the employer). In The Netherlands, people with a higher income, have an (obligatory) private insurance for the basic insurance packet, which was approximately € 1,036 per subject per year in 1998. Two-thirds of the Dutch population is public insured and one third (obligatory) private. In addition to the above mentioned income related contribution, all Belgians have a small personal yearly contribution (about € 4 per year) to their health insurance company. In contrast to the situation in The Netherlands, patient contributions in France and Belgium are substantial. In The Netherlands, there are no patient contributions for provisions included in the basic coverage package. The basic coverage package covers most health care provisions. In France, patients with severe AS can become officially exempted from personal contributions. In all countries, there is a possibility for reinsurance for personal contributions. In The Netherlands, there is a strong primary care acting as a gatekeeper towards access to secondary or tertiary care but most patients with a chronic rheumatic disease are referred to the rheumatologist. In both other countries, access to primary, secondary and tertiary care is unrestricted. General practitioners and specialists in The Netherlands are paid on a capitation basis for care provided to public insured patients but on a fee for service system for privately insured patients. In France and Belgium, most healthcare providers are paid on a fee per service system. In all countries, healthcare providers working in

academic hospitals are salaried and ambulatory working physiotherapists are paid on a fee per service basis. In the Netherlands, but not in both other countries, hospitals are strictly budgeted.

Sick leave benefits in The Netherlands are 100% of the subject's gross wage for the first year of disease while in both other countries there is an important decrease in income in case of sick leave (60% from the second month of sick leave onward). Disability benefits in The Netherlands and Belgium are (maximal) 60% of the former gross wage opposed to 50% in France. In The Netherlands and France, patients with partial work disability can continue in a paid job while this is very unusual in Belgium. Sick leave and disability benefits in The Netherlands are mainly financed through social contributions from the employer while in France and Belgium employer and employee pay part of these social contributions. For patients, reinsurance against loss of income due to sickness is possible in all three countries.

Appendix 1; Table 1: Financing of healthcare at macro-economic level.

	The Netherlands	France	Belgium
Social contributions from taxes	4.80%	5.90%	34.80%
Public health insurance premiums	73.80%	66.40%	40.60%
Private health insurance premiums	14.10%	9.10%	5.80%
Patient contribution	7.30%	17.00%	17.90%
Other sources	0.00%	0.80%	1.00%