

Entering Netherlands' Digital Health Market

A roadmap for SMEs

MARKET SNAPSHOT



Market focus: Openness to digital care is high. Many Dutch care users want to arrange parts of their care online.



Key players: The system is shaped by government, care providers, private health insurers, and municipalities working together.



Scale: Acute care capacity is sizeable, with around 120 to 140 hospital locations nationwide (depending on how locations are counted).



Reimbursement: Payment is largely driven by 5 major private insurance groups. Employer-paid options exist and are growing, but remain a smaller share.



Adoption pathways: Progress is driven by a mix of public rules and private implementation, often starting with pilots and moving to broader rollout through contracting and national scale-up programs.



Regulatory complexity



Reimbursement delay



Funding gaps



Interoperability challenges



Market fragmentation



DIGIH4A'S SME TIPS

✓ **Payment is usually for the care activity, not the tool:** Show that your solution saves staff time, reduces unnecessary contacts, and can safely replace parts of existing care pathways.

✓ **Start as if you will scale:** Connect to the record system where needed, meet login/security requirements, and agree on process ownership at the care organisation.

✓ **Focus: Select one first customer type and tailor it to their needs.** Trying to sell to everyone at once often leads to lots of pilots and no real roll-out.

1 Identify the best route

- Choose one main path to payment: 1) Zvw or Wlz, (sometimes with input from NZa or ZIN); 2) Digizo.nu scaling route (for proven digital/hybrid care); 3) Insurer pilots or regional purchasing
- Pick one care pathway and design around it and line up one care provider & insurer
- Initial requirements: CE/MDR (if applicable), GDPR/DPIA and security requirements, clinical safety/incident response systems & controlled process for updates and changes.
- Provide a secure login where needed, clear integration approach.

2 Reimbursement process

🕒 9-12 months

Regional regulatory readiness

- Initial requirements: CE/MDR (if applicable), GDPR/DPIA and security requirements, clinical safety/incident response systems & controlled process for updates and changes.
- Provide a secure login where needed, clear integration approach.

🕒 6-18 months

Pilot implementation

- Measure a small set of practical outcomes (e.g. time saved, number of contacts, escalations, adherence, patient experience, safety events).
- Use the results to show both clinical acceptability and workload impact.

Evidence required:

- ✓ Clinical trials/pilots
- ✓ Budget impact
- ✓ User acceptance
- ✓ Cost-effectiveness
- ✓ Socio-economic eval.
- ✓ Interoperability

🕒 6-18 months

Turn the pilot into a contract

- Standard route: if relevant, use ZIN early advice. Contract through provider insurer agreements within NZa financing rules.
- Digizo.nu: validation and "Pas Toe", then use that to speed adoption across more sites and move toward structural funding.
- Where relevant, combine funding sources to support implementation.

🕒 Ongoing

3 Scaling up

- Price for the value you create (staff time saved, avoided visits or admissions), not "per app".
- Make rollout repeatable and keep your evidence, implementation guide, and case studies updated so new sites can adopt faster.



CONGRATS!!



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