A Messenger

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health insurance company

in the Netherlands

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Master Thesis Cultural Anthropology: Sustainable Citizenship

Universiteit Utrecht

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Abstract

In 2006, the Dutch health care system has changed radically. The introduction of the ''Zorgverzekeringswet'' (*Health Insurance Access Act)* gave everyone in the Netherlands the right of access to health care and made everybody obligated to have a health care insurance. Michel Foucaults 'governmentality' helps understanding the health care system as carefully regulated by the Dutch government. Health insurance companies are executive agencies, pursuing governments goal of a participation society. A lack of understanding the field by the public and the differences in jobs between employees of Nova and health care providers cause a societal focus on the free market forces, while the regulation is a larger part of the system.

Preface

The thesis laying before you is one of the many I could have written with all data I gathered. Studying Up in your own culture is not an easy job. Although I have struggled on finding my structure and develop the story I wanted to tell, I think the main message has found its way through this thesis.

First, I would like to thank my supervisor Yvon van der Pijl for her tips, feedback and her enthusiasm for this topic.

Next, I would like to thank my supervisor at Nova who made this research happen. Thank you for introducing me to many people in the company, that I would not have been able to find myself.

I'd also like to thank all employees at Nova, who were all so friendly to me. You have enthusiastically showed me around, took me with you in your daily work and opened up about your work.

Finally, thanks to the Skills Lab of the University of Utrecht, for training fellow students to ask me great questions that have helped me a lot!

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1. Introduction

In 2006 the Dutch health care system changed radically. The current system of a regulated market was introduced after decades of trying different ways to organize health care. The previous system was originally built on solidarity: everybody pays a certain amount of money which is saved up for when somebody is ill. This person is supported by the others who contribute to the money-pot. This pot was governed by the government, but after 2006 insurances were covered by various insurance companies. Discourse within Dutch society is very concerned with health care. It was a major topic in the governmental elections of 2017 where General Practitioners (GP's) designed a manifesto and various debates were organized by different parties. These were covered intensively by newspapers, magazines and journalistic websites who also published their own opinion as well. In most of these written or spoken events, health insurance companies are spoken of, rather than speaking for themselves. The opinions about these companies are often negative. This research took place at a Dutch health insurance company, which I will call Nova. This thesis aims to describe the position of a health insurance company from their own perspective. Then, I explain how the understanding of this perspective can contribute to the societal debate on health care. To understand the position of the health care insurance company, the concept of governmentality is used.

Literature on health care and insurances

The field of health care and insurances has had some anthropological attention. The change in the Netherlands is not unique. Many countries in the world have seen a similar shift of leaving health care to the free market.

The literature on health care and insurances focusses on neoliberalism and ''financialization''. Neoliberalism is an ideology that believes in the working of free markets and that the state and its bureaucracy is in the way of a free market (Van Est and Bähre 2013). The free market acts like a 'natural law': competition creates efficient services and products. As Ericson et al. (2000) point out, neoliberalism has five basic points. These are a minimal present state, market fundamentalism, emphasis on risk management and risk taking, individual responsibility, and all differences and inequalities are seen as a matter of choice. McGregor (2001) puts the emphasis on

privatization, decentralization and individualism, but they overlap the other basic points. To avoid state governance, the ideal solution in health insurance are private insurance companies. They are central institutions beyond the state.

Mulligan (2015) notes a''financialization'' within health insurance companies. She studied the balance sheets at health insurance companies in the United States of America in order to understand cultural logics of this field. ''The global economy has been financialized, and this economic restructuring profoundly impacts government, inequality, and security. (…) Everyday life had become ''financialized'' as ''people from all walks of life [are asked] to accept risks into their homes that were hitherto the province of professionals'' (Martin 2002 in Mulligan 2015:37). This financialization happens in different ways. Public services are being privatized, new insurance products are being created, financial techniques are being used to yield maximum profitability, focussing on shareholder value and prioritizing financial speculation and mergers. Health care is obviously differently managed and organized in the United States, so it is interesting to find out if and to what extend this concept is present in the Netherlands.

Anthropologists have previously argued that the underlying principle forming the base of the individualistic aspect of neoliberalism in health care is moral hazard. Moral hazard has become ''the most powerful narrative in American health policy'' (Stone 2011:886 in Mulligan 2015:50). The principle is fundamental in economics and political policy regarding social responsibility. ''If a person (or a group) is protected from risk, their behaviour will become riskier (more socially unacceptable). However moral hazard is not taking into account other cultural and structural influences on behaviour, it has become a guiding principle in health policy in the US (Stone 2011:886 in Mulligan 2015). It assumes that somebody that is insured would seek health care that they would not have sought without insurance. Uninsured people are supposed to only seek help when it is really necessary. They are very efficient consumers. Fletcher (2016) found, however, that even insured people wait until a medical emergency occurs to seek help. This is because their deductibles are still high and beyond their financial reach. In the Netherlands, the debate has only very recently touched upon the avoidance of getting help because of the high premiums. A recent debate between representatives of Dutch political parties has reflected this new interest (Follow The Money 2017).

Ericson et al. broaden this definition of moral hazard. They define it as ''the ways in which an insurance relationship fosters behaviour by *any* party in the relationship that immorally increases risk to others'' (Ericson et al. 2000:537). They say that not only insured people could show immorally risky behaviour since they are insured, they also claim that insurance companies themselves involve in such immoral behaviour. This two way focus on moral hazard is an interesting question to ask. Do health insurance companies themselves behave in a morally risky way?

Various anthropological studies that detect problems with a market-based health care system. The promise of efficient, affordable and accessible care for all people has not completely been accomplished, according to these studies (Van Est & Bähre 2013; Bähre 2012; Mulligan 2015; Fletcher 2016; Ericson, Barry & Doyle 2000; Pavolini and Vicarelli 2012).

Health care becomes more complex by leaving it to the free market. Additional barriers to health care are created for already disadvantaged patients. Fletcher (2016), for example, researched two unions in the USA to investigate access to health care and affordability. Through these unions, families are being insured by the employer-sponsored health insurance (ESI). She found that even when one is insured, it is hard to access health care. People who wanted health care found that they were only being helped when they had an insurance card. ''Having health insurance is a vital first step in gaining access to health care'' (Fletcher 2016:19). The so-called 'Cadillac Tax' was invented to put a tax on the highest insurances, so that people would not too easily get these insurances. It did not make health care more accessible and this tax was a high burden for many families. If this is the case with the current health care system, how do health insurance companies justify these kinds of policies?

Prescription drug benefits are cut, application procedures are being complicated, co-payments are increased and provider reimbursement is being reduced. The effects of these neoliberal frameworks in health care reduces the safety-net and places health costs increasingly onto individuals. (Fletcher 2016; Dao and Nichter 2015). ''The use of neoliberal language sounds plausible to the uninformed ear (e.g. spending cuts, downsizing, reducing inefficiencies, inevitability, being forced to make difficult policy choices etc.)'' (McGregor 2001: 83). She also finds that health care is part of social policy. To combine health care, a very social field that is built upon solidarity and focusses on

the community, with the free market which focuses on benefits to the individual is a risky, maybe even impossible combination.

A lot of the literature is on other countries in the world, mainly focussed on the United States of America. Since their political system is very different than in the Netherlands, the studies cannot be compared easily. The free market there is very different to the Dutch. To understand the position of a health care insurance company in the Netherlands, other theoretical concepts are needed.

Van Schinkel and Houdt (2010) provide an interesting concept to explore. They write on a paradoxical combination and call it neoliberal-communitarianism. They state it focusses on the freedom of choice for citizens which should lead them to responsibility for their actions in society. So the free market should lead individuals to solidarity. The most interesting about this term is that Schinkel and Van Houdt see it as a management technique. It is a perspective on people, freedom and their responsibility, that they increasingly detect in Dutch policy and programmes.

Neolibeal-communitarianism fits the Dutch health care quite well. It complements the concept of governmentality, which will be mainly used to interpret the position of the Dutch health insurance company. This concept is explained below.

Introducing governmentality

The French philosopher Michel Foucault contributes to the concept of power, when he argues that power is not only a repressive exercise, linked with prohibition and punishment (Holmes 2002: 1). Power also includes its construction and production, and is a way of establishing normalization. The concept 'governmentality' includes such constructive and normalizing power. Foucault (1991: 102) describes governmentality as:

''the ensemble formed by institutions, procedures, analyses and reflections, calculations and tactics that allow the use of this very specific, albeit very complex, power that has the population as its target, political economy as its major form of knowledge and apparatuses of security as its essential technical element.''

So, governmentality targets a population, builds on political economy and uses security apparatuses for its execution. It is a complex form of power existing through a mix of institutions, procedures, analyses and tactics.

Governmentality describes a historically embedded process throughout the West that was favored over other forms of power. With earlier forms of power, the sole purpose for this power was to stay into power. The state nowadays, however, ''has as its purpose not the act of government itself, but the welfare of the population, the improvement of its condition, the increase of its wealth, longevity, health, etc.'' (Foucault 1991: 100). Health care, together with education and social welfare, often is considered as an aspects of social policy and designed to improve the quality of physical wellbeing of all citizens (McGregor 2001: 82). The state is governmentalized. A government tries to reach this purpose of increasing wealth and ensuring long and healthy lives through policy making, laws and the organization of certain important aspects of life. What is key to governmentality is on the one hand the government having a finality of its own and is the right distribution of things, the population and their actions. But on the other hand, it is not simply that laws have to be obeyed. An certain amount of freedom is needed in order to let the population govern themselves, internal surveillance, done in the way that government subtly expresses. (Foucault 1991: 95; Ferlie, Mcgivern & FitzGerald 2012: 341),

Health care is such an inevitable aspect of life, which the government manages in order to improve the lives of citizens. Dutch society is very occupied with the topic of health care. In 2014, General Practitioners (GP's) started a manifesto in which they called for less interference by health insurance companies in their daily work and less administrative obligations (Het Roer Moet Om 2014). The Dutch monthly magazine''Groene Amsterdammer'' (December 2016; August 2017) for example published concerned articles about the prevalence of informal care, frustration about budget cuts in health care and how this results in the abuse of elderly people in need of care. More recently, the debate touched upon the avoidance of getting help because of the high premiums. A debate between representatives of Dutch political parties has reflected this new change in discourse (Follow The Money 2017). A more vivid example of a critique on the health care system comes from the initiative ''Nationaal Zorgfonds''. This organization is funded by the Dutch Socialistic Party (SP) and is supported by other

political parties, unions and interest groups representing different players in health care. It critiques the costly annual possibility to switch health insurance company and the heightened deductible excess[1]. They call this ''a penalty to be ill'' (Nationaal Zorgfonds 2017). This initiative was developed in the run up to the national elections in March 2017.

The perspective of the health care insurance company, however, is lacking in the debate. The views of health care providers and patients are well served, which give a negative image on health care insurance companies.

Next to this societal relevance, this thesis can also contribute to anthropological science. The study of bureaucracy and bureaucratic institutions is an important but yet still infamous field to study. Taking the concept of governmentality into this field of health care and insurances is also a new step.

This thesis

To fill the gap of the perspective of the health insurance company, this thesis has emerged. The research question is:

> *How can we understand the role of a health insurance company in the Dutch health care field through 'governmentality', and how can this perspective contribute in the societal debate on health care?*

To answer this question, the following sub questions are necessary: What is their place in the field with respect to the other parties? What goal(s) do they chase? And how? How does this vision contribute to the health care debate? This thesis is ordered according to two of the three main aspects of governmentality: apparatuses of security and political economy. The third aspect (population as a target) has no chapter, because it is a more self-explanatory aspect. I will mention it briefly in the second chapter, focusing on the apparatuses of security. In this chapter, I will show that the health insurance company is such an apparatus, and so an executive agency of the government. In the third chapter, I will focus on the main form of knowledge: political economy. I will explain how the government's goal of switching from a welfare state to a participation society shapes the goals of the health insurance company. In the fourth chapter, I summarize the perspective of the health insurance company sketched in the two previous chapters. I will argue that this perspective contributes to the societal debate on health care. The

[1] In Dutch: eigen risico.

fifth chapter will be a conclusion and formulates an answer to the main research question.

Method

Anthropology studies social phenomena and situations by being there. The researcher is simply present and observes daily activities, while participating as much as possible. Trust by the observed people is gradually gained this way. Next to participant-observation, interviews and casual talks with group members provide information on feelings, opinions, facts and happenings within the group.

The aims of participant-observation according to Malinowski are describing customs, traditions and the structure; describing daily life and the imponderabilia of it; and to discover typical ways of thinking and feeling (O'Reilly 2012: 13). It was designed to understand smaller, face-to-face communities. In the past, anthropologists wrote about people who their readers would never meet. When studying powerful organizations in one's own country, a researcher might already have strong opinions about their subjects, and these subjects will read and argue what is written about them. Their life, jobs and values were not at stake, so an outsider could more easily blend in than in elite communities. Observed people in elite communities on the other hand might have their jobs at stake with one's research. It might not be a suitable way of research in a field where ''loitering strangers with notebooks are rarely welcome and where potential informants are too busy to chat.'' (Thomas 1995:116). Participant-observation, however, will still be important for this thesis. Learning the language (O'Reilly 2012: 95) of the health insurance field was important for me to gain trust with my participants.

Gusterson (1997) proposes not abandoning participant-observation, but partly replacing it with other ways of data collection. He coins the term ''polymorphous engagement''. It means interacting with informants across a number of physical or virtual sites, and collecting data from heterogeneous resources. He himself studied a factory where he could only do participant-observation in the cafeteria; he was denied access to the work floor. To still study the workers, he socialized with them outside of the company in their church, bars and hiking groups. He also read newspapers and official documents and had interviews. Additionally, when virtual space becomes a huge part of people's environment, anthropologists should include it as well in their research,

according to Gusterson. Karen Ho (2009: 19) has also used this method for her research on the culture of Wall Street. Her fieldwork took place after she had worked for an investment bank for over a year.

I have used ''polymorphous engagement'' as well to study the culture within an insurance company. I have watched videos, searched endlessly through the intern website for Nova, next to interviews and participant-observation. I have informed the employees and management staff on my ideas to get to know the company, emphasizing my interest and my flexibility; putting the focus on what I can contribute to their company with my research.

This thesis involved getting to know the discourse of how policy works, getting to know who works in which department, learning the hierarchy within the company as well as the broader context of the insurance field and health care field. I have done participant-observation during various team meetings, in the canteen and main hall areas, and have conducted interviews with all kinds of employees within the company.

Laura Nader (1972) called anthropologists to more often study up, instead of only down. She said to really know society, you must not only study the poor (studying down), the powerless and the minorities, but also investigate the rich and the powerful (studying up). Anthropologists have always focussed mostly on the minorities. Gusterson (1997: 114) agrees with this statement: ''In a world marked by an intensification of capitalist accumulation and inequality, by the globalization of industrial and bureaucratic elites, (…) and by the growing power of new technoscientific elites (…)'' we need more anthropology studying up.'' He claims that ''the cultural invisibility of the rich and powerful is as much part of their privilege as their wealth and power.'' (115). The starting point of this research will consequently be the health insurance company.

A difficulty with studying elites is gaining access in the field. My luck was to encounter my later manager within the field, who was interested in my research. In order to have access within the building of Nova I had to be an intern within internship compensation, a bureaucratic process, as he called it. This allowed me to pick up my visitors pass every day and got me an e-mail address from the company. This e-mail address made it easier for me to contact people, as well as plan interviews and interview locations with them, because of the open online agenda everybody had. I found myself

planned in for various team meetings through the online calendars of the secretary of those teams. It really made my going around in the field easier.

My manager within Nova introduced me to a great field of employees. I have been present in five team meetings once, and have interviewed sixteen people. Some of which I have spoken to once more in a casual conversation and with almost all of them I have participated in a team meeting.

Introducing Nova

> I am waiting for my manager from Nova to pick me up. When I entered the building, I signed in at the front desk and got a visitors pass that I am supposed to wear visibly. The front desk employee smiled very warmly and offered to get me some tea while I am wait for my supervisor to come down and pick me up. The main entrance hall is large, has a high ceiling and has much daylight through many large windows. There is space for small meetings at long tables, work places with adjustable desks, and comfortable chairs around a coffee table. I sit at the head of one table. A bit further at the table, five employees are having a meeting. The front desk employee offers a piece of fruit to somebody that hands in their visitors pass. There are a lot of people walking by. Three people are chatting, having just gotten up from their seats. Two people getting coffee are laughing about something. They all are dressed in formal clothes, their passes dangling around their neck or clipped to their trousers. I see quite a few laptops being carried around. The hall is surrounded by a few floors of offices, which also have large windows between the offices and the central hall. I do not know this yet, but I will meet a lot of passionate people at these tables.[2]

Nova is a Dutch health insurance company that has insured people in the whole of the Netherlands. It has a substantial amount of employees, spread in different departments and cities. The main departments are on the purchasing of health care, the communication with costumers, communication and marketing and the large back-office that settles all ICT-related business. Within these general departments, it is further divided up in smaller divisions, which result in teams of at maximum ten people. I have not seen every team at Nova, not even every department. The teams I have been visiting

[2] Field Notes, 30-3-2017

had a weekly meeting on progress and future projects, or internal changes. The rest of the week, people worked on their own, in different smaller project-related teams with people from other divisions and visiting the health care field. The work field of many employees I have talked to is very dynamic.

2. The field

The health care field is an extensive domain involving various parties with their own interests. As mentioned earlier, governmentality uses apparatuses of security as its essential technical elements. In this chapter, I will argue that the Dutch government is the main organizer of the health care field and that the supervisory bodies and health insurance companies are the apparatuses of security. Before that, I will outline the history and current status of the Dutch health care system.

History of the Dutch health care system

The welfare state of the Netherlands was formed during and after World War II when the country was pillarized. People lived in different communities, depending on their specific ideological conviction. This meant that every aspect of life (school, neighborhood, work, church, newspaper, health care etcetera) was organized within this community. The so-called pillars were somebody's community and social safety net. The welfare state was based on three principles: solidarity, social justice and economic politics, which would focus on generating employment in order to oppose financial problems (Schut, 1991: 6). The government concentrated on creating productivity and a calm working environment. Small elites that represented their pillars and the government could easily agree on various policies. The Netherlands enjoyed a period of increasing prosperity, which in part was due to the sale of new-found natural gas. Wages were rising and a lot of citizens' material prosperity increased. This economic growth made it possible to extend the governmental tasks and the size of welfare state services, such as health care, education and help for the poor. This was also increasingly expected and demanded by the Dutch citizens. Health care costs were rising due to the expanding provision of it, but the economy grew as well, so there was no problem paying for it.

In the period of decompartmentalization of Dutch society (from 1968 onwards), the solidary social safety net that was part of the pillars was slowly diminishing and people expected it to be adopted by the national government (Schut, 1991; Helderman, Schut, Van der Grinten & Van der Ven, 2005; Ewald, 2002). There seemed to be an unquestioned logic about caring for each other in the case of health insurance. For everybody below a certain income level, it was mandatory to have national health insurance. The payment for this fund consisted of an income-related contribution, payed from the payroll and a community-rate premium (Helderman et al., 2005). The Health

Insurance Access Act (Zvw)[3] insisted on a legally determined premium rate for high-risk groups (e.g. ill people, the elderly). This system functioned best in the 1960s and 1970s, during economic growth. So, when economic growth decreased in the 1980s, governmental tasks increased. The economy could not support all services anymore, and health care was the domain that was often considered as becoming too expensive. After shortly trying to constrain health care costs by a top-down approach of fees and budgets, a market-based solution was being proposed by the Dekker Committee (Helderman et al., 2005). All insurance companies would be private, people were free to choose their insurer annually and insurers could contract whichever practitioner they preferred. The goal was to make health care more efficient and effective this way. Today, three reasons are given for the direction towards cost reduction in health care. People live longer, so they need care longer. Due to technological and medical improvements, people can be treated for more diseases, and some earlier deadly diseases have become chronic diseases. Thirdly, until 2040, the numbers of elderly will grow, and they will need health care most (RIVM, 2017; CBS, 2014: 18). This system has been in function for little over ten years.

Current field

As described above, health care has been organized in various forms by the state. In 2006 the current system of a regulated market originated after trying different ways of organizing health care. Where possible, different parties competed with each other within set boundaries by the government. The most important new law is the Health Insurance Access Act, which states that every citizen in the Netherlands is required to have basic health insurance. This is the same for everyone and is applicable to all health care insurance companies. Citizens can choose their own health insurance company. These companies are all obligated to accept anyone who wants to be insured with them. The premiums differ between health insurance companies but the content of this basic insurance is set by the government. The government also decides what budget is going to be spend on health care, what the level is of the deductible excess people need to pay every year before a health insurance company will reimburse care and what medicines and treatments are going to be reimbursed under the basic health insurance. For optional additional insurance, insurers develop their own packages which citizens can

[3] Zorgverzekeringswet (Overheid.nl A 2017).

choose from. For this additional insurance, people can theoretically be rejected, but "this barely occurs" (Rijksoverheid, 2017).

Between the Ministry of Health and the health insurance companies, a few independent supervisory bodies exist, such as the Dutch Healthcare Authority (NZa[4]). The Nza determines what types of health care can be claimed and what the maximum costs may be. Next to that, they regulate the behavior of health care insurers and health care providers and checks if they obey the law. In order to do so, the NZa makes its own analysis based on the administration from health care providers and health care insurers. On their website, the NZa calls itself the healthcare market supervisor (Nederlandse Zorgautoriteit, 2017). Exact tariffs on specific treatments are being negotiated between health care insurers and care providers, to encourage both parties to take responsibility for quality and efficiency of care.

In the Netherlands, there are 25 health insurance companies, that mostly belong to a bigger corporation. There are nine big corporations, of which four cover 88,5% of the market (Kiesbeter, 2016). The Big Four are Achmea (30,4%), VGZ (24,1%), Centraal Ziekenfonds (20,7%) and Menzis (13,4%) (Kiesbeter, 2016).

Executive agency

At the intersection of state centralization and religious separation, questions of government appear. "How to govern oneself, how to be governed, how to govern others, by whom the people will accept being governed, how to become the best possible governor, to what end and by what methods?" (Foucault, 1991: 87). The answers to these questions form the art of governing. "Governing is employing tactics rather than laws, and even of using laws themselves as tactics – to arrange things in such a way that, through a certain number of means, such and such ends may be achieved." (Foucault, 1991: 95). This art then, is essentially concerned with the right way to manage individuals, goods and wealth. The Dutch government manages the health care field in order to improve the lives of citizens.

Health care is an inevitable aspect of life, which the government manages in order to improve the lives of citizens. Since all citizens are required to have health insurance, the target of the national government, as well as of health insurance companies is the same: all Dutch inhabitants. This is one of the three aspects of governmentality. The

[4] Nederlandse Zorgautoriteit.

Dutch government has been busy constructing and governing health care for decades, as was shown in the brief outline of the history of Dutch health care earlier. For little over ten years, the Health Insurance Access Act forms the basis of all health care insurance that is provided. It consists of obligations concerning citizens, health care insurance companies and supervisory bodies. Next to the fact that the government has introduced the health care system, it still has a lot of influence on the changes that could occur.

One dynamic aspect of the Health Insurance Access Act is the content of the basic insurance. Every person who is living in the Netherlands is required to have that. Every year, the content of this basic package is evaluated and possibly changed (Rijksoverheid, 2017). The government decides whether the basic insurance will change or not.

The second aspect of the Health Insurance Access Act that is determined by the government is the amount of money one first needs to pay themselves for care, before the health insurance company starts reimbursing the provided care. This is called deductible excess[5]. The government decides whether the amount changes or not once every year. In 2009, the deductible excess was at least €155. In 2017 it has increased to €385 (Homefinance.nl, 2017).

At Nova, a clear idea of this organizational hierarchy was noticeable. A health care insurance company is an executive agency of the government. The government decides which goals it wants to achieve, determines the contents of the basic insurance and the level of the deductible excess, and lets the health care insurance companies implement it. Many Nova employees feel they are the government's messenger of bad news and health care insurance companies are being blamed for it. At a team meeting of the strategic department, an Nova employee presents her master's research on the innovations of this department. At the end of her presentation, she asked the team to react on and discuss a few statements on the process of communication and collaboration between the different parties. An employee that has worked for 9 years at Nova, phrased it thus:

> *"The Ministry of Health (VWS[6]) should govern more. Since 2006 we do its dirty work. Now, we get blamed when we come up with new ideas and products, while we*

[5] In Dutch: eigen risico
[6] Ministerie van Volksgezondheid, Welzijn en Sport.

> *only do our job that is given to us by the government."* (Team meeting strategic department)[7]

Another employee of this team said to me in an interview:

> *"There is always this tension. The government makes the rules and we execute them. We are the policeman, the messenger of these rules and decisions and we are addressed for it, called out for it."* (Interview employee strategic department)[8]

In conclusion it can be said, that the Dutch government influences and decides many vital aspects of health care in the Netherlands. Health insurance companies need to take these decisions and annual changes into account and build their policies around that. It is also clear that Nova thinks that the public does not know much about the system. This way, they often get blamed when an unpopular measure is being introduced.

Apparatuses of security

As mentioned earlier, governmentality uses apparatuses of security as its essential technical element. To reach and govern the population on vital events like illness, birth and death, the government needs apparatuses of security. It is hard to get a grip on them though. Foucault says that they have the constant tendency to expand: "An apparatus of security cannot operate well except on the condition that it is given freedom, in the modern sense that (…) the exemptions and privileges are no longer attached to a person, but to the possibility of movement, change of place, and processes of circulation of both people and things." (Foucault in Dilts & Harcourt, 2008: 2). "Apparatuses of security are focused on spaces like the town or the field to govern and normalize the regularity of vital events (such as birth, death, harvest, profit, crime or sanity)" (Legg, 2011: 129). Foucault describes an apparatus as a heterogeneous mix of institutions, forms, regulations, laws, statements or moral propositions (Foucault, 1980 in Legg, 2011: 130). This mixture functions in a power play, but is also linked to limitations of knowledge. Legg concludes that apparatuses are indissociable from regulation and government, but that their very multiplicity opens spaces of misunderstanding, resistance and flight

[7] Team meeting, 1-5-2017.
[8] Interview employee strategic department, 31-5-2017.

(Legg, 2011: 131). These spaces give apparatuses freedom to develop, in which case two things are created. The first one is the discipline of governing oneself. Governing is more than laws that need to be obeyed. In freedom, the governed population is expected to govern itself with the morality that is carried out by the government. "The subjects would produce the ends of the government by fulfilling them themselves rather than being merely obedient, and would be obliged to be free in specific ways." (Rose, O'Malley & Valverde, 2006: 89). The second is the competition between health insurance companies.

The health care insurance company and the supervisory body are such technical means of governing the population.

i. Health care insurance companies

A health care insurance company is of vital importance to health care in the Netherlands. Since every citizen is required to have basic health care insurance, these companies are indispensable. Health insurance companies have to provide insurance for every citizen, make sure every citizen can access high quality health care and reimburse them for it. They also need to check if the reimbursement runs smoothly. Nova has a large department that audits whether patients and health care providers have submitted correct invoices. A former pharmacist I interviewed worked at Nova in this department before he transferred to the strategic department, and told me about this process.[9] When a health care provider prescribes a certain medicine for a patient, they need to send it to Nova, who checks whether or not the invoice is legitimate. If not, the department of Nova will send a letter to inform the care provider. This way, they gather information on invoices, but also carry out the regulations and laws in order to inform the health care provider of this.

Secondly, all health care insurance companies develop various additional insurances for people to choose from on top of their basic insurance. These additional insurances can change annually. This gives the company the freedom to develop its products. Companies can choose particular focus points, to stand out from other companies. Some health insurance companies are more directed towards innovations than others, or have a very specific target audience, such as the elderly, religious people, or people living in a certain geographical area in the Netherlands. It is an important part

[9] Interview employee strategic department, 1-5-2017.

of the regulated competition between insurance companies to develop differences between the companies.

ii. NZa

Not only the government comes across as the organ that decides Nova's goals and ways of reaching these goals, on a more practical level the supervisory bodies have lots of influence. These bodies of course also get their role from the government. The NZa, calling themselves the health care market supervisor as described earlier, has the authority of determining the maximum costs of all types of health care and what a health care provider may charge. For example, they determine the registration fee for GP's. The content of this fee is almost clear, but not entirely. This openness of space leads to negotiation between the health insurance company and the GP's. A policy officer that recently started working at her department described this very clearly in an interview:

> *"The largest part of the income of GP's is the registration fee. The NZa determines the maximum amount of this fee. It consists of costs on labor and practice. But what exactly is integrated in these costs is not transparent. So, we say, that we think that, for example, the accreditation for a certain quality label is integrated. The GP thinks that the registration fee is just their salary, so all things they do extra must be reimbursed. If we have to have a discussion with the GP's on which part of their registration fee is income and what part is for practice, we will never agree. Every health insurance company thinks differently about it, GP's have their own opinion. We keep asking the NZa to make it transparent, so that we can build on that. But we already know full transparency is not going to happen. But until then, talking about money is very complex."* (Interview policy officer)[10]

The NZa makes rules that Nova needs to deal with. Where health insurance companies check all reimbursements, the NZa checks all health insurance companies as being an independent supervisory organ.

In this chapter, the brief outline of the history of health care in the Netherlands and this development resulting in the current system showed us that the national government has a lot of influence in creating the system and making decisions within

[10] Interview policy officer, 24-5-2017.

the system. The health insurance company is an executive agency. The governmentalized state governs the population through apparatuses of security. They manage and supervise a certain area to check if it functions according to the set of rules. Next to that, they have some freedom to develop as they see fit and hopefully carry out the morality the government teaches them. Health insurance companies and supervisory bodies within the field of health care are part of these apparatuses.

3. Towards the participation society

"It is unmistakable that people in our current networking and information society are more self-assertive and independent than ever before. Combined with the need to diminish the deficit of the government, this leads to the changing of the classic welfare state into a participation society. We ask everyone who is able, to take responsibility for his or her own life and environment. (…) The change to a participation society is especially visible in social security and in long-term care. (…) In these times, people want to make their own decisions, arrange their own lives and take care of each other." (Speech King Willem Alexander, 2013)[11]

The Dutch King Willem Alexander summarizes the goal of all policy very well in his speech of 2013 (Rijksoverheid, 2013). The classical welfare state is assumed to cause too large a deficit of the Dutch government, and the solution is to move towards more responsibility for citizens and their needy neighbors. Since then, the Dutch government more and more steers towards a participation society. The introduction of this transition to a participation society has been mainly connected with the need for cost reduction (Helderman et al., 2005). The Dutch government has a goal of making health care specifically more "accessible, effective, affordable, and of higher quality" (Schippers not yet published: 1). Schinkel and Van Houdt (2010) developed the term 'neoliberal-communitarianism' for this way of governing. On the one hand, the government emphasizes the own responsibility of citizens and governing based on economic terms, such as output, results and measurable goals. On the other hand, it emphasizes communitarianism, community-building and taking care of each other (Van Houdt, 2009: 119).

Schinkel and Van Houdt were inspired by Foucault, who calls governmentality the introduction of economy into the political realm (Foucault, 1991: 92). "Economy" comes from the Greek language and literally means a family with its household. Governing all these families in a territory, the state needed to build on all families and derive a standard from it. The art of government is concerned with how to introduce the right way of managing within the family, and how to introduce the family into the management of the state.

[11] Own translation.

This role of economy has been playing such a large role in society, that it is being referred to as 'financialization'. It is a concept that is quite new within anthropology, and thus in many ways defined and approached. It entails the political accent on deregulation. The market is seen as the rightful source to regulate financial activity, not the government. Further, it contains that economic activities have increased, and that making profit through financial channels instead of through trade or production has accumulated (Fine, 2012 in Mulligan, 2015: 38; Epstein, 2005; Krippner, 2005). It is thus tied together with the concept of political economy: the intertwined politics with economy.

It is interesting, however, how these authors separate the market and the state. Their articles deal with the state withdrawing itself and leaving free market forces to work. Another view on this matter comes from Keith Hart. Instead of perceiving economy and politics as two different worlds, they are interwoven. Keith Hart (1986) points out that the market and the state are two sides of one coin: they cannot exist without each other. "'National capitalism' is (…) the institutional attempt to manage money, markets and accumulation through central bureaucracy within a cultural community of national citizens" (Hart, 2009 in Hart, Ortiz, 2014: 22). The Dutch health care system is more like this last view. The Dutch government does not retreat, but carefully regulates the system and allows a small aspect to function through market forces. The government actively chooses this system and does not withdraw from it.

Another aspect of Foucault's political economy is data. In order to identify the population's own regularities and cycles and to identify problems that need to be solved, science of the state developed (Foucault, 1991: 97). This newly developed knowledge on the domains of management, human resources or accountancy could be used for generating tactics in order to govern spaces as industries and factories (Rose, O'Malley, Valverde, 2006: 94). These statistics could reveal problems that the state could solve with a certain policy. Apparatuses of security came about to gather data that reveal the regularities of the population.

Both the goals of the government of creating more responsible citizens and taking more care of each other are carried out by Nova. They also tend to do it based on economic terms. Nova also has a large part in data selection. I will now first elaborate on how Nova

tries to achieve the goals of the government. Then, the collection and use of data will be explained.

Innovations

Nova's goal is to reach more efficient health care. This means Nova wants to get rid of unnecessary and not qualitative care in order to save money and spend it on making high quality care even better.

The way Nova tries to improve health care is by implementing innovations of all sorts in the existing chain of care. Nova has a large department focusing on the development and implementation of new services and products. Employees working in this department are mainly occupied with searching and contacting start-ups that have innovative ideas for health care. If such an innovative product has potential, employees apply for funds from Nova to financially support this product. Consequently, the employees start to develop pilots with different health care actors that would be involved in the particular innovation.[12]

A currently tested but not yet fully implemented innovative product is the neo-kidney. This product has come up in conversations with various employees and in a few team meetings I attended. In a first introductory meeting with an advisor on health innovations of the strategic department, he explained this health innovation to me.[13] This is an artificial kidney designed for people having kidney problems. This product makes dialyzing the kidney at home possible. This way, people who need to daily dialyze their kidney do not have to attend a dialyze institution anymore, but can do it themselves at home. By making the patient more self-sufficient, the dialyze institution becomes superfluous to many patients. The care of dialyzing is made more efficient this way. Patients can easier dialyze themselves, which saves a daily trip to a dialyze institution. This way, many of these costly institutions do not have to be run anymore. This saves money that can be spend elsewhere. So, the patient becomes more self-sufficient and the costly dialyze institution has less patients and therefor needs less money. This also fits the focus on enlarging the responsibility of people.

Another example of Nova valuing more responsible and proactive patients is the development of an electronic database of information for patients. The idea is to make patients able to really understand the causes and effects of their illness or consequences

[12] Interview employee strategic department, 24-5-2017.
[13] Introductory meeting advisor health innovations strategic department, 01-05-2017.

of a certain treatment and be exposed to possible alternatives. This way, patients are not only dependent on the opinion of their GP or medical specialist, but can develop an opinion themselves on their illness or advised treatment. It promotes a responsible and proactive patient.

A third way for Nova to achieve more efficient care is the development of a different kind of purchasing health care. It is called Value Based Health Care (VHBC).

> I entered one of the large meeting rooms within the building on the second floor. In the middle stands a large white table surrounded with comfortable rolling office chairs. A digital screen hangs on one wall, showing the first slide of a power point presentation. A group of four people (two women, two men) have prepared the session, and are now still organizing their papers and discussing a few last things. There are already a few people sitting around the table. I introduce myself to all of them by giving them a hand and state my name. More people trickle in, while somebody gets us all coffee and tea. We start the session with 14 people, and do a round of introduction. A team of mainly the health care purchase departments has come to this workshop to learn about VBHC. The next two-and-a-half hours are filled with explaining the goal of VBHC and a purchase assignment for the team. "VBHC tries to put the patient in the center and revolve purchasing care around it. The starting point is the patient: he needs a GP, a hospital, maybe mental health care, pharmacy etcetera. The goal is to increase the value for the patient." Instead of purchasing these care providers separately, we try to bundle it up in one contract, that fastens communication and improves co-operation between the different carers.[14]

This development of more quality care is a more long-term process, directed at changing the way Nova purchases care that their insured people can access and get reimbursement for.

"We now have a system that reimburses production of the health care provider. It causes some errors, so we are trying to solve it. In the end, we want to reimburse value for the patient," a manager said concerning this topic.[15]

[14] Field notes, 9-5-2017.
[15] Informal conversation with a manager, 15-5-2017.

The development of these innovations shows the aim for better quality care and efficiency. The complexity of the field and the wish for changing the purchasing manner is shown in the next segment.

> The assignment reveals how complex the purchasing field is. When creating a package of all the needed care for one disease, there are endless combinations with different side effects and other diseases this specific patient could have. While the medical specialist walks around and informs the purchasers on which disease with which side effect needs an MRI scan or not, the workshop leader mentions the complexity of it all. "You cannot take everything into account in the package, because soon enough you will have half of the hospital in your package. And with having 25 packages, there will be too much overlay." A purchasing employee asks: "But how do you do this? It is all part of the patient journey, right?"[16]

As this segment of this workshop shows, the will to change the focus of health care to a patient-centered care is absolutely present. The goal of focusing on the patient journey should make the health care for the patient more valuable and more efficient. But it also shows the multiple options possible and the complexity to catch individual patient journeys and their specific mixture of illnesses within care purchase policy.

Databases

> "Which focus group do we pick? What is the goal we want to reach?" I am sitting with five people in a small meeting room. All people come from a different department. This room has different types and colors of chairs and a striking lamp standing in the corner. The room beams creativity and brainstorming. That is exactly what we do. The meeting is a starting meeting to develop a long-term vision of Nova on the chronically ill. "Our current way of dealing with chronic illnesses has expired, according to the field. We need to switch from illness-centered to patient-centered. Our question is to figure out what is wrong, what can be improved and how." The meeting ends with various assignments for individual people. For next time, lists need to be made: what are the 40 most

[16] Field notes, 9-5-2017.

> common chronic diseases? Which disease causes the most reimbursements at Nova? What could be the goals we want to achieve? How are other long-term visions build around other groups like the elderly, cancer patients, etcetera?[17]

As mentioned earlier, the science of the state is very important in the political economy as a form of knowledge (Foucault, 1991; 97). Within Nova, it is needed to build on innovations, and long-term policy in general. Data is needed in order to know what a problem is, to get to know deviating areas, or to evaluate whether an innovation has worked. All this information that needs to be gathered comes from databases. Based on these outcomes, the long-term policy is being developed. A large department of analysts knows the ways of these databases. In every team that is being formed to develop for example a long-term vision on the chronically ill, analysts are present to provide knowledge derived from analyses of data.

Uitbreiden In this chapter, the use of political economy as a form of knowledge for governmentality is developed. The goal of the Dutch government is mainly based on a financial reason, namely cost reduction in health care. It unfolds in moving towards a participation society where citizens are more self-sufficient and also care more for their neighbors. For political and economic knowledge, statistics of the state are needed to find solutions for problems and evaluate implemented solutions. Nova tries to contribute to the participation society with implementing innovations such as the neo-kidney, that will make health care more efficient and makes the patients more self-sufficient, and the large transition to VBHC shows another innovative project. To know which problems need to be changed with innovations, data is needed to find those. Science of the state is an important form of knowledge within the concept of the political economy. The example of the meeting on a new long-term vision on chronically ill shows that data based choices are forming the new vision of Nova on this particular target group. With both of these aspects of Foucault's concept of political economy, Nova achieves the goals that the Dutch government pursued.

[17] Field notes, 8-5-2017.

4. Areas of friction

In chapter two and three, the perspective of the health care insurance company has been worked out with the use of the concept of governmentality. Employees of health insurance company Nova stress the regulation of the government on the health care field. This perspective is important for the societal debate on health care. The perspective of the health insurance companies often is lacking, but that causes incomprehension for their business and an incomplete image of health care. I shall now briefly describe certain areas that the negative image on health insurance companies could feed.

Lack of understanding the system

> ''It is important to remain talking to costumers. They call us: 'I read this and this, is this true?'. And then we explain it to them. We do not decide the height of the own risk, that is for politics. If there is no own risk, we will have to raise our premiums. Then they ask surprised: 'Oh, so you do not determine the height of the own risk?'. We inform many journalists and costumers how the health care system works.'' (Employee 1 communication department)[18]

The complex field of health care is unknown to many citizens. Basic knowledge on which institution decides on which rules is not widely spread. Employees stress the difference between ill people and healthy people. To healthy people, health insurance companies only pop up in their world when every month a rather substantial amount of money is written off of their bank account. Ill people know more of the health care system. This leads to thankfulness when seeing all bills that somebody does not have to pay, because of a small monthly fee. It also leads to the feeling of having the right for all care and the best care. Somebody pays a premium, thus is entitled to all care.

A few Nova employees mention their own role in the explanation of the health care system. They express the wish to communicate about their jobs and their role in the health care field more. An advisor on care innovations who has worked for Nova for eight years phrased it thus when I asked him if he perceived a negative image of health insurance companies:

[18] Interview employee 1 communication department, 22-5-2017

''It is a difficult story to tell to patients. Are we an office that just pays the bills, or is it a group of people that really adds to health care by making it more efficient and cheaper. We have a job to explain the story very well to the insured.'' (Employee innovation department)[19]

This communication is already present and being worked on. Nova for example has a YouTube-channel with videos on explaining certain topics, such as own risk or how solvency works. As the communications employee above mentioned, their department is also working on explanation to customers and journalists on a daily basis.

The media are important players in the field. If journalists write on the system, it is essential that they know the field quite well. This is not always the case, however, as another communication employee told me.

> *''First, newspapers had permanent health care journalists. Then, in order to respond to the digitalization, a lot of permanent journalists left and the news editors had to sort of keep up with our field. Now, you see that permanent health care journalists are coming back, because it is a large social and political theme, and very complex. There has been made space for them again.''* (employee 2 communication department)[20]

The diminishing of permanent health care reporters in the exact time the health care system changed has caused journalists to not have an in-depth understanding of the field. This lack of understanding causes a superficial image of the workings of the health care field. Next to that, the speed of news also has influence on the truthfulness of news.

> *''Journalists need to get things done more quick nowadays. There is almost no fact check anymore. Ten years ago, journalists asked if I could let them know the answer to their question in two days. When they call now, they just expect you to have the answer right away, or at least within an hour. Sometimes they do a fact check after the news has been brought. For example, the biggest national news platform in the Netherlands adopts news from a Dutch newspaper and puts it on their website.*

[19] Interview employee innovation department, 18-05-2017
[20] Interview employee 2 communication department , 22-5-2017

> *After that, they start calling us if it is true or not. Two hours later, the report has been supplemented. They say, which I can also understand, that they cannot stay behind just in case it would be real news.''* (employee 2 communication department)[21]

The speed of the news nowadays and the slowly reviving specialist journalists on the health care topic make for undetailed news, which causes less understanding for the role of the health care insurance company.

A regulated market

> *''As a health insurance company, you try to keep the balance of health care providers and costumers. Sometimes you have to say no. There is are some market forces working, but it also is boarded up. It can never completely tilt one way or the other, there is only a small, regulated tilting possible.''* (employee 1 communication department)[22]

Many of the in the introduction mentioned public debates and news items were from the perspective of the health care provider or the patients. There is a tendency in the public debate to focus on the market forces within health care, which mostly lead back to the health insurance company.

The story I have told in this thesis is about the regulation with marks the health care field according to Nova. Within this regulation, a small domain is left for market forces. Within this small domain, a lot of intransparancy is demanded by the government, which does not help with collaboration with health care providers. The earlier addressed example of the registration fee of GP's is an example of that. The employee that told me about the GP's also had another example which showed that the intransparancy is in the way of collaboration. The Competition Law[23] demands that health insurance companies cannot bargain with parties in the field about money and costs. This means that Nova cannot let the GP's know how much money they have in stock to spend on primary care. GP's then make their own estimates. The employee could not tell me anything, but she said their estimates were way too high. The effect is

[21] Interview employee 2 communication department 22-5-2017
[22] Interview employee 1 communication department, 22-5-2017
[23] Mededingingswet (Overheid.nl B 2017)

that GP's think Nova has more to spend than they want to, so they demand more compensations at the negotiation table. Nova declines these requests, which feeds the idea with GP's that they are penurious.[24] This idea of greed also comes from somewhere else.

Financial institutions

A health insurance company is being treated as the same as a damage insurance company by The Dutch Bank (DNB[25]). It officially is a financial institution that has to prove to DNB that they meet all requirements that they have enough money to reimburse everybody and have the required amount of reserves to be able to deal with unforeseen expenses. The financial world has a very negative image since the crash of 2008, and other financial institutions such as health insurance companies feel that too.

Health insurance companies as an actor also need to compete with health care providers. ''Where a GP is much more personal and part of the everyday lives of people, an employee at a health insurance company is not.''[26] A research on health shows the same difference in trust (Brabers, Van der Schors and De Jong 2017: Nivel Website). The graph shows that people trust all kinds of health care providers more that health insurance companies, company doctors and insurance doctors. The trust in the different actors varies quite a lot, but the jobs themselves are also very different.

A lifelong job

Two former health care providers I have spoken to have addressed these differences. After working in the field for some time, they now use their knowledge at the Nova.

> *''The prejudice about health care insurers is that they do not know anything about health care, but still are involved and take decisions. See, medicine is a strange profession. It resembles the army in a way. If you haven't had any clinical experience and have not been up to your elbows covered in blood, you are not a real doctor. You are not part of the group. Like in the army if you hadn't experienced wars or*

[24] Interview policy officer, 24-5-2017
[25] De Nederlandsche Bank
[26] Informal conversation manager, 15-5-2017

have never seen a battlefield. (…) It is a status and authority based profession. It is part of your identity.'' (interview medical employee)[27]

Where all people working at Nova have a heart for health care and are passionate about improving it, it still is a different profession than being a health care provider. Most people I have talked to work at maximum ten years at Nova. Within these years, many have had different jobs in the organization. A GP, however, is much different, the medical employee explained. You áre a doctor, that is part of your identity. Most doctors work their whole life as a doctor. The collaboration with different people of health insurance companies could be hard, since every once and a while these people who GP's have contact with within the health insurance company change.

Another difference in the jobs also causes frictional relationships between health care providers and employees of the health insurance company. It is the aspect of the free profession of a health care provider.

''Most health care providers have a free profession. They can treat their patients the way they feel is right. They are the professionals in their discipline, so they want the freedom to decide for themselves how they want to work. Then the health insurance company comes along with rules. It stings them." (Employee strategic department) [28]

In this chapter, areas of friction were presented that could cause a disturbed relationship between health care providers and health insurance companies. The lack of understanding the system by insured people and the press according to employees of Nova makes that there exists an incomplete image of health care and health insurance companies. The intransparancy of various financial aspects that have influence on the relationships between different health insurance companies and the relationship between groups of care givers and the health insurance company. When there is no openness of financials, it will always be a topic of discussion. The differences of jobs of care providers and employees at an insurance company also contributes to the negative image that revolves around the health insurance company.

[27] Interview medical employee, 31-5-2017
[28] Interview employee strategic department, 31-5-2017

5. Conclusion

This final chapter will draw conclusions from this research, after I have mentioned some shortcomings of this thesis and recommendations for further research. In this thesis, I have connected the perspective of a health care insurance company in the Netherlands with governmentality, a concept developed by Michel Foucault. On top of that, I have explained how this perspective can contribute to the societal debate on health care.

Every research is useful and brings us some new perspectives or information, as well as every research has its shortcomings. The largest shortcoming of this research is the small period of time I had to investigate Nova. I feel I only have scratched the surface of understanding the complex working of a health care insurer in the Dutch system, let alone the whole system with all parties. This brings me to my first recommendation in context of future research. Spending more time, getting to know more people and participating more in team meetings will extend ones knowledge of Nova more than mine is now.

Apart from the limited amount of time I had, is the state of my knowledge on the health care system another shortcoming. Learning basic knowledge about the health care field while trying to dig deeper into the material needs more time than that. It also is part of the problem, that a lot of people do not know about the workings of this system. Joris Luyendijk (2016) started his book 'Swimming with Sharks' with the notice that people often have too little interest (*interesse)* in the things they have interest in (*belang)*. Health care is such an topic, where everybody has to deal with and enroll in, but does not spark interest. I would advise on creating a learning curve within the journalistic realm, as Luyendijk has done on banking in the City the and electric cars. The questions I had to overcome as quickly as possible are actually the most important in order to understand and form an opinion about it.

The third shortcoming has to do with studying up. One health care insurance company of the many I had contacted was interested in my research, thus giving me only one option.

Further research would include more parties of the health care field. Since two months was hardly enough to investigate Nova, I could impossibly include the government, the NZa or various health care providers into my research. To understand more of the friction within the system, including these parties would be of vital importance.

In this chapter I will formulate an answer on the main research question of this research: ''How can we understand the role of a health insurance company in the Dutch health care field through 'governmentality', and how can this perspective contribute in the societal debate on health care?''. First, I will summarize the three main chapters of this thesis. Then, I will answer the main research question by using the findings of each chapter.

In the second chapter, I have sketched the history of the Dutch health care field, and described shortly how it is organized currently since 2006. The national government decides a lot within the system, as well as the construction of the system itself. Based on the experiences of employees at Nova, health insurance companies are executive agencies that have the task to provide insurance for every citizen, make sure every citizen can access high quality health care and reimburse them. Next to that, they have the job to improve health care and reduce costs. This aim settled by the government as well.

The third chapter revolves around the goal of the government to move towards an participation society. Political economy as form of knowledge within the concept of governmentality enables this shift. Schinkel and Van Houdt (2010) call the emphasizing of responsibility of citizens and the importance of community-building through economic terms ''neoliberal-communitarianism''. The goal of cost reduction by the government is to be executed by Nova. Nova try to better the quality and efficiency through implementing innovations within the health care field and their own way of purchasing health care. An indispensable aspect is the use of information out of databases to decide where is a problem that could be solved. In Foucault's terms, this state statistics are needed for the political economy as a form of knowledge (Foucault 1991: 96).

The fourth chapter summarizes areas of friction within the health care field that could cause a negative image of health insurance companies. A lack of knowledge on the workings of the health care system by journalists and citizens is key. The intransparancy of a part of the system and major differences in the jobs of health care providers and employees of health insurance companies contribute to a negative image of health insurance companies.

How can we understand the role of a health insurance company in the Dutch health care field through 'governmentality', and how can this perspective contribute in the societal debate on health care?

First, I concluded that governmentality is the art of government, that states have adopted. The state ''has as its purpose not the act of government itself, but the welfare of the population, the improvement of its condition, the increase of its wealth, longevity, health, etc.'' (Foucault 1991: 100). This governmentality is the ''power that has the population as its target, political economy as its major form of knowledge and apparatuses of security as its essential technical element.'' (Foucault 1991: 102). The Dutch government has adopted this purpose. The population as target are thus all citizens of the Netherlands. Pursuing this purpose, the government built up the welfare state. This way of organization, however, came to cost too much money. The government tried decades to reduce the costs. Since the speech of the Dutch King Willem-Alexander in 2013, the current way of pursuing cost reduction was said out loud: a participation society. Schinkel and Van Houdt (2010) coined the term ''neoliberal-communitarianism'' for the emphasis the participation society gave on responsible citizens and caring for their neighbors. In health care, the government decides on important aspects that has to do with finances. Health care insurance companies such as Nova have to deal with these decisions. Nova also tries to reach to this participation society by improving health care with innovations based on statistics and analyses of data that make health care more efficient and the aim is to let patients treat themselves as much as they can, or get treated at home. Nova is thus an executive agency of the government, and tries to achieve the same goals as the government.

Foucault describes an apparatus of security as a heterogeneous mix of institutions, forms, regulations, laws, statements or moral propositions (Foucault 1980 in Legg 2011: 130). Health insurance companies could be described as one such an apparatus, because of the task to arrange the insurance of all citizens of the Netherlands, the contracting of health care providers, reimburse citizens and compensate health care providers, and check if all claimed reimbursements are rightful. The NZa is a supervisory body hovering between the government and the health insurance company, and needs to check health insurance companies for rightfulness.

An important aspect of governmentality also is freedom. ''The subjects would produce the ends of the government by fulfilling themselves rather than being merely obedient,'' (Rose, O'Malley & Valverde 2006: 89). Within the regulated system, there is a certain free part where the goals of the government are produces through self-discipline, rather than obeying laws. This free part is the domain where market forces are allowed in health care. This part is, however, regulated and the caused intransparancy does not ease the collaboration with health care providers.

Through the concept of governmentality, we can understand that the role of the health care insurance company is executive. The role and the goals they pursue is imposed by the national government.

So what can this perspective offer us? The societal debate on health care is mainly reported from the perspective of health care providers and patients. The complex field is not well understood by citizens or journalists, which causes a negative image on health insurance companies. Next to that, the negative image of the banking world after the crisis of 2008 also has its effects on all other financial institutions. Distrust by health carers and public makes health insurance companies viewed badly. The perspective of the health insurance company as mainly tied to governmental laws could nuance this negative image.

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