

## Real estate implications of transitions in Dutch health care institutions

Brand, Alexander; Bollinger, Daan; de Jong, Peter; van der Voordt, Theo

**Publication date**

2017

**Document Version**

Final published version

**Citation (APA)**

Brand, A., Bollinger, D., de Jong, P., & van der Voordt, T. (2017). *Real estate implications of transitions in Dutch health care institutions*. 60-60. Abstract from ERES 2017: 24th Annual Conference of the European Real Estate Society , Delft, Netherlands.

**Important note**

To cite this publication, please use the final published version (if applicable).  
Please check the document version above.

**Copyright**

Other than for strictly personal use, it is not permitted to download, forward or distribute the text or part of it, without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license such as Creative Commons.

**Takedown policy**

Please contact us and provide details if you believe this document breaches copyrights.  
We will remove access to the work immediately and investigate your claim.

## 65 Real estate implications of transitions in Dutch health care institutions

Due to structural changes in laws and regulations and ways of financing, Dutch health care organisations are in a phase of reorientation and transition. As such, many strategical issues have to be solved that will influence their corporate real estate strategy. In such a dynamic context real estate represents a high risk. The transition requires increased transparency and understanding of performance. The current Dutch situation can be described as:

- Increased vacancy arouses. Hypothesis: Health care organisations prevent vacancy by disposing of or reinvestments in existing locations, with improved quality of the remaining real estate.
- Lower rates and increased uncertainty. Hypothesis: The response will consist of increased focus, demanding a proper preparation.
- A growing dilemma of lower budget for real estate and high need for investments. Hypothesis: The level of available financial resources for the renewal of the stock and guaranteed sound management is questionable.

The purpose of the research is to test these hypotheses in order to gain a better understanding of the qualitative and quantitative (financial) mutations in health care real estate and to bridge the gap between the current supply and the future demand. To which extent are Dutch health care organisations ready to realise the transition by the introduction of new concepts, in order to meet the future demand of health care real estate?

Based on a survey, relevant real estate related data including performance parameters has been collected by AAG, a consultancy firm and shared service centre for health and care, in 2015 and 2016. This database is the starting point for benchmark analyses on the resilience and flexibility of health care organisations to provide the required transition.

The data include qualitative data about the location, building, and user experience, and quantitative information (financial, physical, features). Mapping the current situation (IST) generates a better understanding of the (im)possibilities of the health care real estate in the Netherlands (1). In order to forecast the effects of the transition it is necessary to use future scenarios (SOLL) to reveal resilience and flexibility (2). Such scenarios are qualitative as well as quantitative – determining the possible maximum investment and improvement (3). These scenarios will be hold against the actual plans of the health care organisation (4).

**KEYWORDS:** Health care real estate, Transition, Flexibility, Performance, Match between demand and supply