



Health system performance assessment – Integrated Care Assessment (20157303 HSPA)

Health system fiche | Belgium



Funded by the Health Programme
of the European Union



Written by Optimicity Advisors
June 2018

Public
Health

EUROPEAN COMMISSION

Consumers, Health, Agriculture and Food Executive Agency
Health and Food Safety Unit

Contact: Anne-Marie Yazbeck

E-mail: anne-marie.yazbeck@ec.europa.eu, CHAFEA-HP-TENDER@ec.europa.eu

Directorate-General for Health and Food Safety, Directorate B — Health systems, medical products and innovation

Contact: Filip Domanski

E-mail: filip-michal.domanski@ec.europa.eu

*European Commission
B-1049 Brussels*

Health system performance assessment – Integrated Care Assessment (20157303 HSPA)

Health system fiche | Belgium

***Europe Direct is a service to help you find answers
to your questions about the European Union.***

Freephone number (*):

00 800 6 7 8 9 10 11

(*) The information given is free, as are most calls (though some operators, phone boxes or hotels may charge you).

Disclaimer

This report was produced under the EU Third Health Programme [2014-2020] in the frame of a service contract with the Consumers, Health, Agriculture and Food Executive Agency (Chafea) acting under the mandate from the European Commission. The content of this report represents the views of the contractor and is its sole responsibility; it can in no way be taken to reflect the views of the European Commission and/or Chafea or any other body of the European Union. The European Commission and/or Chafea do not guarantee the accuracy of the data included in this report, nor do they accept responsibility for any use made by third parties thereof.

More information on the European Union is available on the Internet (<http://europa.eu>).

Luxembourg: Publications Office of the European Union, 2018

Project NUMBER: 2018.3996				
Title: Health system performance assessment - Integrated Care Assessment (20157303 HSPA)				
Version	Support/Volume	Catalogue	ISBN	DOI
EN PDF	PDF/Volume_03	EW-03-18-204-EN-N	978-92-79-92865-9	10.2875/908967

© European Union, 2018

Reproduction is authorised provided the source is acknowledged.

PRINTED IN

PRINTED ON ELEMENTAL CHLORINE-FREE BLEACHED PAPER (ECF)

PRINTED ON TOTALLY CHLORINE-FREE BLEACHED PAPER (TCF)

PRINTED ON RECYCLED PAPER

PRINTED ON PROCESS CHLORINE-FREE RECYCLED PAPER (PCF)

Population size (thousands): 11,274 (State of Health in the EU, Belgium, 2017)¹

Population density: 371.8 inhabitants / km² (Eurostat, 2015)²

Life expectancy: 81.1 years (State of Health in the EU, Belgium, 2017)

Fertility rate: 1.7 births / woman (State of Health in the EU, Belgium, 2017)

Mortality rate: 9.7 deaths / 1,000 people (Central Intelligence Agency, 2017)³

Total health expenditure: 10.5% (State of Health in the EU, Belgium, 2017)

Health financing: government schemes (11.4%), compulsory contributory health insurance schemes and compulsory medical saving accounts (66.2%), voluntary health insurance schemes (4.4%), financing schemes of non-profit institutions serving households (0.2%), enterprise financing schemes (0.1%), household out-of-pocket payments (17.8%) (Eurostat, 2015)⁴

Top causes of death: circulatory diseases, malignant neoplasms, and respiratory diseases (State of Health in the EU, Belgium, 2017)

The Belgian healthcare system

Belgium is a federal state that has three levels of government – the federal government, the federal entities (i.e. three regions and three communities) and the local governments (i.e. provinces and municipalities). The Belgian health system is characterised by compulsory insurance, regulated by federal authorities and managed by the National Institute for Health and Disability Insurance, and achieves nearly universal health coverage (99%). The social insurance is characterised by solidarity between the rich and poor, healthy and unhealthy people, and with no selection of risk. The federal entities are responsible for health promotion and prevention, as well as social and community care services, integration of care and financing hospital investments (European Commission, 2017b). A number of eHealth applications run by the National Institute for Health and Disability Insurance are likely to foster integration of care. The organisation of health services allows for therapeutic freedom for physicians, freedom of choice for patients and remuneration based on fee-for-service payments. At the federal level, the parliament is the legislative body; the federal government and the Minister of Social Affairs and Public Health are the executive bodies. In terms of national-level healthcare organisation, numerous public authorities are responsible for the funding of healthcare and the oversight of its organisation – there are c. 150 official commissions in the Belgian healthcare sector (European Commission, 2017b). The whole budget for outpatient care is held by the federal government. This strongly impacts the room for manoeuvre of other levels of the government in terms of organising GPs' activities, including integration of care.

In Belgium, healthcare is provided by public health services, hospitals, specific facilities for the elderly, independent ambulatory care professionals, and independent pharmacists. The budget for the health system is determined on an annual basis using a six-step procedure: (i) determining needs, (ii) carrying out technical estimates, (iii) identifying potential economy measures, (iv) suggesting the global budget objective and partial objectives, (v) determining the budget, and (vi) negotiating conventions and agreements (European Commission, 2017b).

¹ https://ec.europa.eu/health/sites/health/files/state/docs/chp_be_dutch.pdf

² Population data, Eurostat
<http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tps00003&plugin=1>

³ <https://www.cia.gov/library/publications/the-world-factbook/fields/2066.html>

⁴ http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_sha11_hf&lang=en

Integrated care policies

In Belgium, the focus has been on moving away from providing mostly expensive acute care, and measures have been implemented to adopt models of integrated care and multidisciplinary cooperation, patients' pathways, care programmes, and networks (Paulus et al., 2013). After a series of policy initiatives to tackle chronic diseases, such as the 2008 national plan 'Priorité aux malades chroniques!'/ 'Prioriteit voor de chronisch zieken!' (Office of the Deputy Prime Minister, 2008) and the 2010 conference 'Innovative Approaches for Chronic Illnesses in Public Health and Healthcare Systems' organised by the Belgian presidency, the government published in 2015 its joint plan in favour of chronic patients – *Integrated care for better health* (Government of Belgium, 2015). The execution of the plan includes the development of up to 20 pilots and has 14 components including patient empowerment; carers support; case management; concentration and coordination; multidisciplinary guidelines; and adaptation of the funding mechanisms.

Integrated care policies and strategies in Belgium reflect an all-encompassing approach to the integration of health and social care, as highlighted in the national-level plan *Integrated care for better health*. These policies represent a shared vision and strategy of both the federal government and the federated entities for the digitally enabled integration and management of health and social care pathways. Additional care components are also addressed by other strategies and policies, such as the regional-level Flanders Care strategy,⁵ and the 'Conventions' agreement (European Observatory, 2010) for functional rehabilitation and integrated care projects in mental health sector policies.

Implementation of integrated care in Belgium: pilot projects in Flanders

- *De Koepel*,⁶ which targets chronic patients who have polypharmacy (concurrent use of multiple medications), multiple hospitalisations or precariousness;
- *De Brug – la constitution d'une chaîne de soins, de diagnostic, de traitement et d'accompagnement/Zorgintegratie De Brug, De Weg Naar Mijn Eigen (Pro) Actief Gezondheids- En Welzijnsplan*,⁷ which looks to enable a chain of care, diagnosis, treatment and support, as well as prevention, early detection and self-management, with the patient at the centre of the approach;
- *Empact!*⁸, which aims to develop a generic model of integrated care for all chronic patients who are dependent on care;
- *Continuité des soins et empowerment du malade chronique/ Zorgregio Waasland: Zorgcontinuïteit En Empowerment Chronisch Zieken*⁹, which aims to improve the health status and participation in the community of chronic patients through an integrated approach of self-empowerment and well-coordinated home care;

⁵ A description of the 'Flanders Care Strategy' is available at https://ec.europa.eu/eip/ageing/repository/flanders-care_en

⁶ A detailed description of this project can be found at <http://www.integreo.be/fr/pres-de-chez-vous/de-koepel-la-coupole>

⁷ A detailed description of this project can be found at <http://www.integreo.be/fr/pres-de-chez-vous/de-brug-la-constitution-dune-chaîne-de-soins-de-diagnostic-de-traitement-et>

⁸ A detailed description of this project can be found at <http://www.integreo.be/fr/pres-de-chez-vous/empact-collectief-impact-platform-chronic-care>

⁹ A detailed description of this project can be found at <https://www.integreo.be/fr/pres-de-chez-vous/saint-nicolas-beveren-saint-gilles-waes-tamise-continuïte-des-soins-et-empowerment>

- *Soins intégrés pour les malades chroniques avec de multiples maladies chroniques et une vulnérabilité accrue/ Geïntegreerde Zorg Voor De Chronisch Zieke Met Multipathologie En Verhoogde Kwetsbaarheid In De Vlaamse Ardennen¹⁰*, which is based on a simple primary screening (i.e. Groningen Frailty Indicator) and further filtering of a target group based on degree of vulnerability, and subsequent orientation toward a self-management path.

Assessment of the maturity of the health system

Maturity Model – Flanders (Belgium)	
Readiness to Change to enable more Integrated Care	
Self-assessment	5 – Political consensus; public support; visible stakeholder engagement
Justification	Broad preparation and assessment with all stakeholders, local level and partner organisations; feedback at Ministerial levels; Political consensus at all levels of governance including regional and federal (national) level.
Structure & Governance	
Self-assessment	4 – Roadmap for a change programme defined and broadly accepted
Justification	Growing process involving new models of care, with cooperation towards good practices of integrated care. Structural debates identified the need for broad communication on a frequent basis with the sector and individual care professionals.
Information & eHealth Services	
Self-assessment	3 – Information and eHealth services to support integrated care are available via a region-wide service but use of these services is not mandated
Justification	eHealth systems vary over the regions in Belgium. Software packages are not compatible, and not every professional has access to relevant software packages; therefore, communication among professionals requires more attention.
Finance & Funding	
Self-assessment	4 – Regional/national funding for scaling up and ongoing operations
Justification	New projects are in the pipeline (i.e. 20 pilot projects); not only recurrent projects are financed; the implementation of the primary care reform has started.
Standardisation & Simplification	
Self-assessment	3 – A recommended set of agreed information standards at regional/national level; some shared procurements of new systems at regional/national level; some large-scale consolidations of ICT underway
Justification	Standards exist for some groups of professionals; no standards for software providers.
Removal of Inhibitors	
Self-assessment	2 – Strategy for removing inhibitors agreed at a high level

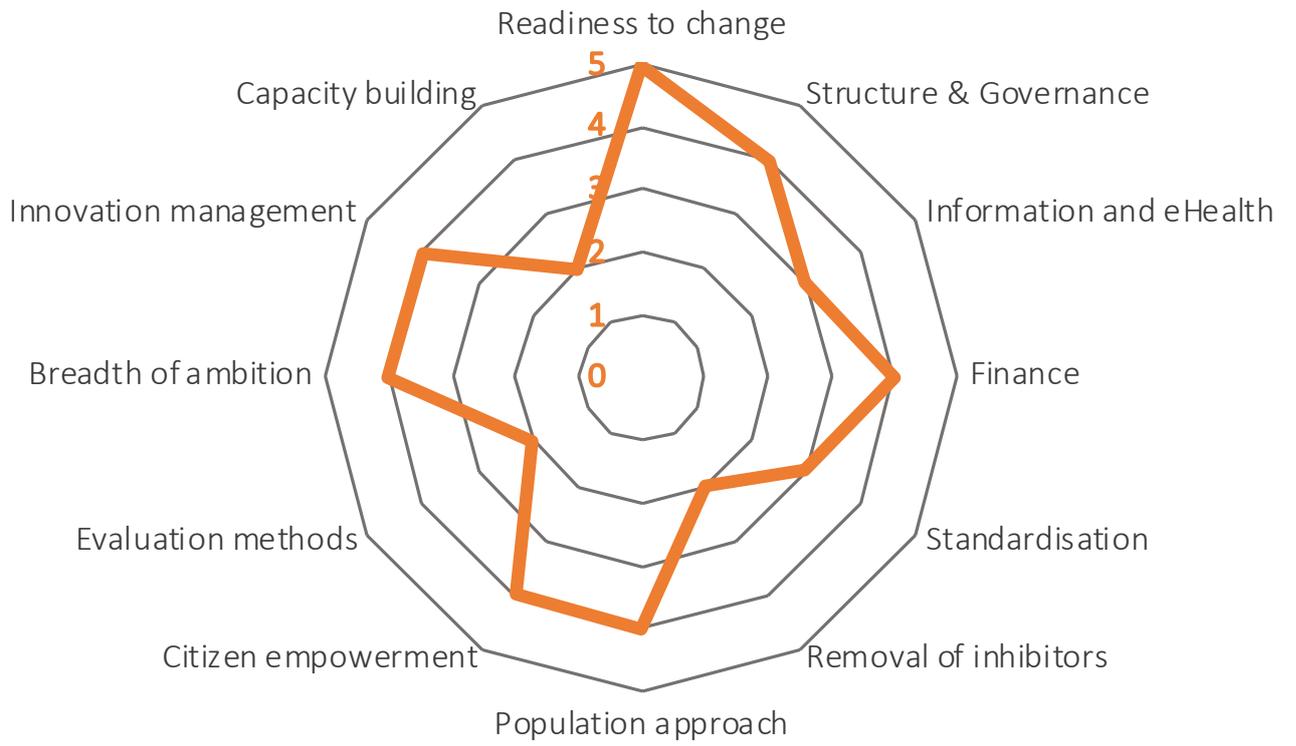
¹⁰ A detailed description of this project can be found at <https://www.integreo.be/fr/pres-de-chez-vous/audenaerde-renaix-zottegem-oosterzele-soins-integres-pour-les-malades-chroniques>

Justification	Reform process and strategy takes the inhibitors into account and work is in progress to ensure co-creation.
Population Approach	
Self-assessment	4 – Population-wide risk stratification started but not fully acted on
Justification	Primary care reform started after Health conference in February 2017. Regional zones will make up care strategic planning; bottom-up approach. Population-based risk stratification concept is there but requires further development.
Citizen Empowerment	
Self-assessment	4 – Incentives and tools to motivate and support citizens to co-create health and participate in decision-making processes
Justification	Co-creation is the goal: together with the Patient Platform to map care tools.
Evaluation Methods	
Self-assessment	2 – Evaluation of integrated care services takes place, but not as part of a systematic approach
Justification	Work in progress; establishment of the Flanders Institute on Health Quality
Breadth of Ambition	
Self-assessment	4 – Integration includes both social care service and healthcare service needs
Justification	Integration of social and health primary care was the topic for the reform process in Flanders that was endorsed in February 2017.
Innovation Management	
Self-assessment	4 – Formalised innovation management process is in place and widely implemented
Justification	Examples of this include: Flanders Care and Flanders Synergy; Flanders Agency on Innovation and Entrepreneurship.
Capacity Building	
Self-assessment	2 – Cooperation on capacity building for integrated care is growing across the region
Justification	Platform 'eenlijn' offers tools, modules and courses to professionals to link up and understand the reform of primary care in Flanders and the consequences and opportunities for them. Local cluster projects for professionals to learn to cooperate on specific issues.

There are well-defined policies aimed at the implementation of integrated care, as well as a clear political consensus around governance and engagement with relevant stakeholders. This was clearly reflected in the Maturity Model Assessment, particularly in the Readiness to Change assessment dimension, which was rated as 5 (*Political consensus; public support; visible stakeholder engagement* – the highest possible score).

This clear set of policies and political consensus served as a basis for the establishment of 20 pilot projects that aim to implement integrated care across several regions in Belgium, including the Flanders region, for which three projects are currently finishing their conceptualisation stages. Because the concept of integrated care implementation is relatively new in Belgium (and the Flanders region), there is a need to progress in several assessment dimensions once the pilot projects begin their operationalisation phases. These dimensions include the development of systematic evaluation methods, as well as improvements in capacity building.

Belgium | West Flanders



HOW TO OBTAIN EU PUBLICATIONS

Free publications:

- one copy:
via EU Bookshop (<http://bookshop.europa.eu>);
- more than one copy or posters/maps:
from the European Union's representations (http://ec.europa.eu/represent_en.htm);
from the delegations in non-EU countries
(http://eeas.europa.eu/delegations/index_en.htm);
by contacting the Europe Direct service (http://europa.eu/eurodirect/index_en.htm)
or calling 00 800 6 7 8 9 10 11 (freephone number from anywhere in the EU) (*).

(*). The information given is free, as are most calls (though some operators, phone boxes or hotels may charge you).

Priced publications:

- via EU Bookshop (<http://bookshop.europa.eu>).

