
FINANCING AND COST OF THE BELGIAN HEALTH CARE SYSTEM

Who is really paying the doctor ?

**R. VAN DEN OEVER
FORPATH – workshop Pathology
13-11-2008**

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- 1. Financing Health Care in Belgium**
 - 2. Reimbursement Doctors**
 - 3. Reimbursement Pathologists**

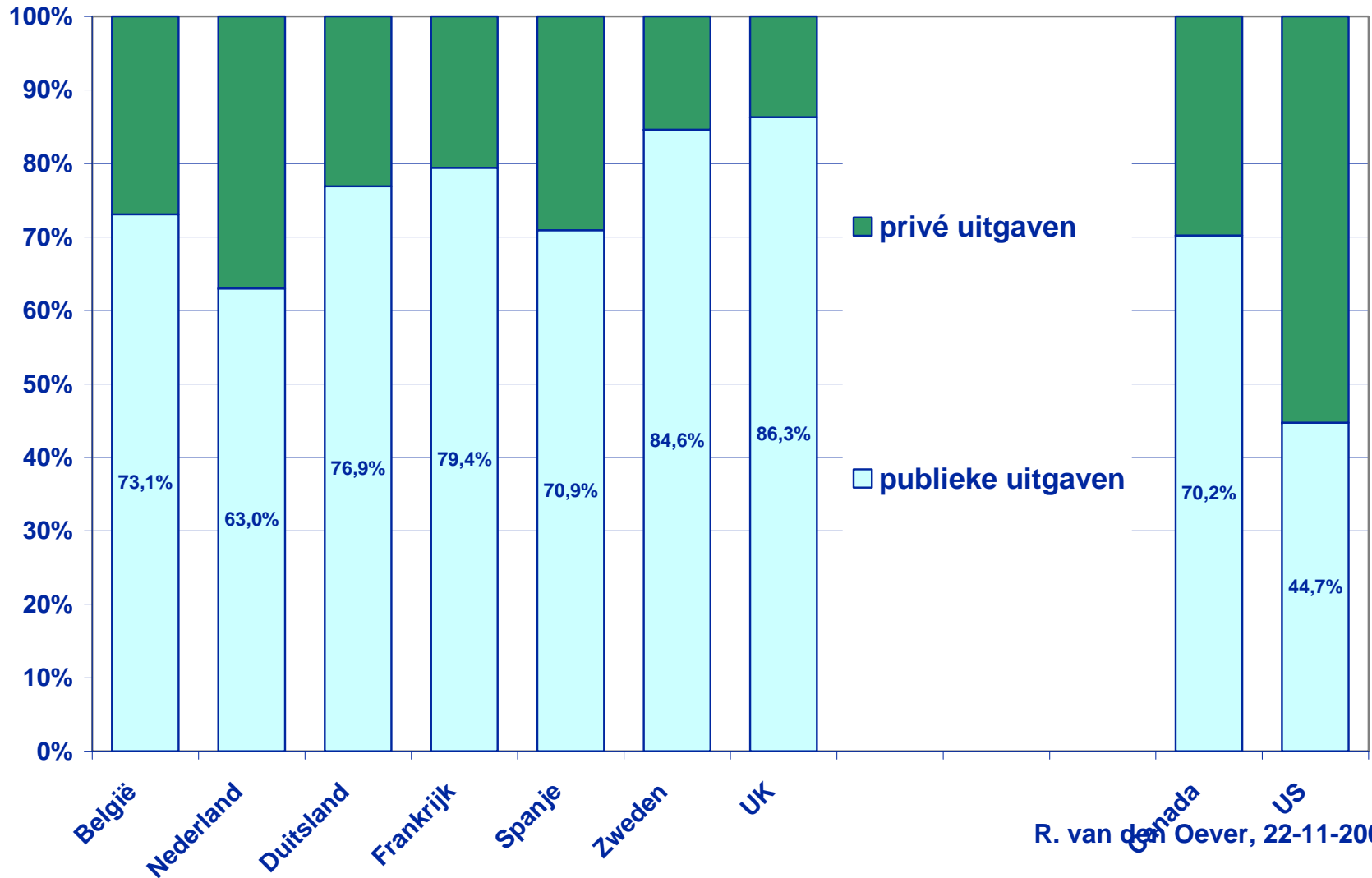
FINANCING HEALTH CARE IN BELGIUM

FINANCING SOCIAL SECURITY

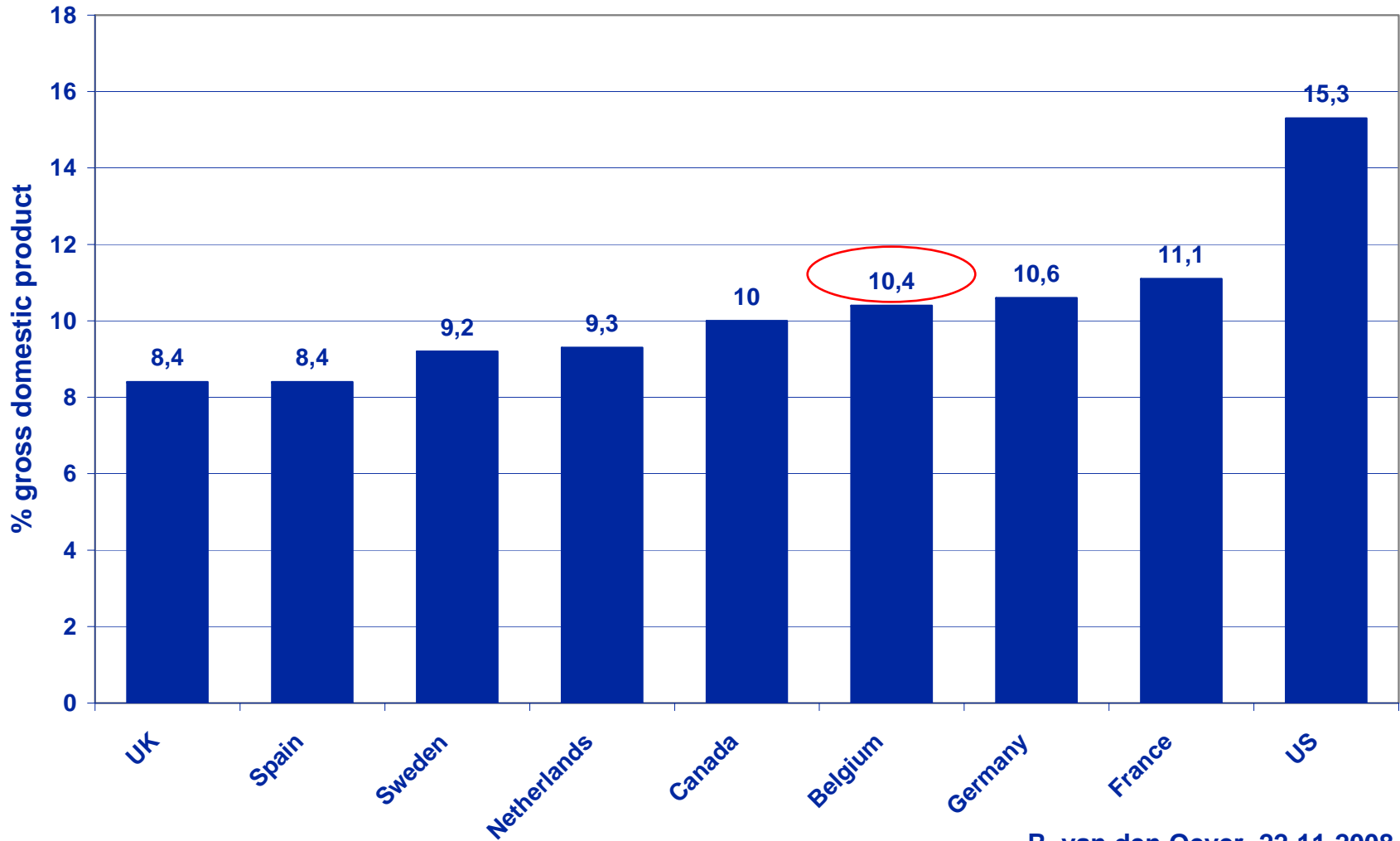
Contributions employees/-yers 2007

	contrib. employer	contrib. employee	total
health care	6,15	4,7	10,85
unemployment	1,46	0,87	2,33
pension	8,86	7,5	16,36
children	7	0	7
work. accidents	0,3	0	0,3
occup. disease	1	0	1
total	24,77	13,07	37,84

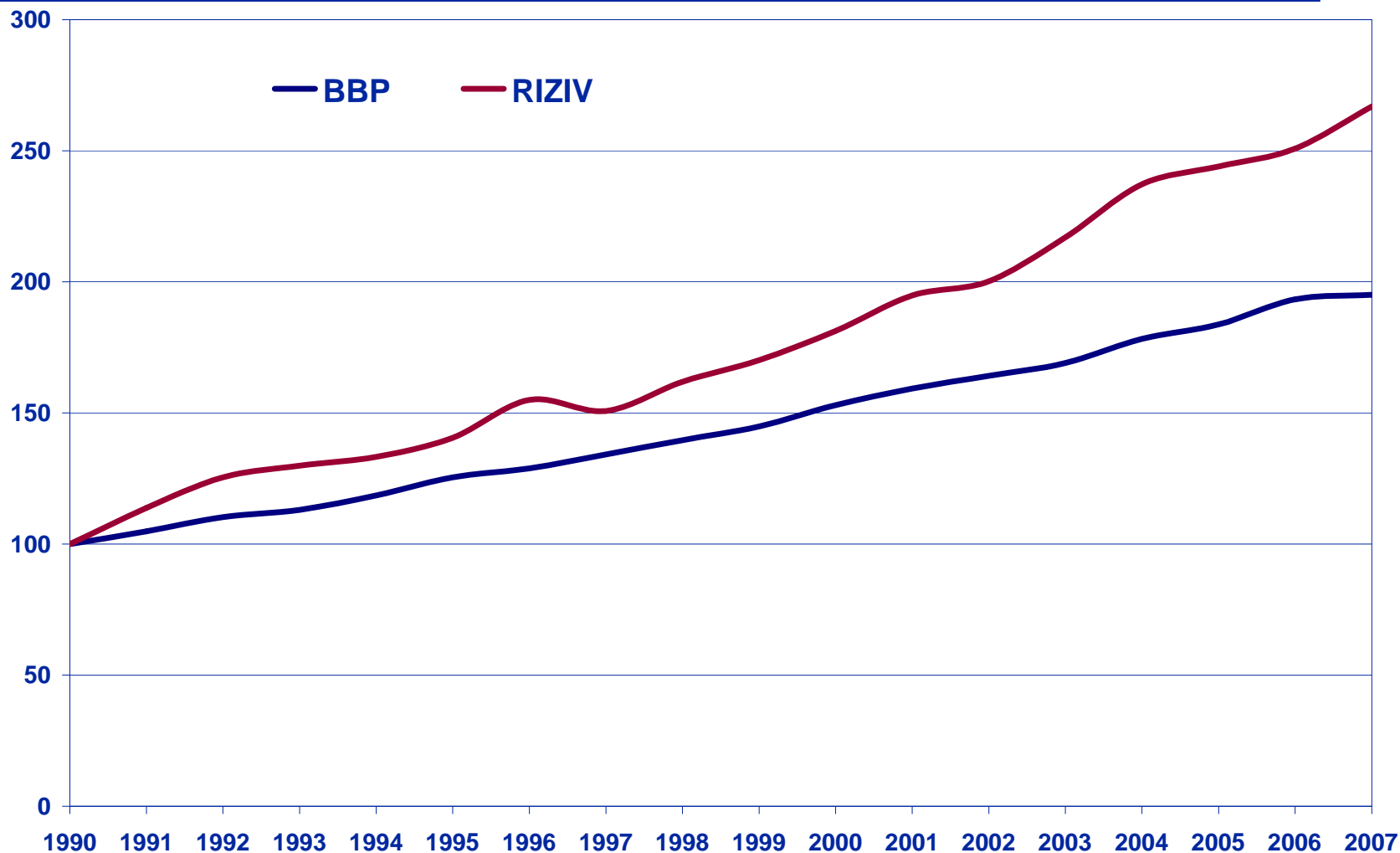
% PUBLIC/PRIVATE EXPENDITURES HC 2004 (OECD, 2007)



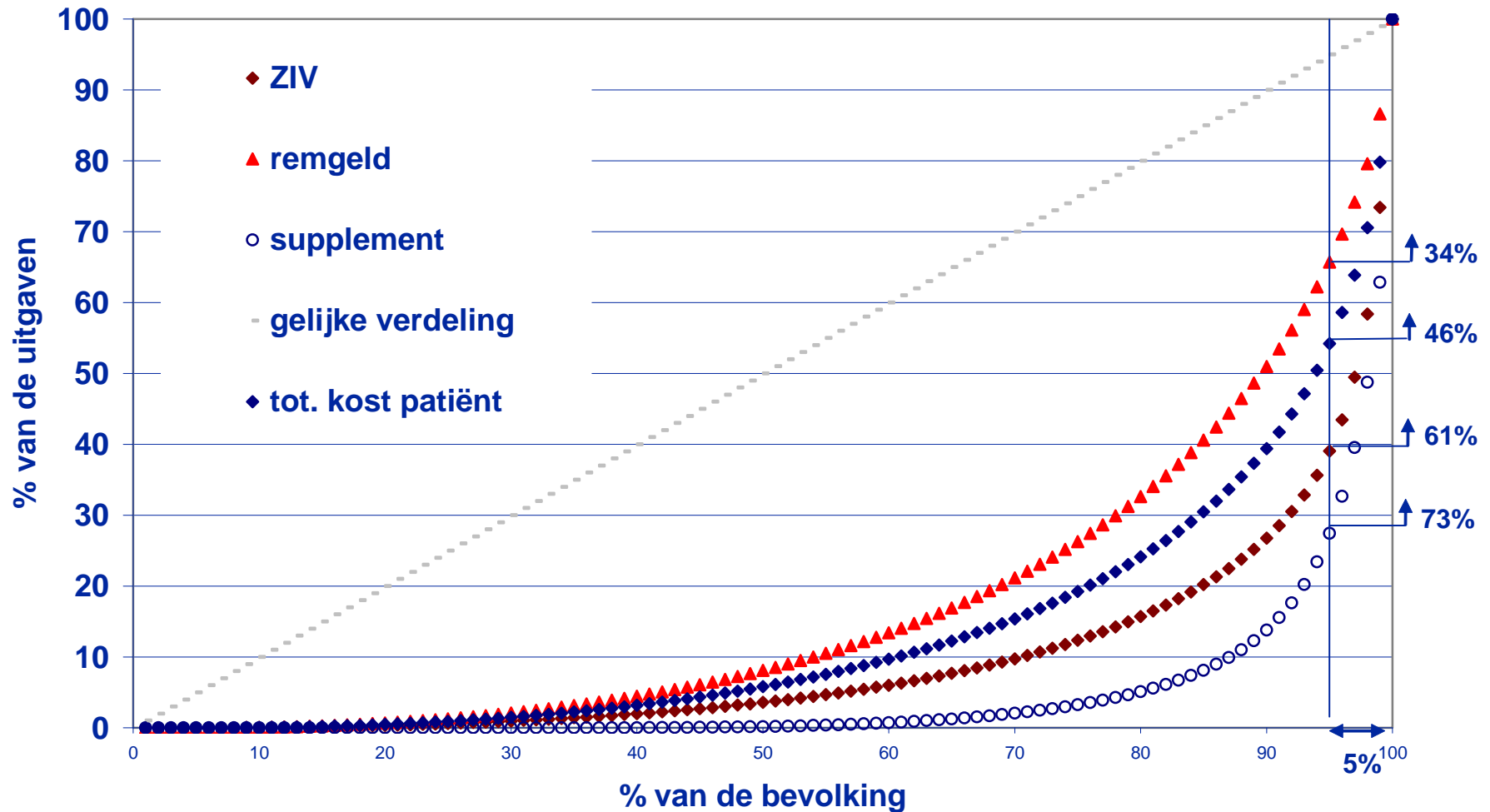
TOTAL EXPENDITURES HEALTH CARE % GDP 2006 (OECD 2008)



EVOLUTION HC-EXPENTIDURES/GDP 1990-2007 (1990 = 100)



HC-EXPENDITURES: distribtution reimbursement/out-of-pocket/suppl. (LCM 2004)



Public/private health expenditures Belgium

Overzicht van de uitgaven volgens dimensie (overheid, patiënt, werkgever en privé)

in miljoenen euro	2001	2002	2003	2004	2005	2006
Overheid	16.858,40	17.109,50	18.856,50	20.535,38	21.643,68	22.128,22
Sociale Zekerheid	14.818,10	14.933,30	16.207,50	17.821,78	18.305,38	18.922,38
Federale overheid	1.388,70	1.504,80	1.698,50	1.804,10	2.381,80	2.133,48
Gewesten en gemeenschappen	265,50	282,50	311,90	427,20	445,40	521,92
Lokale overheden	386,10	388,90	638,60	482,30	511,10	550,44
Patiënt	4.149,16	4.630,33	4.729,17	5.156,18	4.881,59	5.133,58
Out-of-pocket	2.835,11	3.321,41	3.468,93	3.836,12	3.532,06	3.763,80
Remgeld	1.363,15	1.390,27	1.465,10	1.550,19	1.602,44	1.658,70
Terugstortingen remgeld	-49,09	-81,35	-204,86	-230,13	-252,91	-288,92
Werkgever	100,00	100,42	100,84	101,26	101,69	102,11
Privaat	1.058,74	1.160,05	1.300,39	1.357,06	1.520,63	1.599,72
Privé-verzekeringen	453,27	529,25	586,84	641,77	714,30	732,81
Ziekenfondsen	605,47	630,80	713,55	715,29	806,33	866,90
Totaal	22.166,30	23.000,30	24.986,90	27.149,88	28.147,58	28.963,63

berekening Assuralia

source.: Assuralia

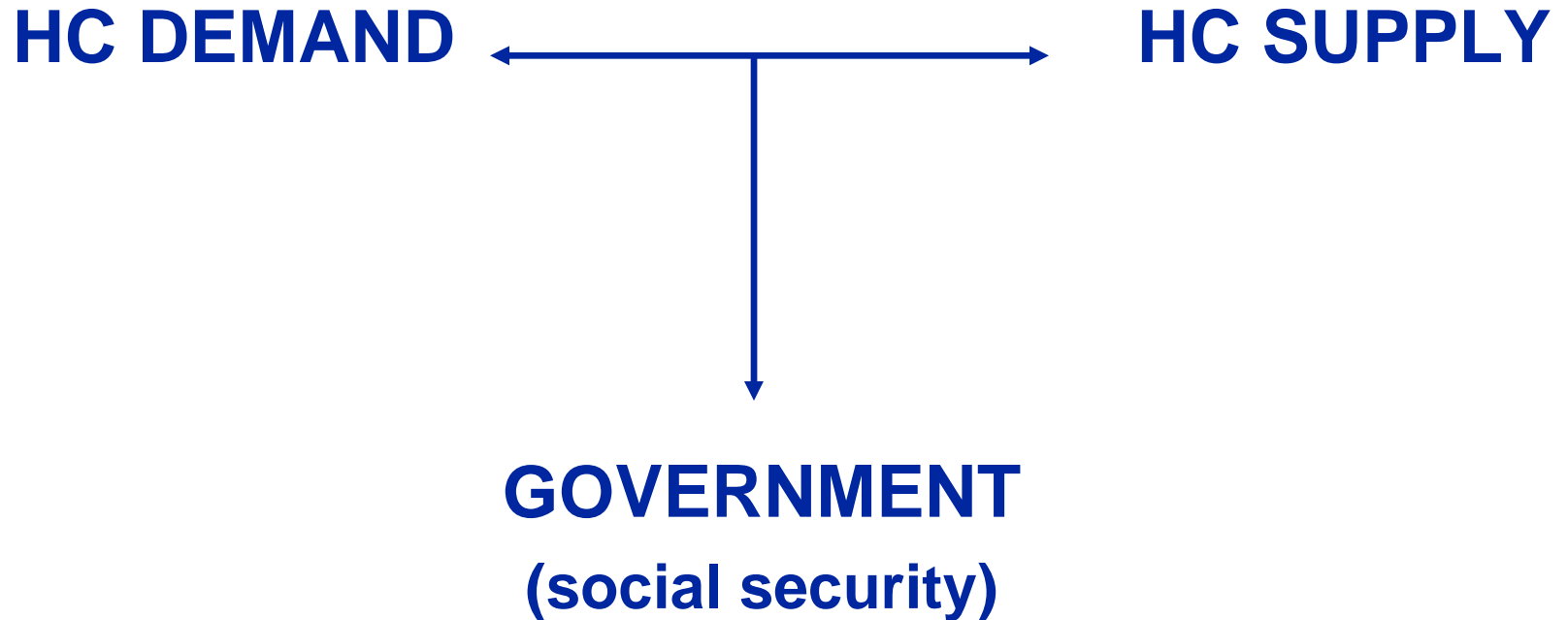
R. van den Oever, 22-11-2008

HOW MUCH TO PAY THE DOCTOR ?


How many doctors ?

How many procedures ?

FAILING MARKET PROCESSES IN HEALTH CARE



HC MANPOWER PLANNING

THE POST.IE The Sunday Business Post Online 



TCH Archives > Sunday Business Post > 2007/12/02 > Problems with pathologists beset labs



Archives Search

Problems with pathologists beset labs

Simple

Sunday, December 02, 2007 - By Susan Mitchell

Advanced

A shortage of pathologists is leading to excessive workloads and lengthy waiting lists for test results at hospital laboratories around the country, according to a leading consultant pathologist.

Date Search

Help

Gerard Boran, the dean of the faculty of pathology at the Royal College of Physicians of Ireland, said that adequate resources had not been made available to staff pathology laboratories, which are at the centre of the current breast cancer crisis over misdiagnoses.

ThePost.ie

News

The Hanly Report on medical staffing, which was published in 2003, noted a shortage in the number of pathologists working in Ireland. The report revealed that Ireland had 159 permanent consultant pathologists in the public hospital sector, while 280 were needed to implement the European working time directive and meet the recommendations of the Royal College of Pathologists in Britain, to ensure best practice and patient safety.

Features

TCH Archives

Ireland

159 pathologists, 280 needed?/

37,5 per mio, 66 per mio needed?

HC MANPOWER PLANNING

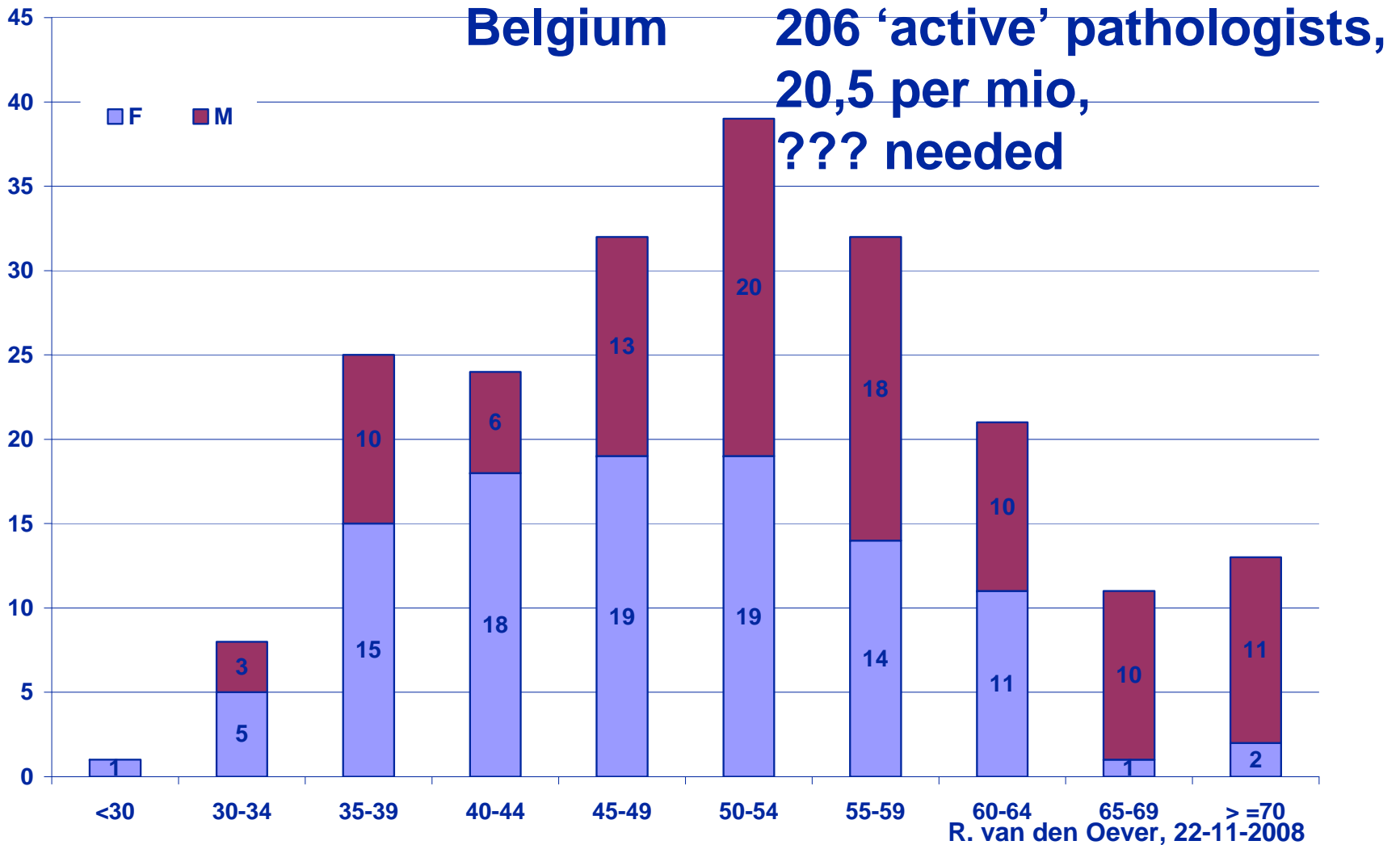
Table 2: Sub-specialty of specialists practising mainly in pathology, 2002

Sub-specialty	Number	% of total number
Anatomical pathology	532	41.5
General pathology	123	9.5
Microbiology	147	11.4
Haematology	302	23.4
Chemical pathology	76	5.9
Cytopathology	5	0.4
Forensic pathology	21	1.6
Immunology	78	6.0
Genetics	6	0.5
Total	1,290	100.0

Source: RCPA

Australia 2002
1290 pathologists, 65,6 per mio

HC MANPOWER PLANNING



HC MANPOWER PLANNING

- ◆ feminization
- ◆ demography (efflux)
- ◆ sub-specialties
- ◆ working hours (EU-dir. 48 hrs/week)
- ◆ im-/e-migration
- ◆ alternative employment
- ◆ telemedicine

HC MANPOWER PLANNING

feminization/working hours

Table 14: Pathology and all specialists, average weekly hours worked, by gender, 2000

	Less than 35 hours	35 to 49 hours	50 to 64 hours	65+ hours	Total
% Male	12.2	31.0	48.5	8.3	100
% Female	24.6	39.0	32.2	4.2	100
% Total	15.2	32.9	44.6	7.3	100
% all specialists	15.6	28.1	44.2	12.1	100

Source: AIHW

Source: The specialist pathology workforce in Australia, AMWAC report, sept. 2003

HC MANPOWER PLANNING (next)

◆ ageing

◆ technology



objective

◆ media/internet

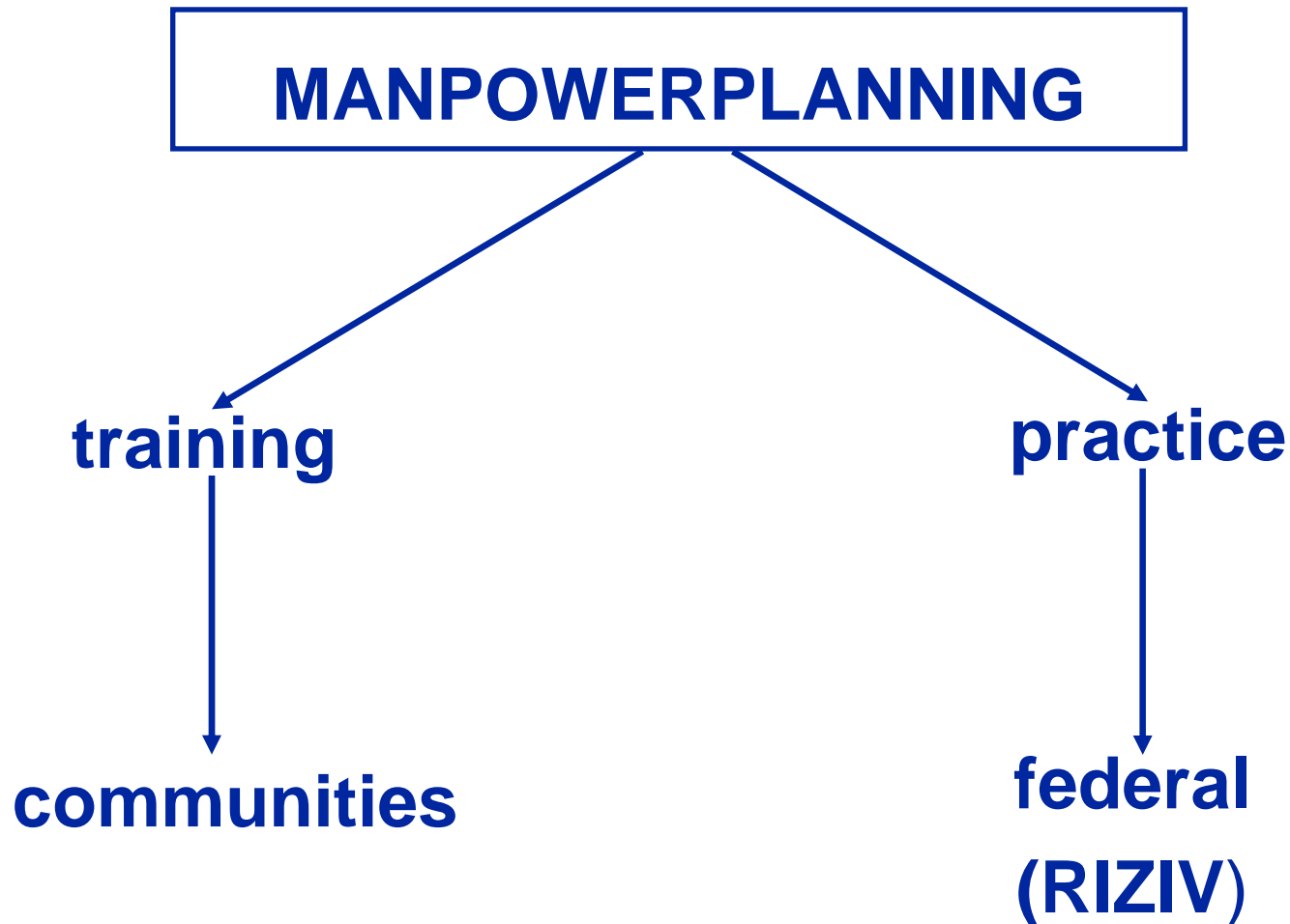
◆ accessibility

◆ privatization

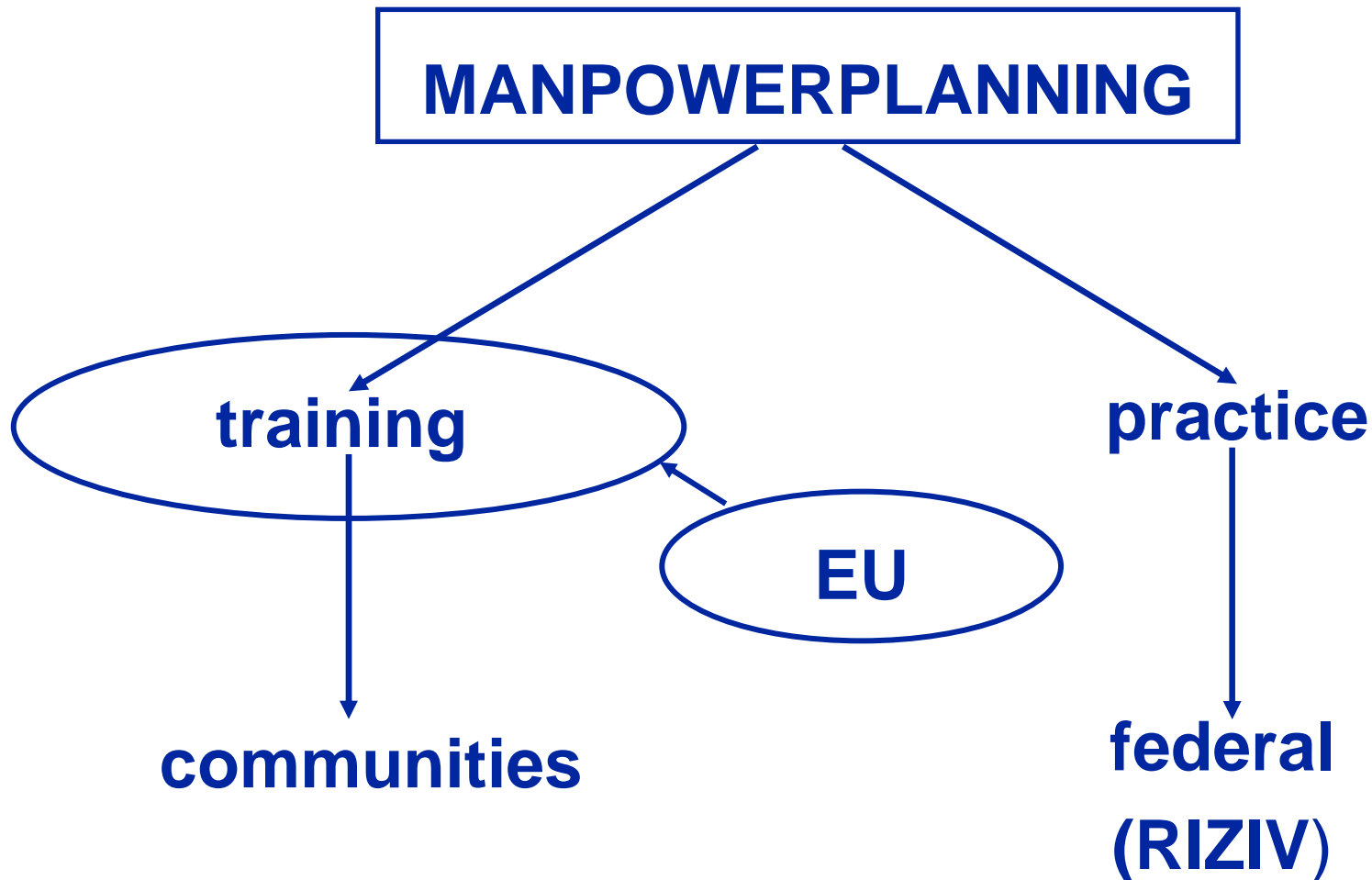


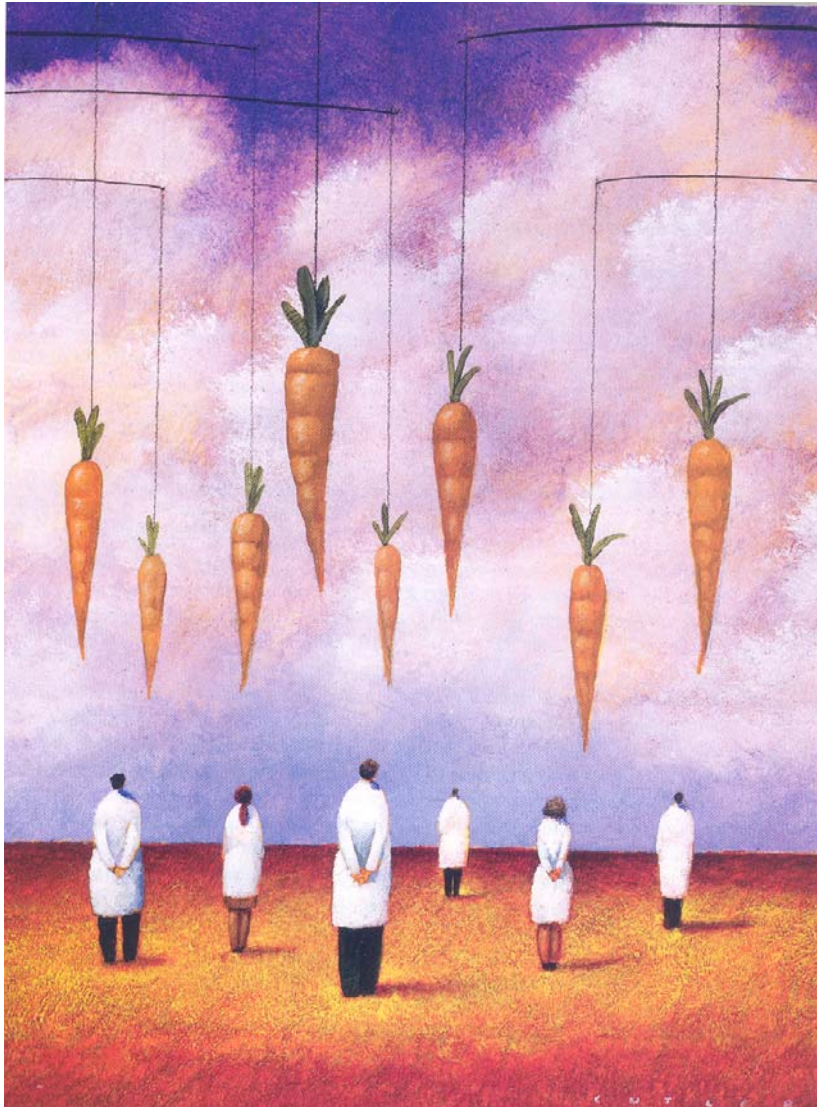
subjective

HC MANPOWER PLANNING



HC MANPOWER PLANNING





HOW MUCH TO PAY THE DOCTOR ?

R. van den Oever, 22-11-2008

PAYING HC PROVISION IN BELGIUM

- ◆ fee-for-service
- ◆ lump-sum/flat rates
- ◆ budget per pathology/discipline/hospital...
- ◆ salaried
- ◆ mixed forms (fee/flat rates)

NEGOCIATION VS PURCHASE

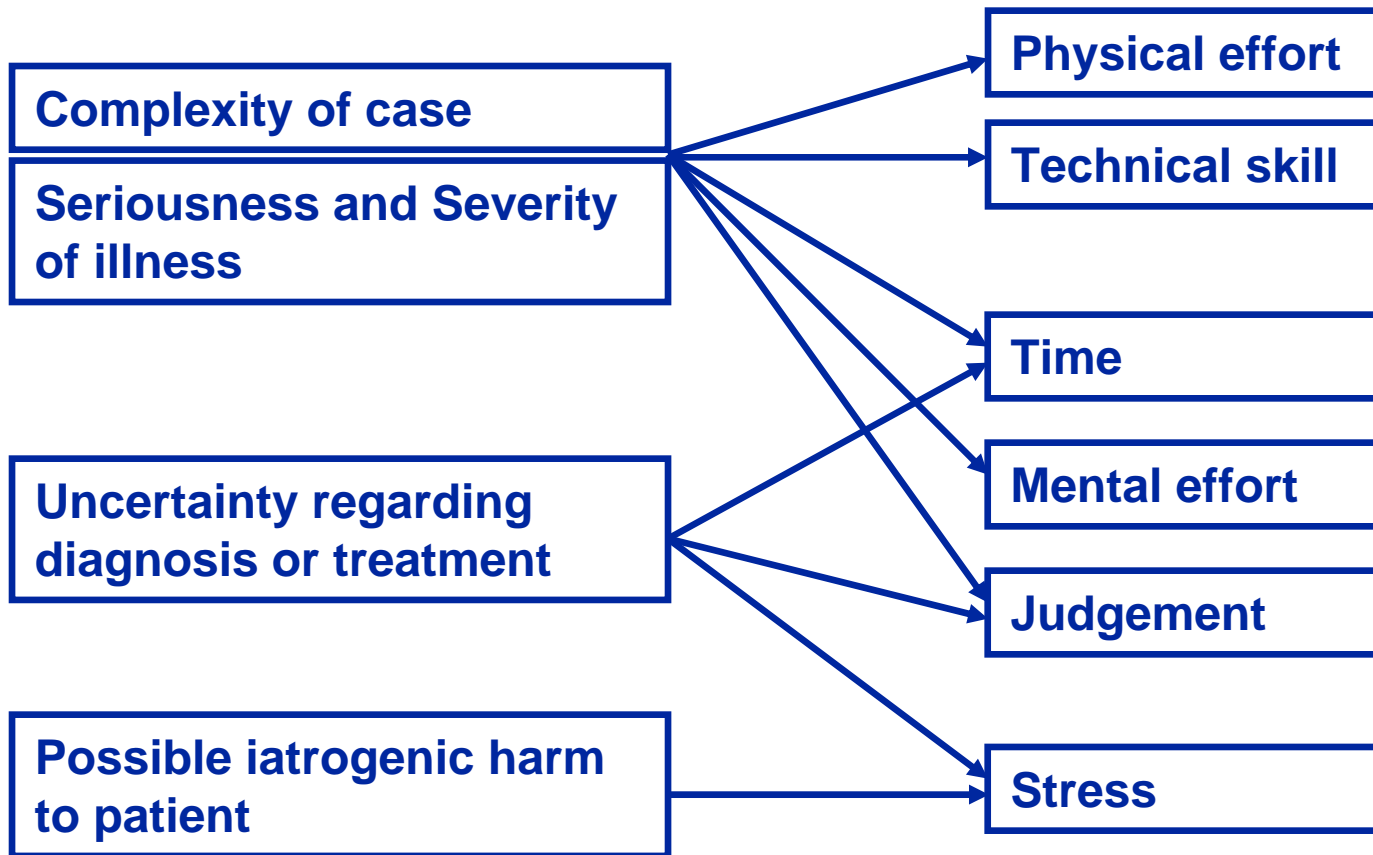
PAYING HC PROVISION IN BELGIUM (next)

	Pros	Cons
PROVISION	<ul style="list-style-type: none"> –performance –service-level –monitoring instrument –customized health care 	<ul style="list-style-type: none"> –moral hazard –volume/cost increase –obsolete –no multidisciplinary
LUMP SUM (flat rates, capitation, salary)	<ul style="list-style-type: none"> –cost containment –income harmonisation –manpower planning 	<ul style="list-style-type: none"> –loss of information –underuse –overreferral –waiting list
PATHOLOGY (DRG)	<ul style="list-style-type: none"> –cost containment –identical financing –output-based 	<ul style="list-style-type: none"> –DRG-creep/selection –under/overcoding –outliers –waiting list

PAYING HC PROVISION IN BELGIUM

ambulatory		
PROCEDURE-COST	FLAT RATES/ALL IN	BUDGET
fee doctors	personnel	hotel cost
	infrastructure	nursing cost
	disposables	drugs consumables
<div style="text-align: center;"> nomenclature BFM </div> <hr style="border-top: 1px dashed black;"/> <div style="text-align: center;"> hospital </div>		

FEE LEVEL DETERMINATION

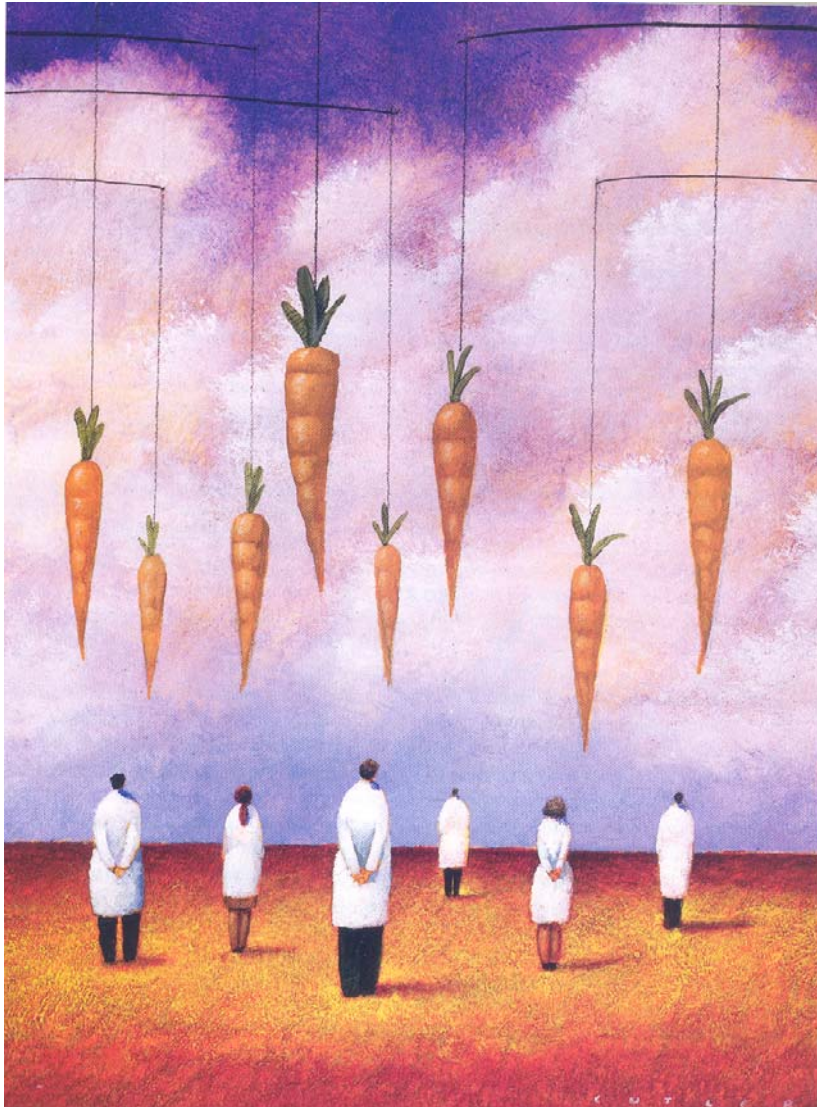


FEE LEVEL DETERMINATION

FACTOR	CRITERION	CHARACTERISTICS
1) job level	impact	mission/publications/
	knowledge	training/formation
	problem solving	simple/complex diagnostic/therapeutic
	communication	communication level
	managerial	team/department/man agement
2) professional	risk of claim	insurance premium
	risk of intervention	mortality, complications
3) availability	outside normal working hours	night/evening/weeken d
4) service level	quality	knowledge, skills, personality, motivation
	quantity	standard

FEE LEVEL DETERMINATION

<p>DOCTOR</p>		
<p>COSTS</p>	<p>– auxiliary personnel</p>	<p>(education level, delegation, number)</p>
	<p>– infrastructure</p>	<p>(write-off, maintenance)</p>
	<p>– cost of disposables</p>	<p>(disposables, implants)</p>
	<p>– indirect costs</p>	<p>(preparation time, waiting time, availability, reporting, insurance)</p>



HOW MUCH TO PAY THE PATHOLOGIST ?

R. van den Oever, 22-11-2008

EVOLUTION EXPENDITURES (ZIV 2003-2007)

ZIV-budget	2003	2004	2005	2006	2007	% 2007/ 2003
pathologists	94.611	101.874	102.270	104.481	110.720	17,03%
doctors	4.632.096	5.069.970	5.242.061	5.291.302	5.629.100	21,52%

EVOLUTION EXPENDITURES

Average reimb./provider (specialty)

euro average ZIV reimb./provider	1996	2000	2004	nominal growth 1996- 2004	real growth 1996- 2004
pathology	320.845	342.963	379.842	18,4%	4,3%
clinical biology	422.746	483.084	569.418	34,7%	20,6%
radiology	412.648	422.852	498.211	20,7%	6,7%
cardiology	275.991	275.648	282.760	2,5%	-11,6%
internal medicine	175.894	181.710	192.417	9,4%	-4,7%
paediatrics	73.444	79.274	88.463	20,4%	6,4%
psychiatry	35.992	46.057	77.070	114,1%	100,1%
000 eur					
HC	10.957.281	12.818.847	16.771.517	53,1%	39,0%

INCOME/ACTIVITY PATHOLOGIST

- ◆ **fee** → reimbursement ZIV
- patient share (out-of-pocket)

- ◆ **supplements** → non-convention

- ◆ **non-reimbursed provision**

INCOME/ACTIVITY PATHOLOGIST (reimburs. ZIV)

000 eur	1996	%	2000	%	2004	%
clinical biology	22,3	0,04%	18,2	0,02%	7,8	0,01%
pathology	60.689,3	98,01%	75.770,5	98,63%	92.064,9	98,13%
urgency (art. 26)		0,00%	3,9	0,01%	4,1	0,00%
tech. proced. (art 3+art 11)	991,6	1,60%	832,4	1,08%	1.316,1	1,40%
surveill. (art. 25)	208,2	0,34%	190,3	0,25%	334,6	0,36%
misc.	12,4	0,02%	8,4	0,01%	93,5	0,10%
	61.923,8	100,00%	76.823,7	100,00%	93.821,0	100,00%

INCOME/ACTIVITY PATHOLOGY

art. 32 000 euro	1996	%	2000	%	2004	%
Spec. anatomo pathology	59.972,9	79,7%	74.692,9	84,6%	90.134,0	88,6%
Spec. clinical biology	13.398,6	17,8%	11.734,8	13,3%	10.242,7	10,1%
Spec. gynecology	1.303,9	1,7%	1.105,7	1,3%	840,2	0,8%
Spec. dermatology	386,7	0,5%	478,5	0,5%	506,4	0,5%
misc.	173,5	0,2%	238,5	0,3%	63,8	0,1%
	75.235,7	100,0%	88.250,4	100,0%	101.787,1	100,0%

TRENDS IN PATHOLOGY IN BELGIUM

TRENDS IN PATHOLOGY

- ◆ **accreditation lab**
(VC 2008/345 6.10.2008)
- ◆ **accreditation per test**
- ◆ **cervixscreening**
- ◆ **new provision HPV**
(VC 2008/232 7.7.2008)

TRENDS IN PATHOLOGY

- ◆ **telemedicine**
- ◆ **second opinion**
- ◆ **multidisciplinarity**
- ◆ **automation**
- ◆ **registration efforts**

PATHOLOGY & EBM

Histologisch routineonderzoek van verwijderd weefsel vaak zinloos

Onnodige kostenpost

drs. R. Vossenkaul,
anios chirurgie, ziekenhuis
Gelderse Vallei, thans anios radio-
logie, Deventer Ziekenhuis

drs. P.J.H. van Kempen,
gynaecoloog, ziekenhuis
Gelderse Vallei

dr. J.H.C. Kuijpers
chirurg, ziekenhuis Gelderse
Vallei

Ziekenhuis Gelderse Vallei in Ede liet van 1995 tot en met 2005 voor bijna een half miljoen euro aan histologisch routineonderzoek verrichten naar operatief verwijderd weefsel en curettagemateriaal na een spontane abortus. Het leverde nagenoeg niets op.

SAMENVATTING

- Weefsel dat operatief wordt verwijderd, wordt in de regel histologisch onderzocht. De kosten daarvan zijn hoog en het roept de vraag op of dit zinvol is.
- Ziekenhuis Gelderse Vallei onderzocht de resultaten en kosten van histologisch onderzoek van de galblaas en de appendix en het curettagemateriaal na een spontane abortus.
- Dit histologisch onderzoek kostte in tien jaar tijd een half miljoen euro en leidde bij drie van de 8020 onderzochte patiënten tot een verandering van beleid. Twee van hen hebben er mogelijk baat bij gehad.

Source: Medisch contact, june 13th 2008, pp.1049-1051

R. van den Oever, 22-11-2008

DISCUSSIONS