publiek gefinancierde zorg en ondernemerschap

ri de ridder

3.12.14

Maatschappelijk belang

Totale gezondheidsuitgaven 2012: 41 miljard euro

publiek: 8,2% van het BBP
privaat: 2,7% van het BBP

dus samen 10,9% van ons nationaal inkomen

Maatschappelijk belang

RIZIV (geneeskundige verzorging) in 2014

totaal budget: 31 miljard euro

‘begrotingsdoelstelling’: 27,8 miljard euro

NB: staatshervorming

terugbetalingsbeslissingen in RIZIV

Vier types

- diensten (‘verstrekkingen’) van professionelen
- producten
- zorg in een voorziening
- directe tegemoetkoming aan patiënten

verstrekkingen

nomenclatuur
8.682 items (2009:5.649) inclusief implantaten
61 maal wijziging aangebracht door koning in 2013
technische raad
overeenkomstencommissie
begrotingscontrolecommissie
verzekeringscomité
minister van begroting
raad van state
minister van sociale zaken
koning
belgisch staatsblad

verstrekkingen

beslissingcriteria
wetenschappelijke evidentie: in beperkte mate
behoeften
budget (rol algemene raad met regering; nieuwe initiatieven en besparingen)
akkoorden/overeenkomsten
=
bij uitstek deliberatief proces op paritaire basis:
sector per sector (silos) verstrekkers – ziekenfondsen
politieke arbitrage

producten

geneesmiddelen: specialiteiten
implantaten (sinds 01/07/2014)
aanvraag bedrijf
dwingende tijdslijnen
terugbetalingscommissie:
multistakeholder
Onafhankelijke interne experten
formele criteria
voorstel aan minister
lijst van terugbetaalde producten
contracten

producten

per 01/09/14: 7.232 vergoedbare specialiteitsverpakkingen
in 2012 nam de minister 236 positieve en 18 negatieve beslissingen
waarvan 5 keer positief na negatief voorstel Commissie Tegemoetkoming Geneesmiddelen (CTG)
maar voor klasse 1:
8 positieve beslissingen op 13 aanvragen, terwijl CTG slechts 1 positief voorstel formuleerde: reden contracten!

zorg in een voorziening

ziekenhuis
rustoorden
CDV, PVT, BW
revalidatiecentra

overeenkomsten

artikel 22
artikel 56

DNA van het RIZIV: het overleg

160 commissies, werkgroepen, raden, …
waarvan 35 colleges weesgeneesmiddelen

1.410 verschillende benoemde leden
(dit is exclusief werkgroepen, of commissies waar de organisaties niet formeel benoemde vertegenwoordigers afvaardigen)

nog enkele aspecten

worden de middelen efficiënt ingezet?
rol KCE
evidence based medicine
aanbevelingen, gegevensanalyse, feedback, rol
Dienst voor geneeskundige evaluatie en controle
(DGEC)

zorgvernieuwing

chronic care innovation programs

long term care: care innovation projects
‘protocol 3’

long term care: care innovation projects ‘protocol 3’

originated from and governed by explicit political decisions:

started with a 2002 policy note on active ageing, exploratory research on loss of autonomy and on assesment instruments

a 2005 interministerial protocol (‘nr. 3’) explicitly set aside 20% of new investment (40 million euros) in institutional LTC to be used for ‘alternatives for institutional care’

operationalized by NIHDI ‘article 56’ scheme in two phases

half of the earmarked budget finally returned to institutional investment under stakeholder pressure

characterisitics of P3 program

agreement between regions, communities and federal government to finance alternative forms of care

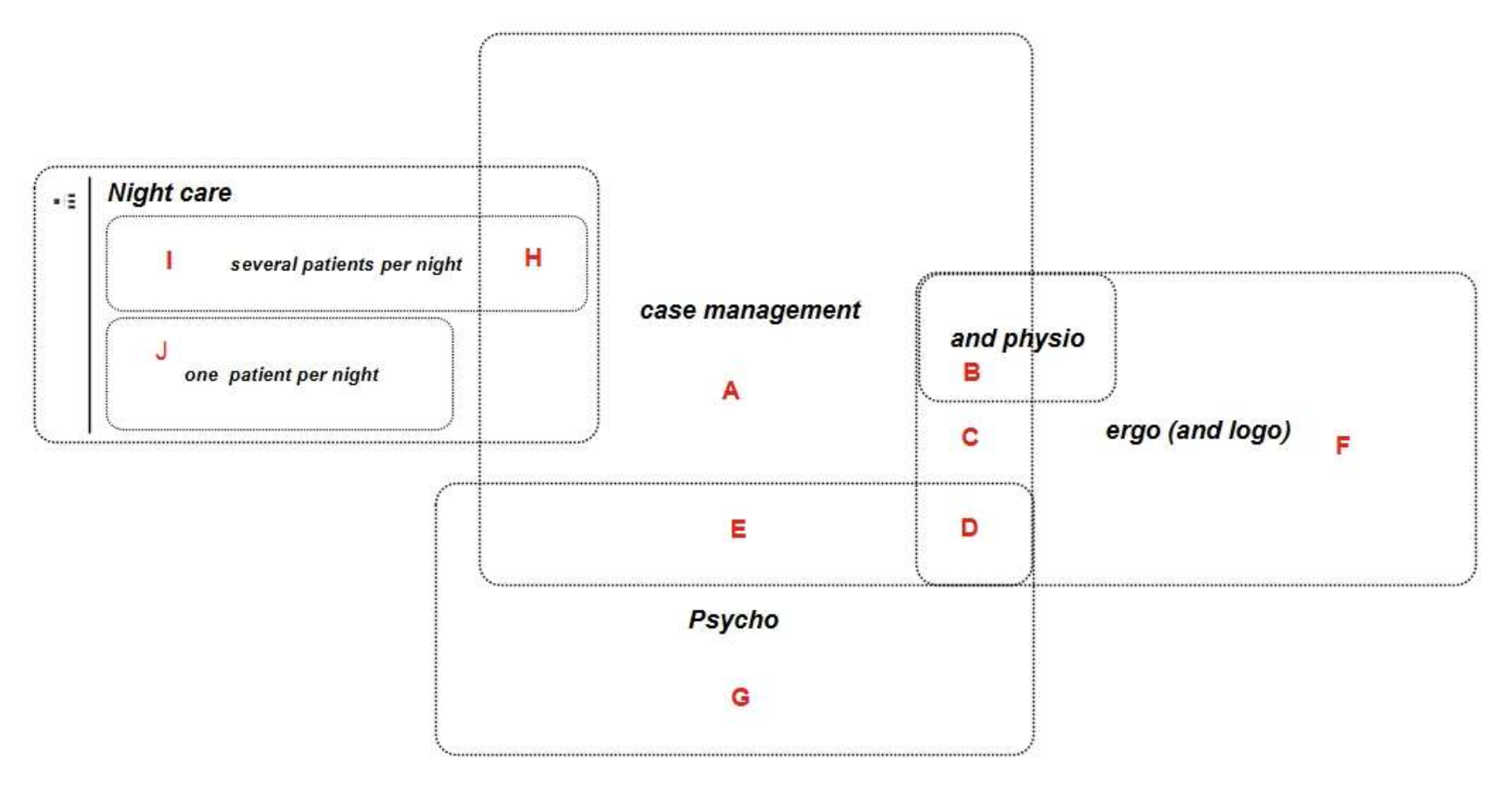
national call to present bottom up innovation projects for care for frail elderly, both primary care or institutional care based

63 projects started for a 4 years period; 52 still active

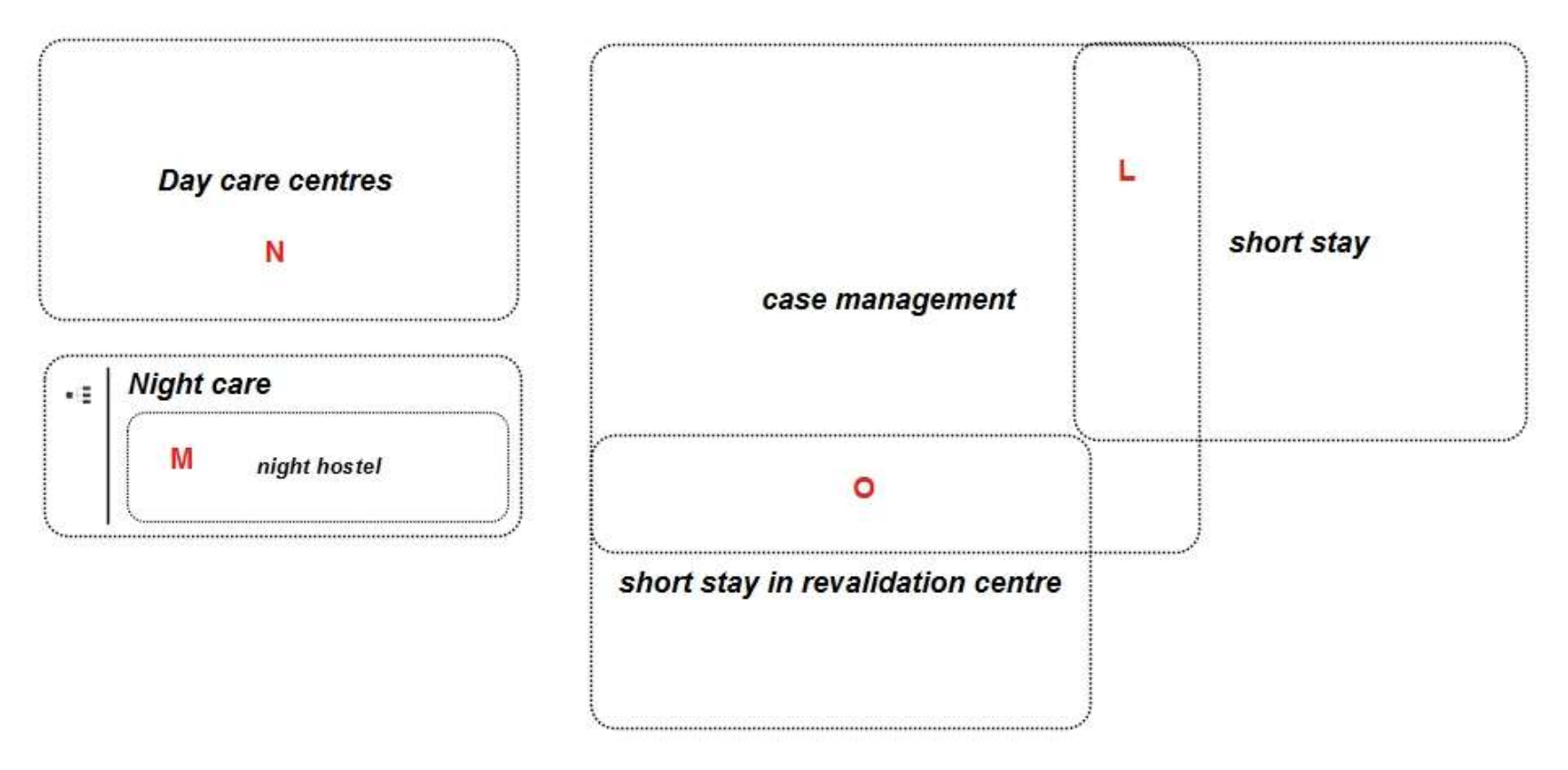
25 projects are starting in a second wave

a scientific multicenter scientific evaluation to assist decision makers in deciding to finance structurally (or not) alternative forms (‘interventions’) of care

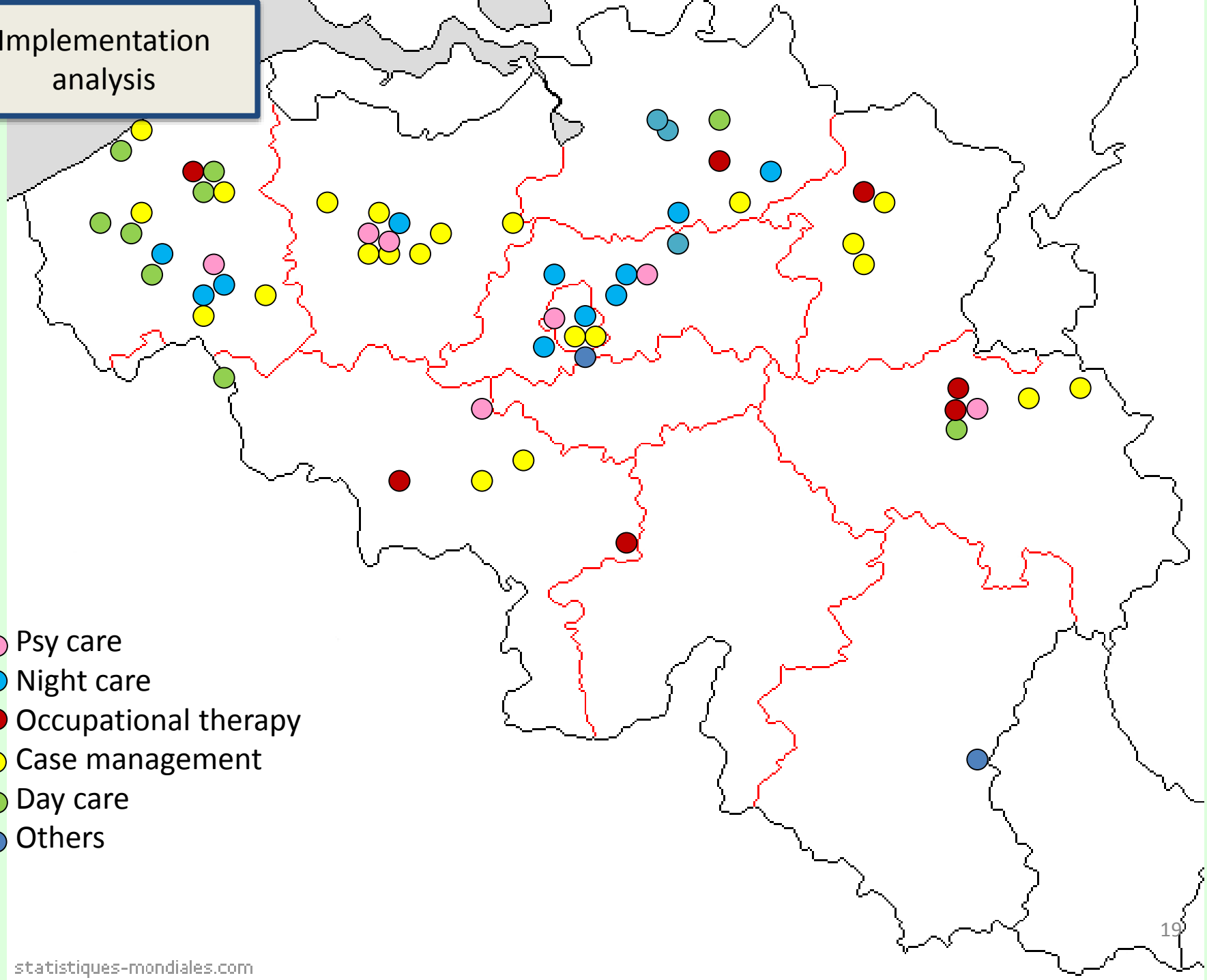
Interventions at home



Interventions out of the home



Implementation analysis



KCE REPORT 190Cs

KCE

Federaal Kenniscentrum voor de Gezondheidszorg
Centre Fédéral d'Expertise des Soins de Santé
Belgian Health Care Knowledge Centre

POSITION PAPER: ORGANISATION OF CARE FOR CHRONIC PATIENTS IN BELGIUM

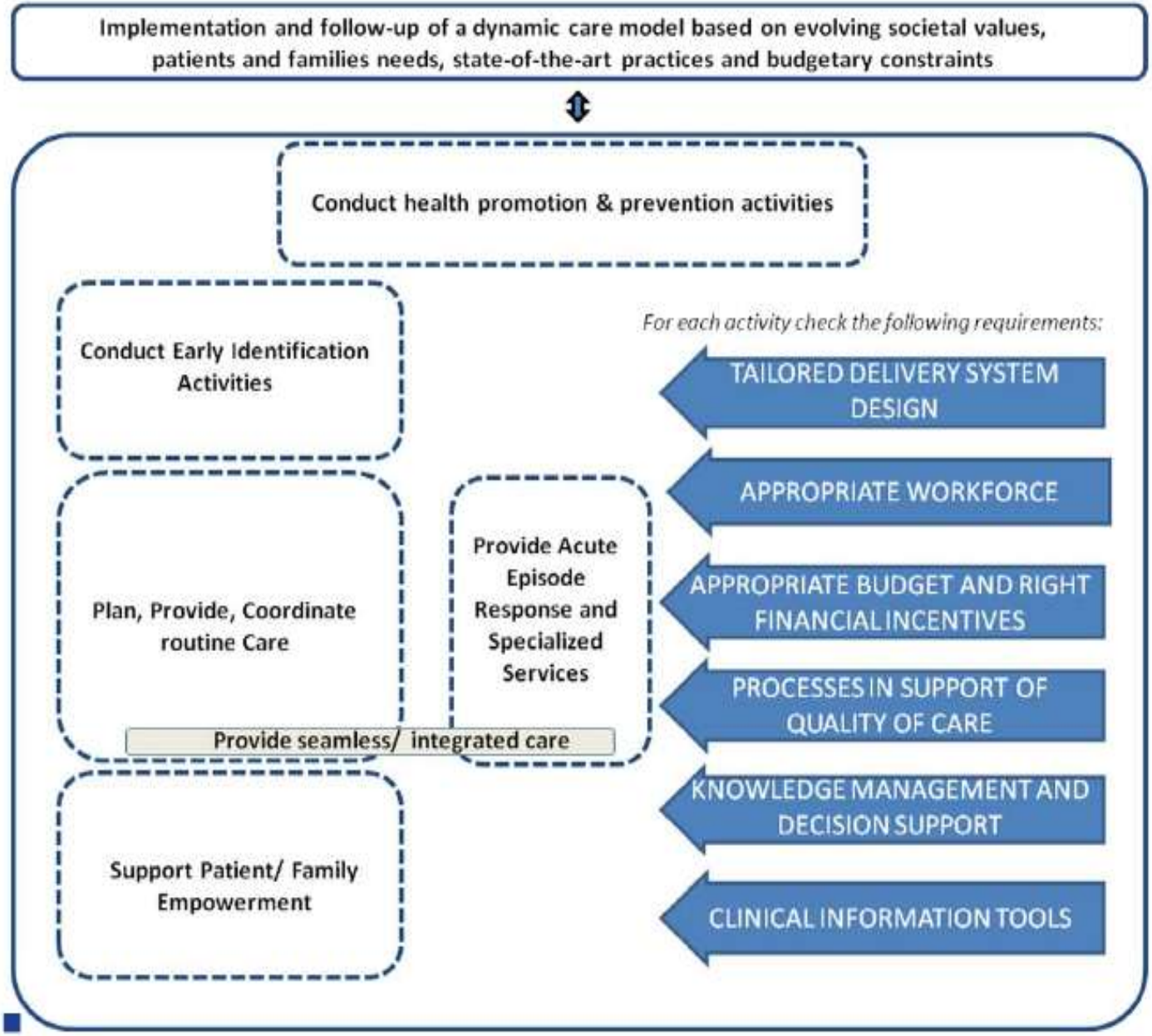
2012

www.kce.fgov.be

.be

a root definition

the chronic care system offers a coordinated array of needs-based, personalized, goal-oriented, planned, professionally supported services for and with persons with chronic conditions requiring assistance over years or decades with the routine management of their condition as well as the management of acute care episodes. These services are provided in a high quality, efficient, sustainable, accessible, culturally competent and patient empowering manner in the least complex environment that is clinically appropriate. The objective is to improve the beneficiaries' quality of life and to help them to function better at home, at school/work, in the community


Implementation and follow-up of a dynamic care model based on evolving societal values, patients and families needs, state-of-the-art practices and budgetary constraints
Conduct health promotion & prevention activities
Conduct Early Identification Activities
Plan, Provide, Coordinate routine Care
Provide Acute Episode Response and Specialized Services
Provide seamless/ integrated care
Support Patient/ Family Empowerment
For each activity check the following requirements:
TAILORED DELIVERY SYSTEM DESIGN
APPROPRIATE WORKFORCE
APPROPRIATE BUDGET AND RIGHT FINANCIAL INCENTIVES
PROCESSES IN SUPPORT OF QUALITY OF CARE
KNOWLEDGE MANAGEMENT AND DECISION SUPPORT
CLINICAL INFORMATION TOOLS

Note d'orientation

Une vision intégrée des soins aux malades chroniques en Belgique

Conférence nationale
Soins aux malades chroniques
28 novembre 2013

.be

Orientatienota

Geïntegreerde visie op de zorg voor chronisch zieken in België

Nationale conferentie
Zorg voor chronisch zieken
28 november 2013

.be

20 actions in 6 domains

1. integration through collecting and sharing information starting from the GP electronic medical record expanded with ‘shared multidisciplinary modules’
2. empowerment and case management: self care, informal care, case management, liaison in secondary care
3. support multidisciplinarity through more unified and better structured coordination both in primary and secondary care and through multidisplinary guidelines

4. educate and train all professionals, including on empowerment, and specific specialized training courses on integrated chronic care accessible to all professionals
5. systematic quality assessment based on objectives and indicators and promotion of an evaluation culture
6. dedicated governance, adapted financing of services and promoting attractiveness of professional careers

actieplan egezondheid 2013 - 2018