Social health protection: Comparison between Belgium and Thailand
Overview

1. Comparison between Belgium and Thailand

2. The Belgium system more in detail
Overview

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2. The Belgium system more in detail
### Some figures

<table>
<thead>
<tr>
<th>Category</th>
<th>Thailand (2013)</th>
<th>Belgium (2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surface area, km²</td>
<td>513,120</td>
<td>30,530</td>
</tr>
<tr>
<td>Total population, millions</td>
<td>67,01</td>
<td>11,20</td>
</tr>
<tr>
<td>GDP per capita (current US$)</td>
<td>5,779</td>
<td>45,387</td>
</tr>
<tr>
<td>Median age (years) (2012)</td>
<td>36</td>
<td>41</td>
</tr>
<tr>
<td>Aged over 60 (%) (2012)</td>
<td>14</td>
<td>24</td>
</tr>
<tr>
<td>Life expectancy at birth, both sexes (years) (2012)</td>
<td>75</td>
<td>80</td>
</tr>
<tr>
<td>Healthy life expectancy at birth (years) (2012)</td>
<td>66</td>
<td>71</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100 000 live births) (2013)</td>
<td>26</td>
<td>6</td>
</tr>
<tr>
<td>Physicians per 10,000 population</td>
<td>3.9</td>
<td>29.9</td>
</tr>
<tr>
<td>Hospital beds per 10,000 population</td>
<td>21</td>
<td>65</td>
</tr>
<tr>
<td>Total health expenditure (THE) as % of GDP (2012)</td>
<td>3.93</td>
<td>10.79</td>
</tr>
<tr>
<td>General government expenditure on health as % of THE (2012)</td>
<td>76.43</td>
<td>75.91</td>
</tr>
<tr>
<td>Out of pocket expenditure as % of THE (2012)</td>
<td>13.14</td>
<td>19.68</td>
</tr>
</tbody>
</table>

*Sources: Worldbank and WHO (World Health Statistics 2014)*
Health care delivery system

- Therapeutic freedom for physicians
- Freedom of choice for patients (right to second opinion)
- No referral system
- Remuneration based on fee-for-service payments

- Independent and self-employed ambulatory care professionals
  - Less than 1% of physicians with a clinical practice are salaried
  - GPs provide ambulatory or primary care
- Majority of hospitals are private non-profit
  - Most medical specialist work independently in hospitals or in private practices on an ambulatory basis

- mainly public providers

- mainly private providers
Social health protection overview

- 1 compulsory health insurance
- Almost 100% of population coverage
- Co-payments by patients (± 25%)
- 1 public institution + 6 national associations of sickness funds

Since 2008: no difference between salaried workers, civil servants and self-employed persons !!!

- 3 social health protection schemes (UCS, CSMBS and SSS)
- Almost 100% of population coverage
- Comprehensive benefits packages
- Free at the point of delivery (in general)
- 3 public institutions
Purchasing of services and provider payment

**UCS:**
- Patients have to go to the registered contractor provider, notably within the district health system
- Capitation for OP
- DRG for IP

**SSS:**
- Patients select one health care provider within the contracted network of hospitals
- Capitation for OP & IP

**CSMBS:**
- Patients can go to any public hospitals of their choice
- Fee-for-service for OP
- DRG for IP

**Compulsory health insurance:**
- Freedom of choice
- Fee-for-service for OP
- Global budget + DRG + Fee-for-service for IP
<table>
<thead>
<tr>
<th>Civil Servant Medical Benefit Scheme (CSMBS)</th>
<th>Social Security Scheme (SSS)</th>
<th>Universal Coverage Scheme (UCS)</th>
<th>Compulsory health insurance in Belgium</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target group</strong></td>
<td></td>
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<tr>
<td>Government employees plus dependents</td>
<td>Employees in the private sector, excluding dependents, and former employees who voluntarily pay contributions</td>
<td>Everyone not covered by CSMBS or SSS</td>
<td>The whole population</td>
</tr>
<tr>
<td><strong>Population coverage</strong></td>
<td></td>
<td></td>
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<tr>
<td>6.7 % of the total population</td>
<td>15.4 % of the total population</td>
<td>75.1 % of the total population</td>
<td>&gt;99 % of the total population</td>
</tr>
<tr>
<td><strong>Benefit package</strong></td>
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<tr>
<td>A comprehensive benefit package which includes ambulatory and inpatient care at public hospitals. Inpatient care at registered private hospitals is allowed only under certain conditions and with copayments. Emergency inpatient and haemodialysis outpatient services in private hospitals, with limitations. Excludes prevention and health promotion.</td>
<td>A comprehensive benefit package which includes ambulatory and inpatient care, accident and emergency, high-cost care, with very minimal exclusion list; excludes prevention and health promotion.</td>
<td>A comprehensive benefit package: curative services, health-promotion and disease-prevention services, rehabilitation services, and services based on traditional Thai or other alternative medicine practices. The Scheme also provides personal preventive services and health-promotion services to all Thai citizens.</td>
<td>A comprehensive benefit package. Services that are covered by compulsory health insurance are described in the nationally established fee schedule.</td>
</tr>
<tr>
<td><strong>Selection of providers</strong></td>
<td></td>
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<td></td>
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<tr>
<td>Patients can go to any public hospitals of their choice</td>
<td>Patients select one health care provider within the contracted network of hospitals.</td>
<td>Patients have to go to the registered contractor provider, notably within the district health system</td>
<td>Free choice of health care provider</td>
</tr>
<tr>
<td><strong>Payment mechanism</strong></td>
<td></td>
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<tr>
<td><strong>Outpatient care</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Fee-for-service</td>
<td>Capitation (number of registered insured members in the hospital multiplied by the per capita amount with a risk-adjusted formula)</td>
<td>Capitation (number of registered insured members)</td>
<td>Fee-for-service (Some capitation based financing.)</td>
</tr>
<tr>
<td><strong>Inpatient care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DRG</td>
<td>DRG’s for all admissions Fee-for-service for some special high cost services</td>
<td>Global budget allocation plus Diagnostic Related Groups (DRGs)</td>
<td>Global budget allocation plus Diagnostic Related Groups (DRGs) Fee-for-service for medical and medical-technical services</td>
</tr>
<tr>
<td><strong>Financing</strong></td>
<td></td>
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<td></td>
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<tr>
<td>Non contributory scheme: general taxes</td>
<td>Contributory scheme: contributions of employer, employee and government (each 1.5 % of salary) Interests</td>
<td>Non contributory scheme: general taxes</td>
<td>Social contributions, state subsidies and alternative financing (mainly from indirect tax revenues)</td>
</tr>
<tr>
<td><strong>Management Institutions</strong></td>
<td>CDG of MoF</td>
<td>SSO</td>
<td>NIHDI and Sickness funds</td>
</tr>
</tbody>
</table>
Overview

1. Comparison between Belgium and Thailand

2. The Belgium system more in detail
Organizational structure

Health care provides
------------------------
Health institutions

Funds
Regulation
Supervision
Services

NIHDI
Sickness funds

NSSO
NISSE
Insured people
Patients
Role of NIHDI in Compulsory Health Care Insurance

What does NIHDI do?

- General organization and financial management of the compulsory health care insurance
- Organize reimbursement of medical costs
- Elaborate legislation and regulation
- Prepare the budget and make sure that activities of health care providers and sickness funds are appropriately financed
- Monitor the evolution of health care spending
- Inform health care providers, sickness funds and the insured
- Ensure that everyone apply the legislation and regulation correctly
- Organize the negotiations between the different actors involved in compulsory health insurance

What doesn’t NIHDI do?

- Recognition and planning of activities for health care professionals
- Organization, planning rules, recognition criteria, evaluation of the quality of medical and nursing practices in health care facilities
- Collecting social contributions
- Reimbursing the patients
- Paying the hospitals
- Ensuring the quality, safety and effectiveness of pharmaceuticals
- ...
Sickness fund

• Private non-profit-making organizations with a public interest mission
  – They are grouped into 5 national associations according to their political or ideological background:
    1. National Alliance of Christian Mutualities
    2. National Union of Neutral Mutualities
    3. National Union of Socialist Mutualities
    4. National Union of Liberal Mutualities
    5. National Union of the Free and Professional Mutualities
  – Their role in the compulsory health insurance system
    1. Ensure the reimbursement of health-care expenses
    2. Control of conformity with the legal rules (advisory physicians)
    3. Provide information to their members and the health care providers

• The compulsory insurance package and the social contribution rates are identical for all funds

• Differences in complementary insurance → extra premium
1. **A system of reimbursement**

   Reimbursement = Official fee – Co-payment

   - **Insured / Patient**
   - **Health care provider**
   - **Sickness fund**
   - **Affiliation**
   - **Certificate**
   - **Reimbursement**
   - **the full fee**
2. A system of third party paying

- Insured / Patient
- Co-payment or user charge
- Hospital
- Pharmacy
- Bill
- Insurance allowance
- Sickness fund

System of payment
Where is the money coming from?

• Who is collecting and managing the money for the social security and the compulsory health insurance?

  2 collecting institutions

- National Social Security Office (NSSO)
  - Salaried persons and civil servants

- National Institute for the Social Security of the Self-Employed (NISSE)
  - Self-Employed persons
Where is the money coming from?

Social contributions

Government subsidies

Alternative financing

Why?
- limit government subsidies
- reduce employers' contributions

Globalisation of the financial resources and management of incoming funds

Distribution of financial resources between sectors according to the real needs

Salaried persons

National Social Security Office

NPO

NIHDI

Security PUBLIC Institutions
# Financing of compulsory health care insurance

<table>
<thead>
<tr>
<th>Health Care receipts 2014 (000 €)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Social contributions +</td>
<td>28,149,083</td>
</tr>
<tr>
<td>Public funding +</td>
<td></td>
</tr>
<tr>
<td>Alternative method of financing</td>
<td></td>
</tr>
<tr>
<td>Retiree contributions (3.55%)</td>
<td>1,007,373</td>
</tr>
<tr>
<td>Contributions turnover pharmaceutical companies (7.73%)</td>
<td>267,611</td>
</tr>
<tr>
<td>Complementary hospital insurances (10%)</td>
<td>130,203</td>
</tr>
<tr>
<td>International conventions</td>
<td>413,943</td>
</tr>
<tr>
<td>Other receipts</td>
<td>967,848</td>
</tr>
<tr>
<td>Total receipts</td>
<td>30,929,434</td>
</tr>
</tbody>
</table>
Financing of health care insurance

<table>
<thead>
<tr>
<th>Health Care expenses 2014 (000 €)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care reimbursement</td>
<td>27,861,560</td>
</tr>
<tr>
<td>International conventions</td>
<td>691,663</td>
</tr>
<tr>
<td>Administrative costs Health Insurance Funds</td>
<td>913,699</td>
</tr>
<tr>
<td>Administrative costs NIHDI</td>
<td>104,628</td>
</tr>
<tr>
<td>Other expenses</td>
<td>1,357,884</td>
</tr>
<tr>
<td>Total expenses</td>
<td>30,929,434</td>
</tr>
</tbody>
</table>

Balance | 0
The main features of the Belgian health care system

- A liberal view of medicine
- The patient has the freedom to choose
- High quality care
- A system of compulsory health insurance system
- Decision making based on negotiations
We welcome your questions, suggestions, comments!

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