Belgian Home Care services

Patrick Verliefde
President of the national commission nursing
NIHDI
Outline

1. Belgian Health Insurance: System of reimbursement
2. Administrative organisation
3. Coverage
4. How tariffs are fixed?
5. A few numbers
6. Points of interest
7. More information?
The Belgian Health Insurance:
- a 1 minute documentary

- [http://www.socialsecurity.fgov.be/extra/vid/socsec_60_fr.mpeg](http://www.socialsecurity.fgov.be/extra/vid/socsec_60_fr.mpeg)
The Belgian health insurance is a system of reimbursement.

Reimbursement = fee - PATIENT’S CONTRIBUTION

patients

Doctor, dentist, physiotherapist, wheelchair, ...

fees

Affiliation

Health Insurance fonds
System of third party paying

Insured people/patients

Health Insurance fonds

Patient’s contribution

Ask payment

Health care providers
Social Contributions

State contributions, taxes, VAT, ...

National Office of Social Security

NIHDI

Mutualities

3rd party payer system

3rd party payer system

Direct payment

Health care provides

Insured people (patients)

Services

Regulation

Health promotion

Communities and regions

Services, regulation, supervision

Funds

Social Contributions

Regulation

Supervision

Public Health

Social Affairs

SUBNATIONAL LEVEL

NATIONAL LEVEL
Source: KCE 2010
2. Administrative organization

• REGULATION

– Federal Public Services:
  • exercising the art of healing
  • hospital legislation
    (hospital budget, accreditation standards, planning)
  • medicines marketing authorization & drugs/medical devices policy (through Agency)
  • Other public health issues
2. Administrative organization

• REGULATION (2)

– NIHDI:
  • Management of the health care insurance
  • financial management of the system
  • administrative organization of the system
  • support provided during consultation process
  • development of databases
  • granting special provisions
2. Administrative organization

• REGULATION (3)

  – NIHDI STRUCTURE
    • Management bodies:
      – General Board (Government, workers, employers, mutualities)
      – Insurance Committee (mutualities, health care providers)
    • Insurance bodies:
      - Conventions and agreements commissions
      - Technical boards
    • Scientific bodies
2. Administrative organization

• EXECUTION

  – MUTUALITIES
    • reimbursement to all persons insured
    • negotiating prices and fees (collectively)
    • information
2. Administrative organization

• CONTROL
  – Mutualities
  – NIHDI
    • Administrative control
    • Medical evaluation and control (reality/conformity and overconsumption)
  – Mutualities Control Body
• HOW MUCH DOES THE INSURANCE PARTICIPATION AMOUNT TO? (2)

– Social corrections
  • system “BIM”
  • maximum bill (MAF)
  • Special Solidarity Fund

– Real personal contribution
  on average 7.07% (2007) after being taken into account in the maximum bill
3. Coverage

• WHICH PROVISIONS ARE COVERED?
  – Preventive and curative care
    • mentioned in a nomenclature (consultations, visits, special technical provisions, dental care, nurse care, physiotherapy, implants, prostheses, equipment, …)
    • mentioned on the positive list of medicines
    • intervention for a hospital stay or for treatment in a healthcare institution
  – Are excluded:
    • esthetic care
    • provisions that do not meet the reimbursement criteria
3. Coverage

- **HOW MUCH DOES THE INSURANCE PARTICIPATION AMOUNT TO?**
  - Medical care: 75 % of the conventional fees
  - Medicines: according to the category of medicine
    - cat A (severe and prolonged diseases) 100%
    - cat B (medicines useful from a social and medical point of view) 75%
    - cat C, Cs, Cx (medicines with a low therapeutic value) 50% to 20%
  - Hospitalization: fix amount per admission + fix amount per day to be paid by the people insured (cost of stay and medicines)
3. Coverage

- HOW MUCH DOES THE INSURANCE PARTICIPATION AMOUNT TO? (2)

  - Social corrections
    - system “BIM”
    - maximum bill (MAF)
    - Special Solidarity Fund

  - Real personal contribution
    on average 7.07 % (2007) after being taken into account in the maximum bill
3. Coverage

- WHO DOES DETERMINE WHICH PROVISIONS CAN BE REIMBURSED?
  - Legal definition of the health care package
  - Establishment of the nomenclature of the medical provision of services and related lists by mixed technical commissions of NIHDI (health care providers, universities, insurance carriers) and confirmation by the management bodies and the minister
  - Determination of the relative values of the provisions
3. Coverage

• FEES
  – Fees for service or drug delivery
  – Fix fees (per day, per admission)
  – Mixed fees

• REIMBURSEMENT BASES
  – Medicines and medical devices

• BUDGETS – ACTIVITY BASED OR PER DIEM
  – Hospitals, day centers, rest homes, rehabilitation centres …
3. Coverage

- Maisons médicales / medisch huis
  - Patients can subscribe to a « medical house »
  - This agreement can bear reference to consultations and visits of a general practitioner and/or physiotherapists and/or nurses.
  - The « medical house » receives a monthly lump sum per subscribed patient
  - In most cases the patient doesn’t have to pay a fee for his care.
4. How tariffs are fixed

- HOW TO FIX TARIFFS?
  - Conventions (multidisciplinary)
  - Agreement within a national joint commission
  - Approval by the management bodies and the minister
  - Adhesion of a minimum amount of health care providers (60%)
  - If no agreement:
    - reference tariff or
    - government tariff
4. How tariffs are fixed

• National agreement
  fixes the financial and administrative relations between patients and mutualities on one side and the health care providers on the other side (tariffs, third party payment, reimbursement of travel costs,…)

• Nomenclature
  a list of what activities are reimbursed and their criteria relative values of the activities
4. How tariffs are fixed

• Composition of the Conventions Commission

Conventions Commission

8 representatives
Of the mutualities

- LCM (2)
- LNZ (1)
- NVSM (2)
- LLM (1)
- LOZ (1)
- HKZIV (1)

8 representatives
of the professional associations

- Elections
- counting of membres
- by royal decree
4. How tariffs are fixed?

The Conventions commission is a joint consultation body:

- Equal number of representatives (health care providers – mutualities)
- For a valid meeting 5 members of each group has to be present
- National agreement only valid if at least 6 members of each group agrees
- Decisions are made jointly
4. How tariffs are fixed

Management bodies

• Insurance Committee
  - health care providers - mutualities
  - government – veto
  - large competence

• General Board
  - Government, workers, employers, mutualities
  - health care providers (can not vote)
  - budget
Insurance Committee

- Charmant
- 7 Doctors
- 2 Pharmacists
- 6 Physiotherapists, nurses, paramedics
- 1 Dentist
- 5 Hospital's and homes For selderij
- 3 Employers
- 3 Employees
- 4 Government
General Board

- Charmant
- 5 Government
- 5 Employees
- 8 Health providers
- 5 Health Insurance fonds
- 5 Employers
4. How tariffs are fixed

1. The “estimations of the needs”

- Advice Technical Boards
- Convention commissions propose measures
- Calculation of the budgetary impact by NIHDI

conclusion: June X-1

if there exists no commission for that field, NIHDI makes a proposition
4. How tariffs are fixed

2. The global budgetary objective

• Proposition by the Insurance Committee For the General Board
  * Fixation of the global budgetary objective by the General Board or the Minister
  * Taking into account the fixed growth percentage (4.5%) and the inflation

October X-1
3. Partial budgetary objectives

- Split up per field
- Excepted measures: very specific or to work out by the joint bodies
- Draw up of those measures by the Commissions and technical boards

November X-1 till X (and sometimes much later)
4. How tariffs are fixed

- Example: home nursing
  - Nomenclature
  - National agreement
  - Fixation of tariffs
  - Change of reimbursement criteria
## 5. A few numbers

Professionals with the right to practice (31-12-2009 et 31-12-2010) - per discipline

<table>
<thead>
<tr>
<th>Professions</th>
<th>May practice 31-12-2009</th>
<th>In training 2009</th>
<th>Density 2009</th>
<th>May Practice 31-12-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>65 et +</td>
<td>-65</td>
<td>Total</td>
<td>Number</td>
</tr>
<tr>
<td>Physicians (including general practitioners)</td>
<td>6.920</td>
<td>33.459</td>
<td>40.379</td>
<td>3.825</td>
</tr>
<tr>
<td>General practitioners</td>
<td>2.198</td>
<td>12.310</td>
<td>14.508</td>
<td>555</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>1.708</td>
<td>12.583</td>
<td>14.291</td>
<td>-</td>
</tr>
<tr>
<td>Dentists</td>
<td>979</td>
<td>7.707</td>
<td>8.686</td>
<td>156</td>
</tr>
<tr>
<td>Nurses and midwives</td>
<td>2.304</td>
<td>77.314</td>
<td>79.618</td>
<td>-</td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>1.111</td>
<td>25.494</td>
<td>26.605</td>
<td>-</td>
</tr>
<tr>
<td>Paramedicals</td>
<td>1.264</td>
<td>11.461</td>
<td>12.725</td>
<td>-</td>
</tr>
<tr>
<td>&quot;Assistant nurses&quot;</td>
<td>304</td>
<td>34.949</td>
<td>35.253</td>
<td>-</td>
</tr>
<tr>
<td>Total général</td>
<td><strong>14.590</strong></td>
<td><strong>202.967</strong></td>
<td><strong>217.557</strong></td>
<td><strong>3.981</strong></td>
</tr>
</tbody>
</table>

Source: INAMI - Service des soins de santé - Direction Recherche, Développement et Qualité (RDQ)
5. A few numbers

<table>
<thead>
<tr>
<th>Number of active home nurses</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 +</td>
<td>327</td>
<td>331</td>
<td>322</td>
<td>350</td>
<td>379</td>
<td>396</td>
<td>452</td>
<td>507</td>
<td>576</td>
</tr>
<tr>
<td>Not known</td>
<td>89</td>
<td>69</td>
<td>60</td>
<td>41</td>
<td>29</td>
<td>19</td>
<td>14</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>% evolution</td>
<td>1 %</td>
<td>1 %</td>
<td>3 %</td>
<td>4 %</td>
<td>3 %</td>
<td>3 %</td>
<td>3 %</td>
<td>4 %</td>
<td>3.3 %</td>
</tr>
</tbody>
</table>
6. Points of interest

- Group practice
- Multidisciplinary
- Specialisation
6. Points of interest

IT- management

- Gathering of information at the bed of the patient at home
- electronic dossier
- Subsidy For electronic management of patient administration, bills
- Contacts between health care providers and mutualities (MyCarenet)
KCE (Belgian Health Care Knowledge Center)  
www.kce.fgov.be

Financing of home nursing in Belgium (04/02/2010);  
KCE report 122c

Website NIHDI: www.riziv.be  
Info brochure  
QUESTIONS?