

# Expériences internationales avec les cadres HSPA nationaux



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OBSERVATOIRE NATIONAL DE LA SANTÉ



Financé par l'Union européenne

# La HSPA en Belgique et son utilisation dans la prise de décision



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



# Belgian HSPA reports

PRESENTER: Sophie Gerkens

DATE: 25 March 2026



# Structure



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Origin of Belgian HSPA reports, main evolutions and objectives

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Prerequisites and technical needs for HSPA development

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Practical details

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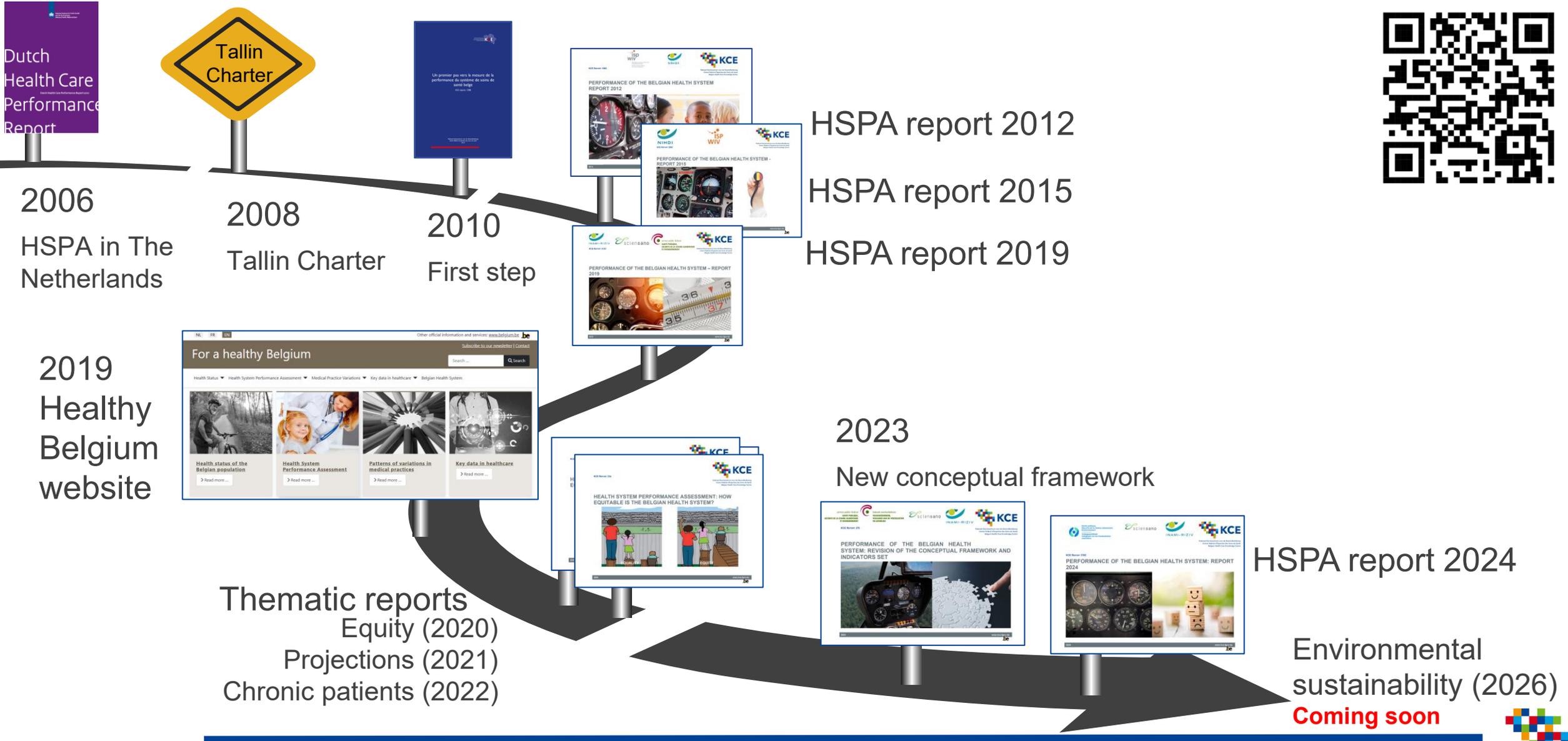
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## Origin of Belgian HSPA reports, main evolutions and objectives

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# Origin of Belgian HSPA reports and main evolutions



# HSPA Objectives

- Inform decision makers on the performance of the health system
- Support them in the planning of their policies by identifying warning signals
- Provide a helicopter view of the performance >< in-depth analyses
- Macro level (national or regional) >< comparison of hospitals or individual practices = out-of-scope
- No data collection → use of existing data
- Recurrent process: transversal analysis every 4-5 years + intermediate themes → Environmental sustainability = 2025 Thematic



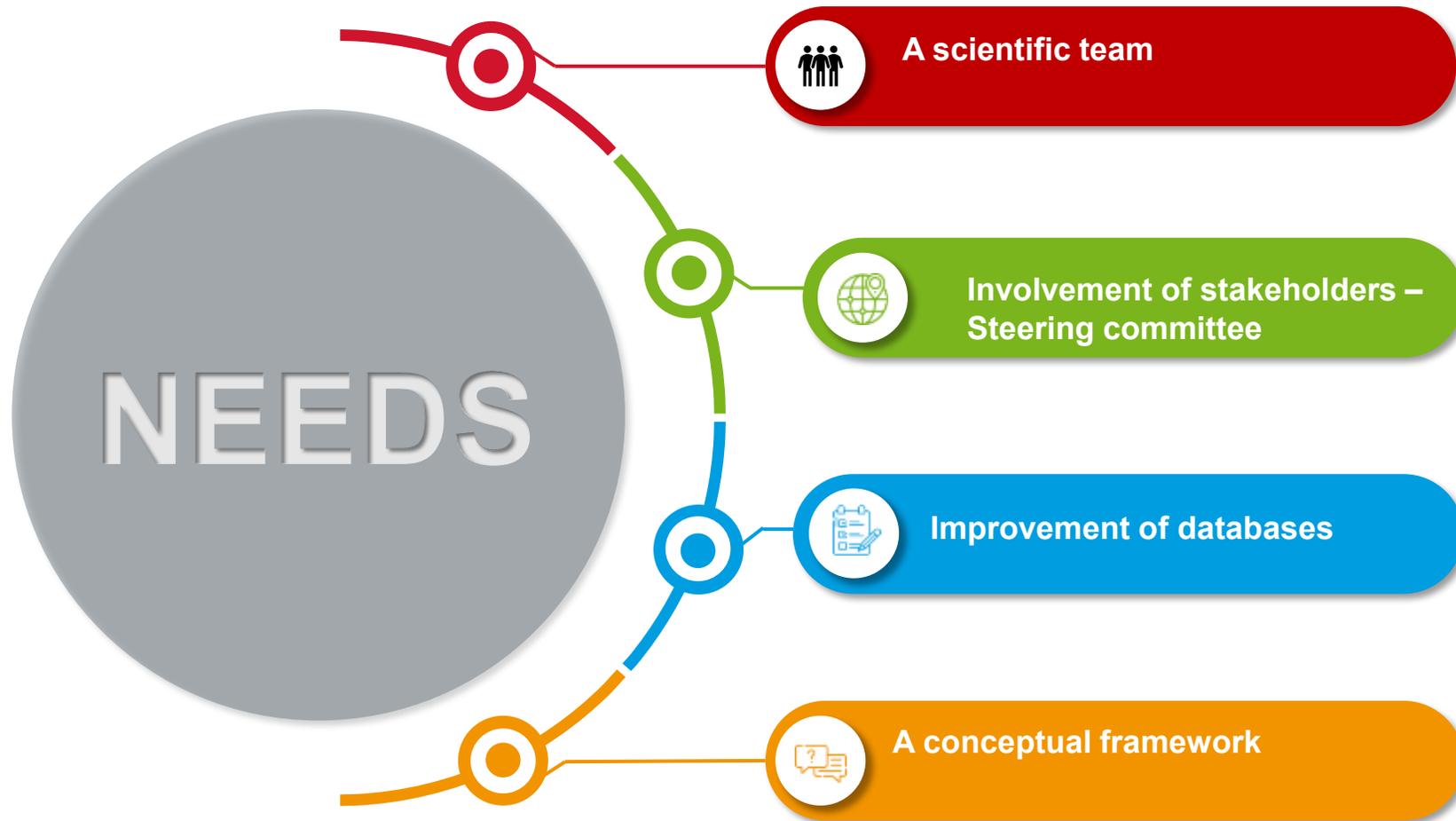


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Prerequisites and technical needs for HSPA  
development

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 **A scientific team**



# The scientific team

## TWO PUBLIC INSTITUTIONS

**NIHDI**

National Institute for Health and Disability Insurance

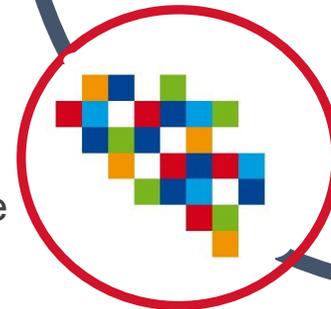


FPS Public Health (From 2019)  
Ministry of health

## TWO INDEPENDENT SCIENTIFIC BODIES

**KCE**

Organisation and financing of the health system –  
Most of HSPA indicators



Institute of Public Health –  
**Sciensano**  
Health Status of the population

HSPA





Involvement of stakeholders –  
Steering committee



# Stakeholder survey at the beginning of the process

Understand the expectations / needs but also the barriers and risks



# Involvement of decision makers via an inter-administrative working group

Federal State



Federated entities



# NEEDS

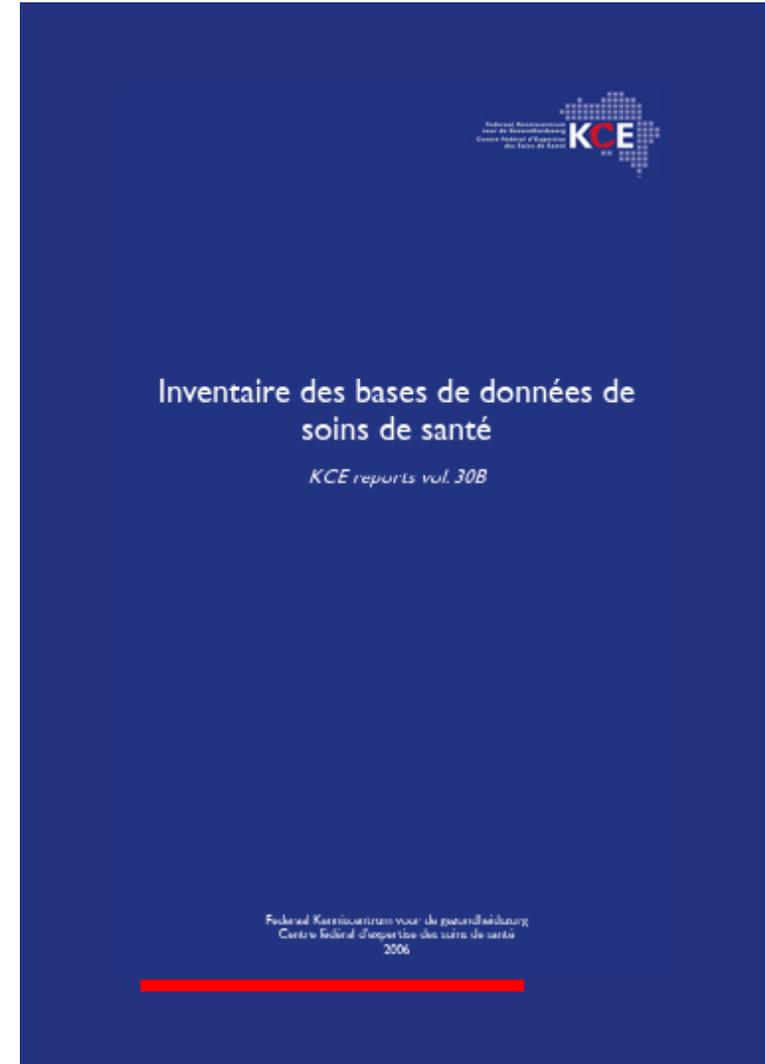


Improvement of databases



# Improvement of databases

- Inventory of Belgian Health Databases
- Identification of missing Belgian data in international databases
- Investment in health data collection
- Important challenges remain:
  - Some data are not anymore centralized with the new repartition of competences (long term care data)
  - Coupling of data sources can take a lot of time
  - More obstacles with the GDPR
  - Changing team → Important to document each process

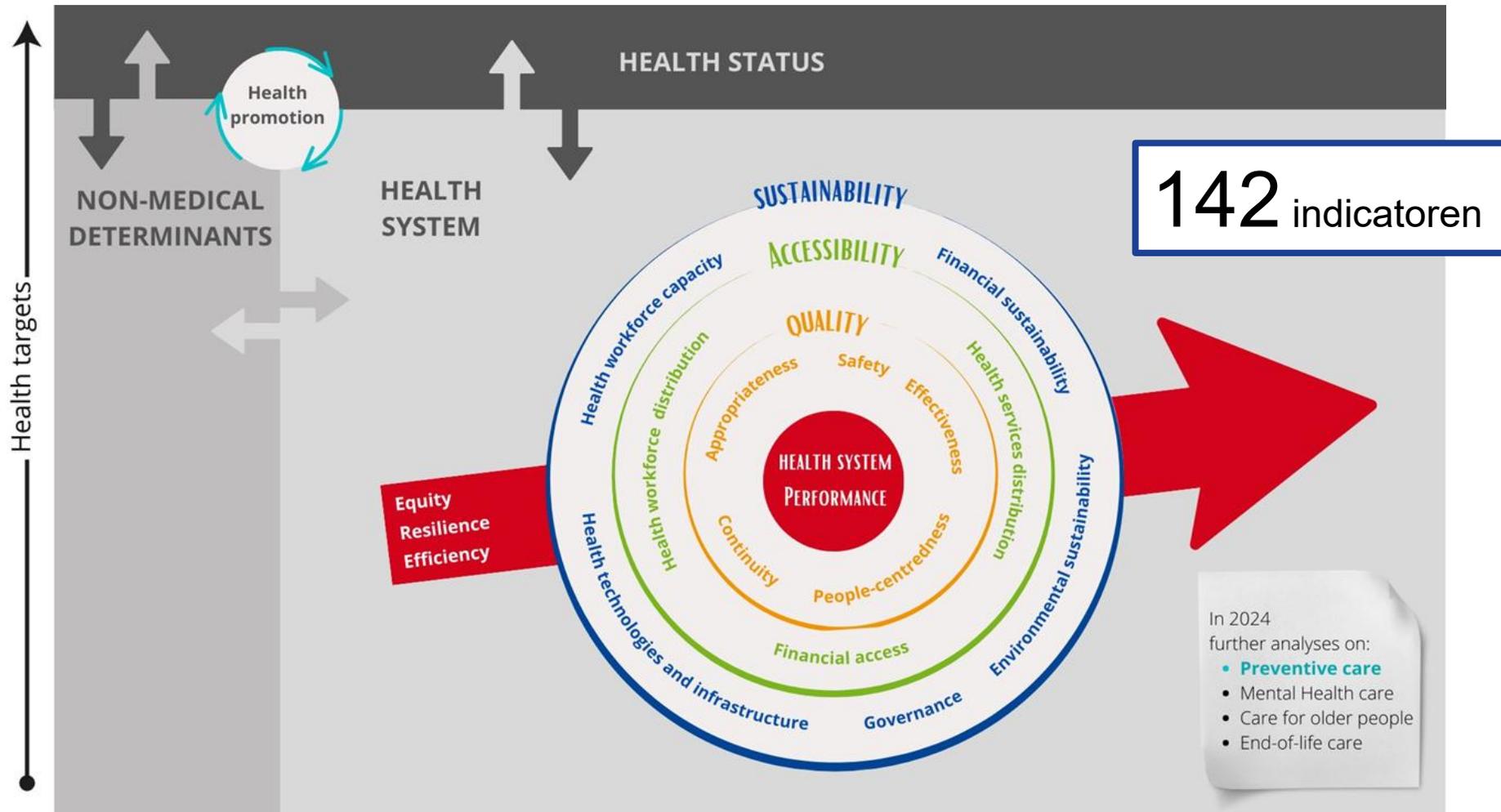


# NEEDS



# Our new conceptual framework 2023

## 2 reports: Health Status Report (HSR) en Performance (HSPA)





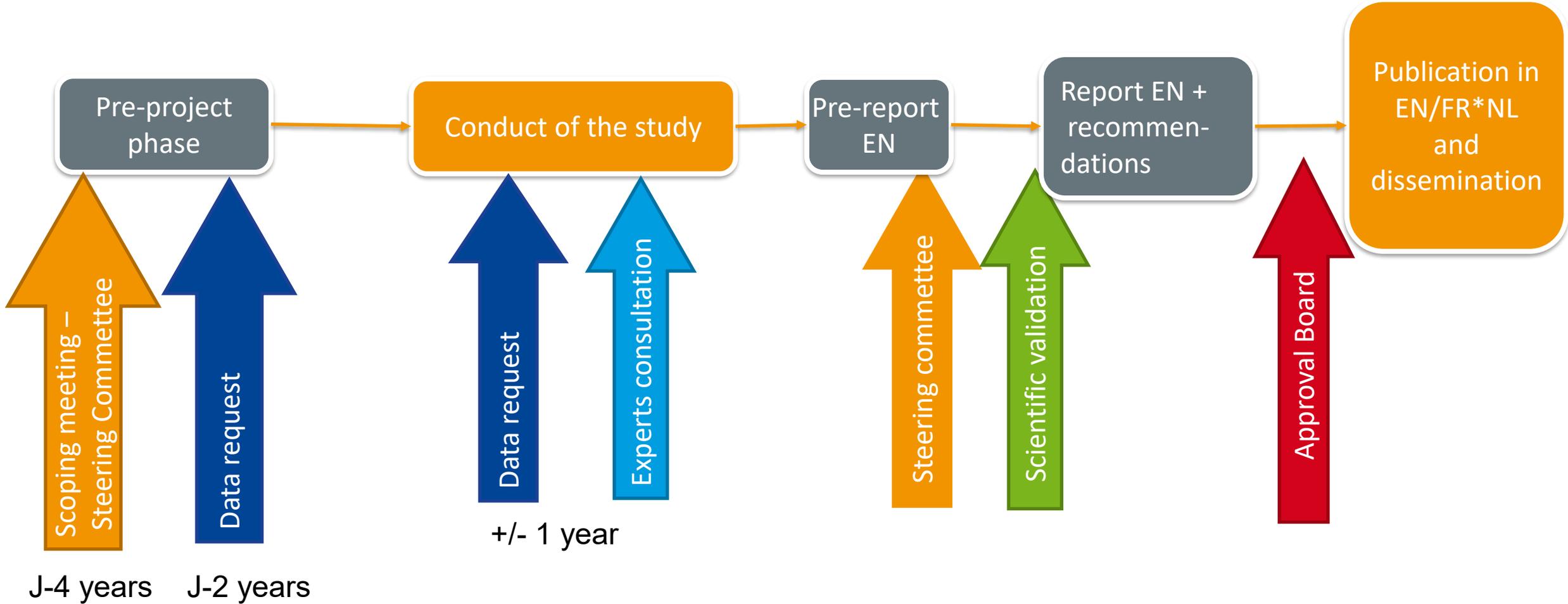
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## Practical details

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# Process and timing



# Presentation of results

## Efficiency

(ID)	Indicator	Score	Year	Belgium	EU-14	EU-27
E-1	One-day surgical admissions (%)	+	2021	49.5%	-	-
E-2	Length of stay, normal delivery (days, mean)	+	2021	2.7	2.7	3.3
E-3	Use of low-cost medication (% ambulatory care)	+	2022	72.1%	-	-
E-4	Biosimilar treatments (%)	+	2021	12.6%	-	-
E-5	Low-care dialysis (% hospitals with ≥ 40% of low-care dialyses)	+	2021	92.3%	-	-

Sources: OECD, FPS Public Health, RIZIV-INAMI

## Appropriateness

(ID)	Indicator	Score	Year	Belgium	EU-14	EU-27
<b>Primary care - people living with a chronic disease (guidelines)</b>						
QA-1	Appropriate follow-up of diabetes (% of people 18+ living with diabetes and under insulin)	-	2021	42.7%	-	-
QA-2	Appropriate follow-up of diabetes (% of people 18+ living with diabetes and receiving glucose-lowering drugs other than insulin)	-	2021	16.9%	-	-
<b>Primary care - prescribing patterns (guidelines)</b>						
QA-3	Use of antibiotics (total DDD/1000 pop/day)	●	2021	16.0	13.6	13.0
QA-4	Use of antibiotics at least once over the course of the year (% of population)	●	2021	32.6%	-	-
QA-5	Use of second-line antibiotics (% total DDD antibiotics)	+	2021	40.5%	-	-
<b>Inappropriate medical imaging</b>						
QA-6	Spine imaging (X-ray, CT-scan, MRI per 100 000 population)	+	2021	9320	-	-
<b>Hospital care (guidelines)</b>						
QA-8	Caesarean section rate (per 1 000 live births)	+	2020	214	243	252



