

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



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Centre fédéral d'expertise  
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**Pascal Meeus**

Institut national d'assurance  
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Belgique



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# HSPA BELGIUM

## SUBTITLE: **AND SO, WHAT ?**

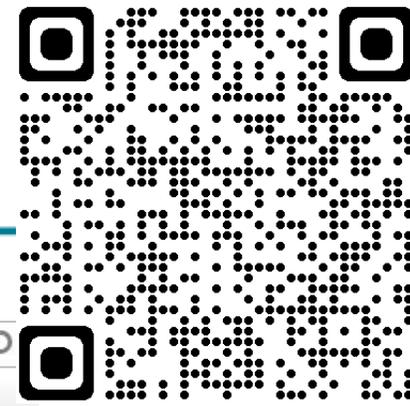
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General Advisor NIHDI**

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**Luxembourg 25/03/26**



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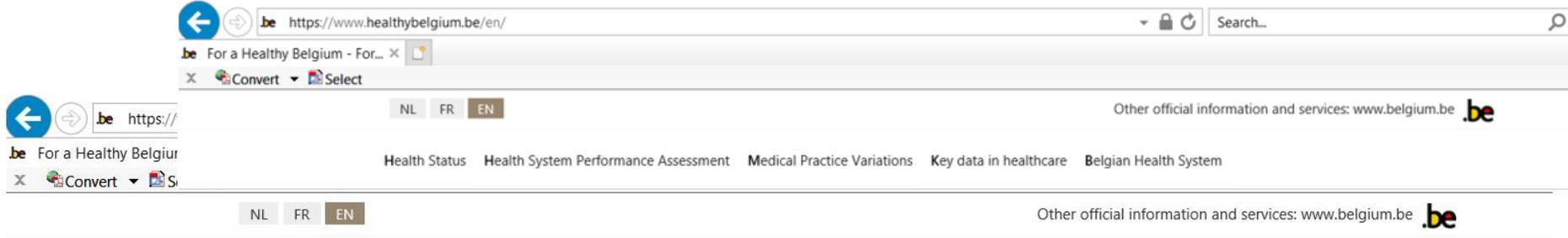
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### Latest news

#### 25.09.2025 Update 2025 : People-centred care

Indicators on people-centred care ([QP8](#), [QP9](#), [QP10](#), [QP11](#), and [QP12](#)) have been updated.

#### 05.03.2025 Update 2025 : Prevalence of healthcare-associated infections

The indicator [QS-1 Prevalence of healthcare-associated infections](#) has been updated.

#### 01.02.2024 Update 2024 – Fifth edition of the HSPA report

In February 2024, the HSPA part of this website was updated based on the fifth report assessing the performance of the B



Browser interface showing the URL <https://www.healthybelgium.be/en/>. The page title is "For a Healthy Belgium - For...". The navigation menu includes: Health Status, Health System Performance Assessment, Medical Practice Variations, Key data in healthcare, and Belgian Health System. Language options are NL, FR, and EN. A search bar is present in the top right.

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About the Health Status Report

<a href="#">Burden of Disease</a>	<a href="#">Life Expectancy and Quality of Life</a>	<a href="#">Mortality and Causes of Death</a>	<a href="#">Determinants of Health</a>	<a href="#">Health Inequalities</a>	<a href="#">Cost of Illness</a>
<a href="#">Non-Communicable Diseases</a>	<a href="#">Mental and Social Health</a>	<a href="#">Communicable Diseases</a>	<a href="#">Women's Health</a>	<a href="#">Factsheets</a>	<a href="#">Interactive dashboards</a>



# Medical variation

Oto-rhino-laryngologie - Drains transtympaniques

Variations de pratiques médicales  
Drains transtympaniques

Pratique médicale en volumes et en dépenses par assuré en Belgique (par arrondissements) pour l'année 2017

Health Professionals Report : Capacity, Accessibility and Production  
Specialty of Interest : General Practitioner  
Authors : P. Meus, A. Khalil, S. De Pril, K. Declercq, K. Dainou, V. Maton

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Geographical Accessibility
Financial Accessibility
Continuous Professional Development
Activity Level, Working Place and Composition
Activity Level, Working Place and Composition by Language
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Subspecialties Repartition by Language
Accessibility, Insured Coverage
Accessibility, Insured Frequentation
Patient Frequentation
Frequentation Complementarity
Workload
Evolution of the Workforce Demography
Demographic Evolution by Age Group



Key data in healthcare Belgian Health System

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Patterns of variations in medical practices

Key data in h

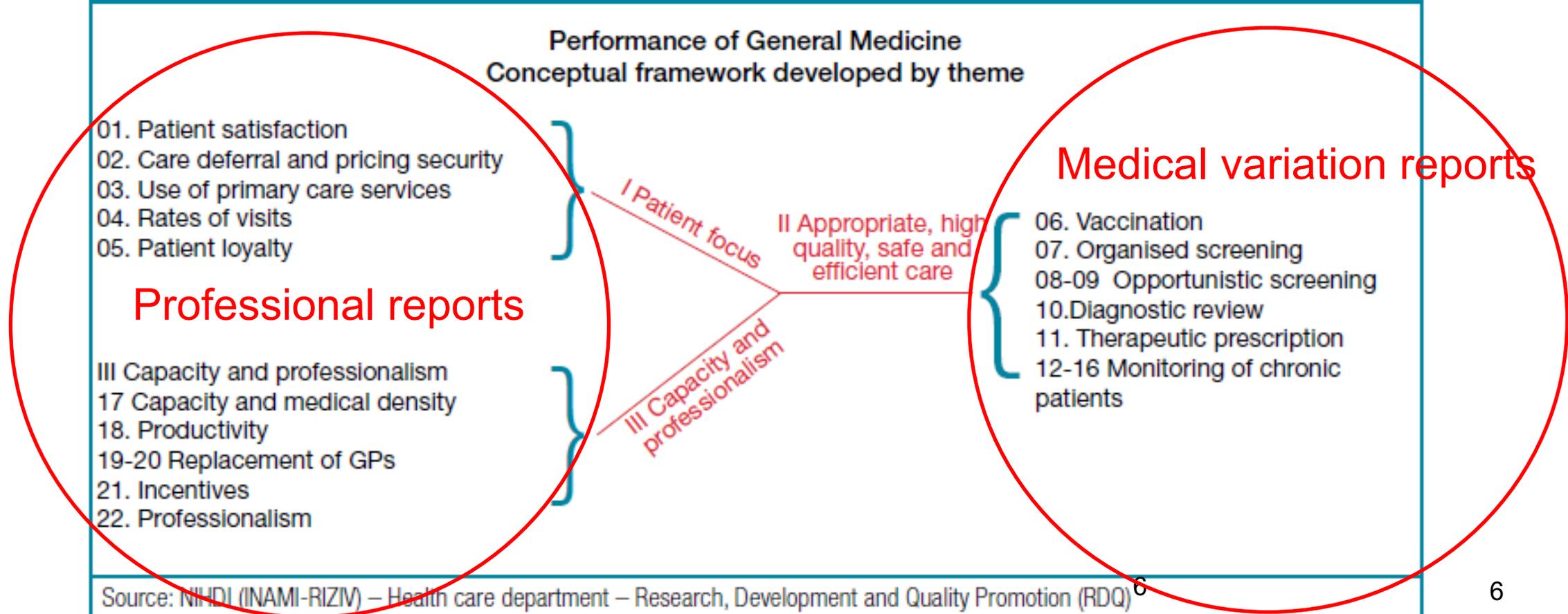
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Prestataires principaux	
Oto-rhino-laryngologie	100,00%
Taux de recours standardisé	
Nombre moyen d'interventions par an	40.086
Taux de recours standardisé par 100 000 assurés	368,07
Âge médian (ans)	4
Ratio max/min* de l'âge médian (par arrondissement)	1,67
Pourcentage de femmes	44,09%
Pourcentages en mode ambulatoire	96,90%
Ratio Régime préférentiel/Régime général	0,73
Tendances	
Tendance (2007-2017)	-0,13%
Tendance (2017)	-0,46%
Différence statistiquement significative ?	non
Variations géographiques	
Coefficient de variation (2015-2017)	40,45
Coefficient de variation (2007-2009)	36,72
Différence statistiquement significative ?	Non
Ratio max/min* du nombre d'interventions par 100 000 assurés (par région)	2,58
Ratio max/min* du nombre d'interventions par 100 000 assurés (par arrondissement)	3,99
Dépenses standardisées	
Dépenses moyennes annuelles (€)	3.683.973
Dépenses moyennes annuelles par assurés (€)	0,34
Ratio max/min* des dépenses par assurés (par région)	2,75
Ratio max/min* des dépenses par assurés (par arrondissement)	4,25
Coût moyen des interventions (€)	91,9



**Figure 1 – Conceptual framework for the performance of general medicine: three focuses divided into 22 themes**





## Health Systems in Transition

### Belgium Health System Review 2020

**Sophie Gerkens**  
Belgian Health Care  
Knowledge Centre

**Sherry Merkur**  
European Observatory on Health  
Systems and Policies



Health status of the  
Belgian population

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Description of the  
Belgian health system

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# Key data (Hospital)



https://www.healthybelgium.be/en/

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https:// NL FR EN

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Health System

Information and services: www.belgium.be .be

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Home > Key data in healthcare



General hospitals



Mental Healthcare



Key data in healthcare

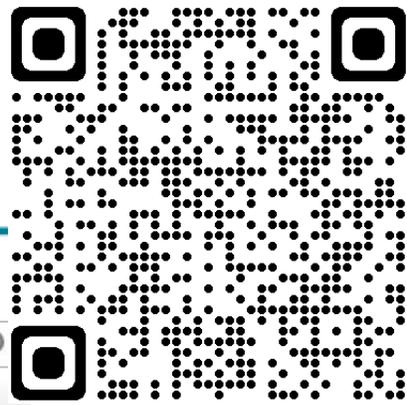
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Sécurité de la Chaîne alimentaire  
Environnement  
Volksgezondheid  
Veiligheid van de Voedselketen  
Leefmilieu

- For a Healthy Belgium
- Step 1 (2012) -> improve thematics (indicator(s))
- Step 2 (2015) -> improve dimension(s) : access
- Step 3 (2019) -> improve dimension(s) : appropriate care
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# National conference of health ministers (2013)

- Has defined several priorities
  - Reduce Suicide, obesity, tobacco, alcohol
  - Improve Cancer screening
  - Reduce Medical radiation
  - Reduce C section variation
  - Improve Diabetes follow up
  - Reduce Antibiotics and antidepressants consumption
  - Promote (smooth) gate keeping
  - Improve GP's workforce

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  - Reduce Antibiotics and antidepressants
  - Promote (smooth) gate keeping
  - **Improve GP's workforce**

Indicator	2016 (HSPA 2019)
Medical graduate becoming GP (% of those with medical specialisation)	31.1% 
GP aged 55 years + (%)	52.9% 

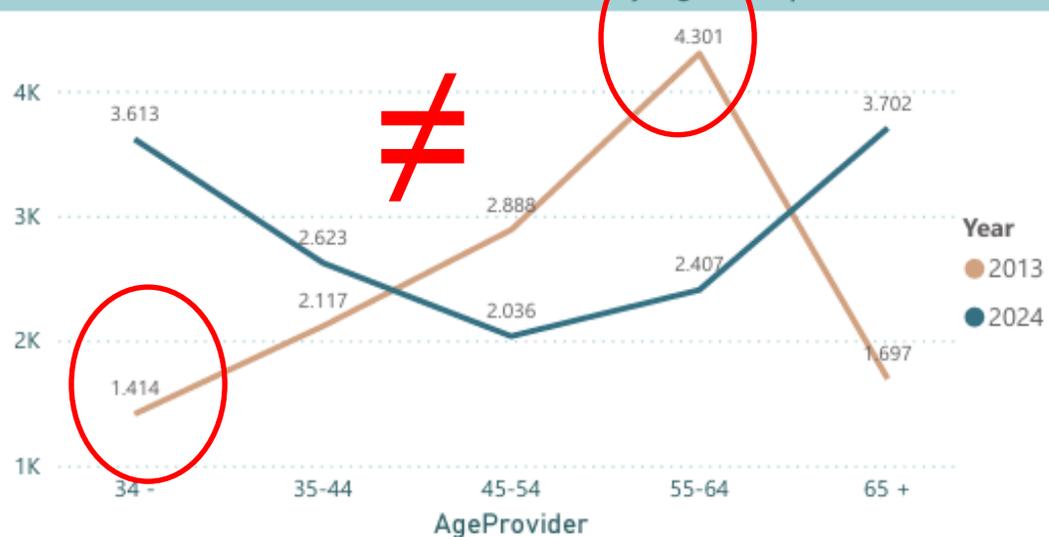
Demographic evolution by age group and activity of professionals above 65 years (provides information on the demographic stability).

Indicators :

- Trend in age group distribution (active/FTE),
- Age FTE : average of a professional's age weighted by its corresponding Full-Time Equivalent (FTE) value, by language of the provider.
- Contribution of older practitioners to the overall activity: % 65+ FTE/ Total FTE



Workforce Evolution (Active Providers) by Age Group (2013 VS 2024)



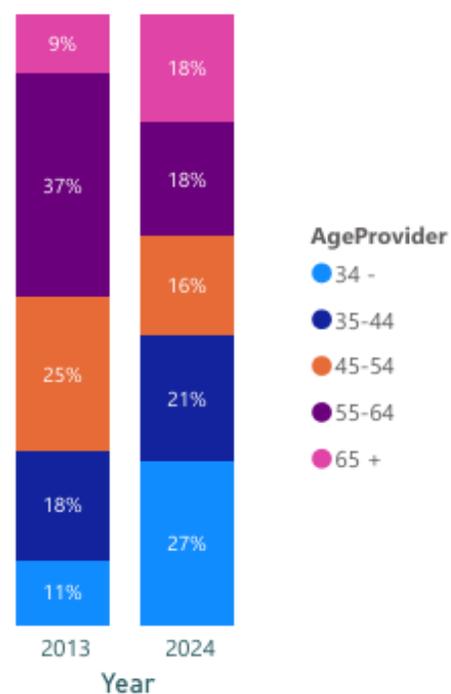
Replacement Rate FR (Active under 55 by 55+)

**1,29**✓  
2019: 0,86 (+50.73%)

Replacement Rate NL (Active under 55 by 55+)

**1,41**✓  
2019: 1,15 (+22.38%)

Proportion (FTE) by Age Group (2013 VS 2024)



Average Age of a NL FTE

**47,9!**

2013: 50,8 (-5.73%)

Average Age of a FR FTE

**47,6!**

2013: 52,1 (-8.76%)

% of 65+ Activity of total FTE

**18%**✓

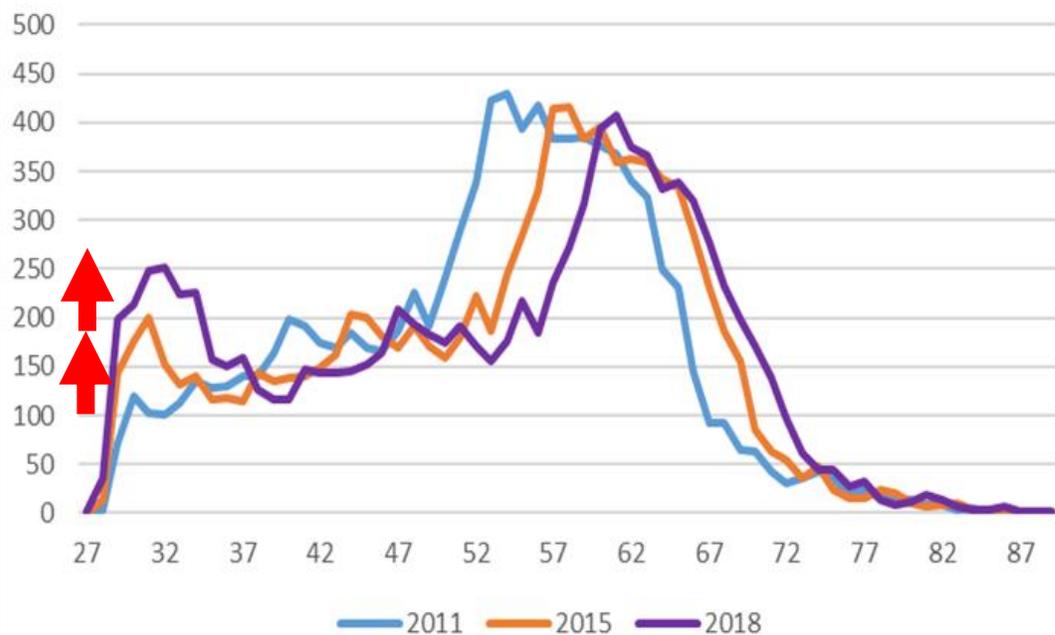
2013: 9% (+85.5%)

FTE by Language

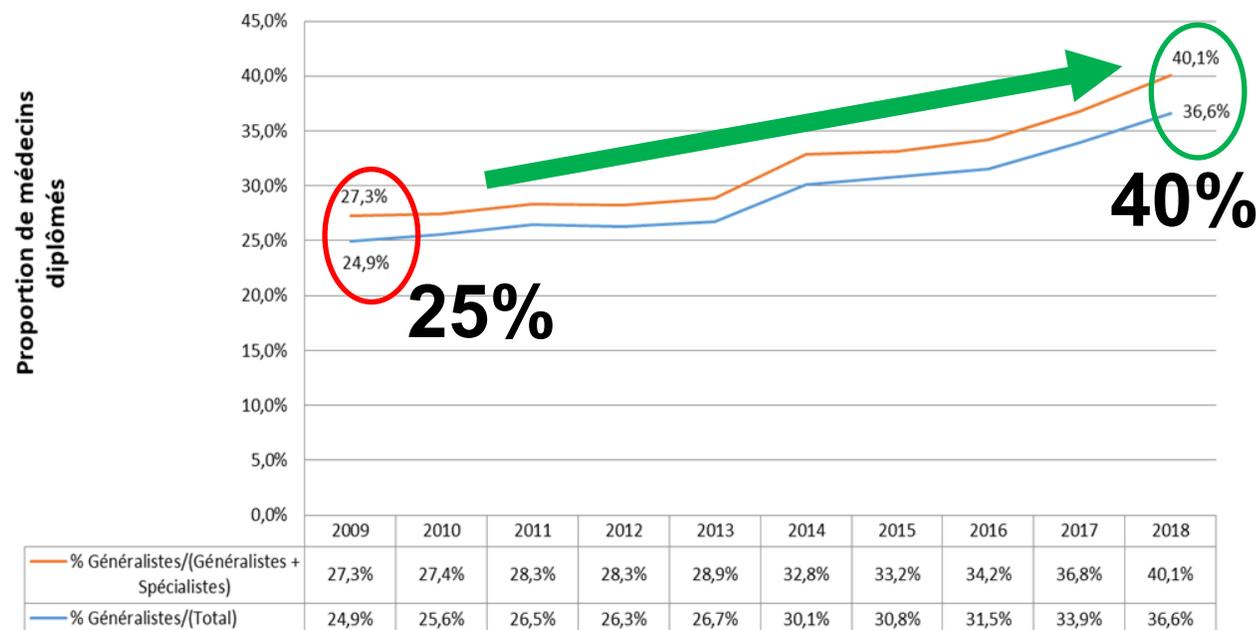
Language	#FTE	%65+ (FTE)
FR	4.155,9	18%
NL	5.865,5	17%
<b>Total</b>	<b>10.021,4</b>	<b>18%</b>



Répartition par âge des médecins généralistes (>1250 contacts/an) - 2011 à 2018



Choix de la médecine générale parmi les diplômés en médecine (Belgique)



Commissions were also created by the federated entities for setting subquotas per medical specialties (e.g. 43% must opt for general medicine in the French Community)

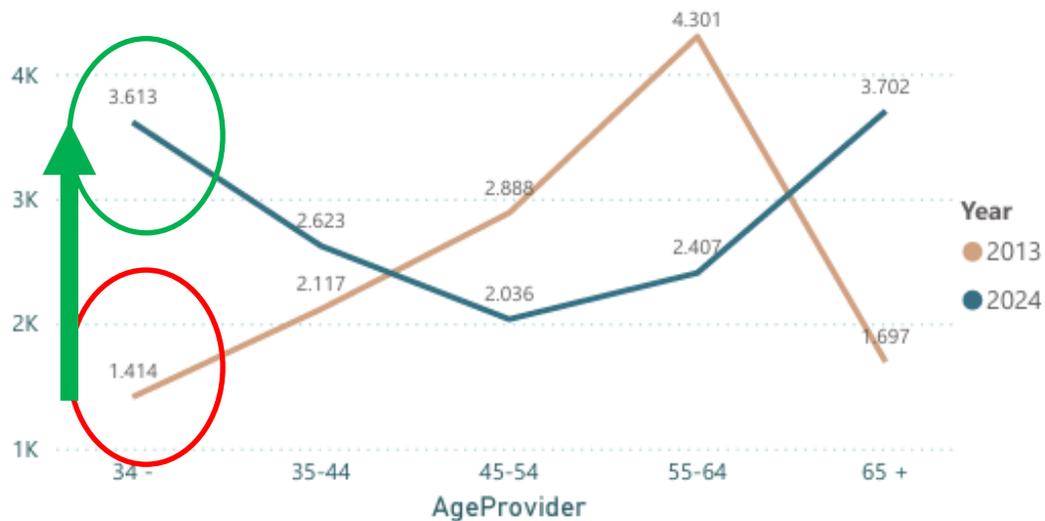
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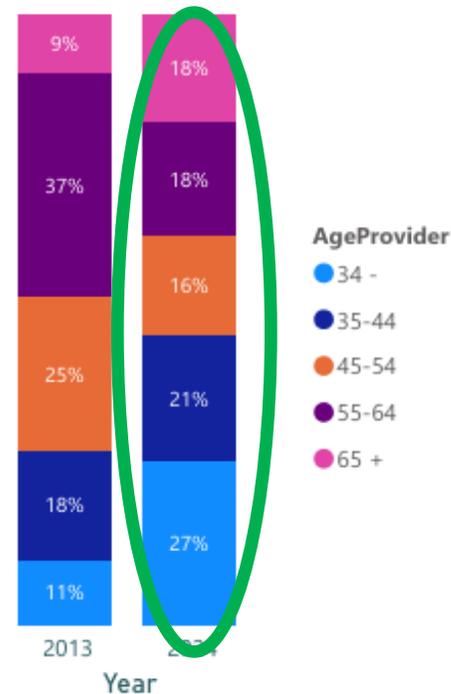
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# Improve access : white paper on access



## Improve access : white paper on access



- **simplify the healthcare (administrative) access system** and make it more inclusive for people outside the health insurance framework, by target group (prisoners, asylum seekers, homeless people)
- **generalize third-party payment** for all outpatient services ( first for chronic illness and in the longer term for all patients)
- invest in prevention and health promotion for **women and young children** (covering the period from preconception to the child's entry into primary school) and among **people with risky practices** (sex workers, drug users, etc.)
- set up in each major city an **intermediate care line, called "line 0.5"** offering primary health care (including sexual and reproductive health) intended for vulnerable populations
- create new professions in the outpatient sector (e.g., intercultural mediators, lived experience experts) with the aim of improving patient information and understanding (**health literacy**).

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## SHORT REPORT

### HEALTH CARE IN BELGIAN PRISONS. CURRENT SITUATION AND SCENARIOS FOR THE FUTURE.



### WHAT HEALTH CARE FOR UNDOCUMENTED MIGRANTS IN BELGIUM?



### ASYLUM SEEKERS IN BELGIUM: OPTIONS FOR A MORE EQUITABLE ACCESS TO HEALTH CARE. A STAKEHOLDER CONSULTATION



# AND SO, WHAT ? (policy making)

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# improve appropriate care : Results 2015...

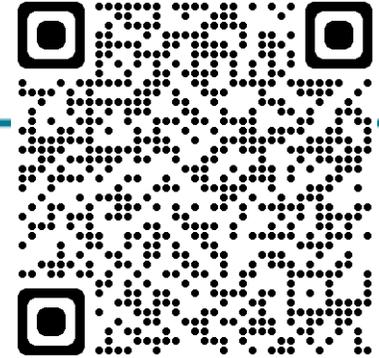


Tabel 5 – Indicatoren voor de beoordeling van de aangepastheid van de zorg

(ID) Indicator	België	Jaar	St
<b>Primaire zorg – patiënten met een chronische ziekte (richtlijnen)</b>			
QA-1 Aandeel van volwassen diabetici met aangepaste opvolging <sup>a</sup> (% van diabetici onder insuline)	●	67.8	2013
QA-2 Aandeel van volwassen diabetici met aangepaste opvolging <sup>a</sup> (% van diabetici uitsluitend onder orale antidiabetica, 50+ jaar)	●	43.4	2013
<b>Primaire zorg – voorschrijfgedrag (richtlijnen)</b>			
QA-3 Gebruik van antibiotica (totale DDD/1000 inwoners/dag)	●	28.7	2012
QA-4 Gebruik van antibiotica minstens een keer per jaar (% van populatie)	●	41.7	2013
QA-5 Gebruik van tweedelijnsantibiotica <sup>b</sup> (% totale DDD antibiotica)	●	55.4	2013
<b>Onaangepaste medische beeldvorming</b>			
QA-6 <i>NIEUW</i> Blootstelling aan medische straling door onaangepaste medische beeldvorming (mSv/capita/jaar)	+	0.90	2014
<b>Acute zorg – variabiliteit in chirurgische procedures</b>			
QA-7 Keizersnedes (/100 levendgeboortes)	●	20.4	2012

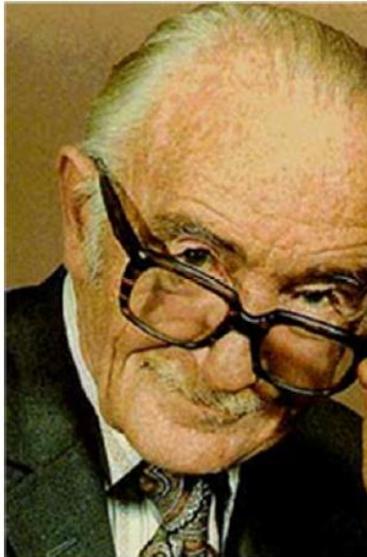
Tabel 14 – Illustratieve indicaties van inefficiëntie

Oorzaak inefficiëntie	Indicator	Indicator ID	
Onverklaarde geografische variaties	Variaties in arthroscopie van de knie en in hartkatheterisatie (variatiecoëfficiënt gemeten op provinciaal niveau)	Geen <sup>a</sup>	●
Screening buiten doelgroep	Borstkankerscreening buiten doelgroep: vrouwen van 40-49 jaar, in de voorbije twee jaar (%)	P-10	●
Overgebruik van onderzoeken/apparatuur	Blootstelling aan medische bestraling door onaangepaste onderzoeken bij de Belgische bevolking (mSv/capita/jaar)	QA-6	●
Onaangepaste behandeling	Percentage patiënten met kortetermijnbehandeling (< 3 maanden) met antidepressiva (% van populatie onder antidepressiva)	MH-7	●



## SYNTHÈSE

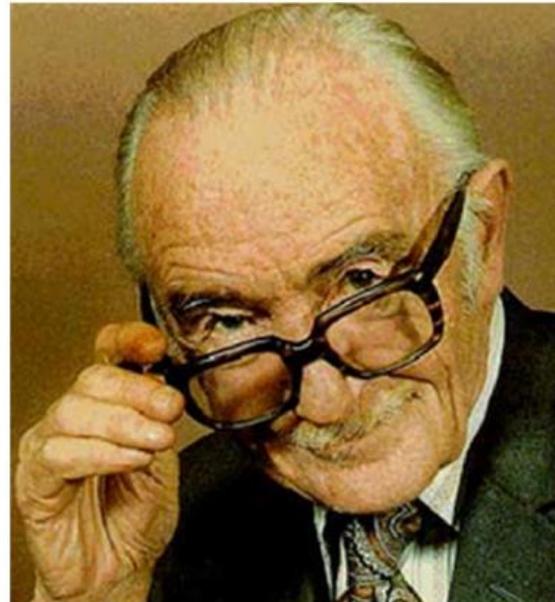
### VERS UN PLAN INTÉGRÉ D'EVIDENCE - BASED PRACTICE EN BELGIQUE – PREMIÈRE PARTIE : PLAN DE GOUVERNANCE



2017

## SYNTHESE

### NAAR EEN GEÏNTEGREERD EVIDENCE-BASED PRACTICE PLAN IN BELGIË – DEEL 2: IMPLEMENTATIE EN PERFORMANCE MANAGEMENT



2018



# improve appropriate care : CPD ( continuous professional development)



PERFORMANCE DU SYSTÈME DE SANTÉ BELGE – RAPPORT 2019



2019  
INAMI  
KCE REPORT 259B  
www.kce.fgov.be  
Federal Kenniscentrum voor de Gezondheidszorg  
Centre Fédéral d'Expertise des Soins de Santé  
Belgian Health Care Knowledge Centre

LA PERFORMANCE DU SYSTÈME DE SANTÉ BELGE -  
RAPPORT 2015

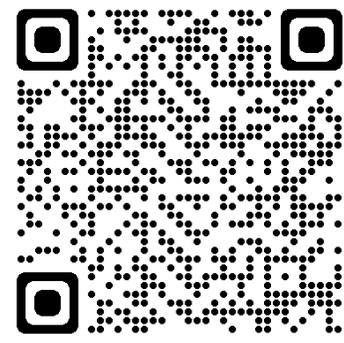


2015  
www.kce.fgov.be  
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2012  
www.kce.fgov.be  
.be

KCE REPORT 295



Federal Kenniscentrum voor de Gezondheidszorg  
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Belgian Health Care Knowledge Centre

## LOW BACK PAIN AND RADICULAR PAIN: DEVELOPMENT OF A CLINICAL PATHWAY



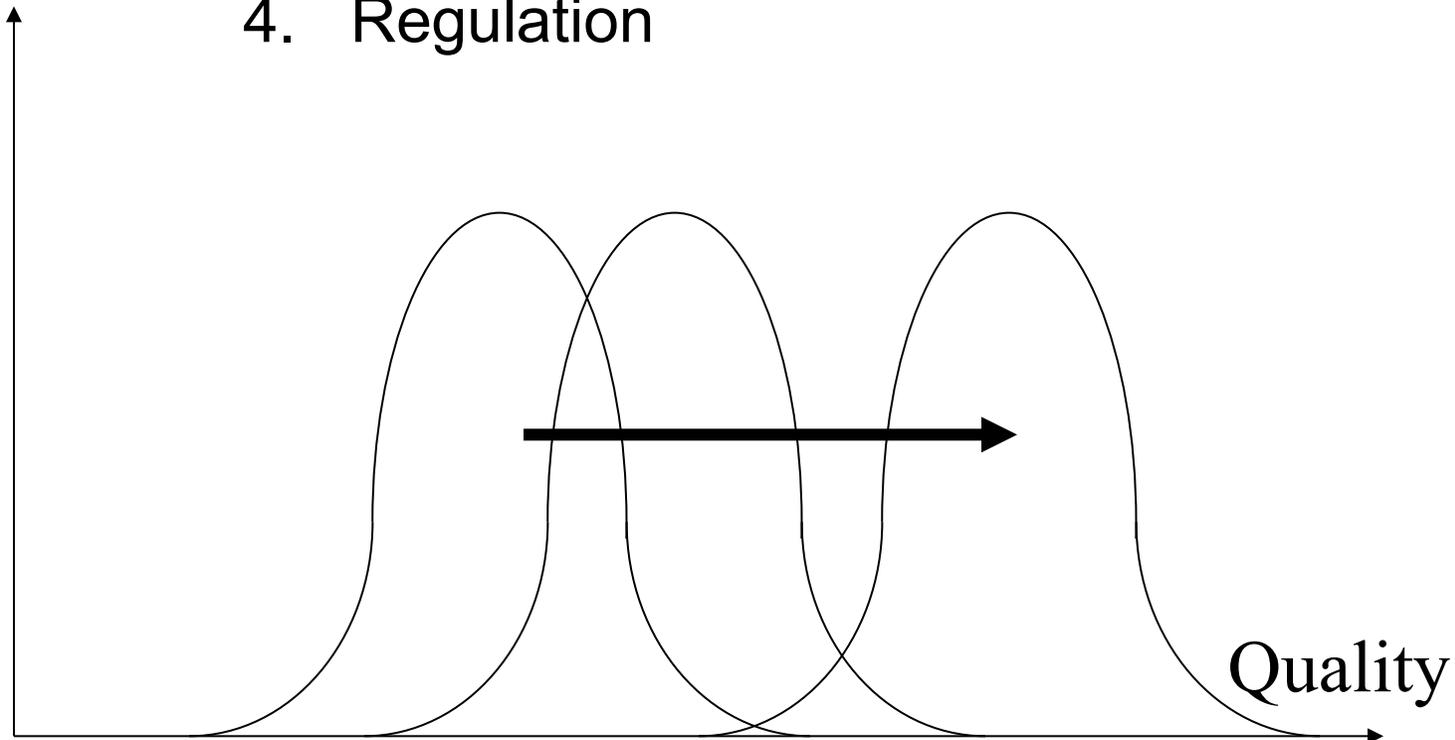
2017  
www.kce.fgov.be

.be

# improve appropriate care : strategy

1. Public (mass) Information campaign
2. Information to professionals (Guidelines)
3. Personal information
4. Regulation

Frequency



# improve appropriate care : Targets

## Example : Medical radiation

objectifs de réduction	taux national 2008 / 1000 hab	3 flamandre occidentale	4 flamandre orientale	1 limbourg	0 antwerpen	2 vlaams bbt	bruxelles	6 brabant wallon	5 namur	8 Liège	9 Luxembourg	7 hainaut	Belgique: objectif 2010	Vlaanderen	Wallonie
tomo tête + colonne	62	-15%	-9%	-12%	-5%	0%	-16%	-3%	-33%	-29%	-36%	-42%	-19%	-8%	-34%
RX thorax	90	-13%	-10%	-23%	-15%	-9%	-23%	-1%	0%	-5%	-8%	-32%	-16%	-13%	-17%
RX colonne (cervicale+ dorsale+ lombaire + sacrée)	72	-5%	-10%	-19%	0%	-4%	-7%	-14%	-3%	-29%	-20%	-31%	-14%	-7%	-26%
RX bassin	36	-23%	-22%	-7%	0%	-9%	-20%	-30%	-13%	-40%	-29%	-43%	-24%	-13%	-38%
RX crâne (face + base)	11	-67%	-71%	-73%	-65%	-60%	-47%	-43%	0%	-50%	-37%	-46%	-61%	-68%	-44%
RX abdomen à blanc	17	-4%	-8%	-21%	-31%	-12%	-37%	0%	-2%	-23%	-11%	-38%	-23%	-17%	-26%
RX abdomen à blanc+ contraste	21	0%	-10%	-17%	-25%	-7%	-35%	-8%	-9%	-23%	-14%	-36%	-20%	-13%	-26%
UIV	1,0	-68%	-75%	-84%	-76%	-72%	-38%	-65%	-52%	-32%	0%	-34%	-67%	-75%	-38%
pyélo/ cystographie	1,3	-27%	-37%	-38%	-19%	-34%	-14%	-32%	-30%	-38%	-21%	0%	-27%	-30%	-23%
phlébographie des membres	0,1	-84%	-60%	-87%	-61%	-78%	-73%	-69%	-91%	-66%	0%	-76%	-76%	-76%	-74%



# Klinische biologie

## Rationeel aanvragen van t

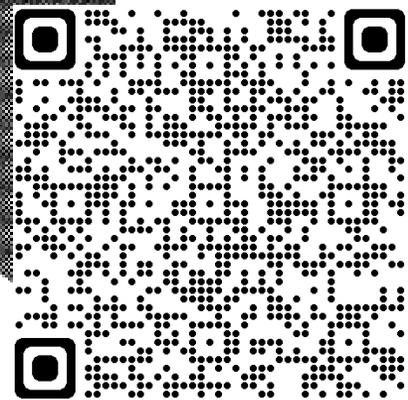
AANBEVELINGEN BIJ

- DE (AL DAN NIET) OPPORTUNISTIS
- VOORKOMENDE AANDOENING
- DE FOLLOW-UP VAN ZWAN



# Imagerie médicale

Prescription rationnelle  
Sensibilisation aux risques d'exposition aux rayons ionisants  
UNE SÉLECTION D'EXAMENS AUX INDICATIONS  
PARTICULIÈREMENT RÉDUTES



**improve appropriate care :  
Health Professionals sensitization**

# Improve Appropriate care: Sensitization



## 1. Utilisation excessive d'imagerie médicale de la colonne vertébrale

- Proportion de vos patients sans problème orthopédique avéré, à qui vous avez prescrit au moins 1 fois une imagerie de la colonne vertébrale au cours des 3 dernières années
- Nombre moyen d'exams d'imagerie médicale de la colonne vertébrale, par patient
- Ratio de RX et de CT dans les prescriptions d'imagerie médicale de la colonne vertébrale

## 2. Utilisation excessive d'exams préopératoires

- Proportion de patients < 50 ans avec un profil de risque faible qui ont subi des exams préopératoires inappropriés en cas de petite chirurgie ou de chirurgie intermédiaire
- Proportion de patients ≥ 50 ans avec un profil de risque faible qui ont subi des exams préopératoires inappropriés en cas de petite chirurgie ou de chirurgie intermédiaire

## 3. Exposition aux rayonnements par imagerie médicale obsolète

- Exposition aux rayonnements (en mSv) causés par une imagerie médicale obsolète, par patient
- Proportion d'exposition à des rayonnements qui sont causés par des RX colonne vertébrale et CT colonne vertébrale

## 4. Utilisation excessive de l'échographie de la thyroïde

- Proportion de patients avec un trouble de la fonction thyroïdienne connu qui ont subi ≥ 1 suivi échographique inapproprié au cours des 3 dernières années

## 5. Dépistage du cancer du sein

- Proportion de femmes dans la population cible du dépistage (50-69 ans), qui ont subi un dépistage biennal
- Proportion de dépistages dans la population cible (50-69 ans) qui ont été réalisés via le système de dépistage **organisé** (=étude de la population) (sur l'ensemble des dépistages réalisés)

# Improve Appropriate care : Population Sensitization Example : Medical radiation



Medische beelden  
zijn geen familiekiekjes.  
Wees er zuinig mee.  
kies uw taal

Medische beelden zijn  
geen vakantiekiekjes

sans raisons.  
choisissez votre langue

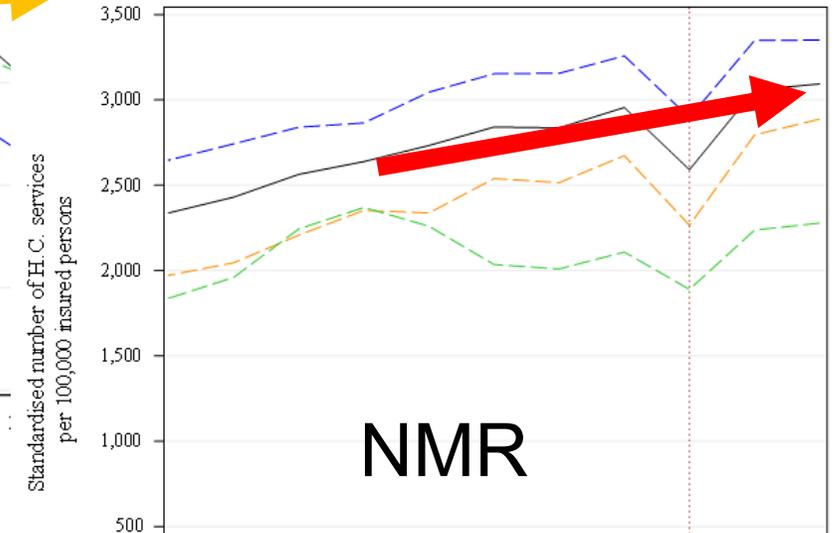
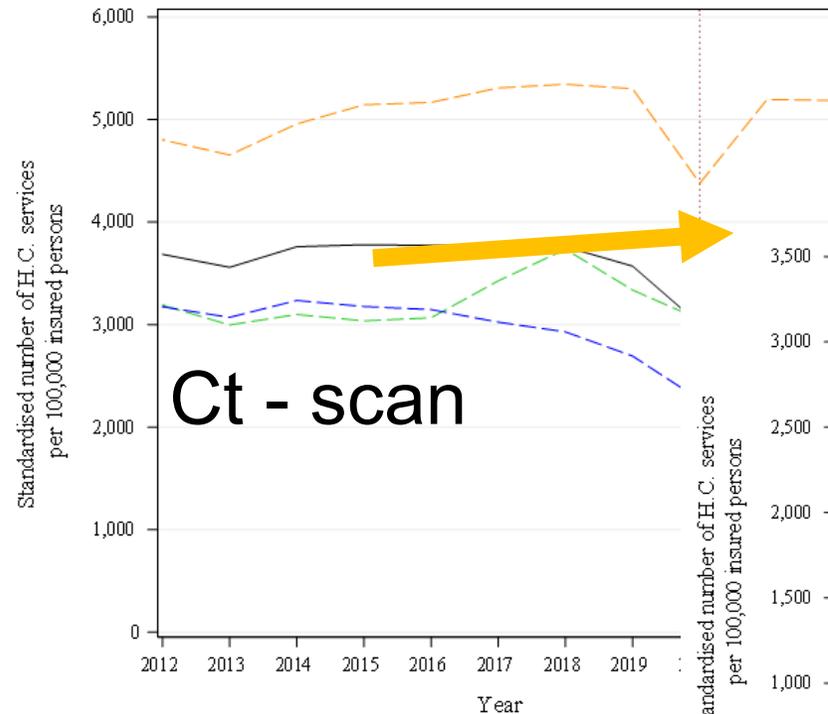
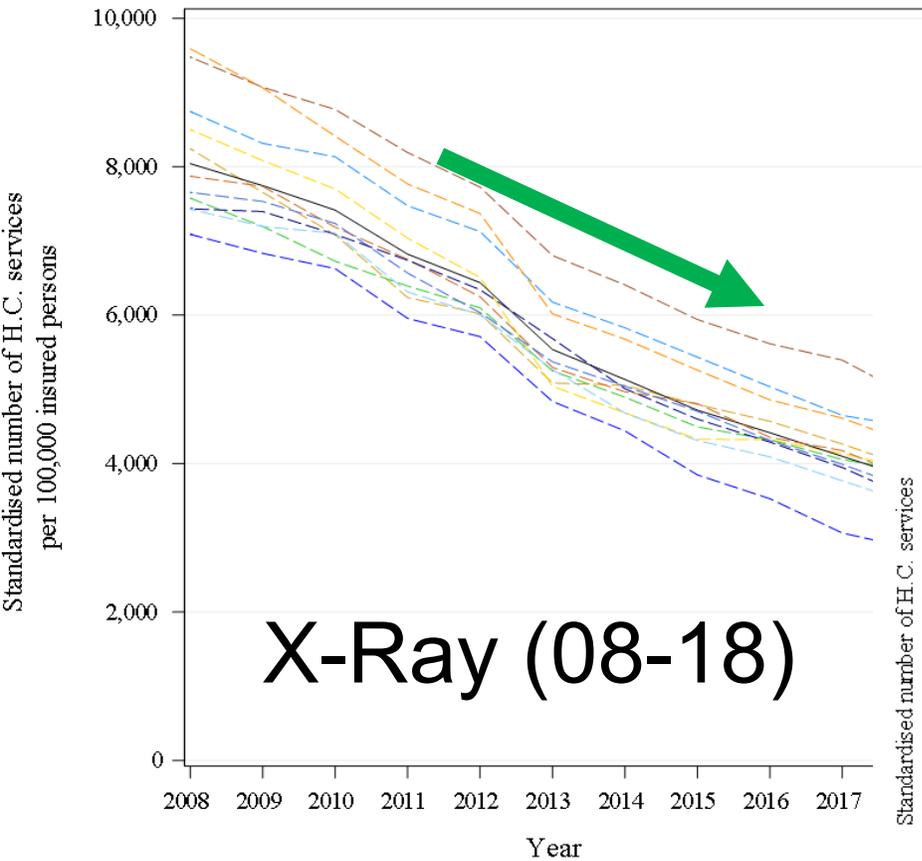


# Improve Appropriate care : Regulation tools Example : Medical radiation

- Equipment control
- Planification (C, NMR)
- Codification revision
- Substitution of prescription (radiologist)
- Decision making tools
- ....

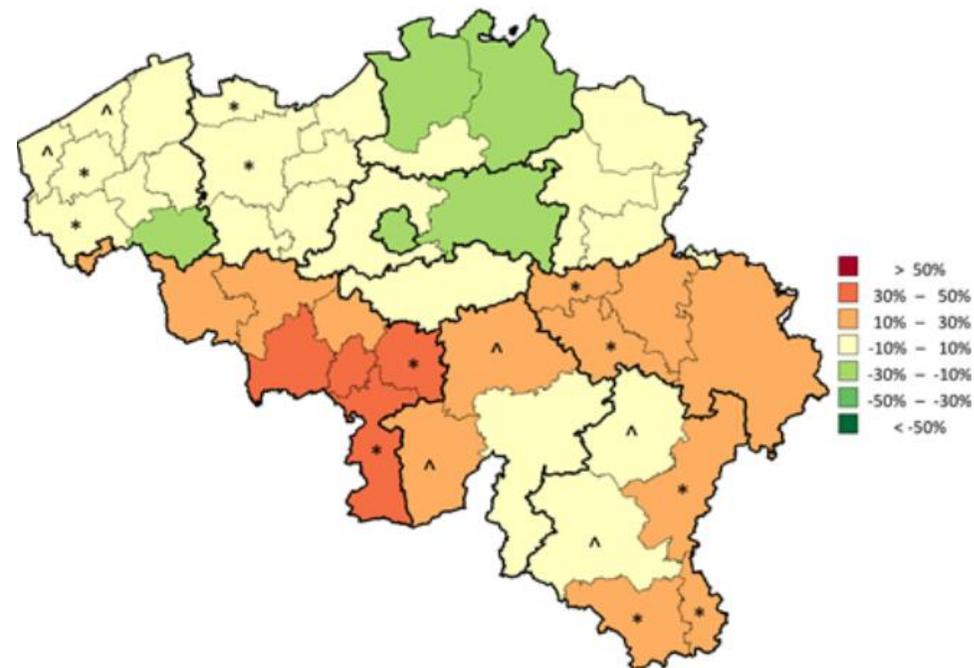
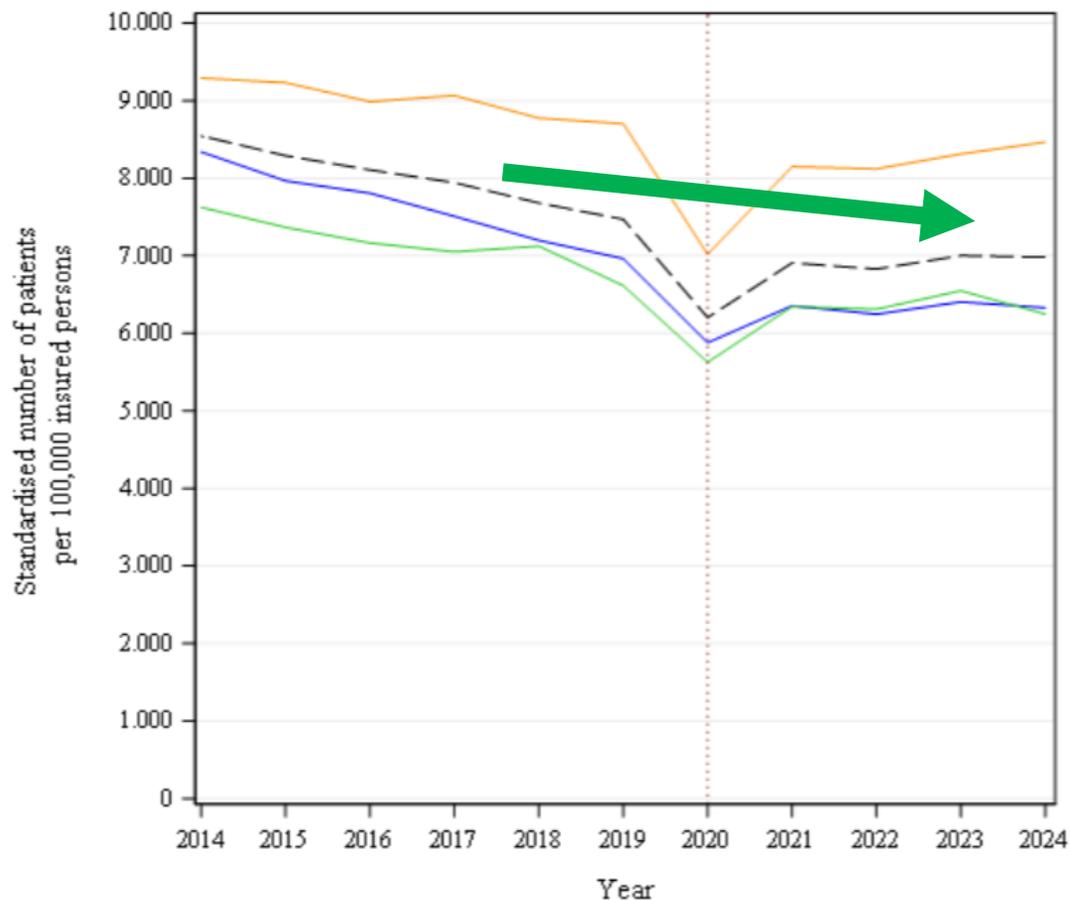
# Improve Appropriate care : Monitoring

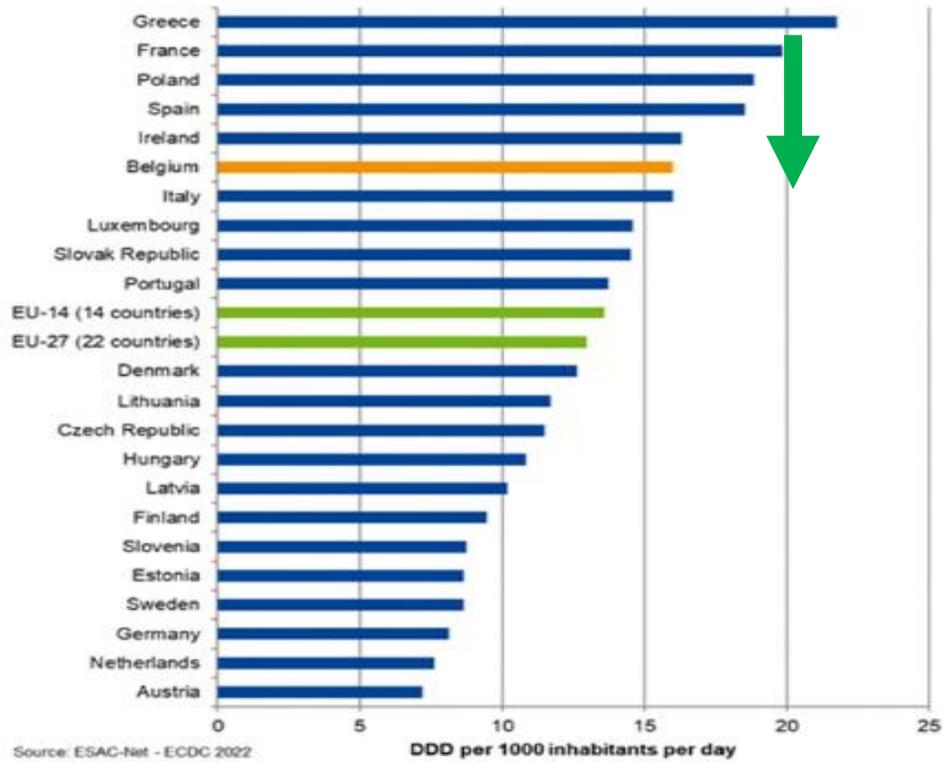
## ex: evolution of lumbar spine imaging



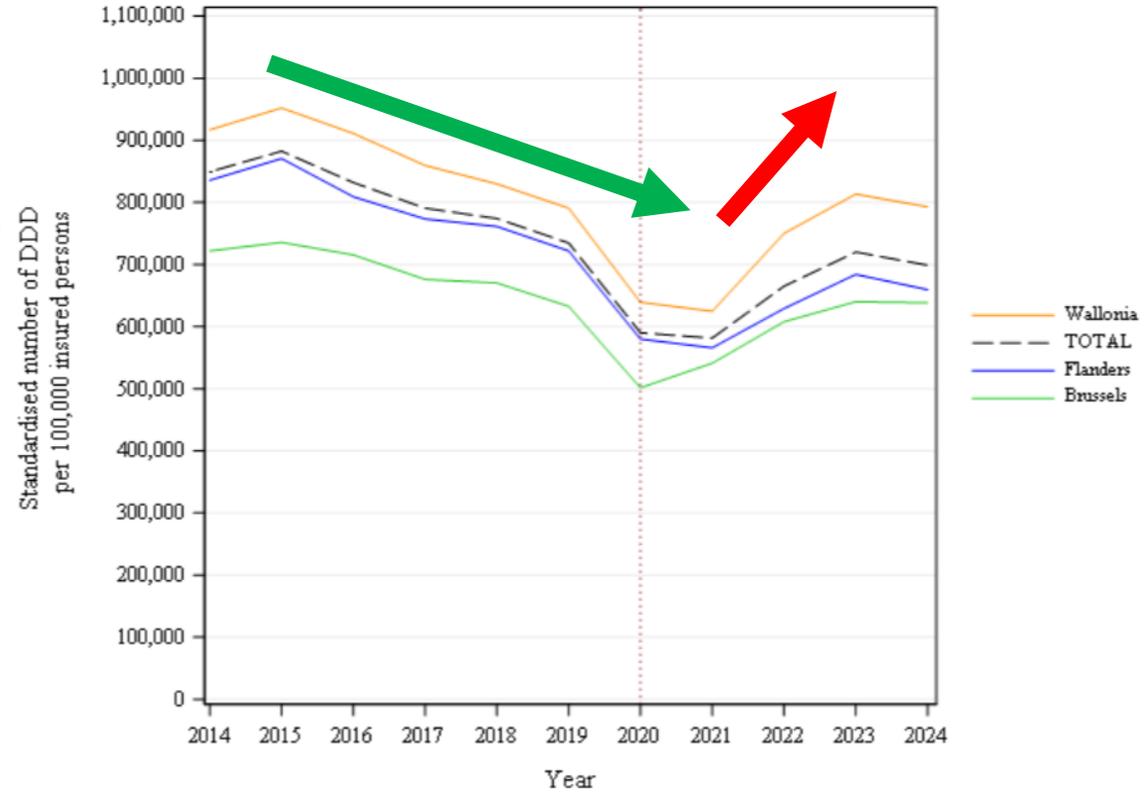
- Flanders
- TOTAL
- Walloni
- Brussels

# Improve Appropriate care : Monitoring ex: evolution of lumbar spine imaging

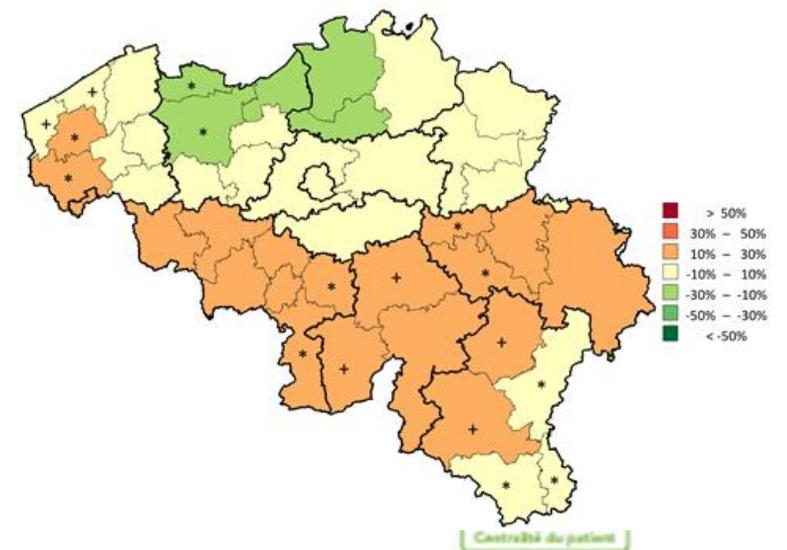




Source: ESAC-Net - ECDC 2022



# Improve Appropriate care: Monitoring ex: Antibiotics





$$\frac{pat_{(\leq 14 \text{ ans})\_AB}}{pat_{(\leq 14 \text{ ans})\_spéc \text{ pharma}}} \leq 45\%$$

$$\frac{pat_{(\geq 15 \text{ ans})\_AB}}{pat_{(\geq 15 \text{ ans})\_spéc \text{ pharma}}} \leq 23\%$$

$$\frac{DDD \text{ amoxi}}{DDD \text{ amoxi} + DDD \text{ amoxiclav}} \geq 80\%$$

$$\frac{DDD \text{ AB deuxième ligne}}{DDD \text{ AB}} \leq 20\%$$



# Improve Appropriate care : Flag and Control ex: Antibiotics

## L'INAMI dans la presse 4



Le Journal du Médecin

11-03-2026 12:20

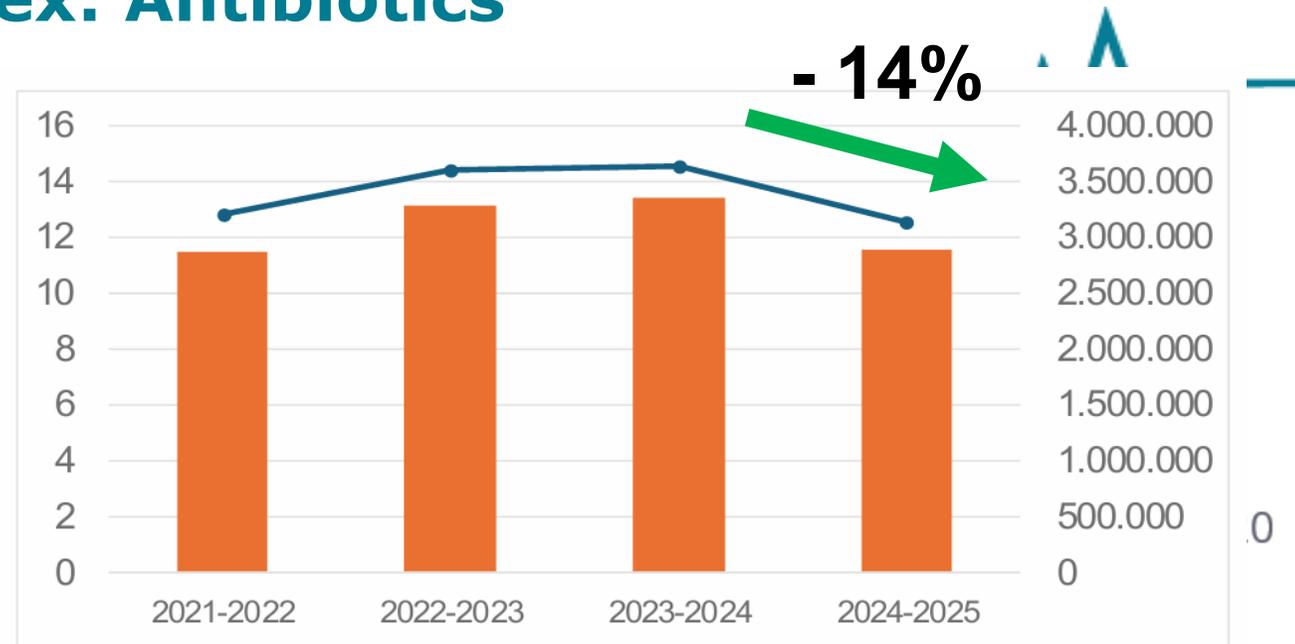


Figure 1 : Nombre de patients uniques avec prescription d'un antibiotique  
Nombre de DID (DDD par jour par 1000 habitants)

### 14 % en moins en volume total d'antibiotiques délivrés (INAMI)

14 % en moins en volume total d'antibiotiques délivrés (INAMI)

*Un an après l'introduction d'indicateurs destinés à améliorer la prescription d'antibiotiques en médecine générale, les premiers résultats sont jugés encourageants par l'INAMI. Les données montrent une diminution du volume global de prescriptions, même si l'évolution reste plus limitée concernant le choix des molécules utilisées.*





# Improve Appropriate care : Governance

## 2026 creation of appropriate care division within NIHDI

### ✦ Appropriate care Division - HCS

→ The concept of "Appropriate Care" broadly refers to the following:

- **Type of care:** Care that is necessary and relevant for the patient, in line with "Evidence Based Practice." This implies that care is the result of a combination of the **best available scientific evidence**, the clinical expertise of the healthcare provider, and the patient's preferences.
- **Delivery modalities:** Provided at the right time, in the right place, and by the most appropriate healthcare provider (i.e., the person whose skills, training, and position within the care team enable an effective and proportionate response to the patient's needs).
- **Cost:** When the best possible outcomes can be achieved at the lowest possible cost/investment. Costs should thus be proportionate, aiming to maximize benefits for patients while also **optimizing the use of healthcare system resources**.

# Improve Appropriate care : Governance strategy based on LVC report



## IDENTIFYING, MEASURING AND REDUCING LOW-VALUE CARE IN THE CONTEXT OF HEALTH SYSTEM PERFORMANCE ASSESSMENT

Report by the Expert Group on  
Health Systems Performance Assessment



10 FEBRUARY 2025

hspa\_low-value-care\_report\_en.pdf

English

(7.17 MB - PDF)

[Preview](#) [Download](#)

## Low Value Care report :

- published on February 10, 2025
- Actionable conceptual framework





# Improve Appropriate care Governance: strategy

## Focus on unwarranted variations

Table 4: Types of low-value care

CATEGORY OF LOW-VALUE CARE	OVERUSE AND MISUSE					UNWARRANTED VARIATION as a sign of potential overuse and/or underuse (not explained by different need)		UNDERUSE	
	A. The service harms the patient	B. The service does not benefit the patient/has no effect (no benefit or benefit/harm relation unfavourable)	C. There are more cost-effective alternatives to the service	D. There are more environmentally sustainable alternatives with similar or higher benefits	E. The service is delivered in a costlier setting/sector or by costlier professions than necessary	F. Geographic variation (entire population and service provision in one area versus another)	G. By patient groups (social, demographic etc.)	H. Services which are necessary and considered cost-effective	I. Services which are necessary and save costs
DEFINITION	Services that pose more risks (for example, adverse patient events, such as health-care-associated infections, surgical-care errors, and unsafe technologies) than benefits to the patients (costs are by definition unwarranted)	Services that lead to additional costs without expected health benefit, that is, the services have no known benefit for all patients or the services are not appropriate for the individual patient, based on expected outcomes, medical criteria, guidelines or preferences	Services for which alternatives exist that provide the same benefit for lower cost, or higher benefit for the same cost, that is, are more cost-effective	Services or resources for which alternatives exist that provide similar benefit while being more environmentally sustainable (or higher benefit for the same environmental impact)	Services that could be provided at a lower level of care (setting/sector/ profession) incurring fewer costs (and reducing potential patient risks) or that could have been prevented by the provision of care at previous levels of care	Provision/ costs/ quality of services vary between geographic regions explained by different need	Provision/ costs/ quality of services vary between patient groups (segmented by demographic characteristics) not explained by different need	Cost-effective services not provided despite necessity – meaning that services are not offered to patients fitting a particular clinical description while such services are considered cost-effective	
LOW-VALUE CARE TERMS	Harm Patient safety risks	Overutilisation/ Overdiagnosis/ Overtreatment "No-value care" Inappropriate care Outdated care	Low value for money Cost-ineffective Low-priority care	Unsustainability Carbon-intensive care	Low value for money Inefficient care Not cost-saving	Geographic variation Small area variation Inequity	Inequity	Necessary Untimely care	
IMPLICATIONS FOR PATIENT OUTCOMES	Negatively impacted	Unchanged, exposure to risk	Unchanged or negatively impacted	Unchanged	Unchanged	Unchanged or negatively impacted	Unchanged or negatively impacted	Negatively impacted	
IMPLICATIONS FOR COSTS/ THE ENVIRONMENT	Unnecessary in terms of costs and the environment. Reduction saves costs and resources.	Unnecessary in terms of costs and the environment. Reduction saves costs and resources	Unnecessarily high costs. Reduction saves costs	Unnecessarily negative environmental impact Reduction saves resources	Unnecessarily high costs Reduction saves costs	Unnecessary in terms of costs and the environment either now or in the future Reduction saves costs and resources	Unnecessary in terms of costs and the environment either now or in the future Reduction saves costs and resources	Lower costs now, but potentially higher costs for compensatory services in the future	
EXAMPLES	Surgical errors (for example, wrong-side surgery) Prescription of contraindicated medications	Computed tomography/imaging of the sinuses for uncomplicated acute rhinosinusitis Cancer screening in patients outside the recommended age group	PCSK9-inhibitors for secondary prevention of cardiovascular disease	Single-use medical material that could be sterilised for multiple use	Inpatient stay instead of day surgery for eligible conditions; unnecessary hospitalisation; services that can be provided by a nurse practitioner but are provided by a physician (for example, wound care)	Share of caesarean sections Length of stay for the same service/condition Patient-reported outcomes post-hip replacement surgery	Indicated cancer screening Indicated chronic disease follow up (for example, diabetes)		
POSSIBLE MITIGATION STRATEGIES	Do not provide at all and develop strategies how to eliminate these	Provide alternative or no service	Provide alternative (more cost-effective) service	Promote the use of "more sustainable services" with better reimbursement	Provide service in alternative setting/sector or by an alternative profession	Evaluate whether variation is due to overuse and/or underuse Implement policies to overcome variation	Provide to more individuals		

**UNWARRANTED VARIATION**  
as a sign of potential overuse and/or underuse (not explained by different need)

**F. Geographic variation (entire population and service provision in one area versus another)**

**G. By patient groups (social, demographic etc.)**



# Improve Appropriate care governance : National Council for Quality Promotion

## ★ National Council for quality promotion (2001)

→ Aims to promote and support initiatives that enhance the quality of care, as defined in its legal missions:

- Manages the peer review system to **assess the quality of medical services and continuously improve practices**
- Encourages teamwork and collaborations between physicians
- Defines good practice recommendations and quality **indicators, with feedback to physicians** and local groups

Webinaire

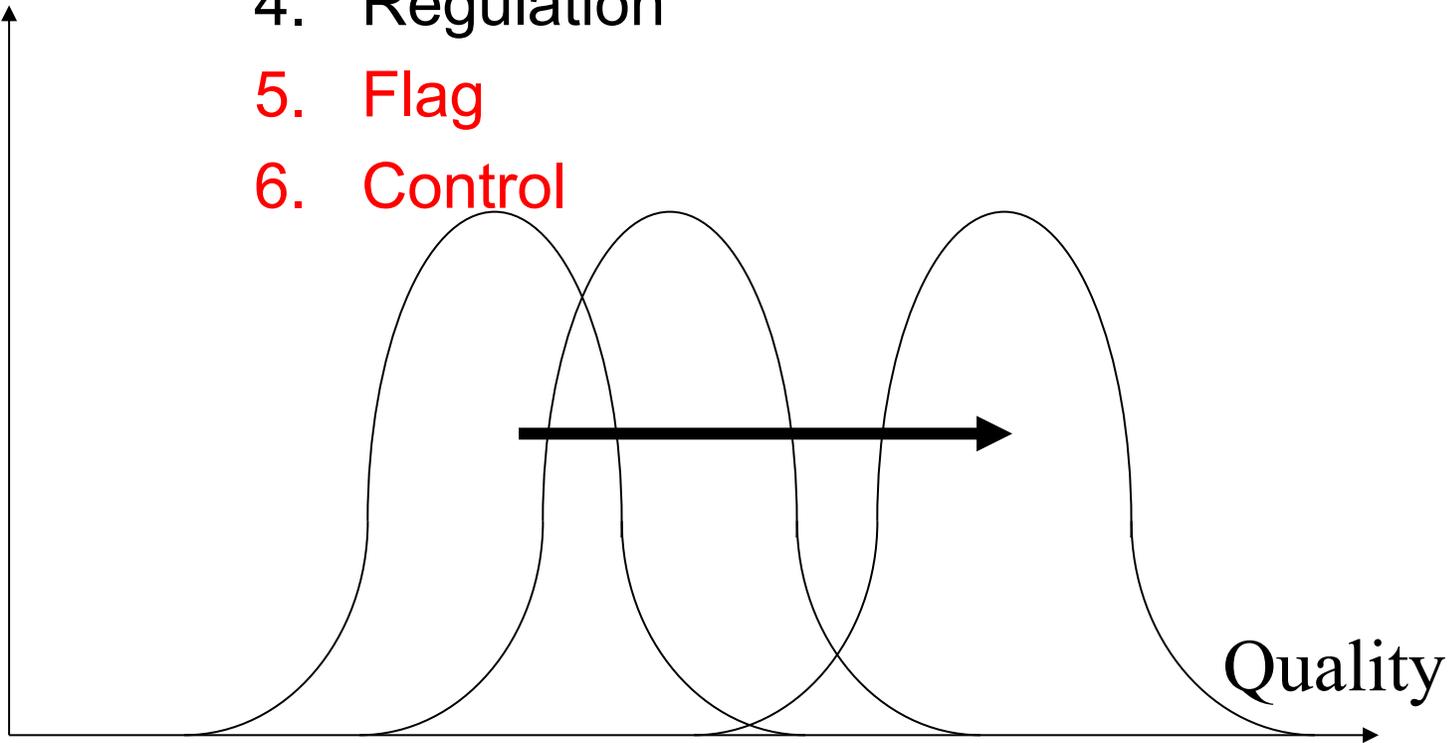
10/03/2025

# Improve Appropriate care : strategy Summary

1. Public (mass) Information campaign
2. Information to professionals (Guidelines)
3. Personal information
4. Regulation
5. **Flag**
6. **Control**

+ governance

Frequency



# HSPA AND SO, WHAT ? (policy making)

---

- Step 1 (2012) -> improve thematics (indicator(s))
- Step 2 (2015) -> improve dimension(s) : access
- Step 3 (2019) -> improve dimension(s) : appropriate care
- **Step 4 (2024) -> improve governance, toward health (system) targets**



Federaal Kenniscentrum voor de Gezondheid  
Centre Fédéral d'Expertise des Soins de  
Belgian Health Care Knowledge Center



INAMI



Santé publique  
Sécurité de la Chaîne alimentaire  
Environnement  
Volksgezondheid  
Veiligheid van de Voedselketen  
Leefmilieu

### Scientific Board

(reporting, data collection)

Board of KCE =  
MOH+administration +  
stakeholder health system  
(providers, sickness funds, )  
(Validation)



INAMI



Santé publique  
Sécurité de la Chaîne  
Environnement  
Volksgezondheid  
Veiligheid van de  
Leefmilieu



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



### Stakeholder Board

(Priorities, dissemination)



Ostbelgien

Interministerial conference  
(all health ministers)

Health targets

Policy actions

Each Administration  
(actions, projects, data  
collection)

# Governance 2012



Santé publique  
Sécurité de la Chaîne alimentaire  
Environnement  
Volksgezondheid  
Veiligheid van de Voedselketen  
Leefmilieu



**Creation of an  
"healthcare objectives commission"  
+  
Multi-annual budget  
within NIHDI**

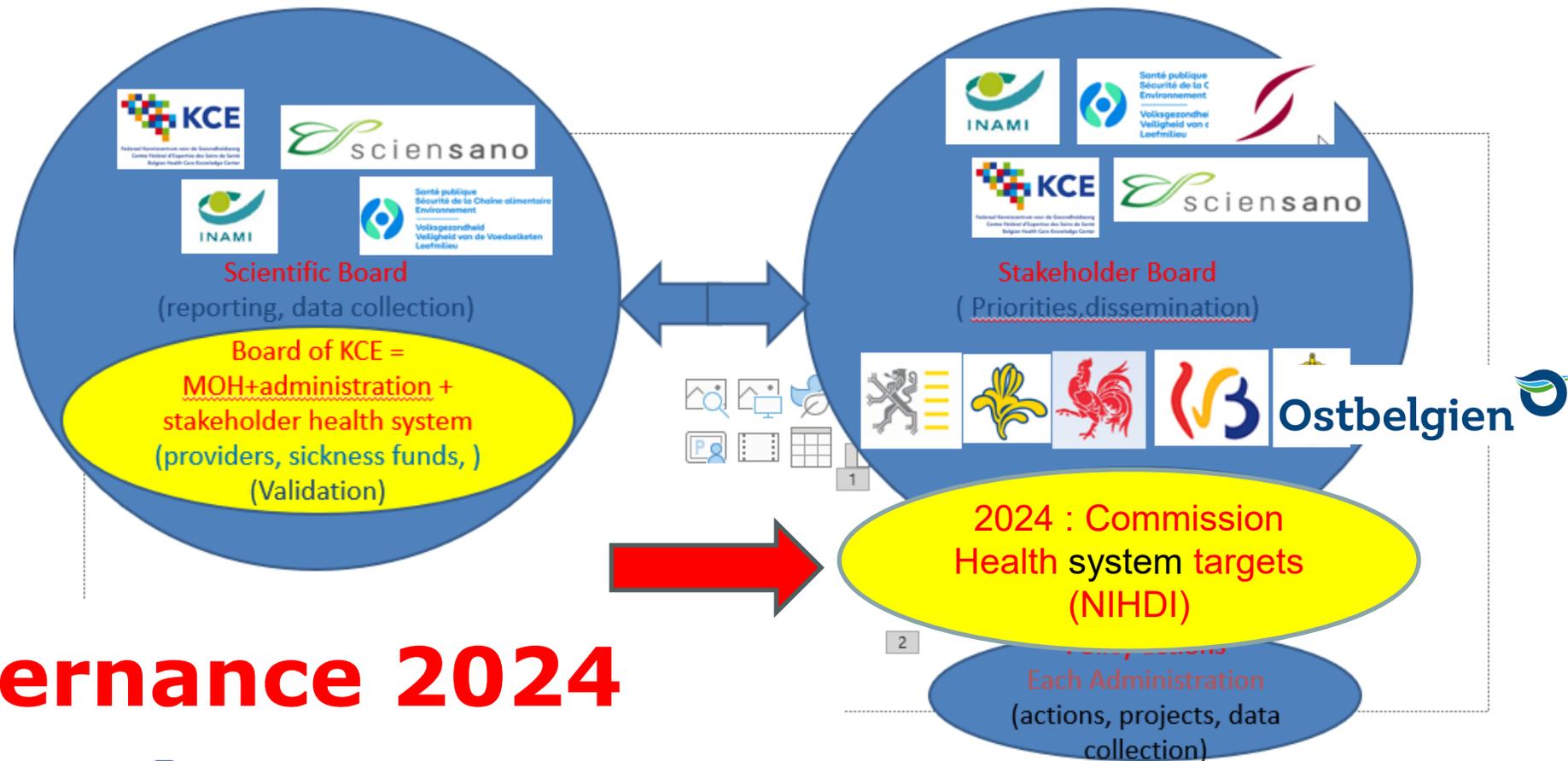


**HSPA in Belgium  
Policy implications  
(NIHDI level)**

**Healthcare objectives**

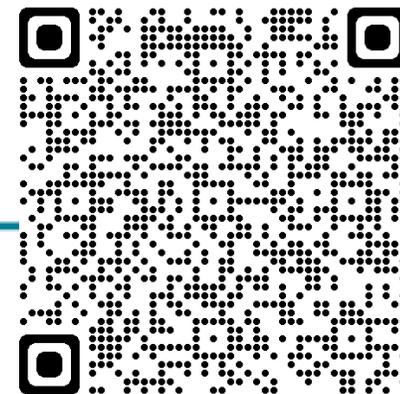
# Report 2024 : improve governance

- 2024, within NIHDI : “Commission Health system targets”
  - Universities
  - Health workers
  - Sickness funds
  - Administrations



## Governance 2024

# Improve Governance HSPA: health (system)targets



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

KCE REPORT 292Bs

## SYNTHÈSE ÉTAPES EXPLORATOIRES VERS LA FORMULATION D'OBJECTIFS POUR LE SYSTÈME DE SANTE BELGE



2017

SYNTHESE

VERKENNENDE STAPPEN VOOR HET FORMULEREN VAN  
DOELSTELLINGEN VOOR HET BELGISCHE GEZONDHEIDSSYSTEEM



2017



www.kce.fgov.be



## Improve governance HSPA : Healthcare targets at NIHDI level

- **Better organisation of primary care and better coordination between primary and secondary care**, by setting up multidisciplinary teams and applying the principles of "population management"
- **Better affordability** of care for all, and the elimination of unexplained differences of care between different socio-economic groups
- The increased focus on awareness-raising, **prevention and screening**, anchoring cooperation between federal and federated entities in clear agreements

### Cross-cutting health care goals:

- Better **data collection** and sharing, both at the macro **level to inform health policies**, and at the level of the **individual patient** for better integrated care.
- **Increased efficiency**, in particular by removing large unexplained differences between medical practices



**HSPA in Belgium  
Policy implications  
(NIHDI level)**

**Healthcare objectives**



# Summary of policy implications of the HSPA Be at the NIHDI level

HSPA 

**NIHDI : Belgian National Institute for Health and Disability Insurance**

**Following 2010-2012 reports**

- Acces/ Inequalities → White paper on access to care in Belgium (2016)
- Sustainability → emphasis on GP (Medical planification)
- Appropriateness → Individual feedback on Quality indicators

**Following 2015-2019 reports**

- Creation of the appropriate care unit and its developments (operational since 2018) → Focus on Medical Practice Variations Analysis

**Following 2024 report**

- Creation of the "healthcare objectives" commission (2025)
- Creation of an appropriate care department (2026)



**HSPA in Belgium  
Policy implications  
(NIHDI level)**

## International (from BE point of view)

- Improvement of international data collection
- Validation of international comparison
- Belgium back on the map 😊

## National (= Be)

- Improvement of accountability
- Improved use of databases for decision making
- Create a Common tool for decision makers
- Improvement of governance and collaboration between health authorities
- Integration of health information system -> for a healthy Belgium
- (Some) Improvement of health system



**HSPA in Belgium**

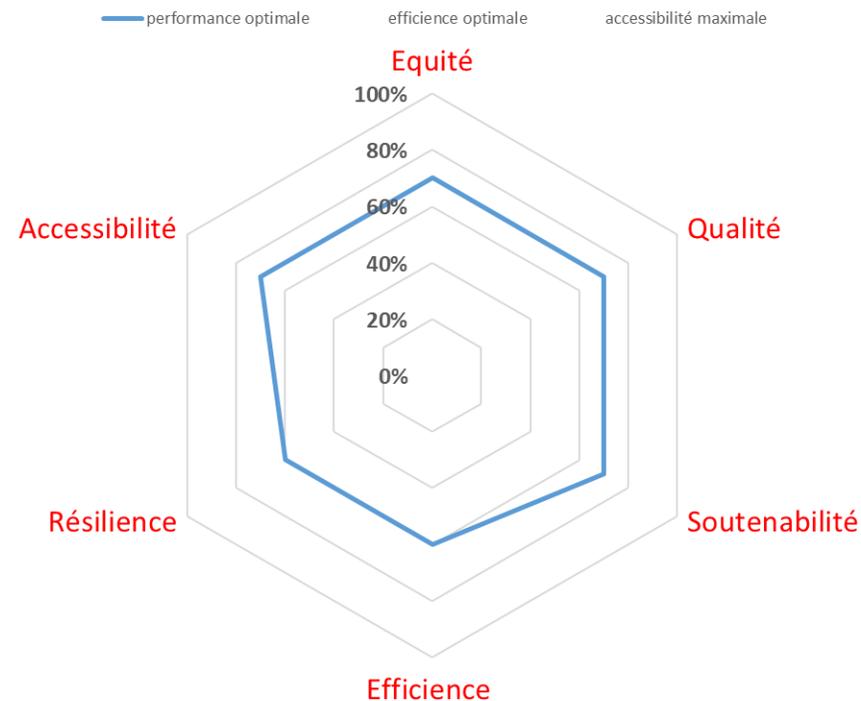
**Impact**

# HSPA be , and so, what ?

## Conclusions

### Global improvement with the right balance between each dimension

Maximaliser la performance du système de santé ?

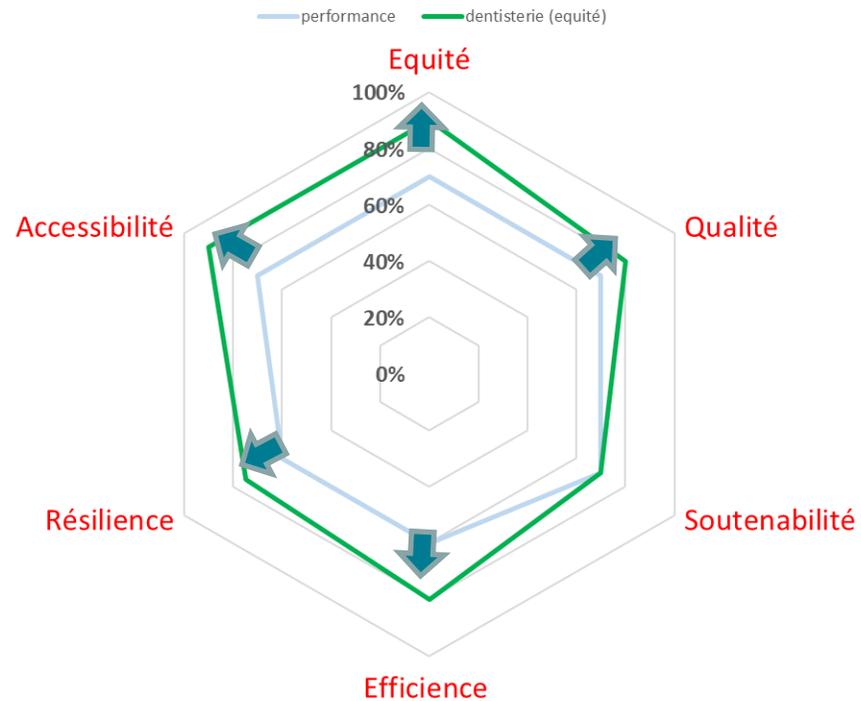


# HSPA be , and so, what ?

## Conclusions

### Global improvement with the right balance between each dimension

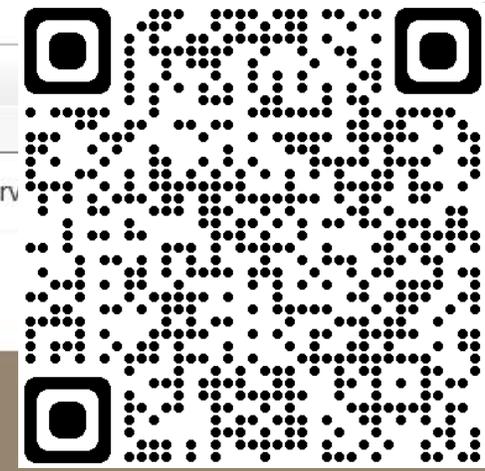
Maximaliser la performance du système de santé ?



**I wish you a very nice trip !**



# Thank you !



## For a healthy Belgium



Health status of the Belgian population

[Read more ...](#)



Health System Performance Assessment

[Read more ...](#)



Patterns of variations in medical practices

[Read more ...](#)



Description of the Belgian health system

[Read more ...](#)

## Appendices: HSPA Belgium, and so, what ?

1. HSPA should provide a global balanced overview which enables aligning views between
  - health, social affairs and economic affairs
  - the field and decision makers ;
2. Essential is, that values – like quality access equity, on the one hand, and sustainability and efficiency, on the other hand – are shared between stakeholders ;
3. It's also essential to analyse the health system as a whole encompassing
  - acute, and also chronic and mental care,
  - hospital (residential) care and also primary care,
  - health system and also health promotion and health in all policies
4. The set of indicators should remain comprehensive and elaborated enough to assess the system as a whole
5. The report must lead to concrete recommendations which should be translated into action(s).



**HSPA in Belgium**

**Conclusions**