Belgium: health care indicators
Group 2: Australia, Belgium, Canada, France

A. Efficiency and quality

B. Amenable mortality by group of causes

Data not available

C. Prices and physical resources

D. Activity and consumption

E. Financing and spending mix

F. Policy and institutions

Note: Country groups have been determined by a cluster analysis performed on policy and institutional indicators. In all panels except Panel A, data points outside the average circle indicate that the level of the variable for the group or the country under scrutiny is higher than for the average OECD country (e.g. Australia has more scanners than the OECD average country).

In Panel A, data points outside the average circle indicate that the group or the country under scrutiny performs better than the OECD average (e.g. administrative costs as a share of total health care spending are lower in Australia than on average in the OECD area).

In all panels except Panel F, data represent the deviation from the OECD average and are expressed in number of standard deviations.

In Panel F, data shown are simple deviations from the OECD average.

**BELGIUM**

**GROUP 2:** Public basic insurance coverage combined with private insurance beyond the basic coverage. Heavy reliance on market mechanisms at the provider level, with wide patient choice among providers and fairly large incentives to produce high volumes of services contained by gate-keeping arrangements.

<table>
<thead>
<tr>
<th>Efficiency and quality</th>
<th>Prices and physical resources</th>
<th>Activity and consumption</th>
<th>Financing and spending mix</th>
<th>Policies and institutions</th>
<th>Weaknesses and policy inconsistencies emerging from the set of indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below group-average DEA score</td>
<td></td>
<td>Higher social security share</td>
<td></td>
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<tr>
<td>Lower scores on output/acute care efficiency</td>
<td>More doctors, nurses, high-tech equipment and acute care beds per capita</td>
<td>Higher in-patient care share</td>
<td>Less gate-keeping but more user information on quality and prices of services</td>
<td></td>
<td>Assess the merits of stricter gate-keeping arrangements in containing the number of doctor consultations per capita</td>
</tr>
<tr>
<td>Below group-average quality of out-patient care (but still above OECD average)</td>
<td>Higher income level of specialists and salaried nurses</td>
<td>More doctor consultations per capita</td>
<td>More provider incentives and private provision. More regulation of prices paid by third-party payers, and of physician workforce, hospital equipment and compensation levels</td>
<td></td>
<td>Reconsider government controls on labour, equipment and compensation levels, which may undermine hospital performance</td>
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<tr>
<td>Very high administrative costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Explore options to reduce administrative costs. Improved priority setting could help in delivering efficiency gains</td>
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