
Belgium

Highlights from *A Good Life in Old Age? Monitoring and Improving Quality in Long-Term Care*, OECD Publishing, 2013

- In 2010, 5% of the Belgium population was over the age of 80 (OECD average 4% in 2010). This is projected to grow to nearly 10% in 2050, similar to other OECD countries.
- LTC spending as a share of GDP is higher in Belgium than the average for OECD country. Belgium's public expenditure for long term care was 1.9% of GDP in 2010 (OECD average 1.56%). The annual growth rate, in real terms, of LTC spending between 2003 and 2010 was 7% (OECD annual average growth 7.9%).
- The Belgium LTC system is divided between the health insurance, which covers nursing care, help with activities of daily living, and other medical expenses linked to LTC, and help for lower-level domestic activities, which is covered by municipalities. This model can encourage good integration between health care and other LTC activities especially for people with more severe care needed, although it could lead to higher use of medical services than appropriate.
- Efforts to measure quality in LTC – such as the use of BelRAI nationally for measuring and monitoring quality of services which has been piloted in health care, long-term care and acute care institutions -- are a step in the right direction to measure outcomes of LTC services and monitor that resources are spent in the right way. However, a number of implementation challenges remain: a limited ICT infrastructure in LTC facilities and transfers across care settings; a need to adapt the skills of care workers and professionals to changing care needs; privacy concerns limiting the ability to make use of information on LTC users for quality improvement; and the lack of a national or regional framework for monitoring and controlling the quality of LTC services.
- Among countries using the same RAI instruments, significant differences in quality indicators can be seen. For example there are significant differences in the use of physical restraints for the most physically and cognitively impaired people: Belgium, Italy and Finland have higher rates (around 20%) compared to virtually no restraint use in the United Kingdom.

Belgium

Key facts

- In 2010, 17.2% of the Belgian population was over the age of 65 (OECD average 15% in 2010) and 5% of the population was over the age of 80 (OECD average 4% in 2010). By 2050, 24.5% of the Belgians is projected to be over the age of 65 and 9.6% of the population over the age of 80 (OECD Historical Population Data and Projections Database, 2013).
- LTC spending as a share of GDP is higher in Belgium than the average OECD country. Belgium's public expenditure for long term care was 1.9% of GDP in 2010 (OECD average 1.56%). The annual growth rate, in real terms, from 2003 to 2010, was 7.0% (OECD annual average growth 7.9%) (OECD Health Data 2012).
- In 2010, 6.6% of the population over the age of 65 received long-term care in institutions (4% OECD average) (OECD Health Data 2012).
- There were 69.4 LTC beds available in institutions per 1 000 people aged 65 and over in 2011, above the OECD average of 49 beds (OECD Health Data 2012).

Background

Belgium is a federal state composed of three communities and regions. Since 1998, the three regions and communities have been autonomous in the provision of LTC services to people that do not require severe care – i.e., they have their own legislation and quality-management. The federal government is responsible for the LTC of people with severe needs; however by 2014 severe needs will also become a regional/community responsibility.

Long-term care in Belgium is viewed as a health risk and institutional arrangements reflect a “medical model” of care delivery (as opposed to a welfare model). Belgium's public health insurance system (INAMI/RIZIV) provides for comprehensive universal coverage for all cost associated with acquiring assistance for daily activities. This benefit applies to assistance provided both at home and in institutions, subject to a personal contribution. The health care insurance system is funded through a number of channels, which includes social security contributions or payroll taxes (57%), general direct taxation (37%) and out of pocket payments (6%) via co-payments and co-insurance fees. The federal allowances for the elderly and targeted social welfare benefits are financed through general taxation. The Flemish care insurance is financed through mandatory yearly contributions. Home help assistance is financed through general taxation and out-of-pocket payments.

Regulation and control over inputs

Long-term care responsibilities are shared and divided among Belgium's levels of government, with community and region responsibilities generally complementing those of the federal state. The responsibility for regulating LTC quality lies on the federal and regional governments. The responsibility for monitoring compliance relies on the regional level. Home care is regulated and organised by each

Belgium

region and community. In the Flemish community, home care is coordinated by the Cooperation Initiatives in Home Care (SITs). In the French community, home care is coordinated by the Coordination Centres for Home Care and Services (CSSDs) (Corens, 2007).

There is currently no national or regional framework for monitoring and controlling the quality of LTC services. Patient-centeredness, responsiveness, empowerment and transparent communication across the LTC services are principles set in laws concerning Patients Rights (10/2002) and Privacy (12/1992). Belgium also has enacted a Privacy Act enacted in 1992 to protect the use of data.

Measuring quality in LTC

Quality indicators

In 2009, Belgium started the BelRAI pilot project, involving hospitals, nursing homes and home care providers from four different areas of the country. It uses the InterRAI standardised assessment instruments for acute care, nursing home care and home care to monitor needs and quality of health care, long-term care and acute care. The BelRAI-instrument is adapted to the 3 national languages. The utilisation of this instrument started as a pilot project in 2009 and the project ended in June 2011 but some LTC facilities are still working with the instrument and at this moment BelRAI has been developed and funded by the federal government. BelRAI will be introduced to all the regions in the country. Belgium plans to use the data to support quality and reimbursement from 2013.

Accreditation and certification of providers and organisations

The legislation of LTC facilities for elderly people with important care needs is a federal competence, while facilities for the elderly without intense care needs is a regional competence. The accreditation of LTC facilities is the responsibility of the regions and communities and is based on structural quality standards (mostly related to equipments, rooms, and staff characteristics). Requisites to obtain accreditation vary across regions.

Qualification and certification of workforce

At the national level, Belgium has developed a Geriatric nurse certification. The requisites for workforce qualifications vary across regions, however. In the Wallone region, for example, the director of nursing institutions needs a special education certification, but in the Flemish region no qualifications are required.

Monitoring and standardisation of processes

Needs assessment, care planning

Belgium uses two separate standardised assessment tools, KATZ and RAI. For its financial benefits, Belgium uses the KATZ instrument at a national level. Professionals involved in the assessments are part of a multidisciplinary team.

Belgium

Practice guidelines

Belgium has introduced national guidelines concerning the prevention of (LTC related-) infections, and for dementia care.

Public reporting of outcomes and performance

Public reporting is mandatory for reporting results of accreditation process and inspection. A plan to use results of BelRAI for public reporting will follow the implementation of BelRAI across the country.

System improvement through incentives

Integration and co-ordination policies

The implementation of the BelRAI instrument, seeks to establish a better information flow and improve the quality of care by unifying needs assessment and care data from home care, residential care and acute care (BelRAI, 2012). In addition, in 2011, the government established an agenda for medical coordination involving quality-evaluation and the collaboration of multidisciplinary staff. Belgium is planning to create an Multidisciplinary Commission for promoting quality in the LTC. In relation to dementia care, a specialised care professional that coordinates the care of persons with has started.

References

OECD Questionnaire on Long-term Care Quality, 2012.

OECD Health Data 2012.

OECD Historical Population Data and Projections Database, 2013.

BelRAI (2012), <http://wiki.belrai.org/fr/Wiki.jsp?page=Lexique#section-Lexique-BelRAI>, accessed on 10 September 2012.

Corens D (2007). "Health system review: Belgium". *Health Systems in Transition*, 9(2): 1–172.

Contacts

Francesca Colombo: + 33 1 45 24 93 60, francesca.colombo@oecd.org

Yuki Murakami: + 33 1 45 24 98 23, yuki.murakami@oecd.org

<http://www.oecd.org/health/health-systems/good-life-in-old-age.htm>