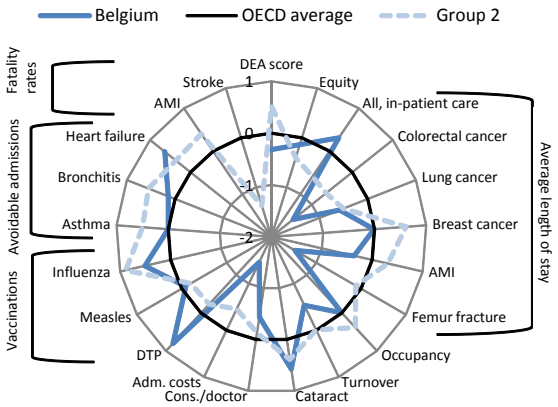
Belgium: health care indicators

Group 2: Australia, Belgium, Canada, France

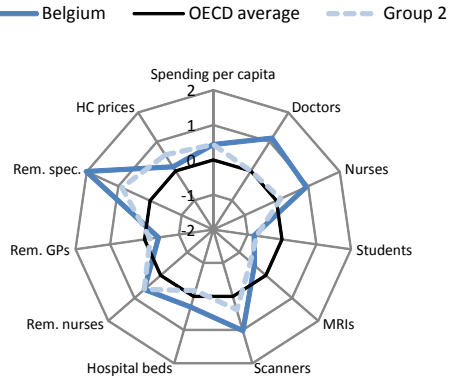
A. Efficiency and quality



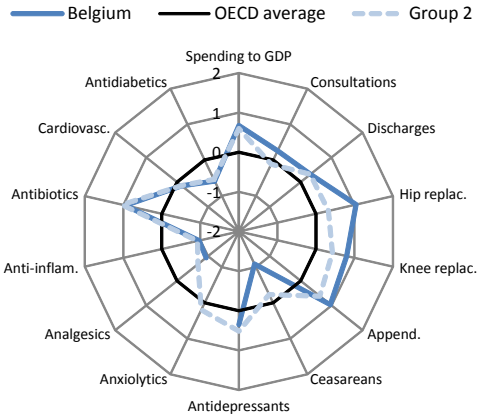
B. Amenable mortality by group of causes

Data not available

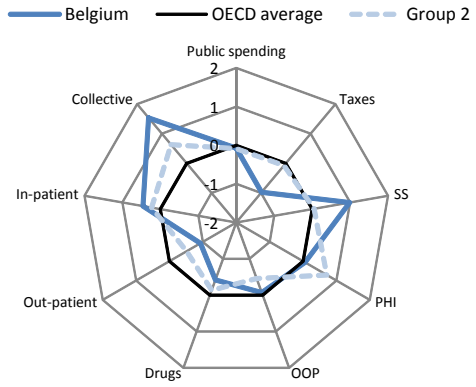
C. Prices and physical resources



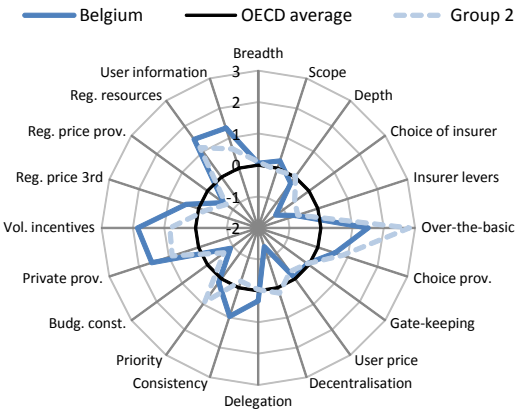
D. Activity and consumption



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.

Source : OECD Health Data 2009; OECD Survey on Health Systems Characteristics 2008-2009; OECD estimates based on Nolte and Mc Kee (2008).

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.

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