

Sustainability and Resilience in the Belgian Health System

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- **Methodology**
- **Stating the obvious**
- **(semi-)Novelties**
- **Resilience**
- **Two case studies**
 - **Telemedicine**
 - **Well-being at work**



Definitions

Sustainability = the health system's *ability to continually deliver its key functions* of providing services, generating resources, financing, and stewardship, *incorporating principles of fair financing, equity in access, and efficiency of care.*

Resilience = a health system's *ability to absorb, adapt to, learn, and recover from crises* born of short-term shocks and accumulated stresses, in order to minimize their negative impact on population health and disruption caused to health services.



7 Domains

1. Governance

The wide range of *steering and rule-making related functions* carried out by governments and decision makers as they seek to achieve national health policy objectives

2. Financing

How health systems *generate, pool and allocate financial resources and pay for health services*

3. Workforce

How health systems *plan for, train, recruit, reward, and deploy* their workforce, and shape the conditions in which health professionals work

4. Medicines and Technology

How health systems *make use of medicines and (information) technologies* in the delivery of health services



7 Domains (cont'd)

5. Service Delivery

How health services are *organised and delivered*, including ambulatory and hospital care, and public health

6. Population Health

How health systems address the *social determinants of health* and meet the *needs and demand of the population*

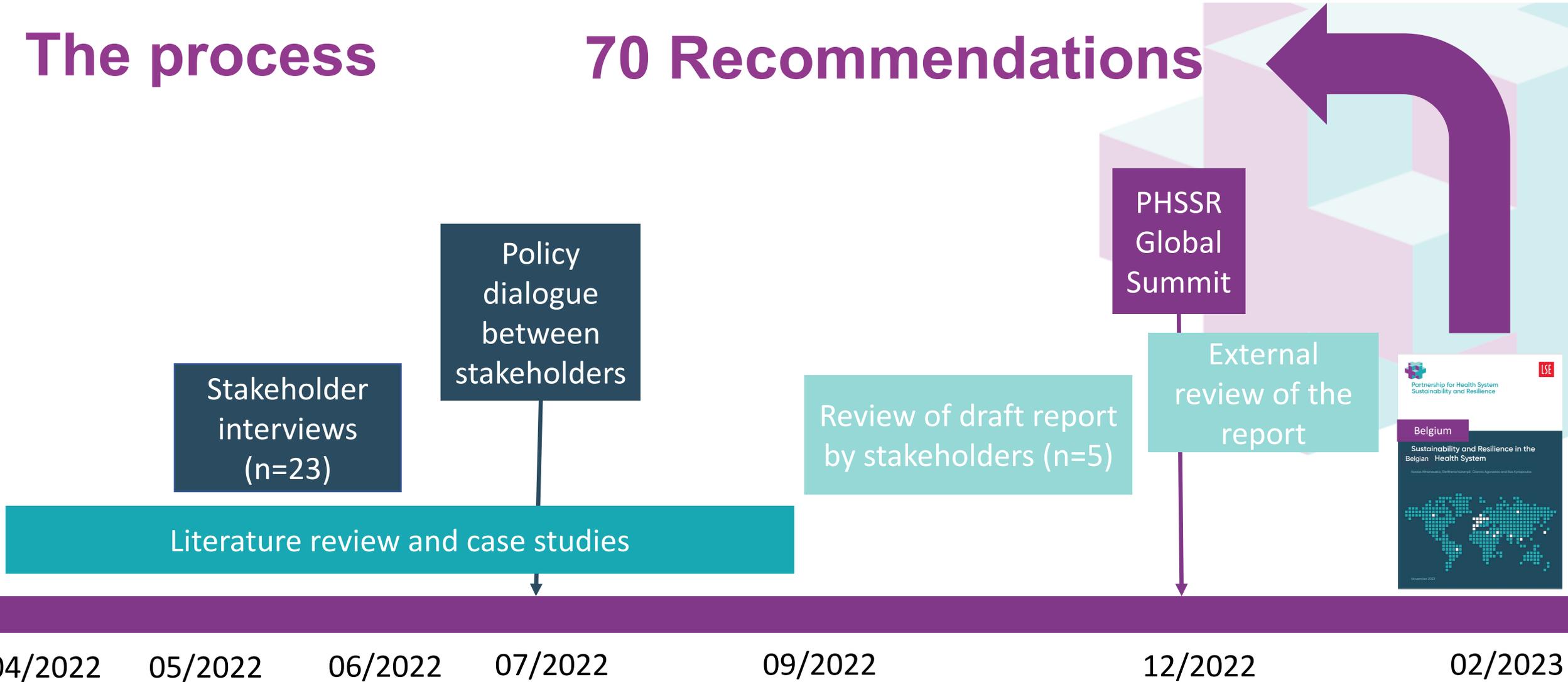
7. Environmental sustainability

How health systems prevent and *minimize* their *carbon footprint* and the impacts of *pollution* on the population's health

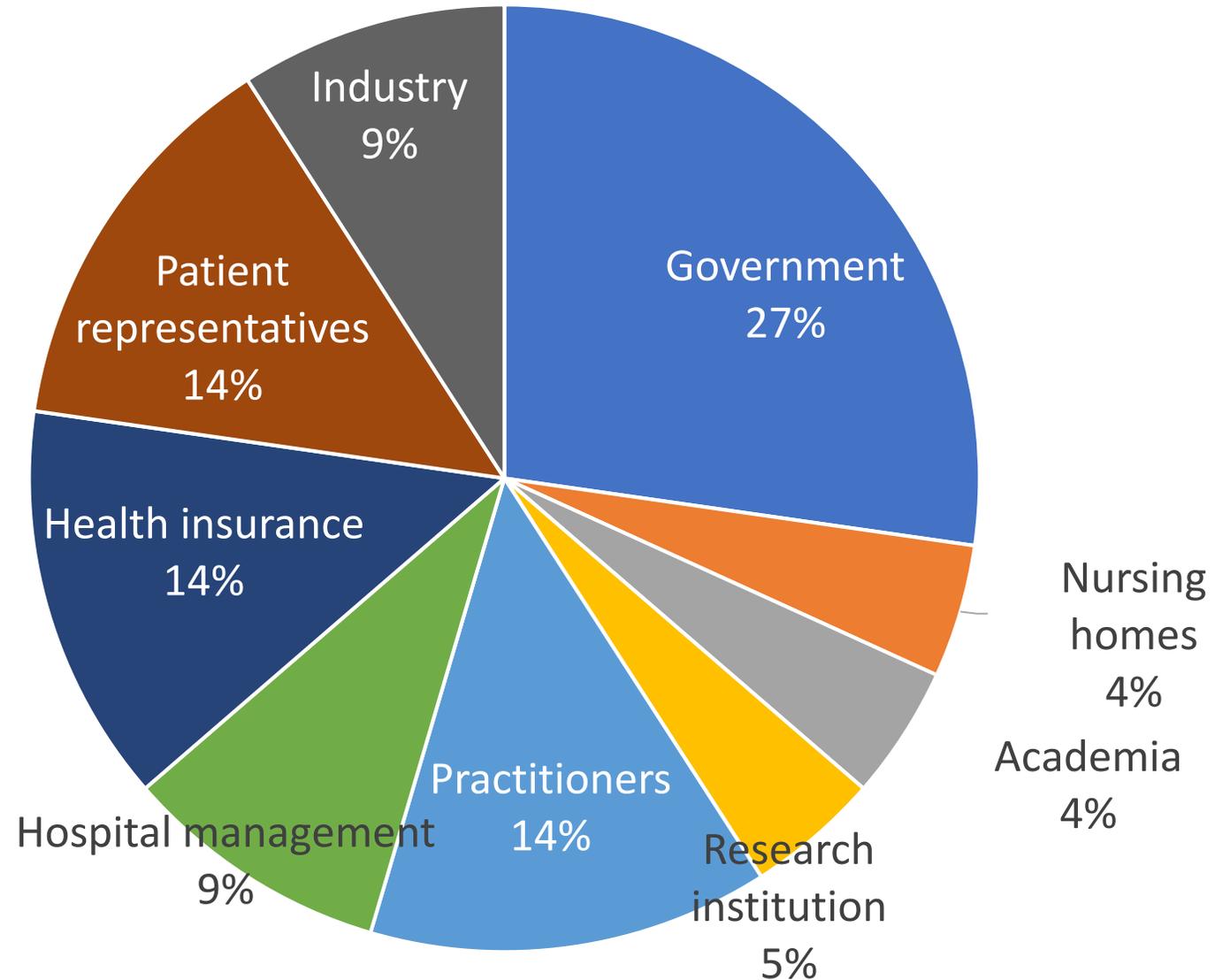


The process

70 Recommendations



Experts/stakeholders background



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Stating the obvious ^(1/2)

Governance

- 1A Harmonise the overall structures and seek more synergies
- 1B Define long-term healthcare plans based on trends and needs
- 1C Invite all stakeholders to contribute to health policy making
- 1D Professionalise and structurally support patient organisations

Financing

- 2C Invest much more in prevention, screening and early detection
- 2D Reform healthcare payments to provide incentives for quality, efficiency and responsiveness



Stating the obvious (2/2)

Workforce

3A Protect physical and mental well-being of health and social care workers

3B Make the GP profession more attractive value its central role

3C Revalue/upgrade the nursing profession (↓ admin ↑ nurses/bed)

Medicines and technology

4A Develop an ambitious system for country wide data interoperability and integration

4E Improve the pricing and reimbursement process of new medicines and health technologies

Service delivery

5A Encourage the choice of a unique reference GP, coordinating care



Stating the obvious

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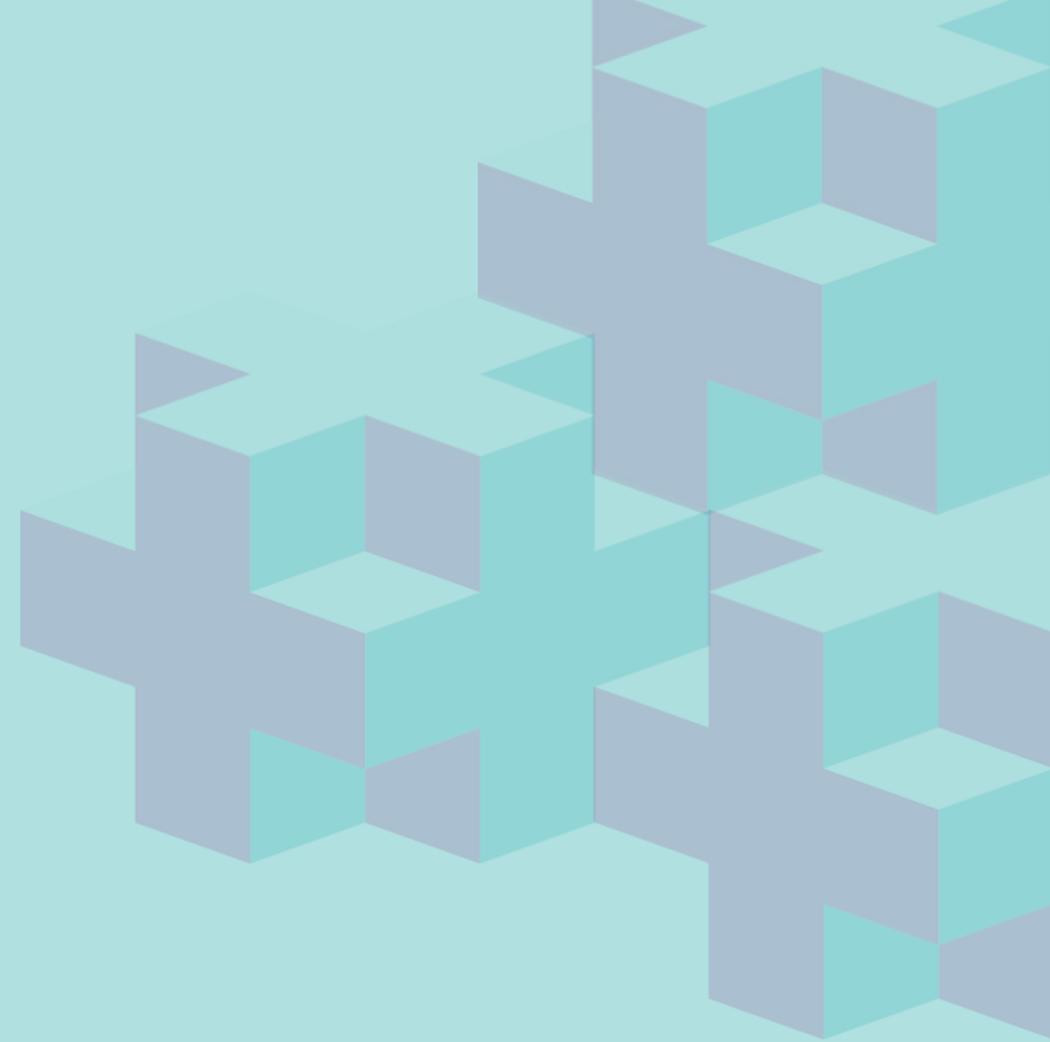
Stating the obvious



Results



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(semi-)Novelties ^(1/2)

Financing

2G Promote and develop co-financing projects between federal and federated entities

2I Centralise, automatize and harmonise patients' access to different benefits

Workforce

3D Promote task shifting and task differentiation ('skill mix') and autonomy

3E Invest more in new healthcare professions (case manager, physician assistant, oral hygienist)

Medicines and technology

4F Monitor better the use of innovative medicines and health technologies and their effect on patient outcomes in the real world

Service delivery

5B Strengthen healthcare provision and coordination in nursing homes



(semi-)Novelties (2/2)

Service delivery

5C Invest more in fully integrated care networks

5G Holistic and humanistic approach with patients with focus on life goals

Population health

6F Assess the health impact of policies outside of healthcare

6G Increase collaboration between hospitals, health funds and patient organisations and improve patient referral to patient organisations

6H Invest in physical, social and mental health promotion in schools, at the workplace, and in the community ('health in all policies')

Environmental sustainability

7E Optimise health care effectiveness/efficiency and rational use of health care to reduce energy consumption of the health system



(semi-)Novelties

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(semi-)Novelties



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Resilience (1/2)

Governance

- 1G** Adapt health emergency preparedness plans to a wide variety of situations
- 1I** Evaluate more systematically the impact of crisis measures on all dimensions of health, including physical, mental, and social

Financing

- 2K** Work out different scenarios, adapt budget plans accordingly, and ensure sufficient financial reserves

Workforce

- 3G** Invest in continuous practical training, including prevention and control of infections
- 3J** Match the demand for healthcare staff with real time availabilities; invest in ICU expertise for healthcare workers usually not working in ICUs



Resilience (2/2)

Service delivery

- 5J Provide GPs with guidelines on how to prevent and early treat infectious diseases
- 5K Ensure that all essential care and screening continues during a crisis

Population health

- 6I Encourage physical activity even during infectious disease outbreaks
- 6J Create vigilance rather than anxiety by collaborating with healthcare professionals and the media
- 6K Provide extra support of mental health promotion during crisis times



Resilience

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Resilience



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An elderly woman with short grey hair is seated in a wheelchair, looking at a smartphone. She is wearing a light-colored, patterned sweater and dark pants. The setting is a bright, modern living room with a white bookshelf, a television, and a grey sofa. The entire image has a light blue overlay.

“ In a world where we’ve never been so digitally connected, we’ve also never been so disconnected. ”

—Daniel Bourke



Telemedicine: towards hybrid models

Article

Satisfaction with Telemedicine for Cancer Pain Management: A Model of Care and Cross-Sectional Patient Satisfaction Study

Marco Cascella ¹, Sergio Coluccia ², Mariacinzia Grizzuti ¹, Maria Cristina Romano ¹, Gennaro Esposito ¹, Anna Crispo ^{2,*} and Arturo Cuomo ¹

The advantages of a hybrid model that combines face-to-face visits and remote follow-ups are undoubted:

→ The degree of satisfaction, the containment of costs, and the possibility of carrying out an approach tailored to patients' needs

Sarah Raes et al.



Wellbeing at work

A sum of 7 million euros has already been allocated in 2022 to support HR services with the implementation of qualitative measures to increase well-being at work and the establishment of a more modern organization of work and job delegation.

Measures have been taken to reduce the workload of nurses such as introducing technology and equipment, attracting non-care personnel and investing in leadership coaching

Job satisfaction is key.

In order to promote it, policy makers and hospital management should invest in a **better work environment** according to the Job-Demands-Resources model and satisfy the needs for autonomy, relatedness and feeling competent

Sara Claes et al.



Conclusion

The response to the COVID-19 pandemic has emphasized key strengths and weaknesses of the Belgian health system and highlighted the critical importance of identifying potential solutions to improve the system's sustainability and resilience.



Conclusion

70 recommendations across seven domains were made.

- stating the obvious
a list of recommendations that should have been implemented for a long time; now is the momentum
- (semi-)novelties
rather newer ideas of which some are low hanging fruit



Conclusion

An urgent prioritisation exercise of these recommendations for implementation should take place in close consultation with the different health system stakeholders.



Thank you!

A special thanks to the team from London School of Economics for the nice collaboration and for revising the Belgian PHSSR report

