Oxygen for Belgian hospitals

Medtech as a companion for patients, healthcare professionals, and policymakers

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Medical possibilities in Belgium are unprecedented today, and yet we want "more" and "better". This human desire for innovation is positive, but it is also essential if we want to maintain the quality of our care. To get the most out of it, however, we need to supplement it with (more) focus, framing, and collaboration.

The average Belgian may not feel it yet today, but those who work in the sector have known this for some time: our healthcare system is under pressure. The ratio of healthcare demand to supply in our country is skewed, as demand has been increasing for years and supply has been moving in the opposite direction.

In other words, we are required to organise more healthcare every year with relatively less capacity.

40,000 per year

And things are not looking up. Quite the contrary, the increase in demand will continue.

Due to ageing, approximately 40,000 people aged 65 and older are added each year in Belgium, until 2040. They require significantly more care on average than younger citizens, because they more often suffer from one or more chronic conditions.

On the other hand, largely due to the same ageing process, our capacity will further decrease in the coming years. Healthcare providers are retiring in larger numbers than new ones are entering the workforce. In addition, the ageing population has a significant impact on our financial capabilities: healthcare in Belgium is financed through contributions from the working population. And since the number of working citizens decreases proportionally...

No miracle solution

Is "importing" healthcare providers from other countries *en masse* a solution? To put it bluntly, this would increase the number of staff AND taxpayers in one fell swoop.

In a world of plenty, such an approach could perhaps be a solution (or part of one). Unfortunately, most countries in the world are facing a shortage of healthcare providers, so there are no easy pickings when it comes to finding such providers.

Then how about finding new healthcare workers at home, in sectors other than healthcare? Unfortunately, there is not much surplus to be found there either. We already talked about the declining working population in Belgium. This evolution is reflected, among other things, in the highest vacancy rate of all EU member states.

Working even harder?

So, what can the healthcare sector do? How can we continue to meet the growing demand for high-quality healthcare in Belgium with a shrinking (or, at best, stable) workforce? By increasing productivity.

Many healthcare professionals will - rightly - not be glad of that answer.

It makes it sound like they will have to work even harder despite currently being short-staffed and seeing (too) many colleagues drop out due to a persistently high workload. It also gives the impression that healthcare is a product, while many in fact chose this profession because of the human aspect.

And yet we will have no *choice* but to increase healthcare productivity in Belgium. Not by demanding even more from our healthcare providers, but by scrutinising our healthcare processes and helping healthcare providers to provide more care with the same effort.

Suboptimal

Many of today's healthcare processes in Belgium were created years ago, based on the insights, habits, and emphases of that time. Today, many of these processes deserve a thorough readjustment, for instance because new medical knowledge and/or new medical technologies are available to us. But that adjustment is barely happening.

The result? We continue to pay too much in Belgium for healthcare that could be more patient-friendly and

efficient (*see inset*). And this at a time when our government has to curb its spending.

Why is that?

Making money in your sleep

Currently, about 140,000 Belgians receive treatment for obstructive sleep apnoea syndrome.

This requires an overnight stay in hospital to confirm the diagnosis and then again to start treatment. However, current medical technology can be used to run these tests from home with the same level of quality and safety. With benefits for all involved.

Performing measurements at home provides the healthcare team with a more realistic picture as the setting better reflects normal sleep conditions than sleeping in a hospital. It's also more comfortable for the patient and a lot cheaper for the government.

Still, we cling to the idea that the hospital must perform these tests.

Merely pointing the finger at Belgian policymakers would be inappropriate. There are too many historical factors at play and too many other stakeholders who also bear responsibility.

Moreover, it is not a question of blame. The reason why we are struggling so much today when "modernising the way we provide care" (care processes) is historical. (Nor is it a uniquely Belgian problem, many countries all over the world are struggling with it. But let's leave that aside for now.)

Performance-based model

For years, our Belgian healthcare system has mostly reimbursed healthcare providers and institutions on the basis of quantity. This performance-based funding has helped create a very accessible healthcare system, with healthcare providers being available to their patients for long hours and days.

However, the focus on performance also has some significant drawbacks. Services that are amply rewarded inevitably gain higher appeal. This encourages a degree of "supplier-induced demand" and does not always lead to the most appropriate or evidence-based care.

Improving healthcare processes can even be "detrimental" to healthcare providers and institutions within the current Belgian healthcare model: if improved processes lead to fewer services being provided, healthcare providers and institutions may face a loss of income. Even if the new approach provides patients with more health and quality of life and eases the pressure on healthcare providers...

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This makes it extra difficult for new practices and medical technologies to break through in practice (*see the inset "Making money in your sleep"*).

Outcome-based

To break this deadlock, we need to emphasise quality of care more, including in our funding model (e.g. using outcome-based financial incentives). If we can achieve this, healthcare providers and institutions will earn more when they improve healthcare processes, also if those processes involve a reduction in the number of performances. This is a reality more and more stakeholders in the Belgian healthcare sector are waking up to.

But that does not mean that this shift will be made overnight.

The healthcare budget in Belgium is distributed on the basis of concertation involving the representatives of healthcare providers and health insurance funds. Such a democratic process is to be welcomed in itself, but it requires all necessary perspectives to be given a voice. And that is not the case today.

All healthcare providers are of course keen to defend the interests of "their" profession. They can hardly be expected to deny themselves budgets because a certain healthcare process could be organised more efficiently, for instance with tasks being delegated to other healthcare professionals and/or with medical technology rendering certain procedures unnecessary. But the status quo that we end up with is detrimental to all in the long run.

Efficiency

This brings us back to quality.

Only by focusing more on healthcare output linked to financial incentives can we break the status quo. And that is where the input of an independent health economic voice in our democratic consultation model can help.

That health economic focus is a crucial lever to increase the return on our healthcare budget. In other words, to give Belgian patients more health and quality of life for each euro that is invested in healthcare.

I spy with my little eye...

So, what does such a health-economic perspective allow us to see that the current participants in the consultation model do not see?

The longer term.

Those who are currently involved in the consultation model often also look at the longer term, but they are more or less "doomed" to defend the short-term interests of the group they represent. This means, above all, hang on to "their" work, even if it is clear that there will soon be far too much work (demand) to cope with if we don't change our ways of working.

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Letting go of this short-term perspective will allow the emergence of new practices and medical technologies that will help increase the productivity of healthcare providers. Without requiring them to put in a greater effort.

Consider, for example, a better division of labour between care professions, allowing each caregiver to focus more on their core duties.

Or medical technologies that allow healthcare providers to better monitor more patients within the same time frame, in the hospital or remotely.

Or monitoring and other equipment that allows care to be organised safely and qualitatively outside the walls of a healthcare facility.

Or the introduction of new professions in healthcare, for example to support healthcare teams with data processing and analysis services.

Or clinical decision support systems that allow healthcare providers to make faster and more accurate diagnoses in certain cases.

Or tools that help chronic patients to better monitor and control their health.

None of the above examples will single-handedly restore the supply-demand balance in healthcare. But when taken as a whole, they will help us increase the productivity of Belgian healthcare.

Not by making our healthcare providers work more. But by allowing them to help more patients with the same effort.

Need for hospital and industry co-creation

Changing the current structure of healthcare processes in Belgium is not easy, but that does not mean that nothing is being done. Many Belgian hospitals are setting up good initiatives to improve certain healthcare processes. Unfortunately, they are often hamstrung by the fact that most hospitals are operating in the red. Changing healthcare processes almost always requires an upfront investment, and there is not much of that to be found...

Self-fulfilling prophecy

This sometimes creates a distorted picture among policymakers, other stakeholders and sometimes even their own staff, leading people to believe that hospitals are not open to innovation. And so, a self-fulfilling prophecy is created.

Few believe that changes in healthcare processes will succeed. And because of the limited budget that is invested, the changes often come to nothing. Result: the appetite and ambition to introduce care process-changing technologies is waning.

Bottom-up

To break that spiral, we need a positive bottom-up narrative. Hospitals joining hands in support of larger-scale projects aimed at changing care processes. Interdisciplinary teams in hospitals with the resources and time to deliver change management projects from start to finish. More cooperation between hospitals and companies to allow healthcare providers and technicians to have a good understanding of each other's needs from the outset.

In late 2023, the Belgian government created a number of initiatives (with funding) that provide space for such bottom-up initiatives. It is up to us, the hospitals, and the medical technology sector, to seize those opportunities. To join hands and show that changing care processes is possible.

If we succeed, more budget will automatically follow. Budget with which we can improve even more processes. And thus increase the health-economic return of healthcare spending in Belgium. ■