6 EFFICIENCY OF THE HEALTHCARE SYSTEM

Efficiency in healthcare usually concerns the relation between inputs (i.e. sustainability indicators such as financial resources, workforce, infrastructure) and intermediate outputs (i.e. accessibility and quality indicators such as waiting times, etc.) or ultimate health outcomes (i.e. health status indicators such as the life years gained), and is therefore considered as a transversal dimension. However, the relation between inputs and outcomes is complex and is driven by factors outside the control of health system managers.[70] A frequently used indicator of efficiency is for example life expectancy related to health expenditure per capita. Health expenditure is nevertheless only one of the many determinants of life expectancy. This is the reason why this type of analysis is not performed in the Belgian HSPA reports. In our reports, it was rather decided to analyse sub-sector specific indicators representative of a more efficient use of care services (such as the use of generic pharmaceuticals or the shift from inpatient to day-care hospitalisations).

Five indicators have been selected to evaluate the efficiency of the healthcare system (Table 15) but it should be noted that indicators on inappropriate care are also indicators of inefficiencies (see section 3.3 and the report on medical practice variation[t]).

As in other European countries, the trend in Belgium was towards a more efficient use of care services.

Indicators showed a positive trend over time: an increase in the shift from inpatient (at least one night) to one-day surgical hospitalisations (**E-1**) an increase in the use of low-cost medication (**E-3**), and a decrease in the length of stay for a normal delivery (which was a more comparable indicator between countries than the overall average length of stay because of differences in patient case mix, **E-2**): the Belgian postpartum length of stay was equal to the EU-14 average and slightly below the EU-27 average in 2021. The degree of substitution of biological treatments with biosimilars was however still very low in Belgium even if an increasing trend was beginning to appear (**E-4**). More details on the COVID-19 period are given in section 8.4.

Patients suffering from a chronic renal disease may need renal replacement therapy if the residual kidney function is insufficient. The preferred treatment is kidney transplant when available. The alternative is dialysis, for which there are several types: haemodialysis (at the hospital site, in a satellite centre, or even at home in some cases) or peritoneal dialysis. Haemodialysis in hospital setting is expensive (“high-care dialysis”), while alternatives such as haemodialysis in a satellite centre or at home, nocturnal or peritoneal dialysis are less costly (“low-care dialysis”).[71] Since most patients can be treated with low-care dialysis at least initially, RIZIV – INAMI is encouraging hospitals to promote it in order to reduce the costs (the 2024 budget for dialysis fees -hospital, satellite centre or at home- amounts to 569 million EUR). In the dialysis financing agreement between RIZIV – INAMI and individual hospitals, the latter are expected to reach a proportion of low-care dialysis of 40%. In 2021, 48 out of the 52 hospitals reached this target.

t https://www.healthybelgium.be/en/medical-practice-variations

Table 15 – Indicators on efficiency of the healthcare system

(ID)	Indicator	Score	Belgium	Year	Target	Flanders	Wallonia	Brussels	Source	EU-14	EU-27
E-1	One day surgical admissions (%)	⊕	49.5	2021	-	52.0	45.1	49.7	MZG – RHM	-	-
E-2	Length of stay, normal delivery (days, mean)	⊕	2.7	2021	-	2.6	2.8	2.6	MZG – RHM	2.7	3.3
E-3	Use of low-cost medication (%, ambulatory care)	⊕	72.1	2022	-	72.7	71.0	71.6	Pharmanet	-	-
E-4	Biosimilar treatments (%)	⊕									
	Total		12.6	2021					INAMI – RIZIV	-	-
	Ambulatory care					7.8	**4.2**	**5.3**	INAMI – RIZIV	-	-
E-5	Low-care dialysis (% hospitals with ≥ 40% of dialyses)	⊕	92.3	2021	100	91.7	94.7	88.9	INAMI – RIZIV	-	-

Good (●), average (●) or poor (●) results, globally stable (ST), improving (+), deteriorating (-) or trend not evaluated (empty).