



5.3 Health technologies and infrastructure

Health technologies and infrastructure can be viewed as the system's capacity to provide and maintain (in the future) sufficient infrastructure and (innovative) health technologies, including health products, medical equipment and information technology (eHealth). This includes indicators on:

- Information technology: GPs meeting the activity thresholds for a selection of 6 **eHealth services** (% of active GPs) (S-27)
- Health products: The number of notifications of **temporarily unavailable** packs of medicines for human use with a **critical impact** (S-28)
- Infrastructure: The number of **acute care bed days per capita** (S-11). A link towards information on the number of beds is also provided.

Information technology (eHealth)

An integrated practice premium has been created for active GPs^p to support them in their practice and promote their use of eHealth services. The amount of the premium depends on the reaching of activity thresholds for a selection of eHealth services (online prescription of pharmaceuticals, online invoicing, etc.). The share of GPs meeting the thresholds for a selection of 6 eHealth services eligible for the premium increased from 51.2% in 2019 to 71.4% in 2021 (+20.2 percentage points). This share was higher for accredited physicians (74.7% compared to 24.1% for non-accredited physicians) and lower results were observed in Brussels (45.8%) compared to Flanders (78.0%) and Wallonia (66.6%). The eHealth services for which the activity thresholds were most reached were online registration of informed consent for patients who have opened a Global Medical Record (GMR) with the GP (95.1% in 2021), the use of MyCareNet to manage the electronic global medical record (GMR) (93.4% in 2021) and online prescription of medicines

(91.8% in 2021). An increase in the percentages was observed for all eHealth services except for the use of the CEBAM evidence linker (providing online relevant clinical guidelines during the consultation; -2.2 percentage points between 2019 and 2021).

Health products

The number of notifications of temporarily unavailable packs of medicines for human use with a critical impact (S-28) increased from 21 in 2020 to 36 in 2022. Notifications with critical impact accounted for 1% of all notifications of temporarily unavailable packs of medicines for human use in 2022. The average duration of notifications with critical impact was 155 days. Immunoglobulins accounted for 56% of notifications for medicines with critical impact.

Infrastructure

The number of hospital beds and their geographic distribution can be found on the [healthybelgium.be](https://www.healthybelgium.be/en/key-data-in-healthcare/general-hospitals/organisation-of-the-hospital-landscape/categorisation-of-hospital-activities) website (Key data in healthcare^q). In Belgium, since 1982, the number of licensed beds for all general hospitals is freeze. The creation of a new bed should therefore necessarily be accompanied by the closure of another. A monitoring of the hospital activity is therefore needed because an increase in the activity would lead to pressure. To monitor the hospital activity, the number of **acute care bed days per capita** (S-11) was selected. In 2021, 10.6 million days were spent in acute care hospitals (classic hospitalisation only, excluding one day). Per capita, this represented 0.90 acute care bed days, which was close to the European averages of 0.88 (EU-27) and 0.87 (EU-14). Nevertheless, this number was quite high compared to neighbouring countries such as in the Netherlands (with 0.4 acute care bed day per capita in 2021). This figure slightly decreased in Belgium between 2010 (1.14) and 2019 (1.05), while in the same period the average length of stay decreased for most APR-DRG, and

^p Headcounts; excluding GP working in medical houses with a capitation remuneration system (for which data are not available)

^q <https://www.healthybelgium.be/en/key-data-in-healthcare/general-hospitals/organisation-of-the-hospital-landscape/categorisation-of-hospital-activities>



the number of classic admissions^r increased. If the increase in the number of classic admissions is due to e.g. an ageing population, and the shorter length of stay does not result in adverse effects on health outcomes, the combined effect can be interpreted as an improved efficiency of the hospital sector at a macro level.

An unprecedented decrease was then observed between 2019 and 2020 in Belgium (-18.2%) and this decrease was higher than the EU-14 (-11.4%) and EU-27 (-15.2%) averages. This was due to the diminution of the hospital activity during the COVID-19 pandemic (postponement of care). The total hospital bed infrastructure capacity was therefore not threatened during the COVID-19 pandemic (see nevertheless R-6 for beds in intensive care units and beds for COVID-19 patients).

The number of bed-days per capita was higher in Brussels than in Flanders and Wallonia (with 1.30, 0.87, 0.88 acute care bed days per capita, respectively in 2021), which was explained by the fact the people living in provinces around Brussels were hospitalised in Brussels. The same phenomena may also happen between the province of Luxembourg and its

neighbouring countries. Without cross-border cooperation, the infrastructure in the province of Luxembourg could therefore become insufficient.

Conclusion

Thanks to the efforts made to develop eHealth in Belgium, positive results can be observed in the use of eHealth technologies.

However, regarding health products, a number of notifications of temporary unavailability of medicines were assessed as having a critical impact on patients, and even if this number was limited (36 in 2022, mostly concerning immunoglobulins), it remained too important.

Finally, in terms of infrastructure, as the activity assessed by the number of acute care bed days per capita was decreasing, there was no pressure on the number of beds available (freeze since 1982).

Table 13 – Sustainability: Indicators on health technologies and infrastructure

(ID) Indicator	Score	Belgium	Period	Flanders	Wallonia	Brussels	Source	EU-14	EU-27
Health technologies: eHealth									
S-27 NEW GPs meeting the thresholds for a selection of 6 eHealth services eligible for the integrated practice bonus (% of active GPs)	+	71.4%	2021	78.0%	66.6%	45.8%	RIZIV-INAMI		
Health technologies: Health products									
S-28 NEW Notifications of temporarily unavailable packs of medicines for human use with a critical impact (Number)	●	36	2022	-	-	-	FAGG – AFMPS		-
Infrastructure									
S-11 Curative care bed-days (number/capita)	↘	0.92	2021	0.87	0.88	1.30	FPS Public Health		
		0.90	2021	-	-	-	OECD		0.87

Good (●), average (●) or poor (●) results, globally stable (ST), improving (+) or trend not evaluated (empty).
For contextual indicators (no evaluation): upwards trend (↗), stable trend (→), downwards trend (↘), no trend (C).

^r i.e. admission involving at least one overnight stay