

BELGISCHE VERENIGING VAN ARTSENSYNDICATEN
ASSOCIATION BELGE DES SYNDICATS MEDICAUX
V.Z.W. BVAS - ABSyM a.s.b.l

**Belgische Beroepsvereniging der Geneesheren-
Specialisten in Medische Biopathologie**
Union professionnelle belge des Médecins
Spécialistes en Biopathologie Médicale

Terhulpesteenweg 150 Chée de la Hulpe
Bruxelles 1170 Brussel
☎ (32-2) 644.12.88
☎ (32-2) 644.15.27
E-mail : absym.bvas@euronet.be

Kroonlaan 20 Avenue de la Couronne
Bruxelles 1050 Brussel
☎ 02-649.21.47
☎ 02-649.26.90
E-mail : info@vbs-gbs.org

Clinical Pathology

“Reimbursement: Past, Present & Future”

Dr. Marc MOENS
President BVAS-ABSyM
Secretary General VBS-GBS

1. Introduction

2. The past: the sky wasn't the limit

3. The present: cost containment

4. The Future: is it bright?

5. Conclusion

- The Belgian social security and health insurance are very complex
- Within these systems the pricing and reimbursement of laboratory medicine are probably the most complex of all

By my own Anglo-Saxon definition, Clinical Pathology =

- Clinical biology (art. 3, 18, 24)*
- Pathology (art. 32)*
- Genetic examinations (art. 33)*
- Molecular biology (art. 24 bis and art. 33 bis)*

* Articles of the nomenclature of medical acts

Nomenclature

- Ministerial Decree 19.04.1945: provisional tariff list
- Basic Law 09.08.1963 on the Establishment and Organization of a Compulsory Sickness and Invalidity Insurance scheme
- Royal Decree (RD) 16.11.1973 on the Establishment of the Nomenclature of Medical Acts
- After 34 adjustments entirely replaced by the RD of 07.12.1984 currently in force which has been amended 456 times in the meantime
 - 402 Royal Decrees
 - 45 errata
 - 9 judgments of the Council of State

Over the years, Clinical Pathology splitted up:

- Clinical biology is reimbursed since the creation of the nomenclature (19.04.1945)
- Pathological anatomy is reimbursed as such since 01.08.1988
- Genetic examinations are reimbursed as such since 01.08.1988 as well
- Molecular biology is reimbursed for clinical biologists
 - on human material since 01.08.2007
 - on micro-organisms since 01.06.2008

Basis: coordinated law on Medical Care and Benefits (MCB) of 14.07.1994

“Law on the compulsory sickness insurance for medical care and benefits”

(= updating of the “Law of 09.08.1963 on the Establishment and Organization of a Compulsory Medical Care and Benefits Insurance scheme”)

Today it counts ± 470 pages
± 320 articles

✓ Within the MCB Law 'Clinical
Biology' is a hit with 76 mentions

By comparison:

In the MCB Law of 14.07.1994

- the terms "pathological anatomy" and "anatomopathology" only appear once:
 - in article 65: approval of pathology labs
 - in article 67 § 3: financing of the quality assessment of laboratories
- the term "human heredity" only appears once (article 22, 18°)
- the term "molecular biology" only appears twice (articles 22, 17° and 56, §7)

Some important articles in the MCB Law concerning clinical biology:

- 57: clinical biology for inpatients
- 59: global budget, divided into outpatient – inpatient care
- 60: clinical biology for outpatients
- 61: the refund* system (out of use since 01.04.1989 after countless lawsuits)

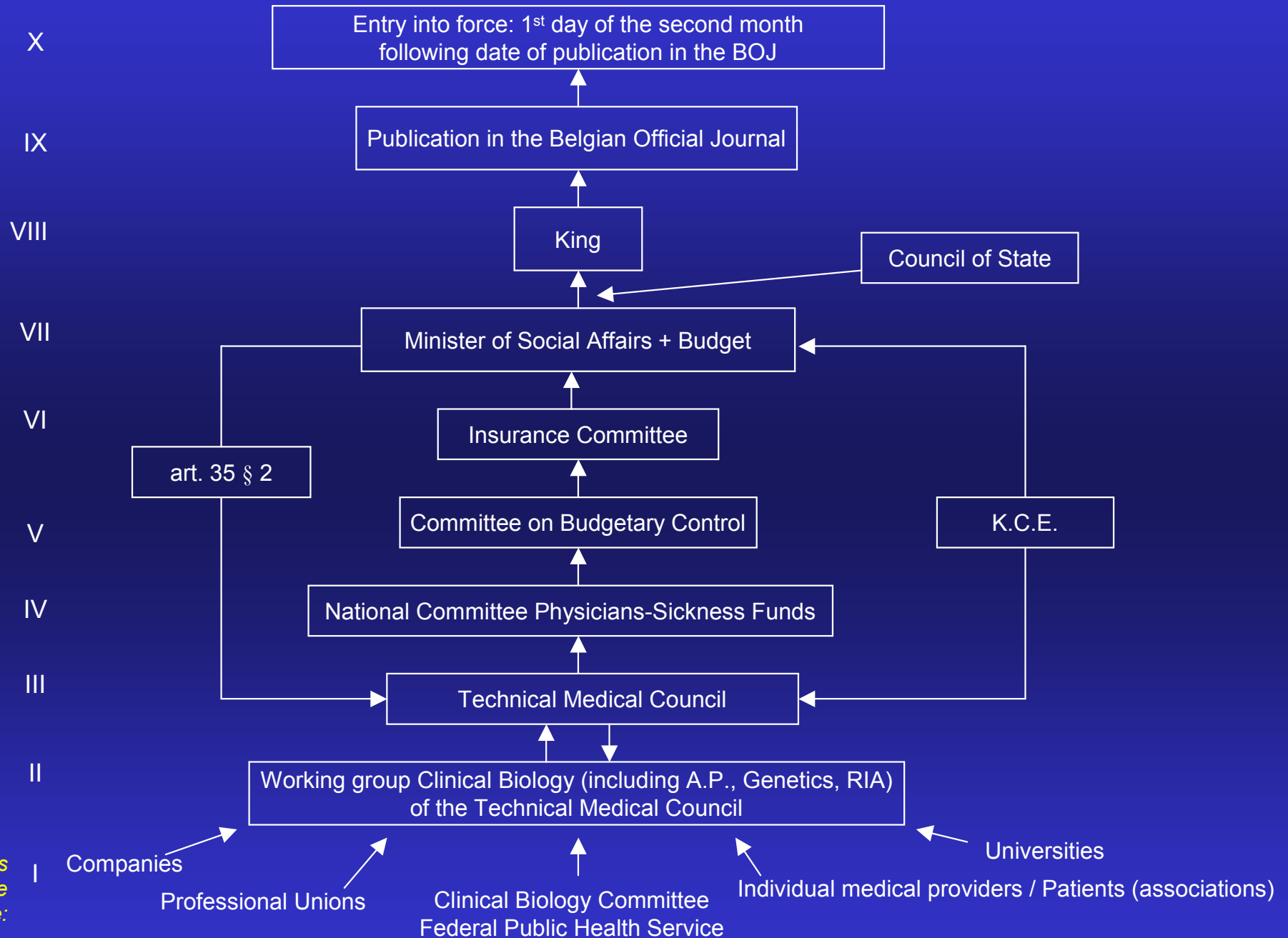
* Ristornos

Some important articles in the MCB Law concerning clinical biology:

- 63: conditioning of reimbursement
 - qualitative criteria (RD 03.12.1999)
 - quantitative criteria (RD 28.04.1993)
- 69: "algebraic differences" (abolished since 01.01.2010)
- 70: "subcontracting"
- 77: financial responsibility of prescribers (Law 21.12.1994; Belgian Official Journal (BOJ) 23.12.1994): commission has NEVER been SET UP!!!

Reimbursement Clinical Pathology: Past, Present & Future

1. Introduction (10)



Bodies proposing to change Nomenclature:

1. Introduction

2. The past: the sky wasn't the limit

3. The present: cost containment

4. The Future: is it bright?

5. Conclusion

Reimbursement Clinical Pathology: Past, Present & Future

2. The past: the sky wasn't the limit (1)

- Until \pm 1975 *: "Über allen gipfeln ist Ruh" **
- Beginning of the advancing automation in clinical chemistry with high profit margins and the rise of "commercial clinical biology laboratories"
- Beginning of the budgetary slippage in clinical biology and the measures involved
- "A never ending story" ***

* Start of my specialization as a physician-clinical biologist

** Goethe's poem "Wandrer's Nachtlid" (06.09.1780)

*** Michael Ende's book "Die unendliche Geschichte" (1979)

Reimbursement Clinical Pathology: Past, Present & Future

2. The past: the sky wasn't the limit (2)

1975: normal indexing

1976: no indexing

1977: no indexing

1978: no indexing

1979: tariffs -5 %

1980: tariffs -15 % for clinical biology, -25 % for connexists

1981: tariffs +3,16 % (01.01) and +8,06 % (01.10)

1982: no indexing

1983: tariffs -5,983 %

1984: no indexing; key letter B = 1 BEF

1985: no indexing

1986: 01.01: tariffs -5 %

1987: 01.08: tariffs -4,74 %

01.08.1988: fundamental change of the system:

- Clinical biology tariffs (art. 3 and 24) -30 % partially compensated by lump-sum fees for services rendered to inpatients
 - RIA tariffs (art. 18 § 1, B, e) -33 % without compensation
 - Creation of code numbers for urgent services, initially per admission, then per patient day, finally abolished as of 01.07.2005
- »» Start quarreling between the communities about the (ab)use of clinical biology, North against South.

Reimbursement Clinical Pathology: Past, Present & Future
2. The past: the sky wasn't the limit (4)

*Lump-sum fees (in BEF) per admission for urgent services of clinical biology (nomenclature code 591161)**

	Variation min. – max. rate per hospital	Average rate per hospital	% as compared to the national average
Flanders	0 – 5.081	750	58,8
Wallonia	0 – 6.194	1.403	110,0
Brussels	0 – 9.768	3.105	243,5
Belgium	0 – 9.768	1.275	100,0

* RIZIV-INAMI circulary letter 88/415 of 28.11.1988, signed by R. Van Den Heuvel

Table 1

Reimbursement Clinical Pathology: Past, Present & Future

2. The past: the sky wasn't the limit (5)

- 1989:** - 01.02: fixed budget financing, although restricted to clinical biology, NOT implemented for pathological anatomy, neither for genetic examinations
- lump-sum fee per patient day for inpatients to the amount of 75 %
- 01.04: introduction of a refund ("ristorno") system for outpatient clinical biology
- 1990:** no indexing
- 1991:** no indexing
- 1992:** - 01.10: lump-sum fee per prescription for outpatient acts to the amount of 57,5 %
- no indexing
- 31.12: refund ("ristorno") system abandoned due to numerous lawsuits (124) against RIZIV-INAMI

Reimbursement Clinical Pathology: Past, Present & Future
2. The past: the sky wasn't the limit (6)

The refund system from 01.04.1989 to 31.12.1992
Recovery versus excess expenses (in millions of BEF)

	1989	1990	1991	1992	TOTAL
Excess expenses (1)	393,20	1.758,20	3.524,50	3.458,80	*9.134,70
Recovery at X = 1	251,80	375,30	450,10	448,60	
Maximal X	1,56	4,69	7,75	7,71	
Published X	1,56	3,25	6,00	6,46	
To be recovered at published X (2)	393,20	1.219,60	2.725,70	2.898,10	**7.236,60
Difference (2) – (1)	0,00	-538,60	-798,80	-560,70	***-1.898,10

* = € 226,443 million

** = € 179,391 million

*** = € 47,050 million

Table 2

A number of lawsuits is still pending...

- Most of the 124 litigating labs accepted a settlement
- RIZIV-INAMI lodged an appeal at the Court of Cassation against 38 judgments of the Liège Labour Court of 17.10.2007
- For RIZIV-INAMI an amount of € 36,2 mil. (1,46 bil. BEF) as capital and € 42,0 mil. (1,69 bil. BEF) as interest, or together € 78,2 mil. (3,155 bil. BEF)*, is at stake

* ARGV Note 2007/123 of 23.11.2007

Reimbursement Clinical Pathology: Past, Present & Future

2. The past: the sky wasn't the limit (8)

1993: indexation of 2 % of the lump-sum fees; no indexation of the fee-for-service

1994: normal indexing

1995: normal indexing; B-value back to 1 BEF and revision of coefficients

1996: normal indexing

1997: 01.01: tariffs -3%

01.04: extra reduction: -2,4 % on the B- and -4,34 % on the F-value

1998: 01.01: tariffs back on level 31.12.1996

1999: indexation of 1,84 % BUT introduction of the "Royal Decree on the flashing lights" (RD 05.10.1999 = automatic percentage reduction whenever the budget is exceeded)

Reimbursement Clinical Pathology: Past, Present & Future

2. The past: the sky wasn't the limit (9)

2000: 01.05: 1,2 billion BEF reduction of the outpatient budget (or -€ 29,75 million) and further increase of the lump sum system of the outpatient budget to 75 %

2001: indexation of 1,53 %

2002: indexation of 2,77 % BUT introduction of the "system of algebraic differences"

2003: indexation of 1,50 %

2004: indexation of 1,38 %

2005: no indexing and abolition of urgency fees as of 01.07.2005 (= - € 22,9 millions on 6 months or - ± 45,8 € million on an annual basis)

Reimbursement Clinical Pathology: Past, Present & Future

2. The past: the sky wasn't the limit (10)

2006: indexation of 2,26 %

2007: indexation of 1,65 %

2008: indexation of 1,52 %

2009: indexation of 4,32 %

2010: indexation of 0,97 % BUT budget decrease of € 50 millions; system of algebraic differences discontinued as of 01.01.2010 (but with financial consequences unto 2013)

2011: indexation of 1,40 % as of 01.05.2011

Reimbursement Clinical Pathology: Past, Present & Future

2. The past: the sky wasn't the limit (11)

- 1984:** key letter B = 1 BEF for all acts of clinical biology
- 28.02.1995:** art. 3 and 24: B = 0,6969 BEF
art. 18 § 2, B, c: B = 0,5615 BEF
- 01.03.1995:** B-worth back to = 1 BEF (= € 0,024789) plus downward adjustment of all coefficient figures, so that the fees stayed ± the same
- 01.05.2011:** B = € 0,031533 or an average annual increase of 1,52 % since 1995

Reimbursement Clinical Pathology: Past, Present & Future

2. The past: the sky wasn't the limit (12)

Evolution of expenditure on clinical biology since 1974 (current prices)

Period	Average annual increase or decrease (%)
1974 → 1979	+ 23,30
1980 → 1987	+ 10,50
1988 → 1992	+ 3,00
1992 → 1993	-16,60
1993 → 1994	- 3,90
1994 → 1995	- 0,74
1996 → 2000	+ 2,20
2001 → 2010	+ 4,80

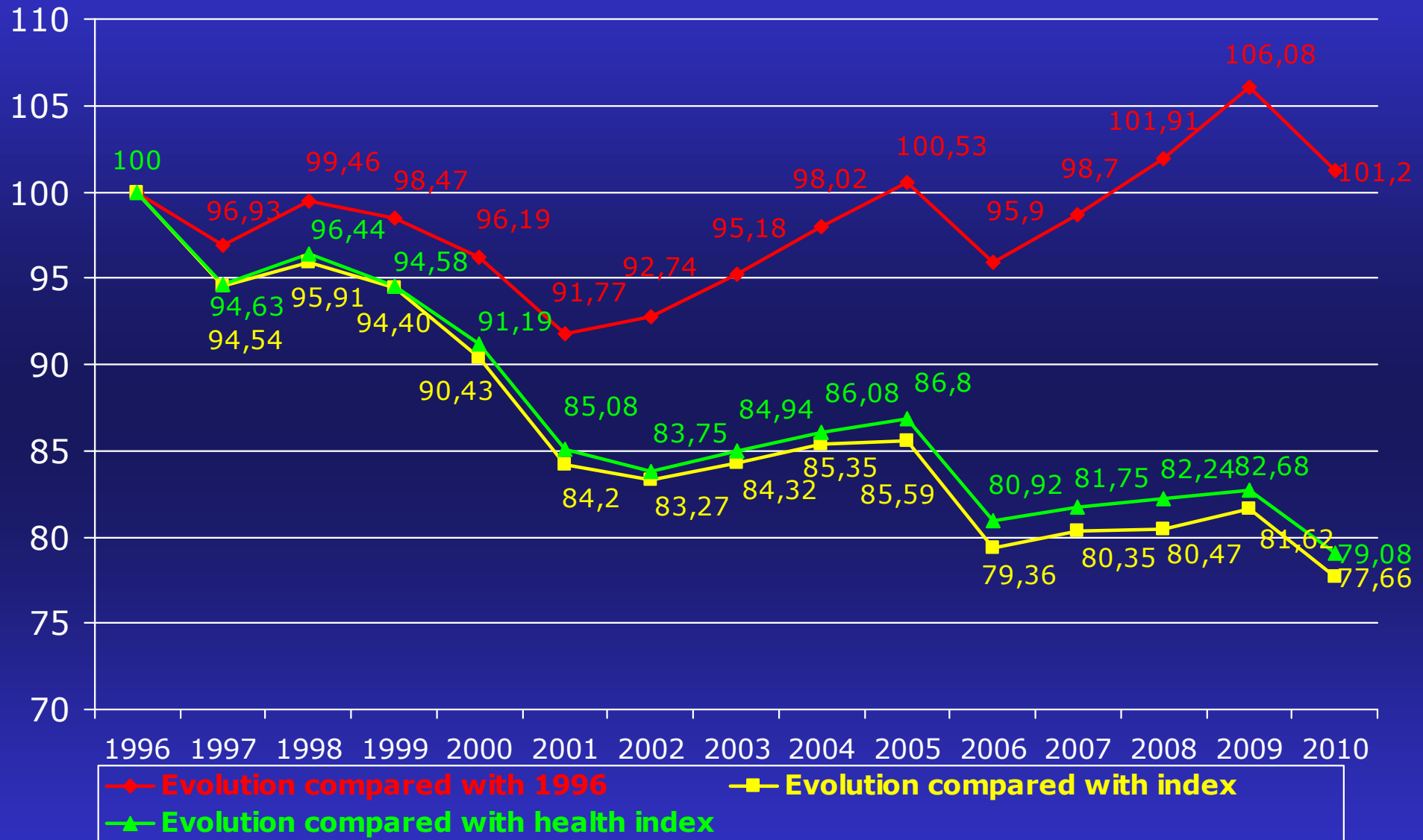
Source: RIZIV-INAMI + annual reports Dr. M. MOENS
for the BBGSMB (Belgian Professional Union of Clinical
Biologists)

Table 3

Reimbursement Clinical Pathology: Past, Present & Future

2. The past: the sky wasn't the limit (13)

Reimbursement per performed B since 1996 (= 100,00)



Calculations by Dr. A. DEROM; source: figures RIZIV-INAMI

Chart 1

Reimbursement Clinical Pathology: Past, Present & Future

2. The past: the sky wasn't the limit (14)

Evolution of expenditure on clinical biology (current)

Year	OUTPATIENT		INPATIENT		Total (= 100%)
	Absolute (mil. €)	% Total	Absolute (mil. €)	% Total	
1990	387,606	56,86	294,076	43,14	681,682
1991	428,018	58,50	303,600	41,50	731,618
1992	442,527	59,23	304,592	40,77	747,118
1993	318,895	51,20	304,002	48,80	622,897
1994	304,021	50,77	294,815	49,23	598,836
1995	304,639	51,17	290,739	48,83	595,378
1996	334,884	50,31	330,817	49,69	665,701
1997	328,842	51,70	307,201	48,30	636,043
1998	360,400	52,35	328,102	47,65	688,502
1999	384,299	54,35	322,735	45,65	707,034
2000	367,687	49,94	368,565	50,06	736,252
2001	368,703	46,96	416,381	53,04	785,084
2002	338,870	44,60	420,971	55,40	759,841
2003	377,568	46,27	438,380	53,73	815,928
2004	435,815	48,74	458,312	51,26	894,127
2005	452,711	48,18	486,871	51,82	939,582
2006	456,118	49,84	459,089	50,16	915,207
2007	491,099	50,28	485,635	49,72	976,734
2008	540,193	50,18	536,248	49,82	1.076,441
2009	623,031	51,99	575,341	48,01	1.198,372
2010	605,417	52,05	557,689	47,95	1.163,106

Reimbursement Clinical Pathology: Past, Present & Future

2. The past: the sky wasn't the limit (15)

Outpatient Clinical Biology: portion of the intramural and extramural expenditure

Year	Extramural labs	Hospital labs
1990	57,56	42,44
1991	58,34	41,66
1992	57,65	42,35
1993	54,43	45,57
1994	53,47	46,53
1995	52,74	47,26
1996	52,65	47,35
1997	53,83	46,17
1998	53,88	46,12
1999	53,86	46,14
2000	52,00	48,00
2001	50,95	49,05
2002	50,82	49,18
2003	50,48	49,52
2004	52,88	47,12
2005	53,53	46,47
2006	53,77	46,23
2007	52,86	47,15
2008	52,97	47,03
2009	52,01	47,99
2010	51,69	48,31

Reimbursement Clinical Pathology: Past, Present & Future
2. The past: the sky wasn't the limit (16)

Evolution of the RIZIV-INAMI expenditure

	1995	2010			
	mil. €	Current		Fixed	
		mil. €	1995 = 100	mil. €	1995 = 100
Clinical Biology	595,378	1.163,106	195,36	891,258	149,70
Medical Fees	3.347,214	6.695,999	200,05	5.130,911	153,29
RIZIV-INAMI Expenditure	9.971,738	22.826,873	228,92	17.491,439	175,41

Source: RIZIV-INAMI
 Calculations: Dr. M. MOENS

Table 6

Reimbursement Clinical Pathology: Past, Present & Future
2. The past: the sky wasn't the limit (17)

Summary: Evolution of the number of acts

	1995 number	2010	
		number	1995 = 100
Art. 18 §2, B, e	10.829.899	1.485.951	13,72
Total Clin. Biol.	250.964.790	385.427.724	153,58
Total of Medical Acts	379.085.737	606.680.646	160,04
Total of RIZIV-INAMI Acts	648.747.048	1.105.394.430	170,39

Source: RIZIV-INAMI
 Calculations: Dr. M. MOENS

Table 7

Reimbursement Clinical Pathology: Past, Present & Future
2. The past: the sky wasn't the limit (18)

Summary of the evolution of the average expenditure per act

	1995	2009/2010			
	€	Current		Fixed	
		€	1995 = 100	€	1995 = 100
Clinical Biology	2,4539	3,1289/3,0177	127,51/122,98	2,4118/2,3124	98,29/94,24
Medical Acts	8,8297	11,5658/10,9875	130,98/124,44	8,9153/8,4193	100,97/95,35
Total of RIZIV-INAMI Acts	15,3708	21,5417/20,6504	140,15/134,35	16,6050/15,8237	107,98/102,95

Source: RIZIV-INAMI
 Calculations: Dr. M. MOENS

Table 8

Reimbursement Clinical Pathology: Past, Present & Future

2. The past: the sky wasn't the limit (19)

Evolution RIZIV-INAMI expenditure, in million €, current prices

	1995	2000	2005	2006	2007	2008	2009	2010
Clinical Biology	615,842	759,394	939,582	915,207	976,734	1.076,441	1.198,372	1.163,106
Pathological Anatomy	64,776	88,285	102,270	104,481	110,720	117,038	121,529	127,462
Genetics	16,519	24,899	33,948	36,082	38,445	37,013	37,087	40,068
Subtotal Lab. Medicine	697,137 (20,8 %)	872,578 (21,0 %)	1.075,800 (20,1 %)	1.055,770 (20,0 %)	1.125,899 (20,1 %)	1.230,493 (20,1 %)	1.356,988 (20,6 %)	1.330,636 (20,1 %)
Total medical fees (= 100)	3.347,214	4.151,948	5.349,936	5.279,258	5.602,966	6.117,110	6.588,776	6.626,226
Total RIZIV-INAMI Expenditure	9.971,738	12.890,912	17.088,873	17.292,318	18.414,587	20,121,018	21.613,825	22.258,887

Source: RIZIV-INAMI; calculations: Dr. M. MOENS

Table 9

Reimbursement Clinical Pathology: Past, Present & Future

2. The past: the sky wasn't the limit (20)

Evolution RIZIV-INAMI expenditure, in million €, current prices

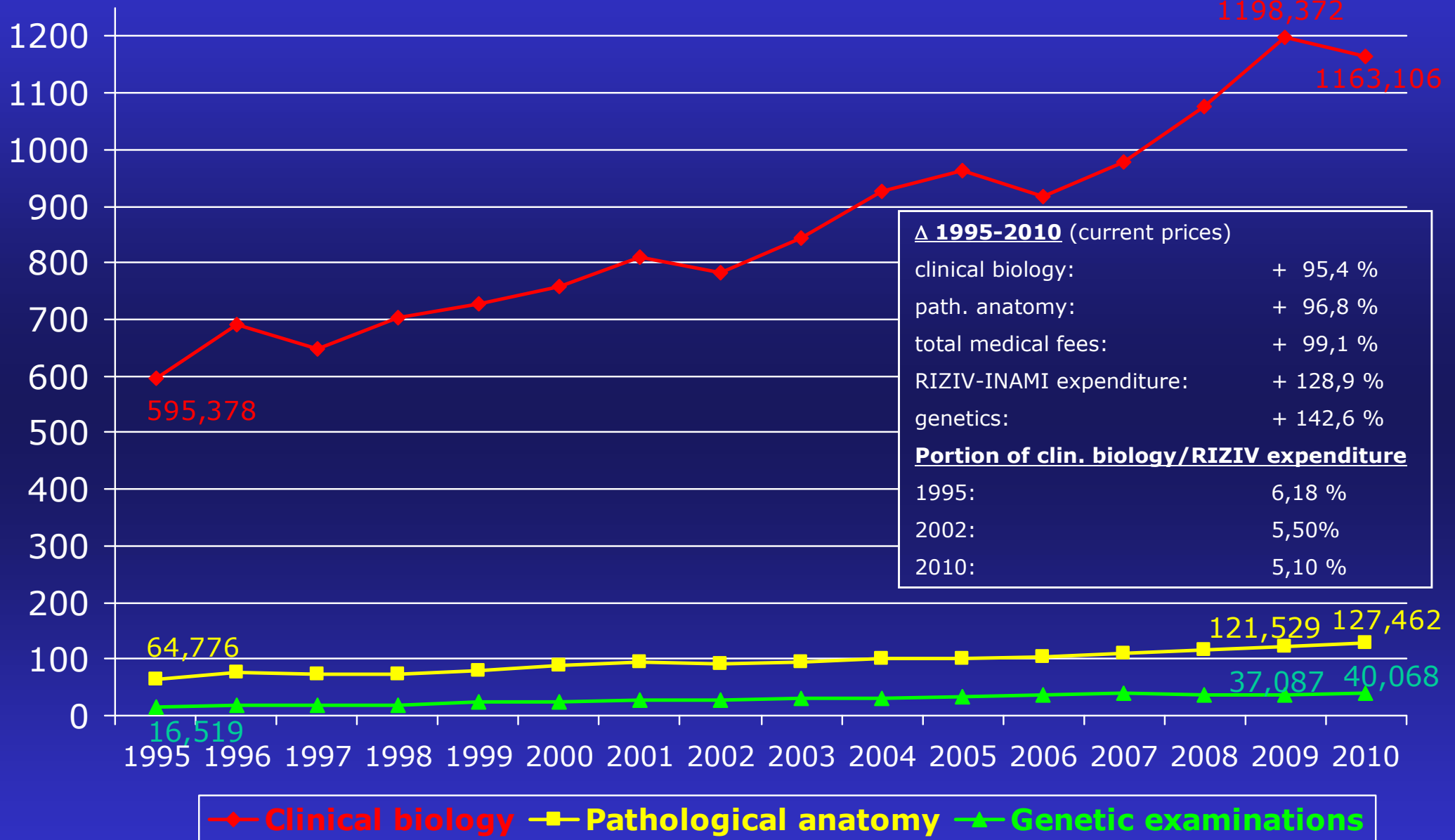


Chart 2

Reimbursement Clinical Pathology: Past, Present & Future

2. The past: the sky wasn't the limit (21)

Evolution RIZIV-INAMI expenditure, 1995 = 100,00, current prices

	2000	2005	2006	2007	2008	2009	2010
Clinical Biology	123,37	157,81	15,72	164,05	180,80	201,28	195,36
Pathological Anatomy	136,29	157,88	161,30	170,93	180,68	187,61	196,77
Genetics	150,73	205,51	218,43	235,00	224,06	224,51	242,56
Subtotal Laboratory Medicine	125,17	157,62	151,49	161,57	176,51	194,65	190,87
Total Medical fees	124,04	159,83	157,72	167,39	182,75	196,84	199,15
Total RIZIV-INAMI expenditure	129,27	171,37	173,41	184,67	201,78	216,75	228,92

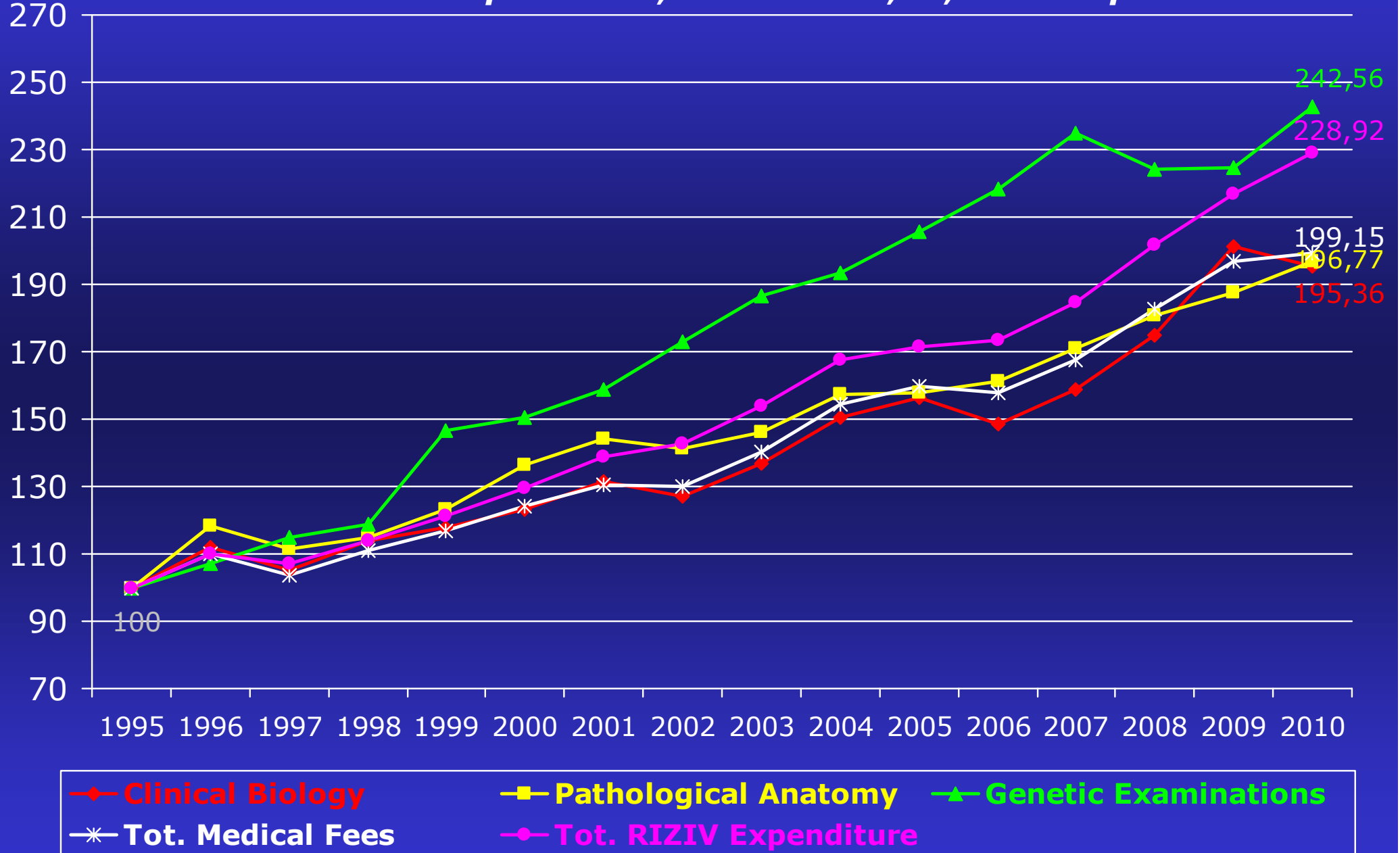
Source: RIZIV-INAMI, calculations Dr. M. MOENS

Table 10

Reimbursement Clinical Pathology: Past, Present & Future

2. The past: the sky wasn't the limit (22)

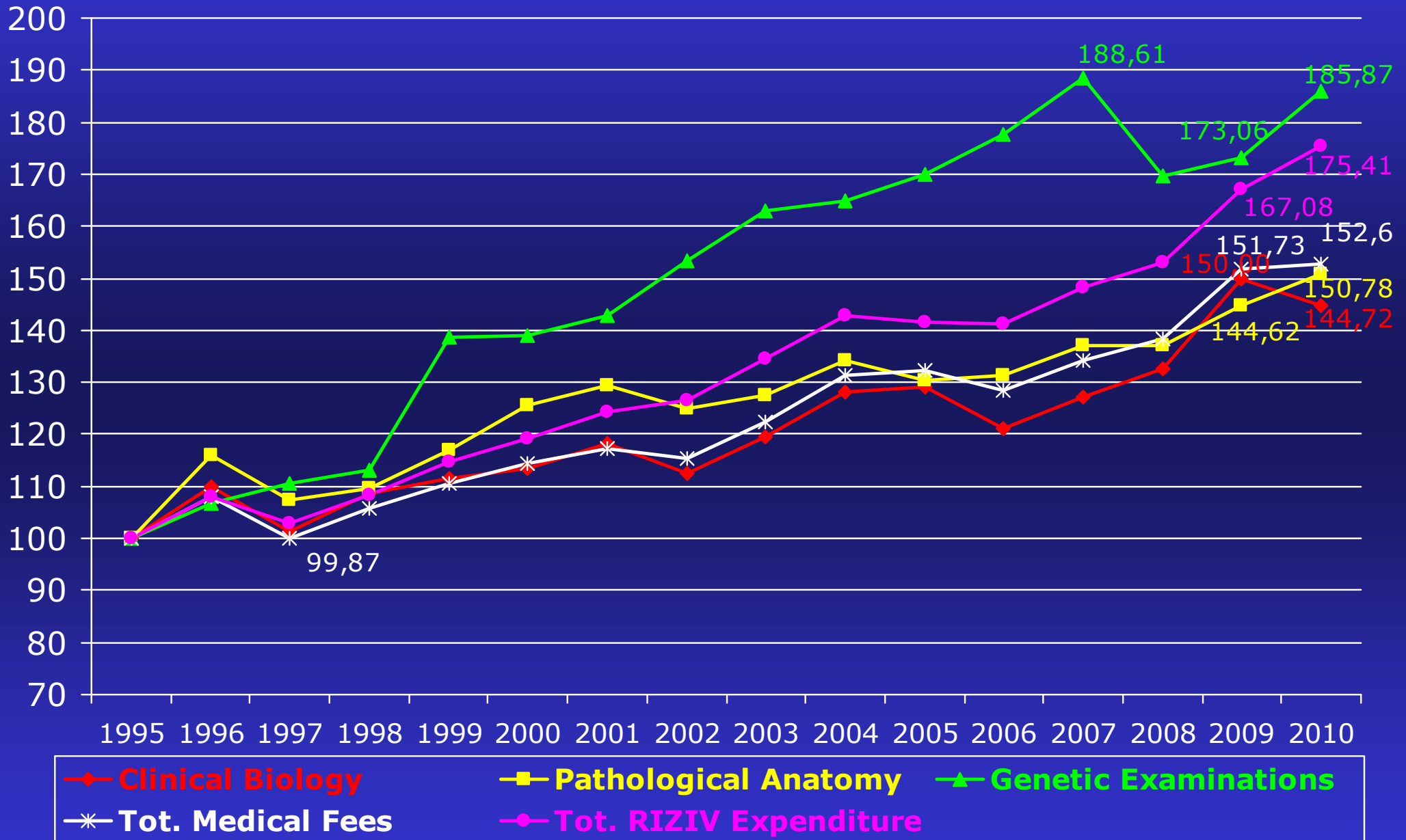
Evolution RIZIV-INAMI expenditure, 1995 = 100,00, current prices



Reimbursement Clinical Pathology: Past, Present & Future

2. The past: the sky wasn't the limit (23)

Evolution RIZIV-INAMI expenditure, 1995 = 100,00, fixed prices (index basis 1988)



Reimbursement Clinical Pathology: Past, Present & Future

2. The past: the sky wasn't the limit (24)

Evolution of the number of RIZIV-INAMI Acts

	1995	2000	2005	2006	2007	2008	2009	2010
Clinical Biology	250.964.790	288.411.967	335.196.488	339.251.248	348.651.564	369.905.896	382.995.763	385.427.724
Pathological Anatomy	2.481.207	3.428.237	3.760.904	3.770.322	3.972.954	4.155.995	3.979.224	3.800.879
Genetics	70.021	98.630	123.967	130.791	139.968	131.446	126.420	134.422
Subtotal Lab Research	253.516.018	291.938.834	339.081.359	343.152.361	352.764.486	374.193.337	387.101.407	389.363.025
Total Medical Acts	379.085.737	453.020.802	508.274.907	506.102.724	519.333.788	554.617.771	573.901.047	606.680.646
Total RIZIV-INAMI Acts	648.747.048	774.302.877	871.726.659	907.764.873	940.791.381	1.098.294.592	1.027.004.309	1.105.394.430

Source: RIZIV-INAMI

Table 11

Reimbursement Clinical Pathology: Past, Present & Future

2. The past: the sky wasn't the limit (25)

Evolution of the number of RIZIV-INAMI Acts, 1995 = 100

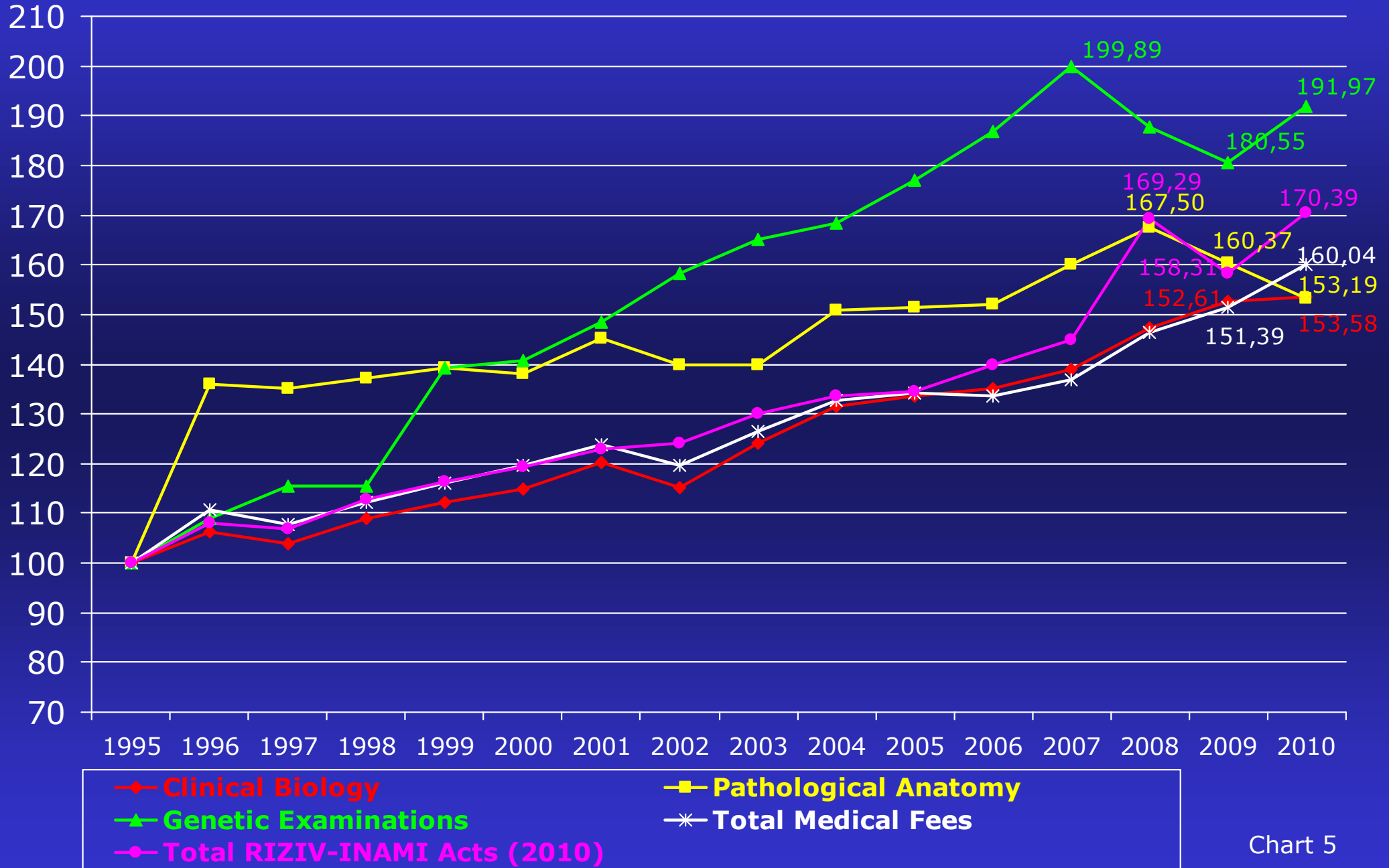
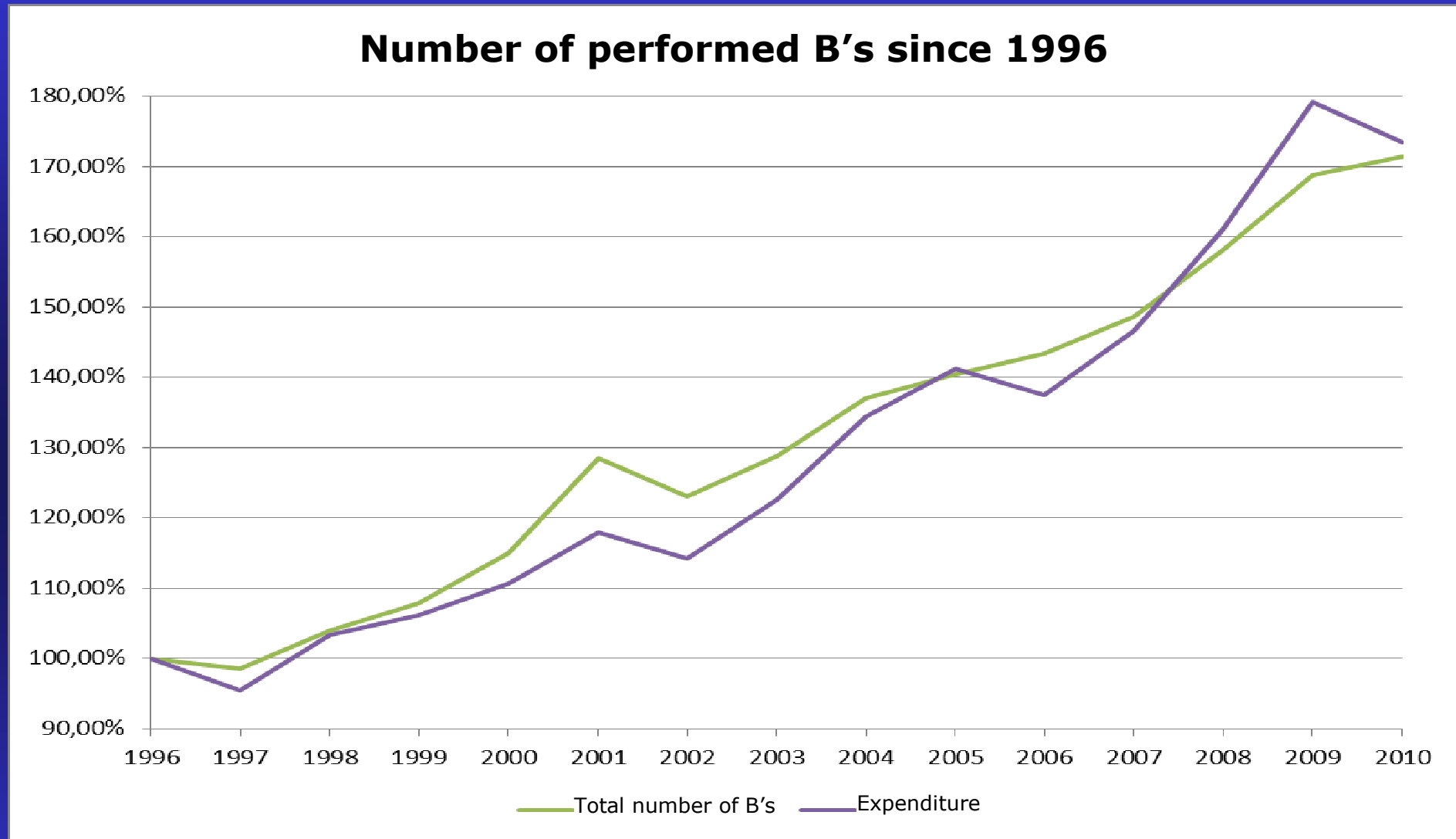


Chart 5

Reimbursement Clinical Pathology: Past, Present & Future

2. The past: the sky wasn't the limit (26)



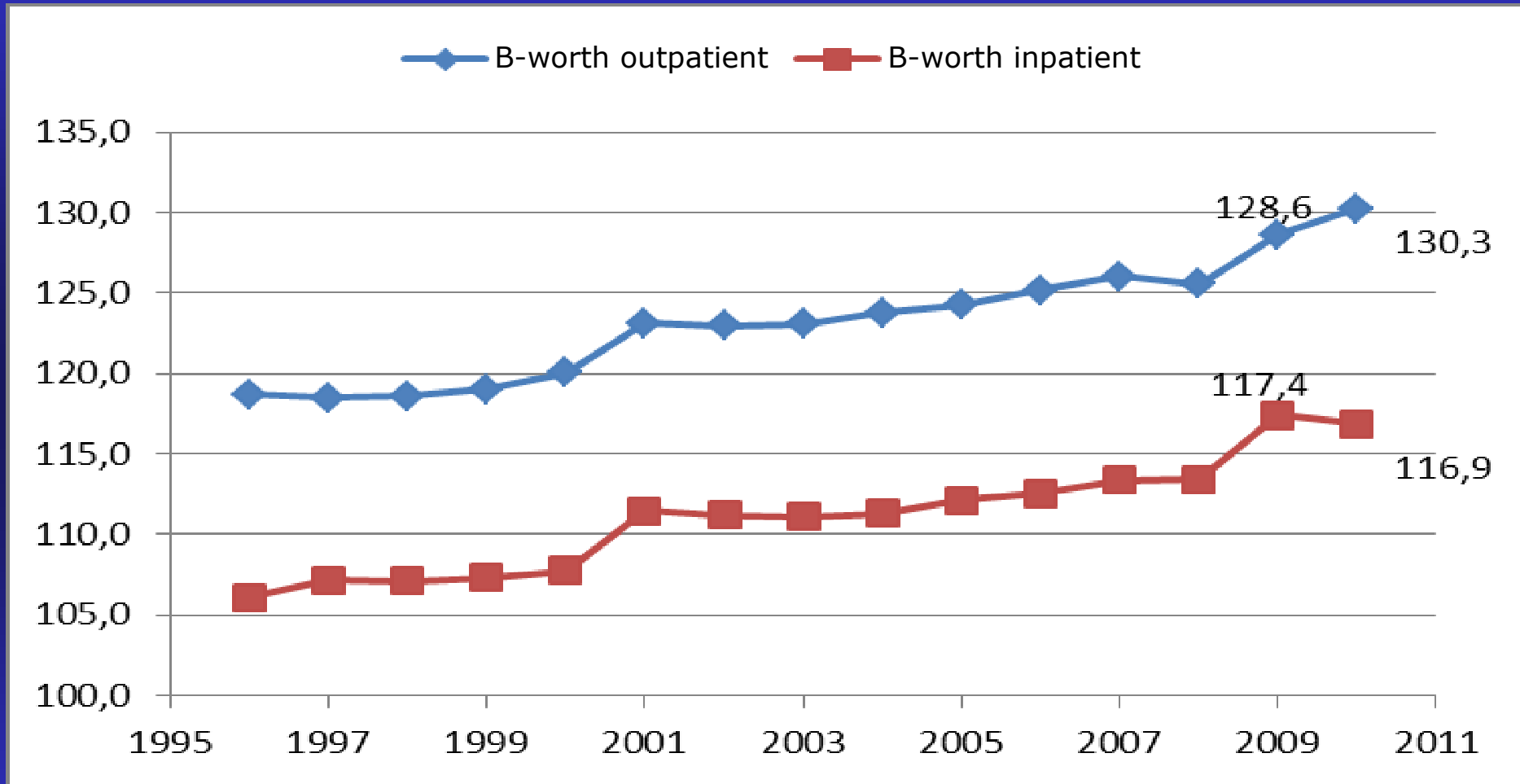
Calculations Dr. A. DEROM; source: figures RIZIV-INAMI

Chart 6

Reimbursement Clinical Pathology: Past, Present & Future

2. The past: the sky wasn't the limit (27)

Average number of B's per act



Calculations Dr. A. DEROM; source: figures RIZIV-INAMI

Chart 7

Reimbursement Clinical Pathology: Past, Present & Future
2. The past: the sky wasn't the limit (28)

Evolution of reimbursements in Clinical Biology

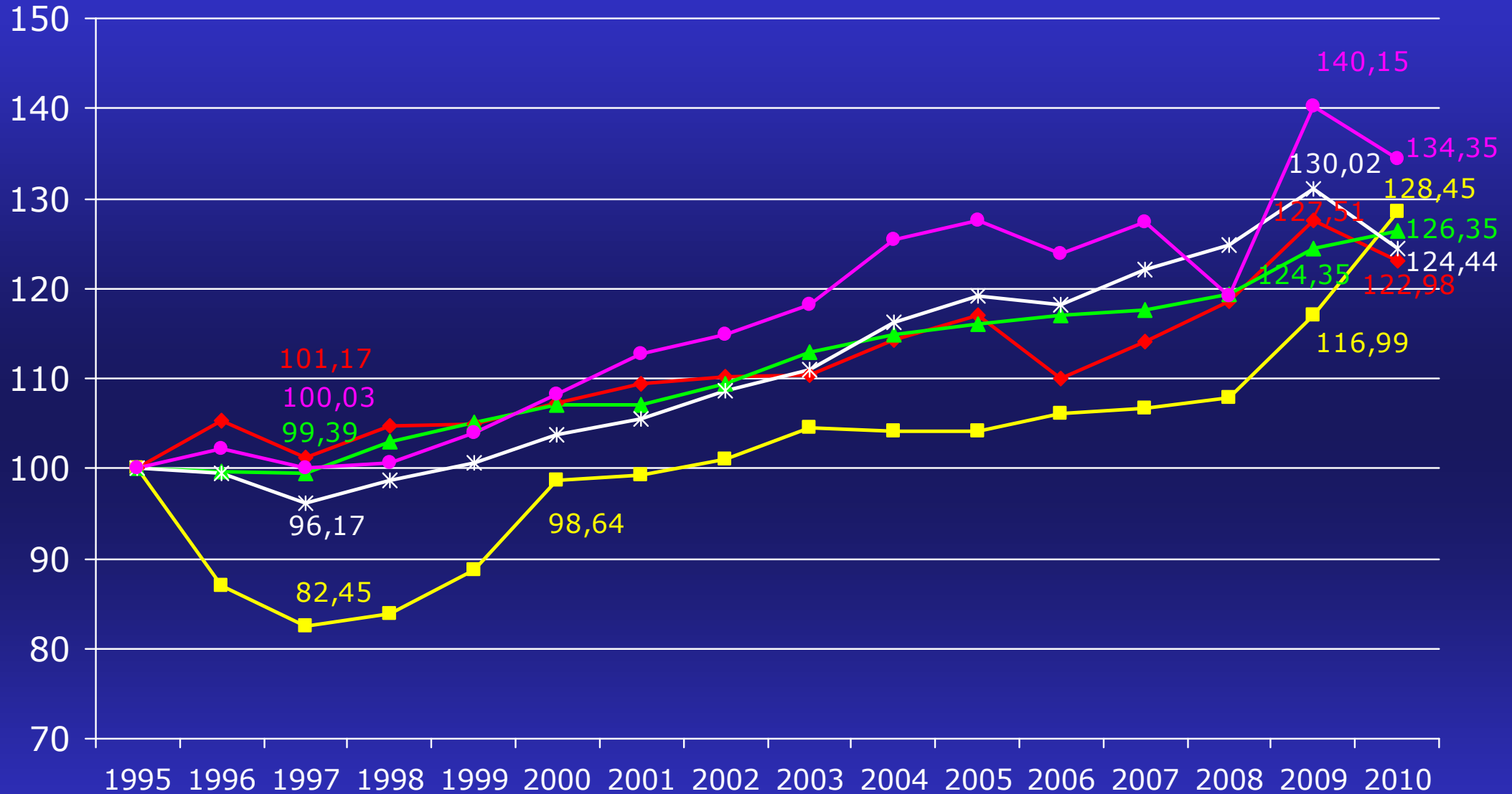
	2009	2010	2010 (2009=100)
Number of acts Outpatient	221.671.268	225.580.209	101,76
Number of acts Inpatient	107.418.623	105.815.414	98,51
Number of B's Outpatient	28.513.249.190	29.382.277.915	103,05
Number of B's Inpatient	12.614.385.315	12.368.854.610	98,05
Expenditure Outpatient	623.030.190	605.407.179	97,17
Expenditure Inpatient	575.341.463	557.689.732	96,93
Average # B's per act Outpat.	129	130	100,78
Average # B's per act Inpat.	117	117	100,00
Average expenditure per B Outpat.	0,0219	0,0206	94,06
Average expenditure per B Inpat.	0,0456	0,0451	98,90
Average expenditure per act Outpat.	2,8106	2,6838	95,94
Average expenditure per act Inpat.	5,3561	5,2705	98,40

→ CONCLUSION: 1 act INPATIENT = 1,91 acts OUTPATIENT

Table 12

Reimbursement Clinical Pathology: Past, Present & Future
 2. The past: the sky wasn't the limit (29)

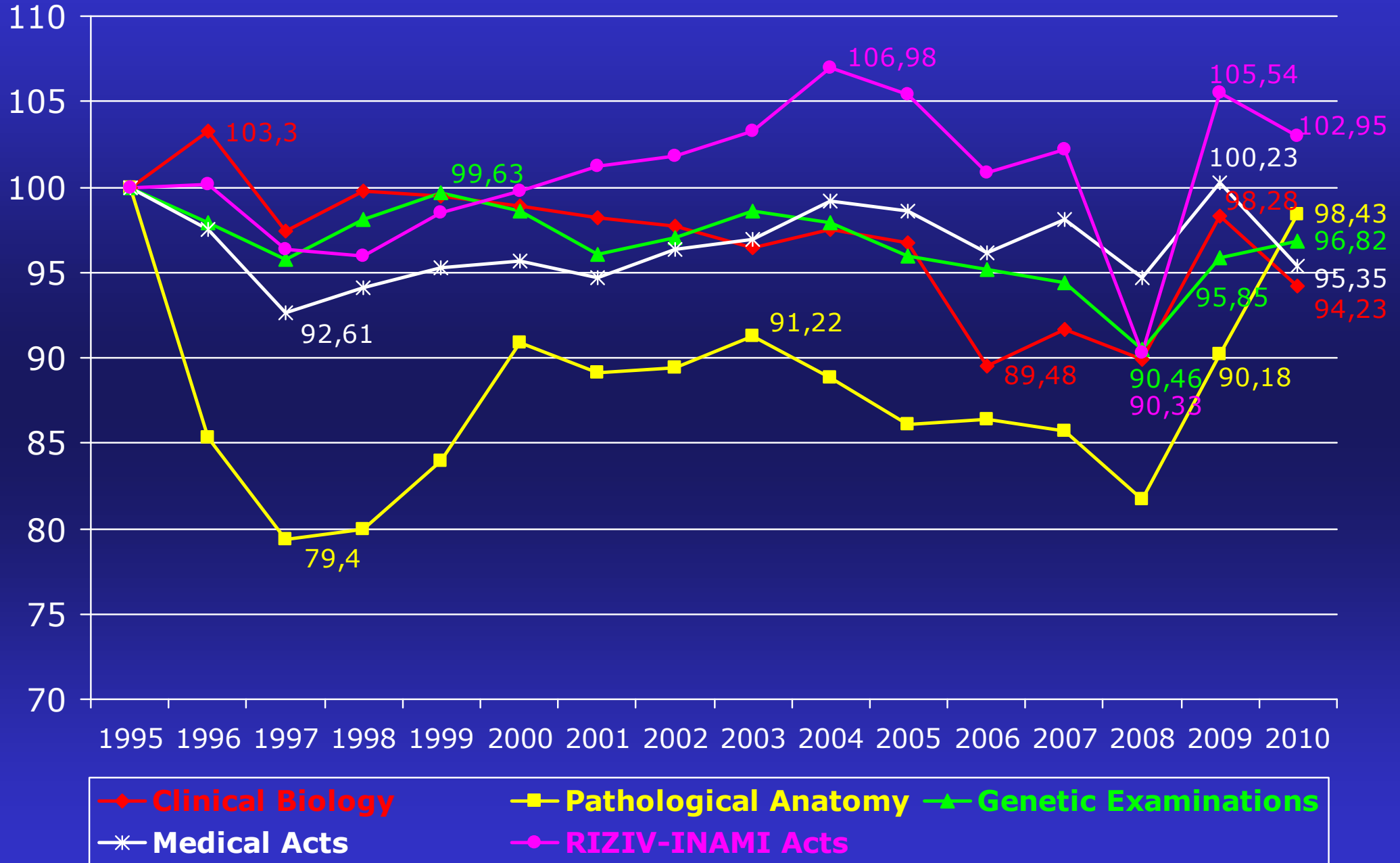
Evolution RIZIV-INAMI expenditure per act, 1995 = 100, current prices



Reimbursement Clinical Pathology: Past, Present & Future

2. The past: the sky wasn't the limit (30)

Evolution RIZIV-INAMI expenditure per act, 1995 = 100, fixed prices (index basis 1988)



Reimbursement Clinical Pathology: Past, Present & Future

2. The past: the sky wasn't the limit (31)

Evolution of the number of approved Clinical Biology Labs

Year	Number	Year	Number
1990	748	2000	320
1991	725	2001	278
1992	680	2002	258
1993	630	2003	235
1994	585	2004	185
1995	530	2005	198
1996	496	2006	179
1997	462	2007	170
1998	441	2008	175
1999	359	2010	166

Source: Records Dr. M. Moens + WIV-ISP Clinical Biology Department,
1050 Brussels; Statistical yearbooks 2008 and 2010

Table 13

Reimbursement Clinical Pathology: Past, Present & Future

2. The past: the sky wasn't the limit (32)

Evolution of the number of approved Clinical Biology Labs (1990-2010) and hypothetical extrapolation (av. -7,3 % / year) to 2020 and 2060

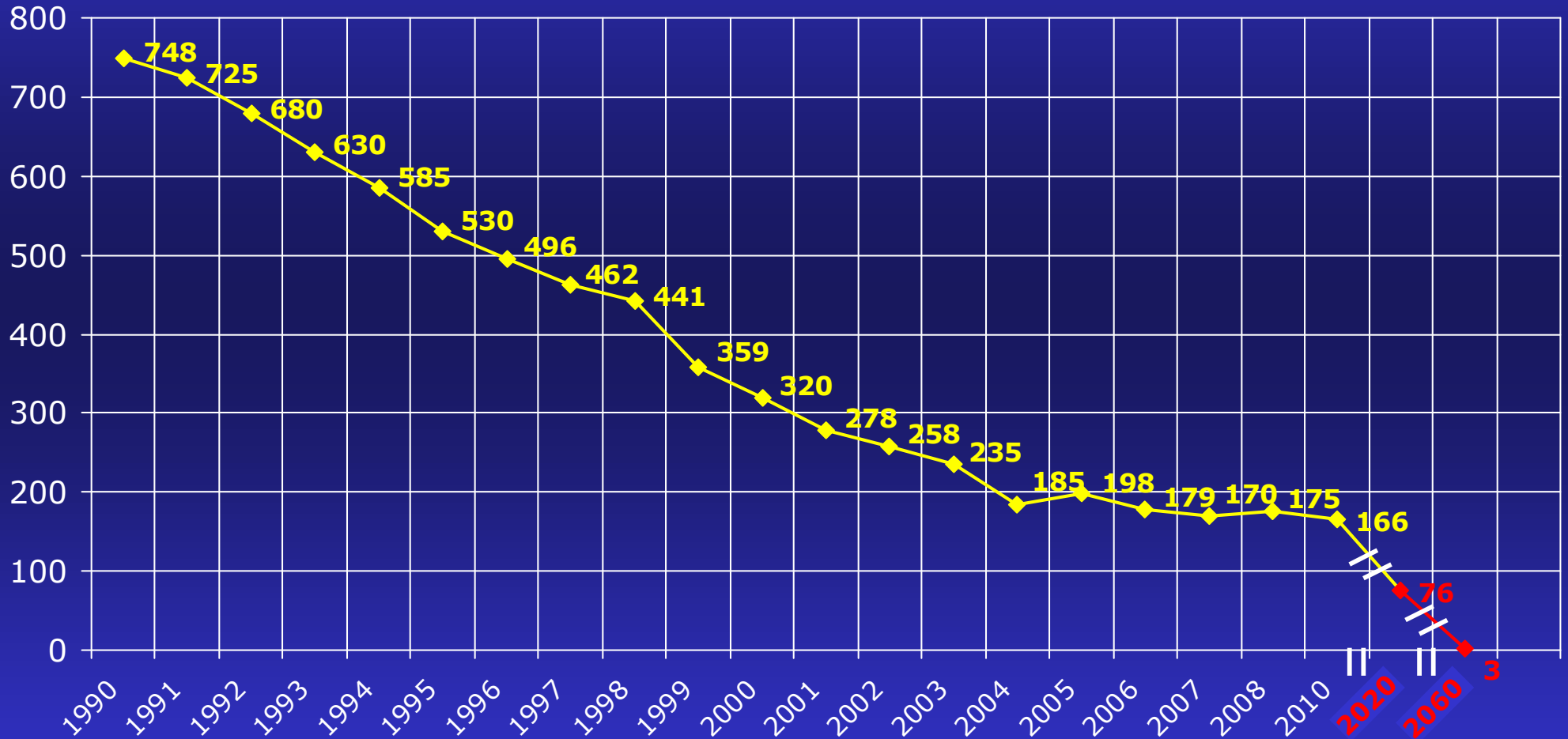


Chart 10

Reimbursement Clinical Pathology: Past, Present & Future

2. The past : the sky wasn't the limit (33)

Number of approved Specialists-Clinical Biologists versus RIZIV-INAMI profiles

	Physicians		Pharmacists	
	With profile ⁽¹⁾	Approved ⁽²⁾	With profile ⁽¹⁾	Approved ⁽¹⁾
1990	495	(3)	452	(3)
1991	494	(3)	443	(3)
1992	492	712	436	(3)
1993	500	685	431	(3)
1994	503	(3)	427	561
1995	517	685	425	570
1996	493	683	417	568
1997	495	686	408	574
1998	496	686	407	569
1999	492	687	391	571
2000	503	691	391	568
2001	489	694	376	578
2002	484	697	372	584
2003	493	699	374	587
2004	491	711	364	583
2005	486	709	367	53
2006	483	711	364	598
2007	475	709	363	595
2008	466	702	388	603
2009	458	699	383 (*)	642
2010		658		652

* Including 12 approved and authorized Masters of Chemistry Table 14

(1) According to RIZIV-INAMI annual reports

(2) According to the listings of the RIZIV-INAMI Accreditation Steering Committee

(3) Not found

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Reimbursement Clinical Pathology: Past, Present & Future

3. The present: cost containment (1)

- **TASKFORCE PERL:** starting off 26.01.2009
- Government demands structural savings in Rx and Biology
 - actual motivation: too expensive (together 34,2 % of the medical fees in 2009)
 - in the context of a review of the medical fees
- Hospitals demand
 - (part of) Rx and Biology fees in their BFR (Budget of Financial Resources)
 - realization of savings exclusively extra muros
- Sickness funds want
 - to get rid of of algebraic differences (too complicated + refusal of 'drawing rights')
 - to wipe out extramural laboratories because of their (alleged?) commercial nature and dichotomy
 - to extend the lump-sum system (especially in Rx)

Reimbursement Clinical Pathology: Past, Present & Future

3. The present: cost containment (2)

TASKFORCE PERL

President: François PERL

Physicians:

- BVAS: Drs. Marc MOENS and Rudi VAN DRIESSCHE
- Kartel: Dr. Robert RUTSAERT

Government:

- Social Affairs office [min. Onkelinx (PS)]: François PERL (now RIZIV)
- Prime Minister's office [min. Leterme (CD&V)]: Marc LOIX (CM)
- Finance office [min. Reynders (MR)]: Jean-Noël GODIN

Sickness funds:

- CM: Dr. Robert VAN DEN OEVER [also office Vanackere (CD&V)]
- SM: Jean-Marc LAASMAN
- LOZ: Dr. Chris MONTEN

Hospitals:

- Zorgnet Vlaanderen: Peter DEGADT
- Santhea: Michel MAHAUX
- Academic hospitals: Prof. Dr. Johan KIPS

TASKFORCE PERL

After 9 meetings, conclusions issued on 28.09.2009:

- Discontinuation of the system of algebraic differences (realized through art. 16 of the Law of 23.12.2009 establishing various provisions on health; BOJ 29.12.2009) as of 01.01.2010
- Nomenclature reform realizing an economy of € 35 million/year (RD 26.08.2010, BOJ 13.09.2010) by
 - skimming off of some lucrative code numbers
 - bundling of some code numbers
- Volume limitation in clinical biology by “actually raising the accountability of prescribers and health professionals”

3. The present: cost containment (4)

- A working group of the National Commission Physicians-Sickness Funds develops concepts with a view to a more adequate prescription behavior (*published 05.07.2011*)
- *“The exceedances that are observed in the event of not achieving the objectives will be recovered through a global compensation mechanism that will be introduced on the basis of a proposal by the National Commission Physicians-Sickness Funds”*: without effect
- Application of e-health to avoid the unnecessary repetition of examinations

Reimbursement Clinical Pathology: Past, Present & Future

3. The present: cost containment (5)



Klinische biologie

Rationeel voorschrijven van testen

AANBEVELINGEN BIJ

- DE (AL DAN NIET) OPPORTUNISTISCHE SCREENING VAN VEEL VOORKOMENDE AANDOENINGEN
- DE FOLLOW-UP VAN ZWANGERSCHAP



SENSIBILISERINGSCAMPAGNE VOOR DE VOORSCHRIJVERS

.be

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Definitely in the field of science and technology, a.o.

- ✓ via molecular biology
- ✓ personalized medicine
- ✓ POCT possibilities
- ✓ ...

But on a budgetary level???

Preparation of the RIZIV-INAMI budget 2012 (quote):

"The Commission considers however that the planned savings of 50 million euros in clinical biology are only a first step in a further expenditure restraint. The Commission therefore requests that the Task Force would continue to work on a new package of sensible savings¹."

¹ Report of the Commission on Budgetary Control on the occasion of the preparation of the medical healthcare budget for the year 2012 (19th September 2011)

Old demons return...

- **Inpatients**: all-in pathology financing per hospital (cf. KCE reports 121 – 25.01.2010, and Report of the Commission on Budgetary Control – 19.09.2011)

- **Outpatients**:

GP's

- restriction of access to tests (cf. standard prescription Ph. Busquin 1988)?
- fixed sum per registered patient?
- envelope per prescriber?

Specialists

- ban to consult outside hospital?
- fixed sum per specialty and envelope per prescriber?

Laboratories

- envelope in proportion to number / nature of prescribers?

The introduction of the lump-sum system since 1988...

- has never led to a decrease of the number of tests
- but gave a boost to the laboratories as regards
 - efficiency
 - automation
 - computerization
 - (mega-) mergers
- is mainly used as an instrument of financial control

The lump-sum and closed envelope systems are becoming untenable, unless the government:

- bans scientific development,
- denies the patients access to new technologies,
- or forbids that they would search those technologies outside the mandatory health insurance.

Cave: Belgium has dropped in the Health Consumers Index a.o. because of the late reimbursement of drugs. Next time also because tests are not reimbursed/available?

And what about patient rights?

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**“To reimburse or not to reimburse”,
that’s the question!”**

- by compulsory sickness and
invalidity insurance,**
- or by private health and disability
insurance?**

Prescribing more adequately = more funding for new technology. HOWEVER, the savings achieved

- are currently not invested in the sector itself,**
- and, if they were, it wouldn't be enough to finance innovative diagnostics and follow-up,**
- even if the diagnostic products would become a lot cheaper,**
- because demand will continue to rise indefinitely.**

- the vicious circle doesn't stop**
- if the federal health insurance doesn't reimburse the clinical biology sector sufficiently or doesn't reimburse it anymore, the way will be open to private insurers, a.o. through "preferred providers"**
- this is not a wish, but an observation**

And at last, don't forget, clinical biology is a medical discipline, not just a "business".

Thank you for your attention