# Value-based health care

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Any reflection on the future organization of the health care system including the organization of health insurance in Belgium, should start by defining what the primary goals are that are to be met. Only then can the question be asked as to whom is to play which role.

Belgian health care is currently characterized by a very high degree of accessibility, with no form of gate keeping or echelons, coupled to extensive coverage of health services through the compulsory and centrally organized health insurance system.
Payment of health care providers is on a fee for service basis. This overall combination results in a high volume, relatively low unit cost health care system that appeals to the citizens. The degree of satisfaction with the system is high, as is the perceived quality of care.

Needless to point out that as in many other countries, the current health care system faces several challenges. These obviously include the well-known effects of the technological innovation and the demographic evolution, with on the one hand an ageing population and associated need for patient centered chronic care models, and on the other hand a predicted shortage of health care workers. Of additional concern is the financial sustainability of the current health care system. The overall cost has increased over the past few years, now reaching 10.3% of gross domestic product, which is higher than the OECD average (1). Of particular importance is that the out-of-pocket expenses for the patient have also gradually increased, now accounting to approximately 29% which again is above the OECD average.

This evolution raises concern as to the accessibility and equity of our health care system.

As clearly explained by Erik Schokkaert en Carine Van de Voorde, the authors of the present paper, this evolution can threaten the accessibility and equity, two essential aspects in our health care system, if this is not accompanied by a similar evolution in the willingness to pay for the system by those that contribute. They rightly point out that citizens are not willing to pay for what is perceived as waste due to bad management. In other words, in order to safeguard the solidarity, an essential cornerstone in our health care system, the efficiency of the system, indeed needs to be increased.

This notion adds a very important aspect to the reflection on the organization of the health care system, namely that of quality of care. In order to be of high quality, care not only has to be safe and effective, but amongst other aspects also efficient (2). Hence, engrained in the definition of quality is the notion of outcome versus costs. This notion is even better coined in the concept of value. Too often, both elements of the value equation, namely outcome versus cost, are looked upon separately, focusing either on improving outcome without taking cost into account, or - and arguably more so - on reducing cost without considering the effect on outcome. What the health care system needs to deliver is added value, which means better care at the same cost or the same care at a lower cost. This also should be the focus of innovation in health care, which encompasses not only new diagnostic tools and treatment modalities, but also new models of patient centered integrated health care especially in relation to chronic disorders.

Adapting this concept implies that the standards of safety and outcome that are to be met in the health care system, need to be clearly defined as a first priority. As a second then comes the question as to whether and how the health care delivery system should or should not be reorganized.

To date, objective measurement of outcomes of care has received little attention in our health care system. Although the perceived quality is high, little or no formal quality control of delivered care exists, that is based on validated process and outcome indicators. International benchmarking exercises, such as the one performed by the European Health Survey (3), would however suggest that based on the data that are available and could be included, there clearly is room for improving the outcome of healthcare in Belgium.

That the objective outcome of care is not necessarily as good as the perceived quality, is increasingly gaining attention amongst those that are concerned about our future health care system. This issue is a key aspect in any discussion on undue variability in health care practices and the related reflections on willingness to pay for the system.

Introducing and embedding a value oriented concept that includes objective outcome measurement in addition to cost containment in our current activity based health care system, requires two major considerations. Firstly, measuring outcome parameters will only induce real improvement if the parameters are considered meaningful by those that use them. Only then will their measurement lead to active involvement of health care professionals, resulting in a continuous quality improvement culture in which data are analyzed and the underlying medical process continuously improved whenever possible. This also means that identifying standards of care and associated outcome parameters cannot be conducted through a mere administrative top down process, but should actively involve representatives of the various stakeholders, including in particular health care providers - both physicians and hospitals.

A second major consideration is whether or not to translate measurement of outcome parameters financially and thus evolve from a pure activity based financing to a model that also includes outcome based incentives. To date, the question of a possible pay for performance shift has mainly been raised, based on existing models in other countries, with respect to financing of health care providers, physicians and hospitals in particular. It would seem sensible to also raise this same question in a broader reflection on the future role of sickness funds and communities/regions in the organization of a value based health care system in Belgium. This would seem an essential element in an integrated approach of the future of our health care system and the responsibility of each of the players involved. A health care system that is geared to deliver added value to its citizens, thus answering the demand for efficiency and ensuring the associated willingness to pay as a essential corequisite for safeguarding the solidarity that is one of the cornerstones of our system.

# References

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