Task transfer in Belgium

EUMASS

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1. The Belgian Health care system in a glance

- Statutory health insurance
  (covers 99% of the population)
- Bismarckian social security system :
  62% financed by contributions
- Solidarity-based
- Co-decision – consensus model (sickness funds,
- providers, employers and government)
- Independent GP’s and specialists
- Free choice and access to providers
- No waiting lists
- Low prices ; high volumes
- Out of pocket payments quite high (25%)
- Expenditures rapidly growing

Belgian social security fulfils three functions:

- Loss of income from employment is replaced
- For certain social charges a supplement to the income is provided
- Welfare benefits for those who do not have (involuntarily) a professional income

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3. Organisation

Legal framework

Law on mutual health insurance organisations (also named : mutual health funds or sickness funds) (1990)

Law on social security (1944)

Law on Health and Disability Insurance (1994)

Global administration

Ministry of Social Affairs, Public Health and the Environment

The National Institute of Health and Disability Insurance (RIZIV-INAMI)

Implementation of health and disability insurance

Seven different mutual health funds coexist

The specific role of mutual health funds

More info

- **Administration** of compulsory health and disability insurance
- Provision of a **range of services and benefits** (defence of members, orthodontic care, holidays for children, homecare, …)
- Offering of **complementary health insurance** (hospitalisation insurance, minor risk insurance, benefits for children, higher dental coverage…)
- Mutual health funds as a “**movement**”, i.e. an important player in civil society

Medical advisers

- Insurance physicians
- Key role in the health insurance fund
  - assess entitlement to allowance
  - work incapacity evaluation
- Inform, evaluate, advise and provide information to
  - health insurance claimants
  - health care providers

Transfer of tasks

- Ongoing process
  - national/federal level
  - regional level
- Mainly task delegation
  - nurses: general interviews
  - physiotherapists: musculoskeletal disorders
  - psychologists: psychological disorders
- Supervision by the National Institute for Health and Disability Insurance (NIHDI)

Reasons for task transfer

- Demographic effect
- Shift from physical to mental problems
  - more complex pathological situations
- Sociocultural evolutions
  - jurisdictionalisation, linguistic problems
- New tasks concerning vocational rehabilitation
  - affects cooperation with GP’s and OHP’s
- Institutional developments (transfer of matters to regional authorities)

Shortage of insurance physicians

- Work incapacity / health care assessments:
  - more complex
  - more time-consuming
- Decreasing job satisfaction
  - job content is outdated
  - conflicts with the clinical world
  - salary backlog (vs. GP)

Multidisciplinary teams

- The insurance physicians directs a team of

  - paramedical staff
  - other health professions
  - social workers
  - employment advisers
  - ability managers
  - administrative staff

New approach aims for:

- Higher quality of assessment
- Collection of different view points

- more possibilities for early intervention in occupational disability
- more intensive guidance towards reintegration
- more extensive and focused cooperation with regional employment services
- more intensive communication with GP and OHP
- optimal communication and guidance for work resumption and social reintegration
- integrated evaluation of healthcare applications
- optimal use of specific talents