

**How homecare providers can actively contribute to appropriate and value-based healthcare for patients.**



# Executive Summary

If the current covid-pandemic has taught us anything, it is for sure that critical hospital capacity can easily be saturated in times of crisis. This, as a result, has several times led to the delay of standard care, that had to make place for extra ICU capacity. Luckily today, several patients can be perfectly treated outside of the hospital setting, making the continuation of their treatment mostly unaffected by the current pandemic.

Examples of such therapies include, but are surely not limited to, dialysis, sleep apnea, oxygen treatment and medical nutrition. All of these already happen regularly in a home setting, where the quality of care is often better than in a hospital setting. This is due to several reasons that will be discussed below. These include increased freedom of movement, less life-invasive treatment procedures, increased accuracy, and others.

Important in this discussion however is which actors are primary responsible for providing these services and technologies the way in which they are trained, as this is a definitive factor for quality of care provided. Actors executing and implementing these technologies should be highly specialized, following high quality standards, without compromising patient centrality. STHA actors, the industry, can perfectly take on this role.

Although many important steps have been set in Belgium to promote homecare, there are still several hurdles to overcome. A lack of a legal framework to which all actors have to comply, accreditation, digital infrastructure, and direct reimbursement currently prevent home care from broader adoption and limit the potential that homecare can have. Technological innovation [such as telemonitoring] must be fully embraced, and increased individual coaching should be implemented to result in better therapy adherence. Since October 2021, a general legal framework exist, but the obligation to adhere is still missing. Hopefully this will be realized when reimbursing such home care activities for specific pathologies more directly. This would allow homecare providers to provide more and better [non-medical] services, in a regulated environment, better care can be provided at a lower cost.

In this way, homecare providers can actively contribute to appropriate and value-based healthcare for the patients, while working more efficiently. This is especially true when processes become leaner, and financing is directed specifically to the involved tasks.

During this roundtable, the current state and future trends were discussed with experts in the. It should be noted that with homecare, we mean the highly specialized homecare for which technological installations are needed, and not the regulatory homecare as nursing.

# Situation in Belgium

The most common areas in which technology assisted homecare is used today, are sleep apnea, oxygen therapy, kidney dialysis and medical nutrition. Homecare treatments in the field of oncology are also rapidly gaining more importance.

## 1. Sleep apnea



**> 150.000 patients**

100% of which are treated at home  
Current cost per patient: 2.300 euro in year one,  
860 euro in years after.

## 2. Oxygen therapy



**> 12.000 patients Long Term  
+/- 30.000/y Short Term**

>99% of which are already treated at home  
Current yearly cost: 40M euro

## 3. Kidney Dialysis



**> 8.000 patients**

9% of which are already treated at home  
Current yearly cost: 425M euro

## 4. Medical Nutrition



**> 7.000 patients/y**

18,5% of which are already treated at home  
Current yearly cost: 30M euro

\* Sources: European Commission, RIZIV-INAMI

For most of these indications, patient numbers are rising, but budgets remain limited. Homecare can offer a more cost-effective solution to these patients if carried out by the right actors, offering an even higher standard of care to the patient.

# Specific roles for different actors

The best results are attained in homecare when every actor has a dedicated and specific role to play.



### 1. Distributor

Entity that sells or distributes the medical device



### 2. STHA/Homecare Actor

Entity that is responsible for making the technical device work correctly and qualitatively, including maintenance (e.g. change of broken parts) and education towards patient or healthcare professional



### 3. Care Provider

Person or organization who delivers care to the patient, hence being responsible for the care and the quality of care, by using a medical device.

# Home care can offer significant improvement to patients' lives when executed by the right actors

Although a hospital setting might at first sight be the best option for patients, for many of them it's not the case. Home care has proven over the years to be a valuable alternative, often generating superior results. Not only for patient's health and well-being, but it turns out it often is a more cost-effective solution, making funds available for other treatments or therapies.

To guarantee these positive outcomes, the implementation and installation of medical devices should be executed by specialized actors, who have full knowledge of the technical services and had intensive training to apply the treatment technology in a correct manner. If this value chain is followed in the right manner, there are many clear advantages for patients.

## Clear advantages for patients

1. More freedom and flexibility

2. Improved quality of care

3. Increased flexibility for hospital capacity

4. Improved cost-effectiveness

5. More focus on care





## Clear advantages for patients

1. Freedom for patients: For a patient's well-being, surely for chronic patients, their care environment is crucial for their healing. Where strict therapeutic schemes have to be followed in a hospital environment, drastically effecting daily routines and planning. Homecare can offer solutions that better suit the daily life of patients. Especially for chronic patients, where their condition already significantly impacts their freedom, the ability to choose the time and duration of a treatment depending on their daily or professional life can even make the difference between if they can function in today's society, or not.

2. The quality of care: It might seem odd, as hospitals are filled with technology and have numerous medical staff available, that care at home could also provide better health outcomes.

Not only are outcomes better with regard to patient's health due to e.g. a better and personalized treatment schedule (a dialysis patient for example, will more often treat himself at home, personally tailored, than he would be able to be treated in the hospital) and better therapy compliance. Data gathered in the home environment is also often of better quality. This is due to the fact that there is no interference of external actors like increased stress levels, and no adaptation is necessary to the new environment. By treating the patient in a trusted environment, these elements can be ruled out, which results in a more accurate diagnosis that benefits the patient as well.

3. Increased flexibility for hospital capacity: As more treatments can be carried out at home, this has a positive impact on the capacity of hospitals. During Covid-19, there was a significant increase in home care therapies due to lacking hospital capacity.

4. Improved cost-effectiveness: Home care has stimulated innovation, as new procedures and working methods were needed to organize this form of care. This has not only resulted in a higher quality of care, but also in an increased cost-effectiveness (e.g. budget impact with regards to sleep testing is 80%).

5. More focus on care: Home care also offers the opportunity for doctors to spend more of their time on diagnosis and professional advice (incl. more time for complex cases), rather than on operational and administrative tasks. This often leads to better diagnosis and adapted treatment.

# Recommendations

## Belgium is lacking behind, but it doesn't have to.

The question we should ask here is, if care is moved to the setting of the home, who should be responsible of setting up that home-environment? Currently, hospitals take on a large part of these tasks, but are they the right actors to do so when there are specialized players on the market who could provide better services, at a lower cost?

Currently, the following issues prevent specialized actors to achieve better care:

- **Highly dense hospital network:** Although the number of patients is growing significantly in Belgium. For most conditions, we still treat way more patients in a hospital setting compared to other countries. Why? Compared to other countries, Belgium has a highly dense hospital network. In other countries, the move towards more home care (e.g. in New Zealand up to 50 to 55% for dialysis), was made partially because patients live further away from the hospital. Nevertheless, although the distance is smaller in Belgium, it should not stop us to get the best care to the patient, which often is treatment in their familiar environment.

**Recommendation:** A hybrid model should be put in place, where depending on the patients' needs, the best treatment can be chosen in a specific circumstance. Hospitals will evolve to data driven centers, monitoring patients all over the country in their own home for certain treatments.

- **Using the legal framework:** As a generic quality framework for home care providers has been published in October 2021, it is time to use this and make it obligatory to all who provide such services, hence building an accreditation system. This would also make responsibilities between hospitals and home care providers more clear.

**Recommendation:** Urgently adapt the legislation with regards to homecare, creating clarity for the sector with regards to responsibilities and operating framework. Specialized homecare providers are now often operating in a grey zone. They can be made directly responsible for the specialized care technologies delivered, resulting in better and more cost-effective care.

- **Need for a clear financial model:** Having the regulations in place is paving the way for direct reimbursement for home care providers. Currently these homecare providers are subcontractors to hospitals (often putting pressure on price and thus quality), instead of to the RIZIV/INAMI.

**Recommendation:** Make home care providers subcontractors to the RIZIV/INAMI, instead of to the hospital to avoid double financing. As hospitals and health care providers will still play a significant role with regards to the follow up of patients who receive home care, a patient management fee can be developed. This fee would guarantee HCP's that they get fair compensation for the monitoring of patients through data, and the responsibility they carry with regards to patient outcomes based on that data, without compromising patient centrality.



# Recommendations

Belgium is lacking behind, but it doesn't have to.

- **Lack of digital infrastructure:** Covid-19 has increased the adoption of digital solutions in the healthcare sphere to an extent, such as telehealth, but not to a sufficient degree. Decent digital infrastructure is still lacking to many, making connected care unavailable to them at the moment. This digital infrastructure is crucial to guarantee quality of care, as the monitoring of patients depend on it.

**Recommendation:** Investing in infrastructure and into redundant stable technology in order to make connected care accessible to everyone. This way it will be possible for the patient to communicate with a health care provider regardless of location. It is essential for the patient to feel supported by the health care professional during remote treatment. This entails into more quality of care for the patient.

The health community needs to address the current stumbling blocks to policymakers as one voice. In order to progress and to make the advantages of home care clear for all stakeholders, an integrated approach is necessary, with specific adaptations per therapeutic area.



beMedTech is the Belgian federation of the medical technology industry and represents nearly 200 companies, representing 80% of the relevant market. Its members are manufacturers and / or distributors of medical devices. Together they bring more than 500,000 medical technologies to the patient.

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