



# Organising patient-centered innovation

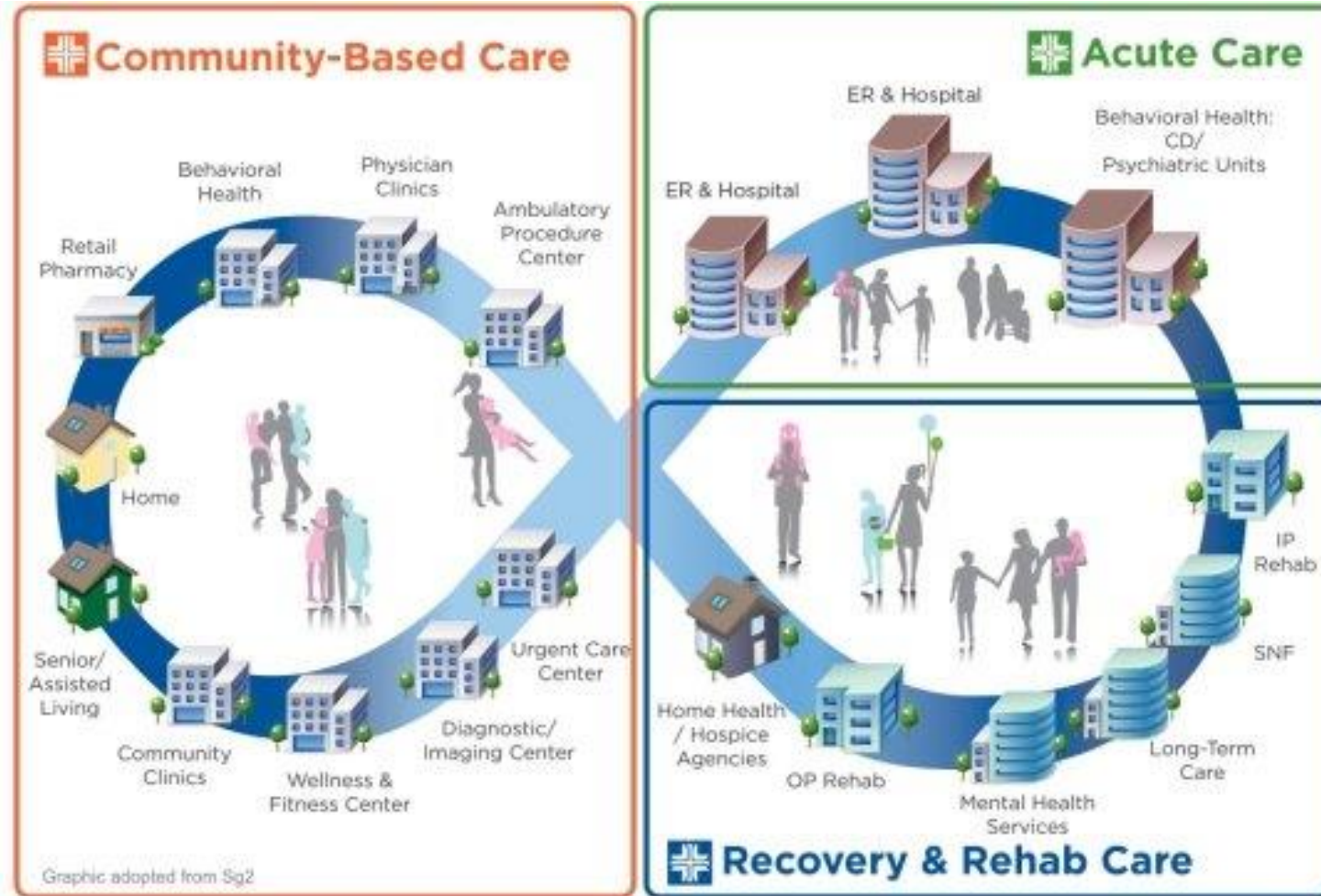
**June 25th 2021, GIBBIS**

Brieuc Van Damme, Director-general

## As-is?



# Purpose: Delivering the Right Care at the Right Time

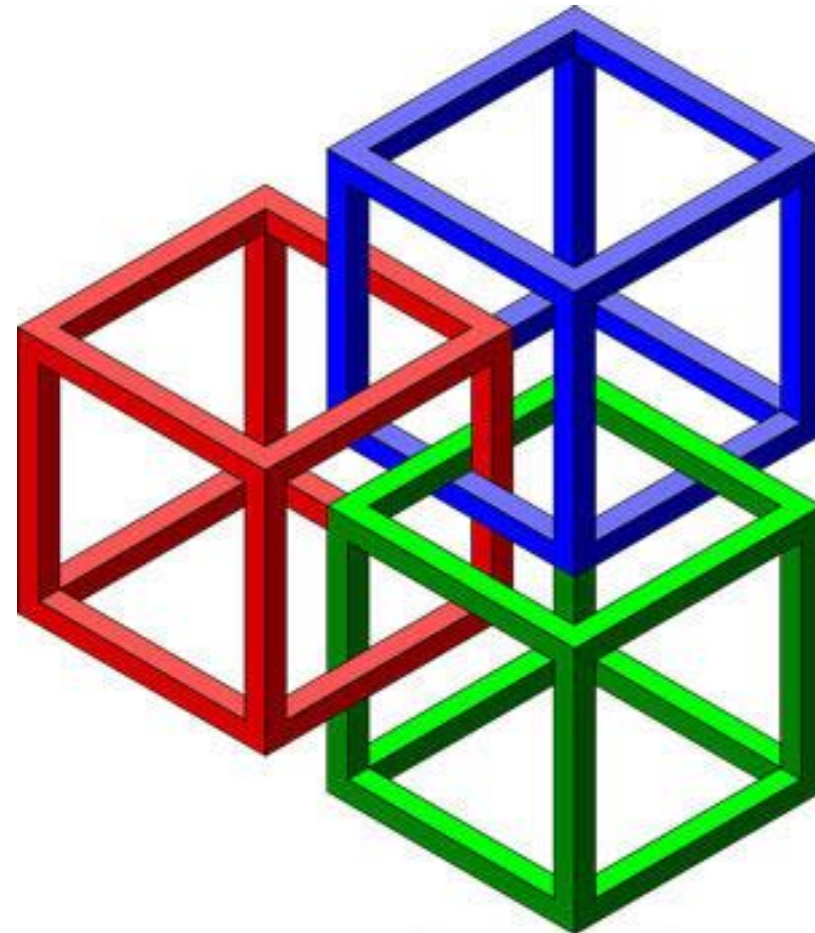




### Delivering the Right Care at the Right Time through patient-centred innovation

#### Role of government: providing the right framework

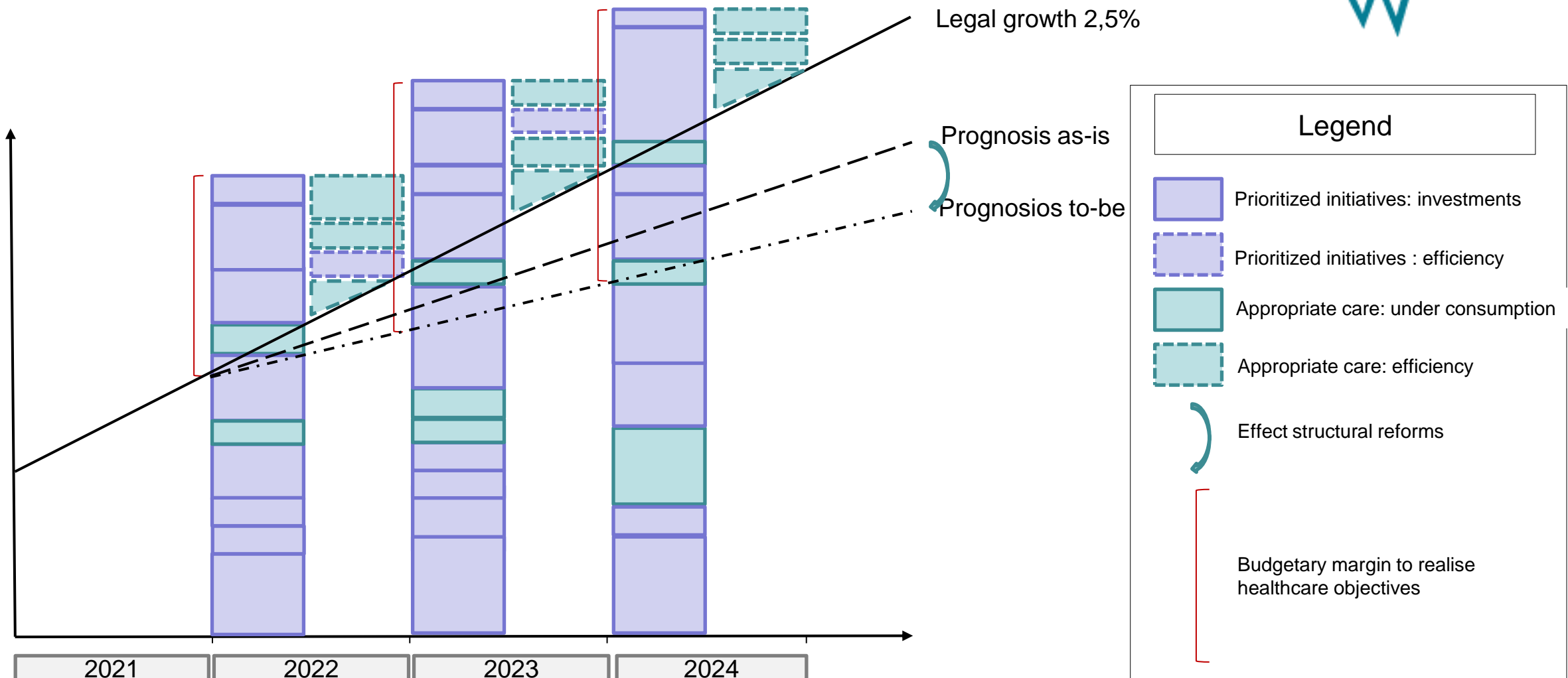
1. Create momentum
2. Set up the right governance and process
3. Develop the appropriate enablers
4. Adjust incentives



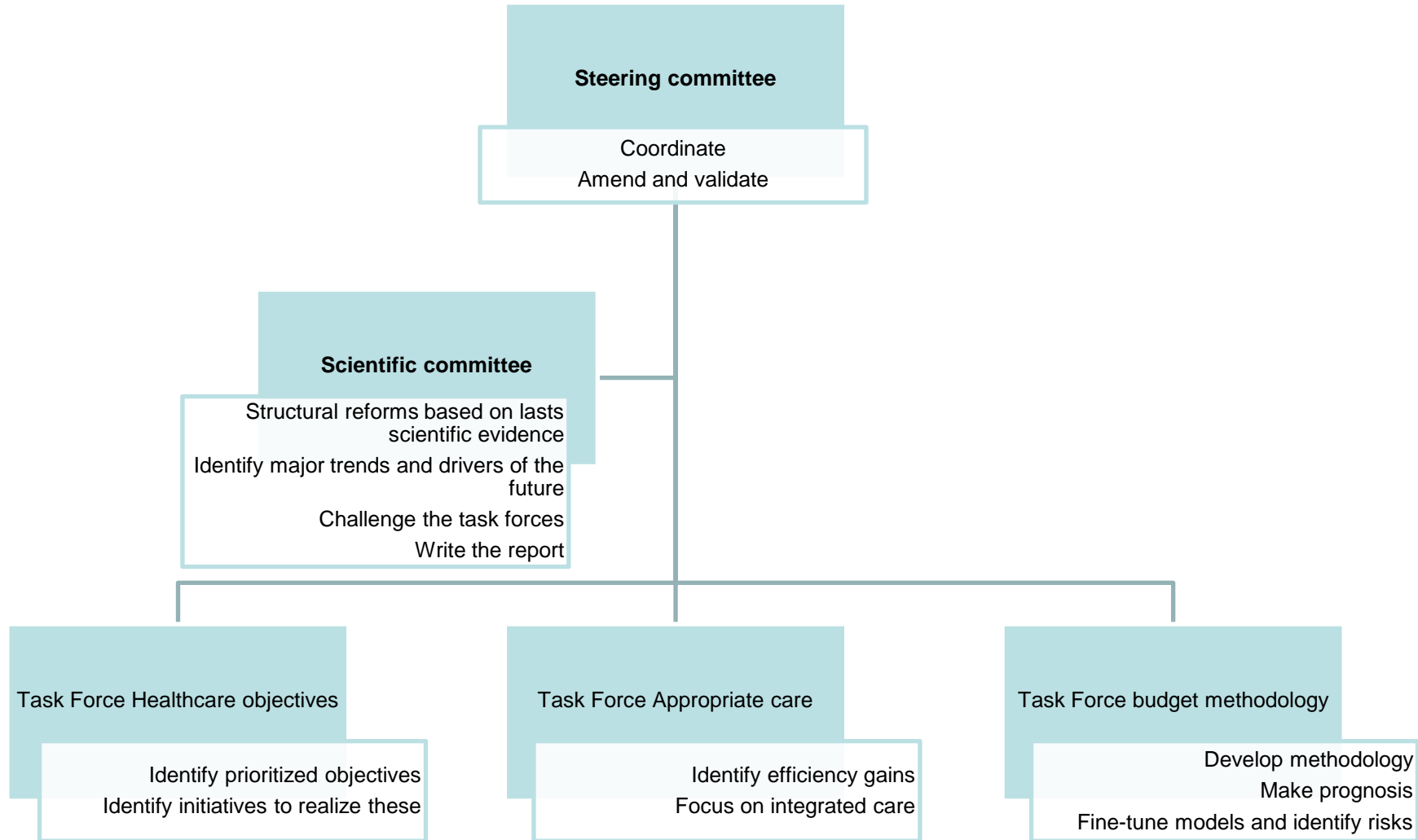
# 1. Change in the public sector: Get the heat just right to create momentum



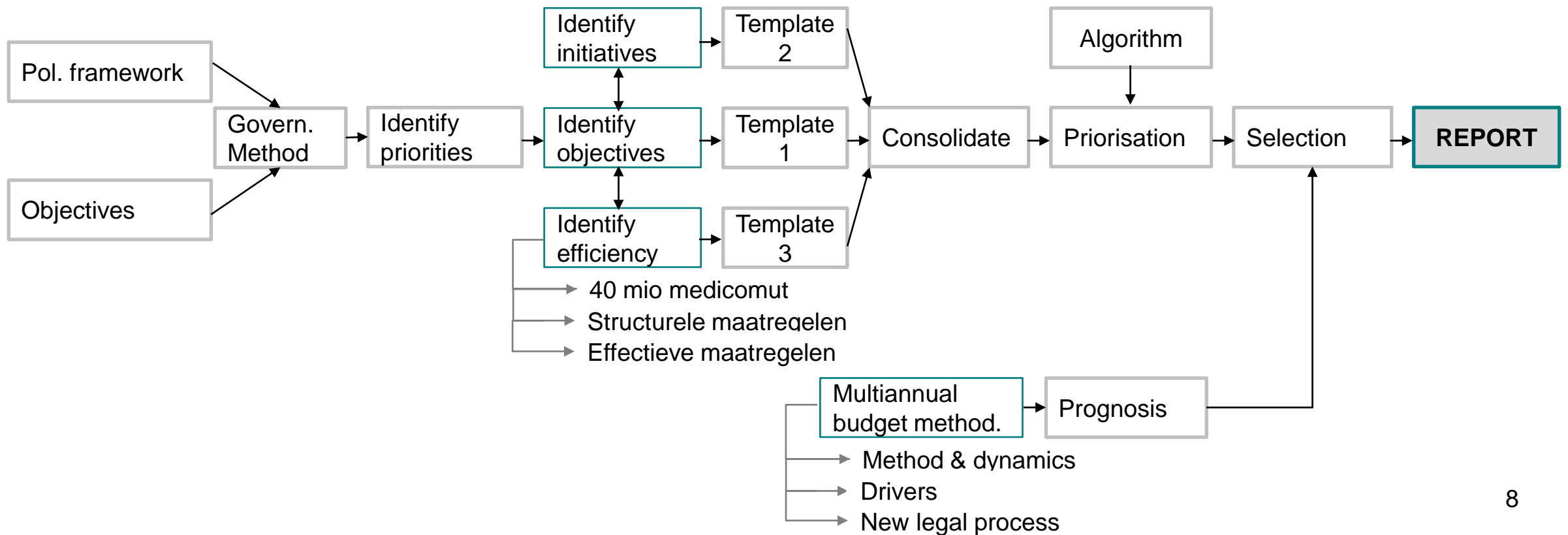
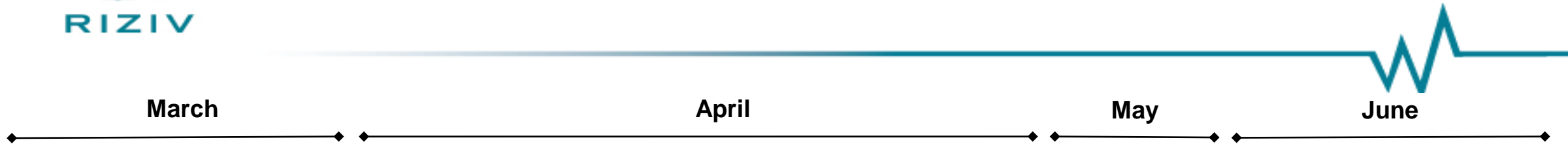
## 2. Set up the right governance and process: Strategic multiannual budget framework



# Governance

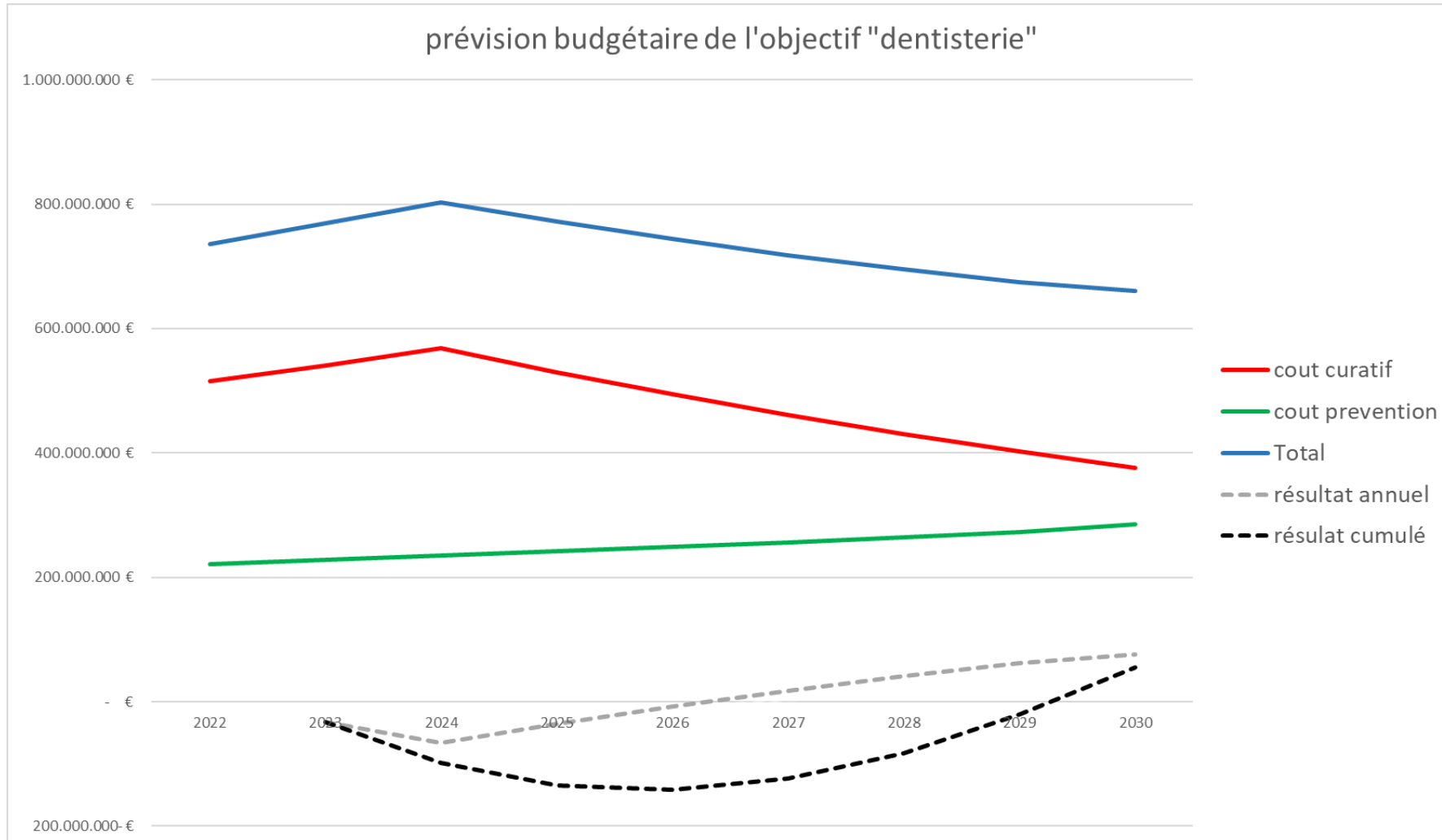


# Process





# Case study: optimizing dental care?



### 3. Develop the appropriate enablers: Case 1: The Health Data Hub/Authority

European Health Data Space - purposes of health data use

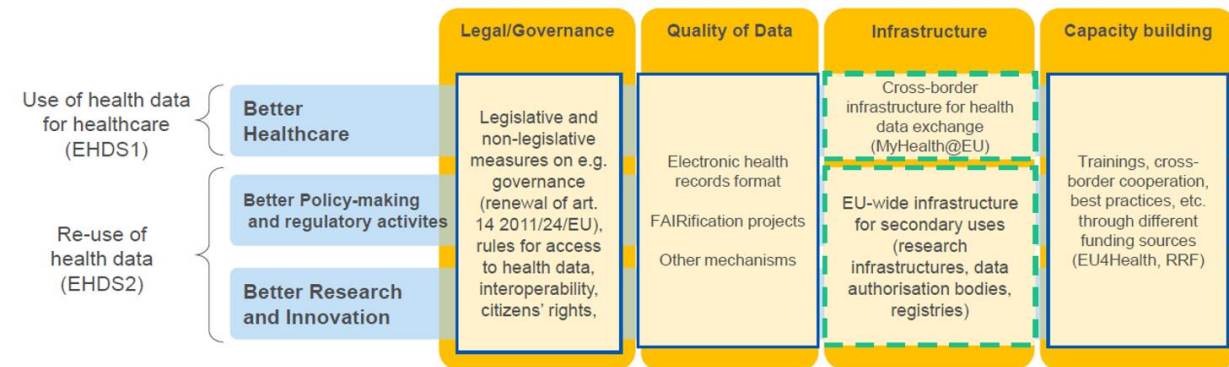
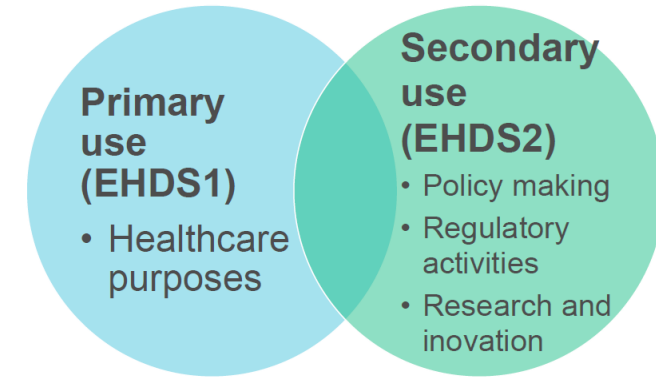
Use of health data for:

- Better healthcare
- Better policy making
- Better research and innovation

3 pillars of action:

- Data governance and rules
- Data quality and interoperability
- Infrastructure and technology

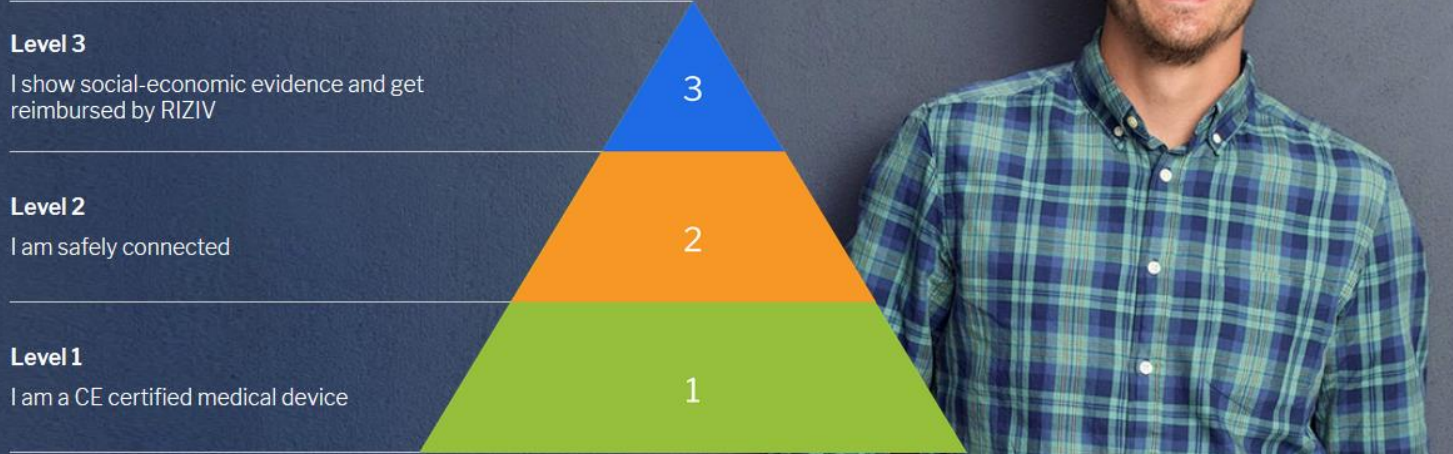
Need a central Health Data Authority to manage



### 3. Develop the appropriate enablers: Case 2: Mobile Health Applications



In 2018, the public authorities introduced the mHealth pyramid



Level	Description
Level 3	I show social-economic evidence and get reimbursed by RIZIV
Level 2	I am safely connected
Level 1	I am a CE certified medical device

### 3. Develop the appropriate enablers: Case 2: Mobile Health Applications



- The care pathway is identified and defined
  - There is an actual demand (patient, HC-provider)
  - There is an added value
- Bundled payment / reimbursement covers whole care pathway, no separate reimbursement of applications
- KCE study to be launched soon

## 4. Adjust incentives: Non invasive surgery in day hospital



The funding of in-patient stays penalises the transition from conventional care to innovations that shorten the in-patient stay (e.g. novel surgical approaches allowing substantially shortened in-patient stays for THP. Keeping the patient in hospital for less than 2 nights — although possible from a medical perspective — does not allow the hospital to justify the stay (based on the average LOS)). Innovative surgical approaches increasingly allow for one-day surgery and have been widely implemented throughout the surgical community. Hospitals that have not adopted these innovations and still perform techniques that require in-patient stays for the same indications are, however, not always disincentivised to do so.

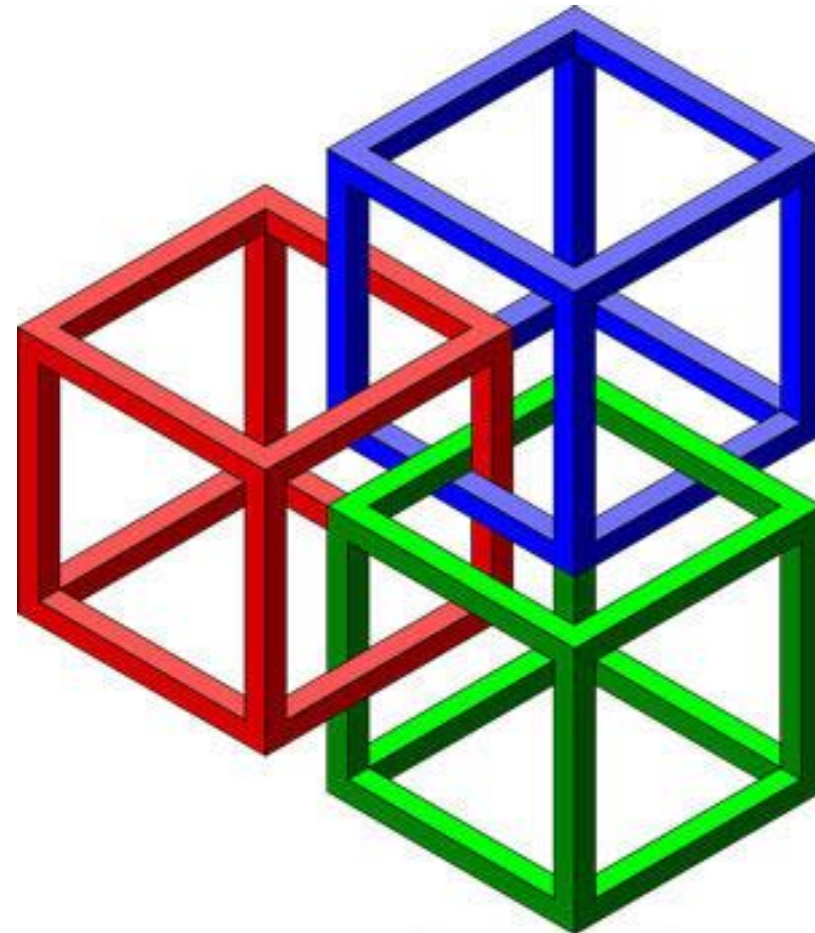
As a means to start recalibrating the funding system to be technology-favourable, we recommend reviewing specific features of the funding system for short outliers and updating the compulsory one-day surgery list. This should be done in collaboration with the scientific community and could be used as an inspiration for other, similar collaborative Initiatives.



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# Thank you

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