

# Towards a better funding of ID in Belgium

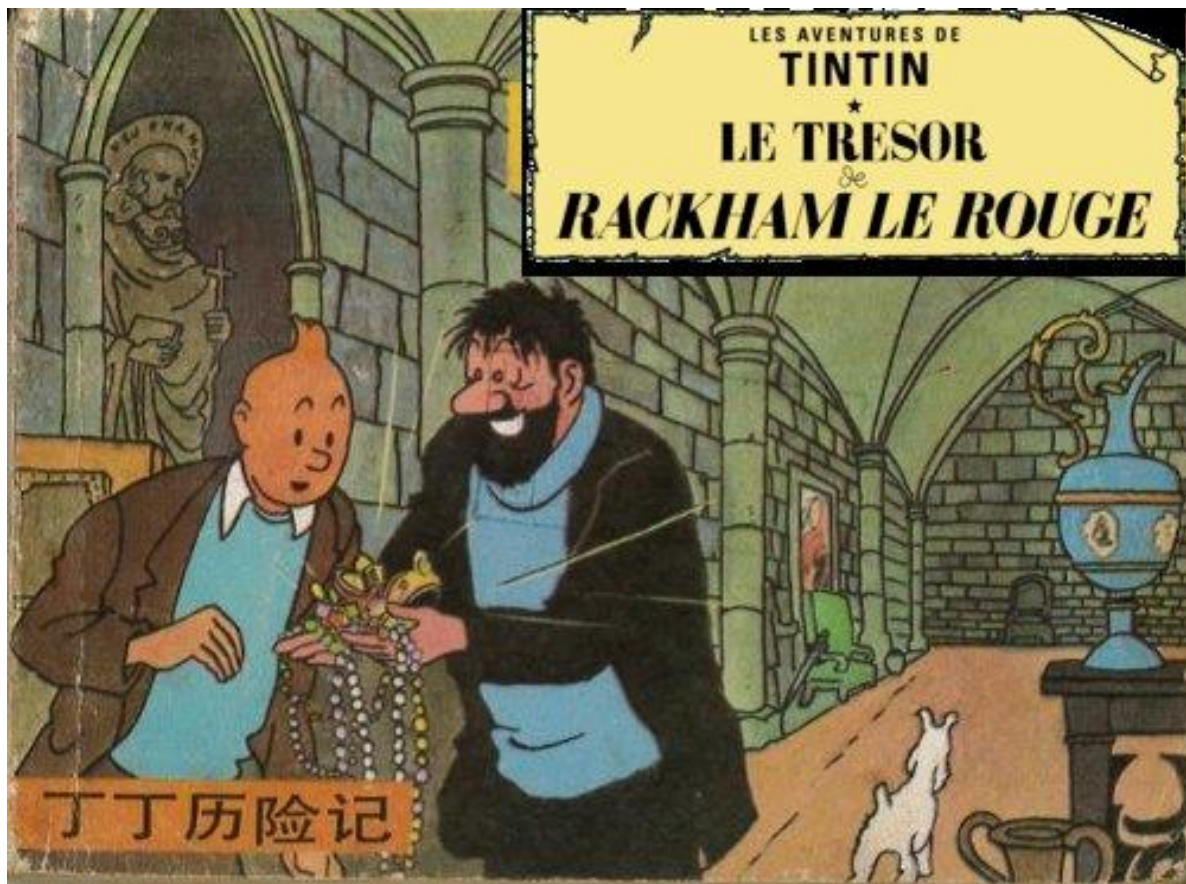
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# Disclosures

- › Travel grants from Gilead, Viiv
- › Speakers fee from Viiv, GSK, Janssen



# Why is there a need for better funding ID?

- › ID amongst the least remunerated medical specialties
- › No technical acts: punished in a fee-for-service system
- › Major ID activities on QoC: no systematic funding / not visible  
(no nomenclature code for preventing infections, conserving antibiotic use, preventing resistant pathogens..)
- › Cost-benefit
- › Less attractive

## Why Infectious Diseases

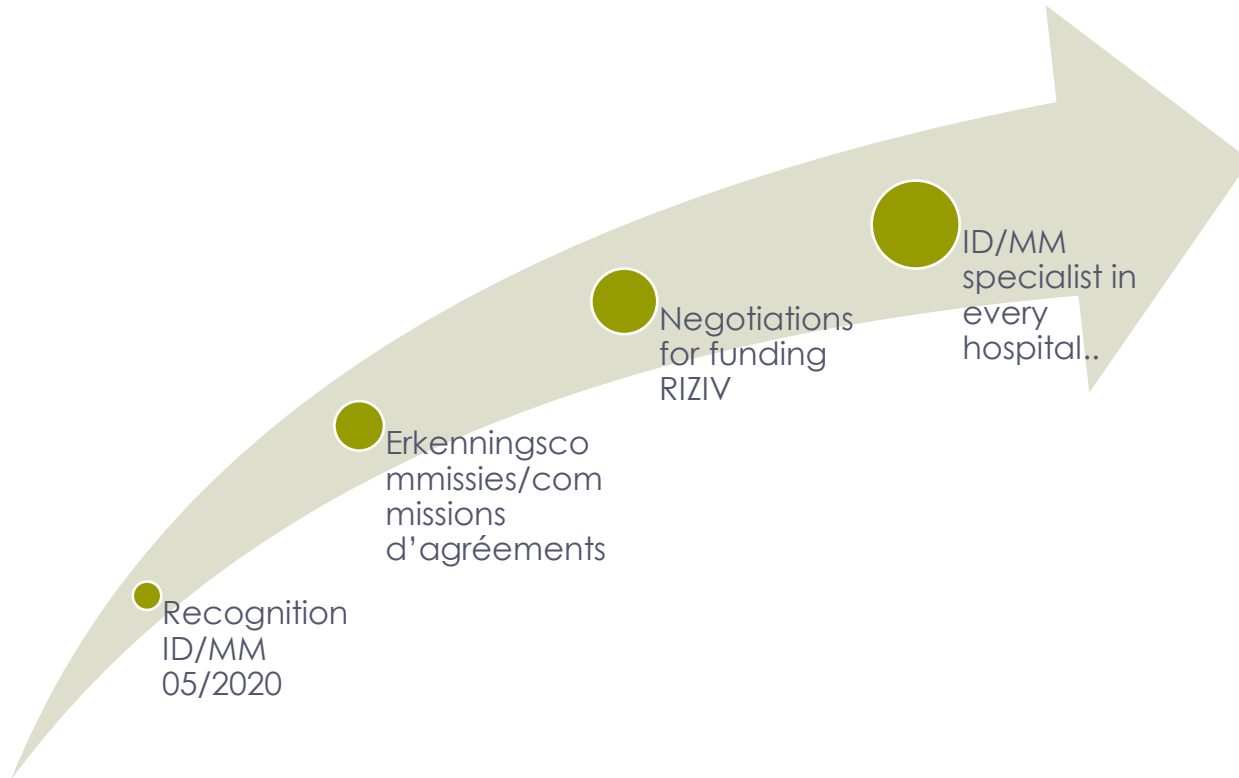
**John G. Bartlett**

Johns Hopkins University School of Medicine, Baltimore, Maryland

Infectious diseases is a broad discipline that is almost unique in contemporary medicine with its ability to cure and prevent disease, to identify specific disease causes (microbes), and to deal with diverse, sometimes massive outbreaks. The value of the infectious disease practitioner is now magnified by the crisis of antibiotic resistance, the expanding consequences of international travel, the introduction of completely new pathogen diagnostics, and healthcare reform with emphasis on infection prevention and cost in dollars and lives. Infectious disease careers have great personal rewards to the practitioner based on these observations. It is unfortunate that we have been so effective in our work, but relatively ineffective in convincing the healthcare system of this value.

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(?)

# Working Party BVIKM: funding ID in BE



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<b>Callens</b>	Steven
<b>De Munter</b>	Paul
<b>Delaere</b>	Bénédicte
<b>(Dewit)/ Martin</b>	(Stéphane)/ Charlotte
<b>Holemans</b>	Xavier
<b>Mathieu</b>	Delphine
<b>Lacor</b>	Patrick
<b>Messiaen</b>	Peter
<b>Meuris</b>	Christelle
<b>Sermijn</b>	Erica
<b>Terryn</b>	Wim
<b>Theunissen</b>	Caroline
<b>Vanden Driessche</b>	Koen
<b>Vanderlinden</b>	Dimitri
<b>Yombi</b>	Jean-Cyr

- Started 02/2021
- Main activities:
  - In-depth review of current situation in BE
    - Survey on ID activities
    - nomenclature
  - International context
  - Raising awareness with several instances
    - ABSYM/BVAS & GBS/VBS
    - UNESSA/Santhea/GIBBIS/Zorgnet-Icuro
    - Vl. Vereniging Hoofddartsen / AFMC
    - RIZIV/INAMI (CMT/TGR)
    - NOMEN 2.0
  - Propositions préliminaires CMT/TGR



# Current situation in BE: ID activities

- › 20-30% outpatient consultations, of which a part (10%?) by mail and/or telephone; 2-5% (?) of these consultations are first and/or complex consultations
- › 30-40% transversal consults hospitalized patients (with and without clinical examination), of which a part (20%?) by e-mail and/or telephone
- › 10-20% AMS: number very difficult to estimate
- › 10-20% institutional tasks
- › 10% multidisciplinary clinical activities : 50-150 MDCs per year

# Current situation in BE: nomenclature *(internal med)*

## Individual activities

policlinic:	
102550	raadpleging geaccrediteerd internist
102970	eerste raadpleging internist complex dossier
101135	telefonische raadpleging
Intra-hospital	
590973	spoedconsultatie interne op spoed
599082	consult aan bed internist

## Other structural funding:

- RIZIV convention HRC
- AMT teams in hospital
- IPC

## Project funding (temporary basis):

- OPAT/HAD
- HOST
- ...





# NOMEN 2.0

- › Structural reform of the nomenclature
- › The aim of the reform: a new logic and structure to the current medical nomenclature. Amongst the goals:
  - › correct unreasonable income differences between general practitioners and specialists and between specialists themselves
  - › update and adapt the nomenclature to the evolutions in medical activity and new models of care delivery (e.g. telemedicine, multidisciplinary care, etc.)
- › Phase 1: restructuring and adapting the description of the “prestations”: ULB, **UGent (consultations)** and Möbius
  - › Discussion with Sarah Raes - Lieven Annemans
  - › in the context of general internal medicine: no specific place for ID!
  - › Phase 2.1 (start 03/2022): per specialization 6 experts

# Preliminary proposal TGR 09/2021

## 3 domains:

1. Individual clinical activities
2. Multidisciplinary activities (endocarditis teams, OAI, OPAT, ..)
3. Institutional activities on QoC: AMT, outbreak management,..

## 1. Individual

- › Specific ID consultation code, cfr rheumato/endocrino (supplement?)
- › Easier access to 102970 code (complexity)
- › Easier access to 590973 (urgency)
- › Elevation of barriers to 599082
- › Creation of specific code for AMS consultation
- › Creation of specific code for “curbside” advice (telephone/mail)

# Preliminary proposal TGR 09/2021

## 2. Multidisciplinary activities

- › MDO/CMD code (first advice, follow-up, coordination, participation)
- › Lump sum for AMS activity (audits, specific patient selection, ..)
- › OPAT: work in progress

## 3. Institutional and QoC

- › Lump sum for 24/7 reachability
- › AMT: specific part for ID input: procedures, protocols, guidelines, ..
- › IPC: specific part for ID input: procedures, protocols, guidelines, ..

› Call for more funding through **bundled payment system**

# Follow-up

mail 28/01/2022:



Geachte dokter,

De tarieven van de raadplegingen, bezoeken en adviezen die op 01.02.2022 van toepassing worden, zijn beschikbaar op de website van het VBS.

[Klik hier om deze tarieven te raadplegen](#) (PDF)

Deze wijzigingen hebben in hoofdzaak betrekking op een aantal specifieke codes die worden toegevoegd voor diverse specialismen.

Overige wijzigingen zijn de invoering van raadplegingen nefrologie, pneumologische oncologie en gastro-enterologische oncologie, een toeslag voor oftalmologische raadplegingen voor kinderen van jonger dan 7 jaar en een toeslag voor een raadpleging bij een arts, houder van de bijzondere beroepstitel in de klinische infectiologie.

Een overzicht van deze wijzigingen vindt u terug in [e-specialist nr. 911: gewijzigde nomenclatuur raadplegingen vanaf 01.02.2022.](#)

Met vriendelijke groet,



Code N6 (106536)



Amount = **0,00 € ..**



# Follow-up

- › Lack of a proper representation towards higher bodies: proposal to create a Belgian professional union of ID specialists for lobby work: birth of the **BBKI/UBIC** as “union” for ID specialists (part of GBS/VBS)
  - › no competition with BVIKM: more scientific
  - › in close collaboration
- › Official bylaws to finalize before summer 2022

# Remaining obstacles

- › better representation: as r in BBKI/UBIC
- › Active participation in NO
- › Long winding labyrinth RIZ
- › Bundled payments implem
- › Fee-for-service -> pay-fo



# FYI: interesting literature

- › Bartlett JG. Why infectious diseases. *Clin Infect Dis*. 2014 Sep 15;**59 Suppl 2**:S85-92.
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- › Lemmen SW, Becker G, Frank U, Daschner FD. Influence of an infectious disease consulting service on quality and costs of antibiotic prescriptions in a university hospital. *Scand J Infect Dis*. 2001;**33**(3):219-21.
- › Nathwani D, Varghese D, Stephens J, Ansari W, Martin S, Charbonneau C. Value of hospital antimicrobial stewardship programs [ASPs]: a systematic review. *Antimicrob Resist Infect Control*. 2019;**8**:35.
- › Petersdorf RG. Whither infectious diseases? Memories, manpower, and money. *J Infect Dis*. 1986 Feb;**153**(2):189-95.
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A child with blonde hair, wearing a yellow jacket and dark boots, is sitting on the floor and playing with a colorful wooden activity table. The table is decorated with various sea creatures and has several colorful beads on top. A woman in a pink shirt is leaning over the table, looking at the child's play. The background shows a waiting area with a blue wall, a window, and a long grey bench. The wall is decorated with colorful illustrations of sea creatures like jellyfish, fish, and coral. The floor is made of light-colored wood.

**JESSA**  
ZIEKENHUIS

THANK YOU FOR THE ATTENTION — ANY QUESTIONS?