

## 1.1. Low-care dialysis (E-5)

### 1.1.1. Documentation sheet

<b>Description</b>	Proportion of low-care renal dialysis for general hospitals that have signed the agreement (% of dialysis)
<b>Calculation</b>	<p><b>Numerator:</b> ((number of self-care haemodialysis lump sums + number of overnight haemodialysis lump sums + number of home haemodialysis lump sums + number of self-care haemodialysis lump sums)/156) + (number of peritoneal dialysis lump sums/number of days in the year) + number of transplants during the calendar year covered by the annual report care lump sums/156) + (number of peritoneal dialysis lump sums/number of days in the year) + number of transplants during the calendar year to which the annual report relates/2 + number of transplants during the two previous calendar years</p> <p><b>Denominator:</b> (number of self-dialysis lump sums + number of night-time haemodialysis lump sums + number of home haemodialysis lump sums + number of self care)/156) + (number of peritoneal dialysis lump sums)/number of days in the year) + number of transplants during the calendar year to which the annual report relates/2 + number of transplants in the two previous calendar years + (lump sums for chronic haemodialysis in hospital/156)</p>
<b>Rationale</b>	General hospitals have been asked since 2018 to reach at least 40% of “low-care” dialysis <sup>1</sup>
<b>Data source</b>	INAMI – RIZIV
<b>Technical definitions</b>	Selection of the following INAMI – RIZIV billing codes (nomenclature) <sup>a</sup> : “low-care”: home dialysis (767734), collective self-dialysis centre (767756, 767782, 767804), ambulatory peritoneal dialysis centre (767815, 767826, 767830, 767841), self-care (767955, 767966) “high-care”: chronic haemodialysis centre (767594, 767616, 767664, 767701), paediatric chronic haemodialysis centre (767631, 767686, 767723)
<b>International comparability</b>	None
<b>Limitations</b>	Administrative data; dialysis that could not be identified as taking place in a general hospital were excluded. Concerns only the part of the population covered by the compulsory health insurance ( <i>assurance soins de santé obligatoire – verplichte ziekteverzekering</i> , see A-1).
<b>Dimension</b>	Efficiency
<b>Related indicators</b>	N/A
<b>Reviewers</b>	Benjamin Swine (INAMI – RIZIV), Karl Martin Wissing (UZ Brussel)

<sup>a</sup> Only lump sums have been accounted; medical fees (with the following billing codes: 470315, 470326, 470330, 470341, 470352, 470875, 470912, 470934, 470945, 470293, 470304, 470890, 470901) have not been taken into account to avoid double counting.

### 1.1.2. Results

Since 1 August 2016, there has been a new convention between INAMI – RIZIV and general hospitals with dialysis centres. Hospitals have been asked to have at least 40% of their dialyses in a “low-care” setting: home dialysis, collective self-dialysis (in a centre), ambulatory peritoneal dialysis or (since 1 January 2018) self-dialysis (see the calculation in the document sheet). If the hospital does not reach the threshold, this has financial

consequences (since 2018). Patients never pay anything unless they damage equipment due to negligence. Table 1 show the results over time (2017-2021<sup>b</sup>) for Belgium and by region, as well as by type of hospital. A great majority of general hospital manage to reach the threshold in 2021 (48 out 52). Evolution by region is also shown on Figure 1.

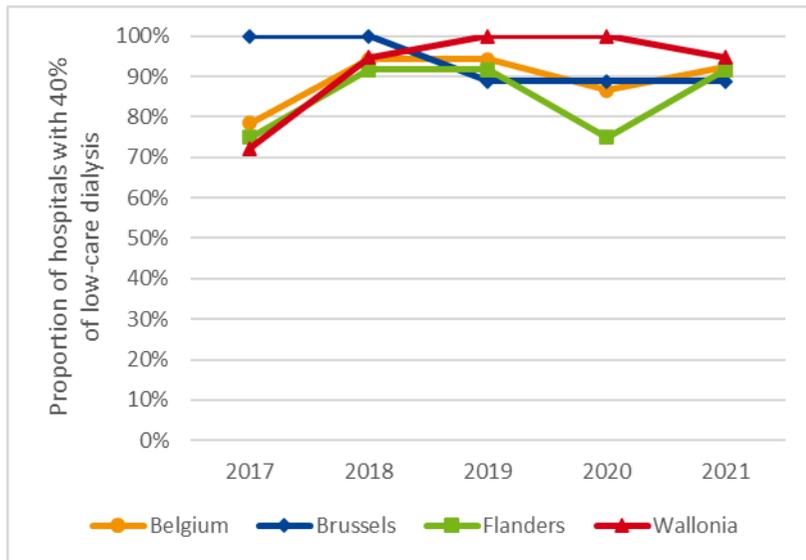
**Table 1 – Proportion of general hospitals that have signed the agreement with at least 40% of low-care dialysis**

Hospitals with at least 40% of low care dialysis	2017			2018			2019			2020			2021		
	total	n	%												
Belgium	51	40	78.4%	52	49	94.2%	52	49	94.2%	52	45	86.5%	52	48	92.3%
<b>Region</b>															
Brussels	9	9	100.0%	9	9	100.0%	9	8	88.9%	9	8	88.9%	9	8	88.9%
Flanders	24	18	75.0%	24	22	91.7%	24	22	91.7%	24	18	75.0%	24	22	91.7%
Wallonia	18	13	72.2%	19	18	94.7%	19	19	100.0%	19	19	100.0%	19	18	94.7%
<b>Hospital type</b>															
Academic hospitals	7	7	100.0%	7	7	100.0%	7	7	100.0%	7	6	85.7%	7	7	100.0%
Non-academic general hospitals with academic character	11	9	81.8%	12	12	100.0%	12	12	100.0%	12	11	91.7%	12	10	83.3%
General hospital	33	24	72.7%	33	30	90.9%	32	20	62.5%	33	28	84.8%	33	31	93.9%

Source: INAMI – RIZIV

<sup>b</sup> Since 2016 was not a complete year with the new agreement, the period studied start on 1 January 2017.

**Figure 1 – Proportion of hospitals having signed the agreement with at least 40% of low-care dialysis**

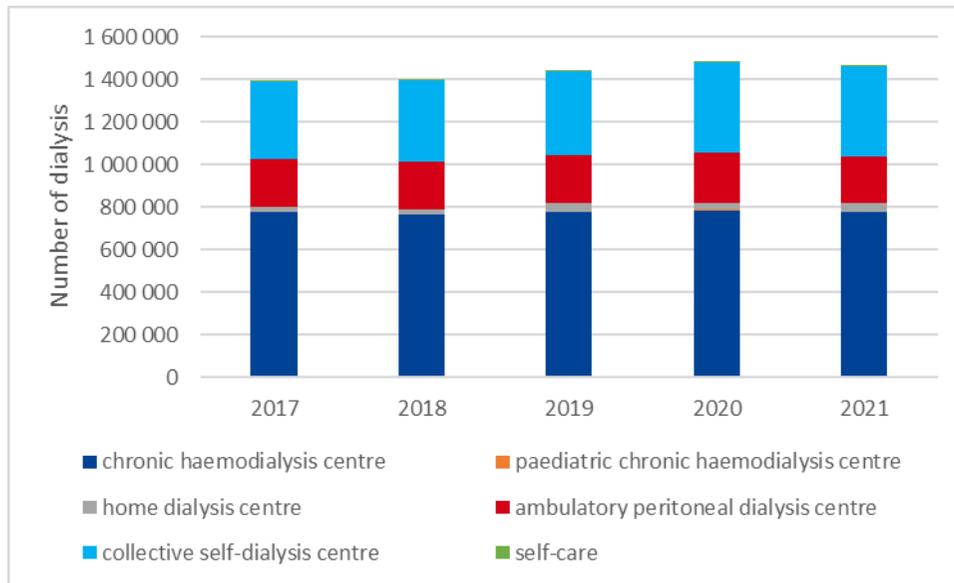


Source: INAMI – RIZIV

When looking at raw figures (Figure 2), high-care dialysis (chronic haemodialysis + paediatric chronic haemodialysis) is still quite important compared to low-care dialysis (home dialysis, collective self-dialysis, ambulatory peritoneal dialysis and self-dialysis). Except for a rise for collective dialyses in centre (+16.6% between 2017 and 2021), the situation

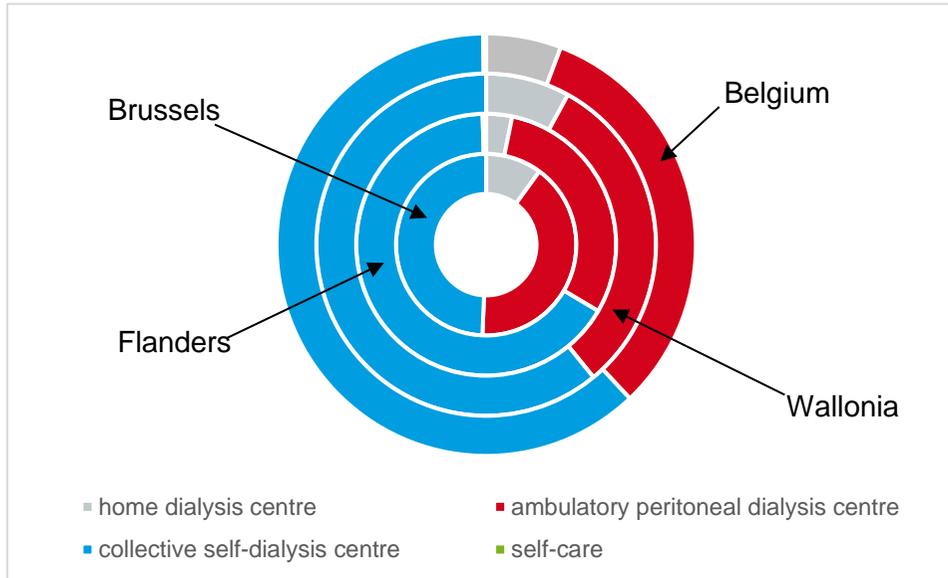
is quite stable over time. When looking at the regional level (Figure 3 shows data from 2021), Flanders has been favouring collective self-dialyses in centre while Brussels and Wallonia have more home dialyses and ambulatory peritoneal dialyses in centre.

**Figure 2 – Dialysis in Belgium by type (2017-2021)**



Source: INAMI – RIZIV

**Figure 3 – Low-care dialysis per region (proportion of number of dialysis, 2021)**



Source: INAMI – RIZIV

### Impact of COVID-19 pandemic

Unknown (less hospitals in Flanders reached the 40% threshold in 2020, then back to the previous situation in 2021).

### Key points

- Since 2018, hospitals who have signed the agreement on the financing of dialysis are requested to reach a rate of at least 40% of low-care dialysis (INAMI – RIZIV agreement).
- This rate is reached at the Belgian level and at the regional level, but not all individual hospitals manage to reach it. In 2021, among

the 52 hospitals in the agreement, 48 have reached the required rate (8 out of 9 in Brussels, 22 out of 24 in Flanders and 18 out of 19 in Wallonia).

- The situation remains stable in terms of treatment modalities; in addition, the number of dialysis treatments remains stable over the last 5 year.

### References

1. INAMI-RIZIV, agreement on the financing of dialysis, [http://www.inami.fgov.be/SiteCollectionDocuments/convention\\_financement\\_dialyse.docx](http://www.inami.fgov.be/SiteCollectionDocuments/convention_financement_dialyse.docx)