



3.5 People-centred care

The term "people-centred" was initially introduced in the early 1960s by Carl Rogers, but at present, there is no universally agreed-upon definition for this concept.³⁷ The Health Foundation has defined a people-centred healthcare system as one that empowers individuals to make informed decisions regarding their health and care, enabling them to successfully manage their well-being. This approach allows individuals to make informed choices and decide when to seek assistance from others. Achieving this necessitates collaborative efforts within healthcare services to provide care tailored to individuals' unique abilities, preferences, lifestyles, and goals.³⁸ People-centred care is widely recognised as a critical component of healthcare quality and, consequently, a determinant of healthcare system performance. The assessment of people-centredness typically revolves around acknowledging patients' needs, desires, and preferences, evaluating the quality of provider-patient communication, and involving patients and caregivers in the decision-making process. A people-centred approach enhances the overall patient experience and addresses issues associated with fragmented care, including conflicting medical advice, excessive medication prescriptions, unnecessary hospitalisations, and unresponsiveness.³⁹

The indicators relating to people-centred care were thoroughly revised when the new conceptual framework was drawn up.¹⁰ We present here the results of the seven indicators that were retained following this process. This includes six indicators of people-centred care in ambulatory care and one indicator related to hospital care. This corresponds to the same number of people-centred care indicators as in the last Belgian HSPA report.¹⁰ However, only one indicator was already included in the last HSPA report; all the others are new indicators.

For ambulatory care, one indicator from the HIS 2018 was included, i.e. physicians spending enough time with patients during the consultation and five indicators from the Belgian pilot study of the International Survey of People Living with Chronic Conditions (PaRIS) (see Box 9). Note that these six indicators will be updated on the website when new data from the

comprehensive PaRIS study and from the next HIS survey become available.

A new indicator related to the patient experience in an inpatient setting was also added in this report, i.e. average percentage of positive patient-reported experience in maternity, C/D bed or day care. Indeed, patient satisfaction is increasingly taken into account in the financing of care in Belgium, in particular through the integration of patient-reported experience measures (PREMs) in the Pay for Performance (P4P) programme of hospitals (see Box 10).

Box 9 – The Patient-Reported Indicator Survey (PaRIS)

PaRIS is an international project initiated by the OECD to develop, standardise and implement new indicators that measure the outcomes and experiences of healthcare. **The International Survey of People Living with Chronic Conditions** is the first to assess the outcomes and experiences of patients managed in primary care across countries. The PaRIS survey aims to fill a critical gap in primary healthcare, by asking about aspects like access to healthcare and waiting times, as well as quality of life, pain, physical functioning and psychological well-being.^{40, 41} In Belgium, PaRIS is managed by Sciensano. The Belgian pilot Survey of People Living with Chronic Conditions has been implemented during the summer 2021 (patients) and autumn 2021 (general practitioners). In the pilot survey, the inclusion criteria were for patients to be older than 45 years and have consulted a GP in the last 6 months. It means that people without chronic diseases were still included in PaRIS. The survey was rolled out at the national level in early 2023. The inclusion criteria of the main survey were similar to those of the pilot survey.



Box 10 – The P4P programme

The P4P programme (since 2018): All general hospitals can participate voluntarily in a P4P programme granting them a specific budget based on the quality of their care.

Quality is assessed by the authorities based on indicators regarding their structure, process and results (accreditation process, incidents notification, patient experience measurement, clinical processes and outcomes). In 2017–2018, 94% of hospitals participating in the P4P programme (96 out of 102) collected PREMs.²¹ Concerning patient-reported outcome measures (PROMs), this has not been systematically established.

The set of indicators should evolve in 2024. A P4P working group is currently running within the Federale raad voor ziekenhuisvoorzieningen / Conseil fédéral des Etablissements hospitaliers.

The P4P granting still represents a tiny share of the hospital's budget.

Patient experiences with ambulatory care

The overall patient experience with ambulatory care was quite positive, based on the indicators extracted from the HIS 2018 and PaRIS 2021 (Table 6).

Specifically, when considering factors such as the time spent during consultations with specialists or generalists, involvement in care decisions, discussions about key health management points with physicians, and satisfaction with the most recent consultation, Belgium stood out with exceptionally high ratings, ranging from 96.6% to 98.4% positive experiences. It is worth noting that Belgium's performance in these areas surpassed that of other European countries within the EU-14 or EU-27 (Table 6). Importantly, there were minimal variations in these indicators across different regions, age groups, income levels (see also section 7.1), or areas.

On the other hand, we observed less favourable outcomes in two specific areas: the presence of a care plan that takes patients' needs into account and the quality of the information received to help the patient at least take charge of his or her health and well-being. Flanders reported notably lower scores for the presence of a personalised care plan, while patients in lower income categories were more likely to report having a care plan (see section 7.1) Additionally, it is worth mentioning that men tended to report receiving consistently useful information more often than women. Furthermore, patients in higher income categories were also the most likely to report always having the information they need (see section 7.1).

However, it is essential to bear in mind that these findings are mainly based on the pilot PaRIS study. We should await the results of the comprehensive study to validate these observations thoroughly.

Patient experience in inpatient setting

In Belgian hospitals, the overall patient experience was predominantly positive, with 91.5% reporting a positive score in 2022 (Table 6). It is noteworthy that maternity wards consistently received the highest ratings, with a remarkable 97.7% positive feedback, while C/D beds followed closely at 96.2%. In contrast, the experience tended to be slightly lower in day care settings, where 80.6% of patients reported positive experiences. When examining the evolution of patient-reported experiences over time, as documented in P4P data, we observed a consistent, although modest, positive trend that endured across the years. However, it is important to acknowledge that there is some variability in the results when considering the various elements included in the assessment.



Conclusion

In 2018, Belgian physicians in ambulatory care appeared to align well with patient expectations regarding several aspects, including the amount of time dedicated to patient consultations, active involvement in care decisions, discussions about key health management points, and patient satisfaction with their most recent consultation. However, it is important to note that the reliability of the indicator measuring the experience with time spent by the doctor is compromised by the inherent limitations of the HIS 2018. These limitations encompass factors such as the reliance on self-reported information, potential influences of patients' educational and income levels, and their individual experiences with health conditions. The remaining indicators are primarily constrained by the source of data, which originates from the pilot PaRIS study and involves a relatively small sample size of only 511 patients. Therefore, it is essential to exercise caution when interpreting the results presented above, as they may not be readily extrapolated to the entire Belgian population.

Regarding the indicator related to the patient experience in hospitals, there appeared to be a generally positive experience, particularly within maternity wards. However, assessing trends over time presents challenges due to variations in the indicators and their measurement methods from year to year. Additionally, every hospital is mandated to gather a minimum number of questionnaires to qualify for participation in the P4P program. It is worth noting that certain hospitals, unable to meet the minimum questionnaire requirement, chose not to submit any information at all.



Table 6 – Quality: Indicators of people-centred care

(ID) Indicator	Score	Belgium	Year	Flanders	Wallonia	Brussels	Source	EU-14	EU-27
QP-1 Patients reporting that physicians (GP/SP) spend enough time with them during the consultation (% of respondents)*	●	97.5	2018	97.8	97.2	95.9	HIS; OECD	87.3	85.6
QP-8 NEW Patients involved as much as they want to be in decisions about their care (% of respondents)**	●	98.4	2021	98.2	99.0	97.1	PaRIS		
QP-9 NEW Patients discussing with the healthcare professionals involved in their care what is most important for them in managing their own health and wellbeing (% of respondents)**	●	97.9	2021	97.8	98.0	97.1	PaRIS		
QP-10 NEW Patients rating last consultation with healthcare professional (physician, nurse...) as good to excellent (% of respondents)**	●	96.6	2021	97.0	95.9	97.8	PaRIS		
QP-11 NEW Patients reporting they have a care plan that takes into account all their health and wellbeing needs (% of respondents)**	●	33.9	2021	18.3	54.0	40.0	PaRIS		
QP-12 NEW Patients reporting they receive useful information at the time they need it to help them manage their health and wellbeing (% of respondents)**	●	46.0	2021	47.2	42.2	58.8	PaRIS		
QP-13 NEW Average percentage of positive patient-reported experience in maternity, C/D bed or daycare (PREMs)	●	91.5	2022	92.0	92.1	86.7	SPF-FOD (P4P)		

*This indicator will be updated on the website (<https://www.healthybelgium.be/>) when the next HIS study become available **this indicator will be updated on the website (<https://www.healthybelgium.be/>) when the comprehensive PaRIS study becomes available.

Good (●), average (●) or poor (●) results, globally stable (ST), improving (+) or trend not evaluated (empty).

For contextual indicators (no evaluation): upwards trend (↗), stable trend (→), downwards trend (↘), no trend (C).