



3. PROPORTION OF LOW-CARE RENAL DIALYSIS (%) (E-5)

3.1. Documentation sheet

Description	Proportion of low-care renal dialysis for general hospitals
Calculation	<p>Numerator: (autodialysis lump sums + nocturnal haemodialysis lump sums + home haemodialysis lump sums + self-care haemodialysis lump sums)/156 + peritoneal lump sums/days in the current year + kidney transplant for the current year/2 + kidney transplant for the year before + kidney transplant for the penultimate year</p> <p>Denominator: (autodialysis lump sums + night haemodialysis lump sums + home haemodialysis lump sums + self-care haemodialysis lump sums)/156 + peritoneal lump sums/days in the current year + kidney transplant for the current year/2 + kidney transplant for the year before + kidney transplant for the penultimate year + haemodialysis lump sums at the hospital site/156</p>
Rationale	Haemodialysis in hospital setting is expensive (“high-care dialysis”), while alternatives such as haemodialysis in a satellite centre or at home, nocturnal or peritoneal dialysis are less costly (“low-care dialysis”). Since most patients can be treated with low-care dialysis at least initially, general hospitals have been asked since 2018 to reach at least 40% of “low-care” dialysis (dialysis financing agreement [1]). Low-care dialysis, for the eligible patients, also allows for a more flexible schedule than in a high-care setting.
Data source	RIZIV – INAMI data from the dialysis financing agreement IMA – AIM databases
Technical definitions	<p>Selection of the following RIZIV – INAMI billing codes (nomenclature):</p> <ul style="list-style-type: none">- autodialysis lump sums: 767756, 767782, 767804- night haemodialysis lump sums: 767616- home haemodialysis lump sums: 767734- self-care haemodialysis lump sums: 767955, 767966- peritoneal lump sums : 767815, 767826, 767830, 767841- haemodialysis lump sums at the hospital site: 767594, 767631, 767664, 767686, 767701, 767723- kidney transplant: 318010, 318021
Limitations	Administrative data; analysis limited to the hospitals having signed the agreement over dialysis (n=52).
International comparability	None
Dimension	Efficiency, patient-oriented care
Related indicators	performance -
Keywords	Renal dialysis

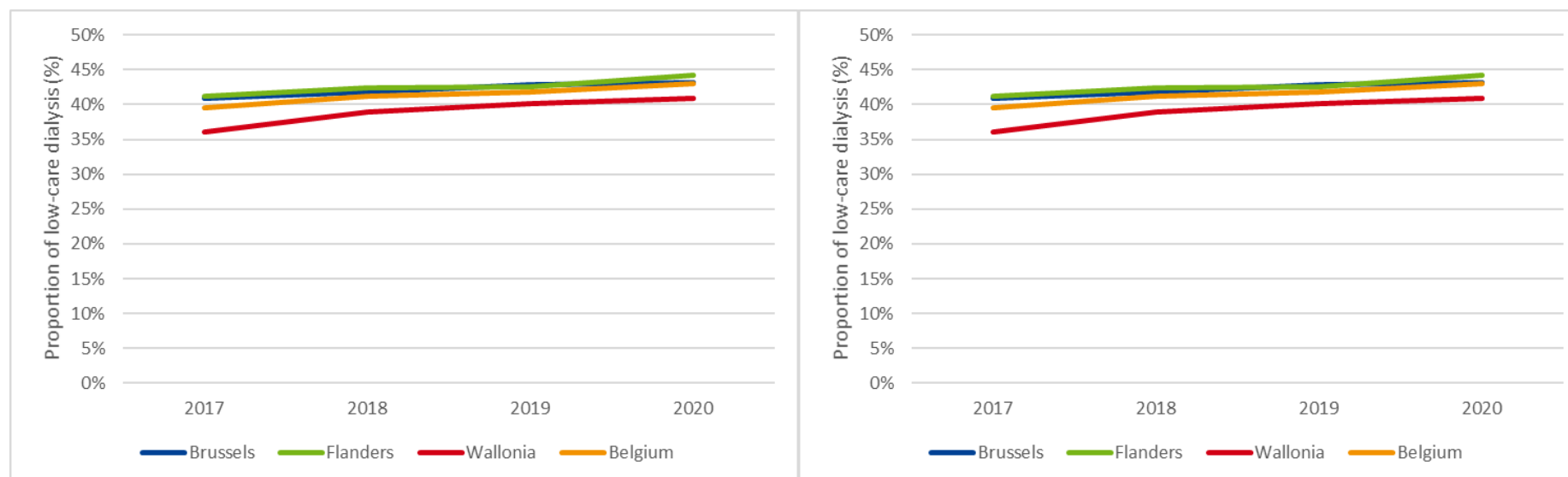


3.2. Results

Acute hospitals having signed the dialysis financing agreement (n=52) have a target of 40% low-care dialysis, effective in 2018. The period studied (2017-2020) includes the year before as point of comparison. Results show that as whole (when calculating the proportion for all services in all hospitals in the

agreement), Belgium reached the target in 2018, Brussels and Flanders had already a proportion above 40% in 2017, and Wallonia reached the target in 2019 (Figure 5, left); the most recent figures (2020) shows Belgium reaching 43% and the regions ranging from 44.3% for Flanders to 41.0% for Wallonia, while Brussels is in between with 43.2% (Table 1).

Figure 5 – Proportion of low-care dialysis by region and by hospitals in a region per year



Source : RIZIV – INAMI

**Table 1 – Proportion of low-care dialysis per region**

Region	2017	2018	2019	2020
Brussels	40.9%	41.8%	42.8%	43.2%
Flanders	41.2%	42.5%	42.5%	44.3%
Wallonia	36.0%	38.9%	40.1%	41.0%
Belgium	39.5%	41.2%	41.8%	43.0%

Source : RIZIV – INAMI

At the hospital level, there were 52 hospitals performing dialysis between 2017 and 2020, most of them (37) having a least 40% of low-care dialysis each year over the period (Figure 6).

Table 2 shows the analysis by hospital with a calculation of the proportion of hospitals having reached the target of 40% of low-care dialysis for Belgium, by region and by type hospital. In 2020, the proportion of hospital reaching the target in 86.5%; for the regions, it is 88.9% in Brussels, 75.0% in Flanders and 100.0% in Wallonia. The evolution is shown in Figure 1 (right): after a rise from 2017 to 2019, the proportions falls in 2020, this might be due to stress on the healthcare system due to Covid-19 (figures from the coming 2-3 will confirm or deny this hypothesis). When looking at the type of hospital in 2020, 85.7% of the academic hospitals had reached the target while the proportion reaches 91.7% for the non-academic general hospitals with academic character and the general hospital reaching 84.8%.

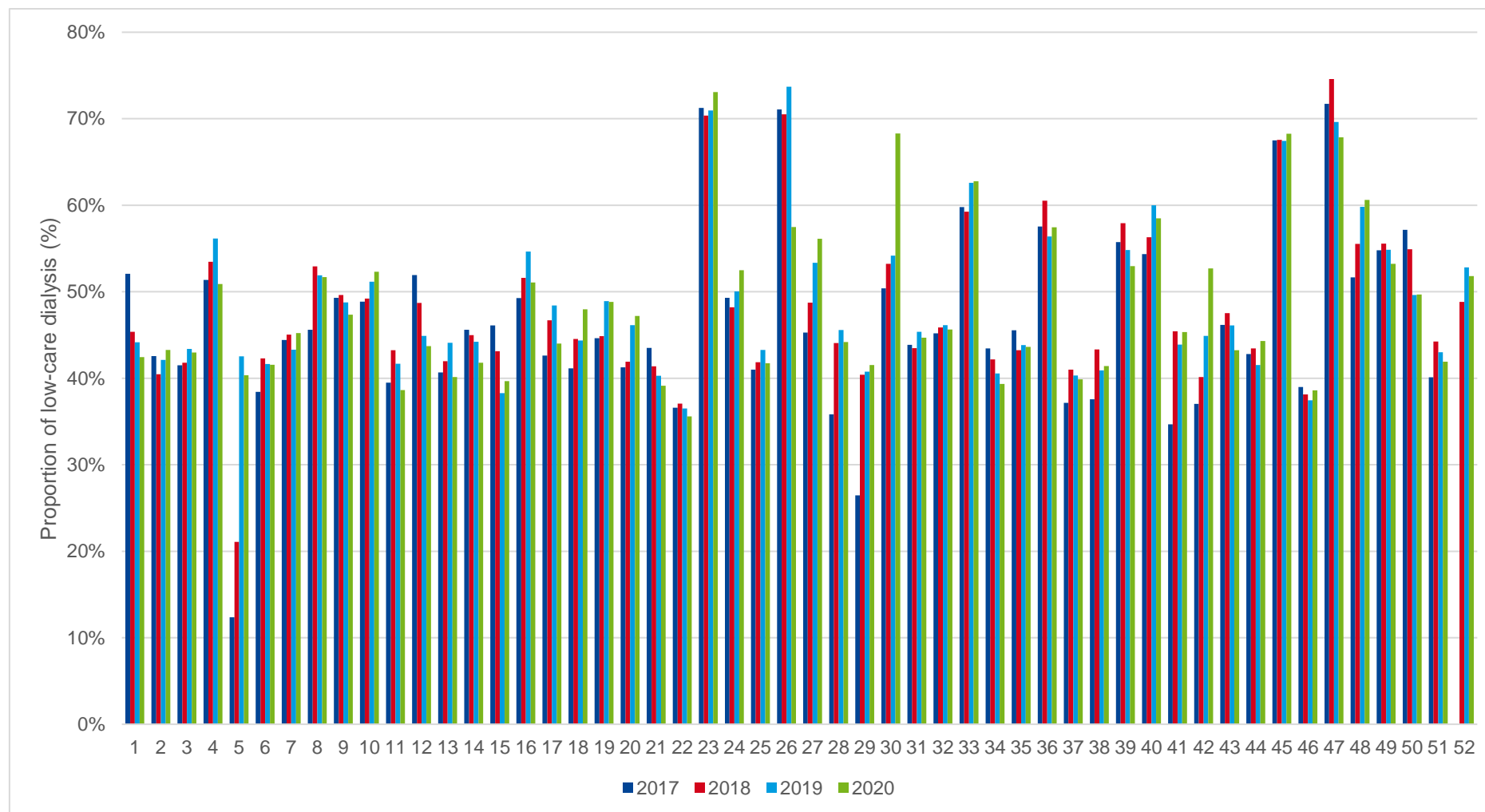
Table 2 – Proportion of hospitals with 40% of low-care dialyses, by hospital type

Hospitals with at least 40% of low care dialysis	2017			2018			2019			2020		
	total	n	%	total	n	%	total	n	%	total	n	%
Belgium	51	40	78.4%	52	49	94.2%	52	49	94.2%	52	45	86.5%
Region												
Brussels	9	9	100.0%	9	9	100.0%	9	8	88.9%	9	8	88.9%
Flanders	24	18	75.0%	24	22	91.7%	22	2	9.1%	24	18	75.0%
Wallonia	18	13	72.2%	19	18	94.7%	19	19	100.0%	19	19	100.0%
Hospital type												
Academic hospitals	7	7	100.0%	7	7	100.0%	7	7	100.0%	7	6	85.7%
Non-academic general hospitals with academic character	11	9	81.8%	12	12	100.0%	12	12	100.0%	12	11	91.7%
General hospital	33	24	72.7%	33	30	90.9%	33	30	90.9%	33	28	84.8%

Source: RIZIV – INAMI



Figure 6 – Proportion of low-care dialyses per hospital (n=52) per year (2017-2020)



Source: RIZIV – INAMI



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 (RIZIV – INAMI convention);
- - This rate is reached at the Belgian level and at the regional level, but not all hospitals manage to reach it individually. In 2020, among the 52 hospitals in the agreement, 45 have reached the required rate (8 out of 9 in Brussels, 18 out of 24 in Flanders and 19 out of 19 in Wallonia) vs 7 that have not (1 in Brussels,

6 in Flanders and 0 in Wallonia); by type of hospital, the results for 2020 are 28 general hospitals (out of 33), 11 Non-academic general hospitals with academic character (out of 12) and 6 academic hospitals (out of 7)

References

- [1] RIZIV – INAMI, agreement on the financing of dialysis, http://www.inami.fgov.be/SiteCollectionDocuments/convention_financement_dialyse.docx