



IMA - ATLAS

SOCIO-ECONOMIC, HEALTH, HEALTH CARE, AND HEALTH INSURANCE INDICATORS PUBLICATION

THE BELGIUM HEALTH CARE SYSTEM

High coverage of the Belgian population (→ 99%)
Management by a federal administration (INAMI-RIZIV) and 7 health insurance funds

IMA INTERMUTUALISTIC AGENCY

The biggest provider of databases for health politic in Belgium
Data from 2002 to 2013, 10 years of follow-up !

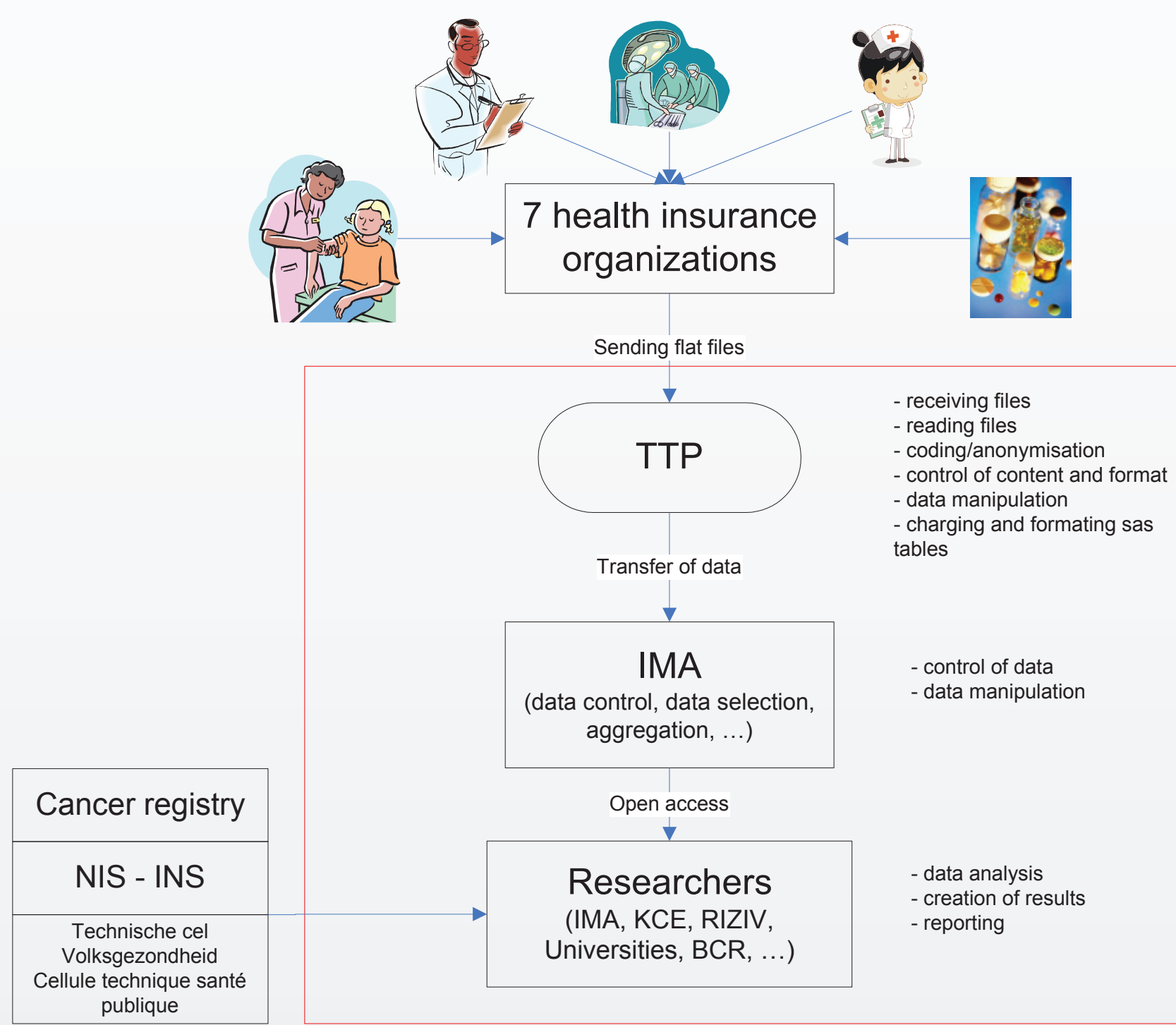
Since 2002, nonprofit organisation, from the 7 health insurance funds
Provide databases, make analyses and studies
To support the role of health insurance
To improve the performance of health care and health insurance in Belgium

Databases sources : reimbursements by health insurance funds
Data : One specific code for the reimbursement of each procedure, each act, each medication
Individual data, monitoring over time !
Socio-demographic : age, gender, zip code, socio-economic status, household...
Care reimbursed consumption : which act, who prescribes, who acts, who delivers, hospital, ambulatory, laboratory.
Medication reimbursed consumption : in hospital and ambulatory
Cost : reimbursed share, out-of-pocket share, supplement share...

PARTNERS

The 7 health insurance funds

The governmental partners :
RIZIV – INAMI : National Institute for Health and Disability Insurance
KCE : Belgian Health Care Knowledge Centre
PLAN bureau – Bureau du PLAN : the Federal Bureau of Planning
FOD – SPF : Federal Administrations
WIV – ISP : National Health Institute
The communities, regions and local authorities
Cancer Register Foundation
Universities, research groups ... (need Legal cover to respect Privacy-Security)
Also available to the general public



IMA-ATLAS

Provide quality indicators for health politic, “easy use”, annual update

New project (2011), under development
A window for IMA databases

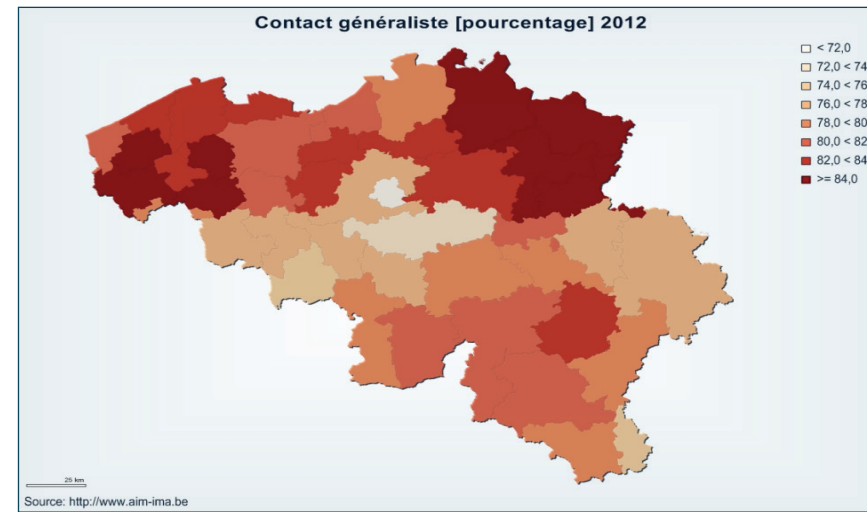
Provide Indicators

Demography and Socio-economic
Prevention
Health status
Health care consumption
Health care accessibility
Health care organization

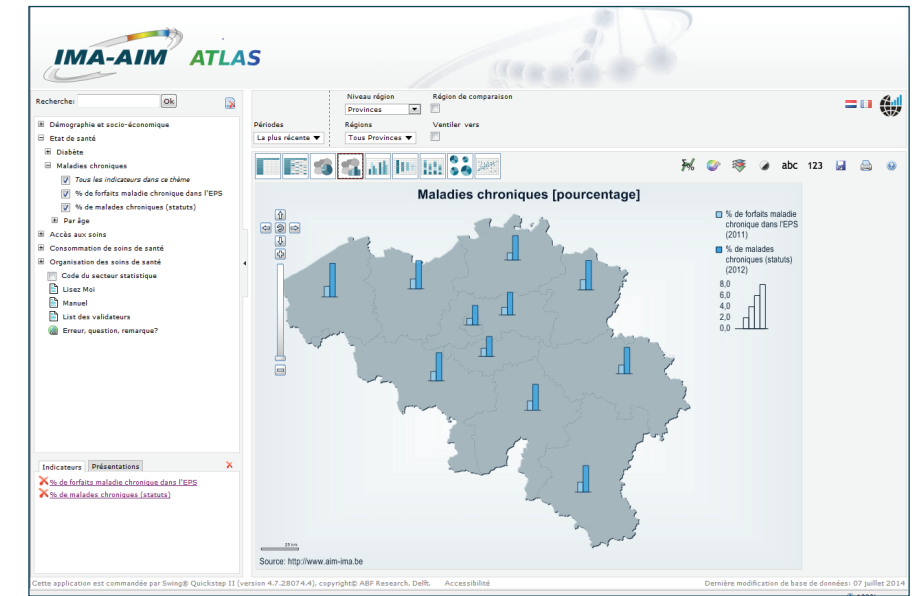
Indicators are available at different geographical levels :

national, regions, provinces, but also detailed district or neighborhood level data
Annual update → evaluation of projects

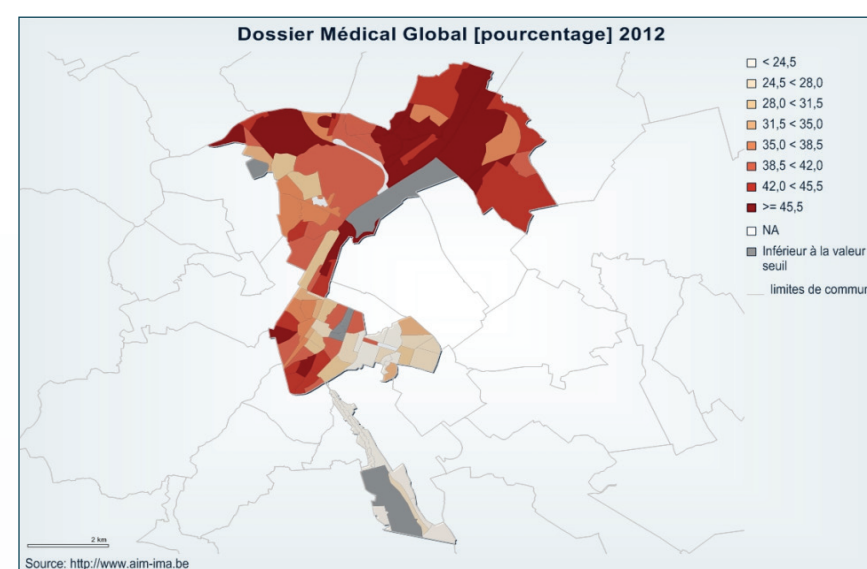
Health organisation : Proportion of beneficiaries with at least one contact with a General Practitioner during one year [district Level]



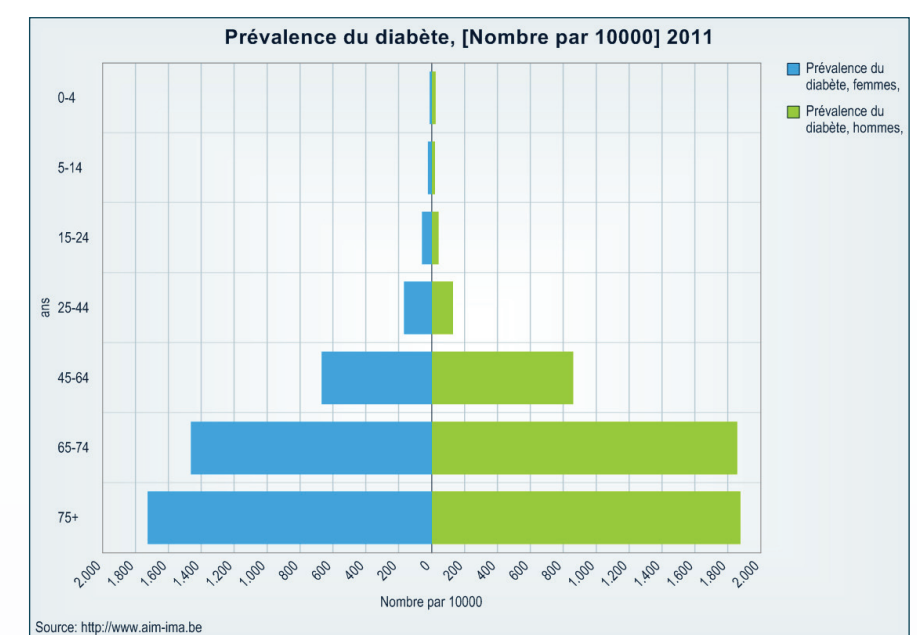
Health status : Proportion of chronic illness [Belgian level]



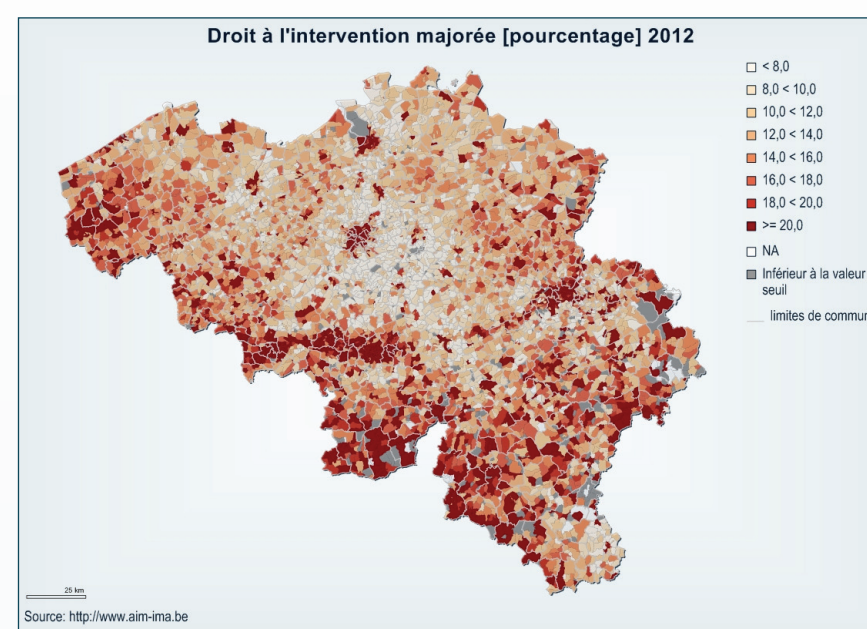
Health organisation : Comprehensive medical record for General Practitioners [Neighborhood level, Brussels]



Health status : Prevalence of diabetes by age and sex [National level]

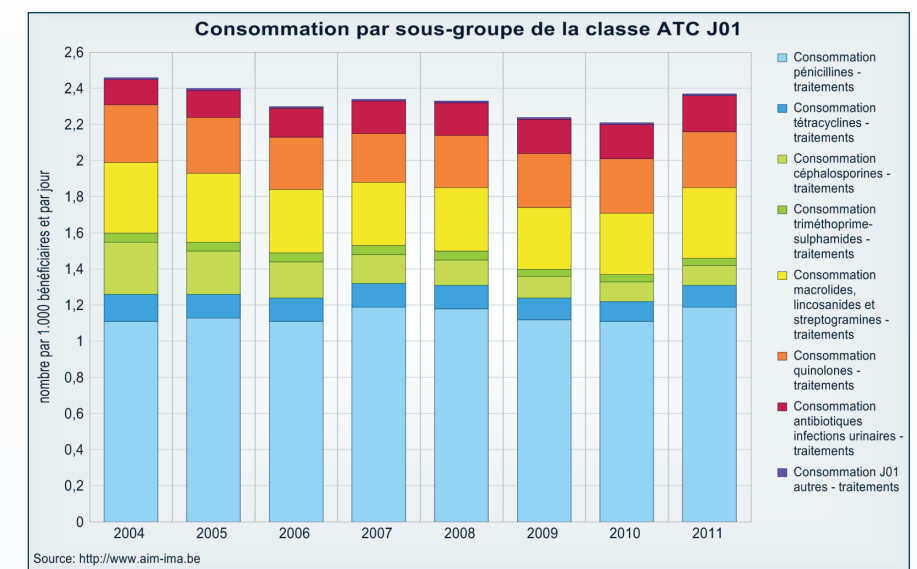


Economical status : Proportion of beneficiaries with reduced out-of-pocket share because invalidity, low income... [Level : neighborhood]



Health care consumption = Quality of care

Respect of Guidelines for antibiotics consumption [European project] : Number of reimbursed treatments per day/1000 beneficiaries per year [National level]



QUALITY OF INDICATORS :

Quality of data needs high technical procedures for data control, data manipulation

Quality of indicators needs data validation : external experts from universities, communities and other partners

First data validation step : choose a relevant indicator to illustrate the subject with extern experts

Second data validation step : extern validators check if the calculation of the indicator is consistent with other data sources.

Data interpretation : data from health sickness funds are very rich but also very specific. The “metadata” give all explanations for a good understanding of the data and the topic. The metadata are also submitted to extern validators

EASY USE :

Data are available with Excel format, different kind of graphs

Easy to construct, easy to export

Permanently online

Easy to pair it with data from other sources

STRENGTHS AND WEAKNESS :

Strengths : High covering of the Belgian population (→99%), all acts reimbursed, all medication reimbursed, Privacy-security

Weakness : non diagnosis information but proxy from acts and medications

THEME	INDICATORS	STATUS IN JUNE 2014
Consumption of ambulatory antibiotics	Ambulatory antibiotics in ambulatory antibiotic treatment number reimbursed per year	Available
Cervical cancer screening	Cervical cancer screening coverage	In development, for end 2014
Breast cancer screening	Breast cancer screening coverage % unscreened women	In development, for end 2014
Diabetes	Number of diabetes patients under treatment per 10.000 beneficiaries	Available
General Practice	% of beneficiaries with at least one contact (consultation/visit)	Available
Dental	% of beneficiaries with preventive care by a dentist during a calendar year	In development, for end 2014
Proxy alcohol intoxication	% of beneficiaries between 12 ans 17 years received emergency service and tested for blood alcohol concentration	In development, for end 2014
Reference Statistics Population	% of beneficiaries with reduced out-of-pocket share because invalidity, low income	Available
Nursing and nursing home care	% of beneficiaries over 65 years - receive nursing care at home - resident homes for the elderly - hospitalised - resident at home without needing care	In development, for end 2014
Pregnancy and childbirth	% caesarean	In development, for end 2014