ECONOMIST IMPACT

Country profile: Belgium



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Key takeaways

- **Clinical guidelines for chronic kidney disease (CKD) are well developed in primary care.** Belgium follows the international Kidney Disease Improving Global Outcomes (KDIGO) guidelines and has adapted these for national use. There are signs that healthcare professionals in primary care are looking into the quality of implementation using quality indicators.[1] Those in occupational health are also reviewing who should be tested and how often during pre-employment and annual health examinations.[2]
- **CKD is not prioritised in current health policies.** While early CKD detection in primary care has been highlighted in previous policies, it was notably absent from the 2018 Belgian Health Survey, which included a list of chronic diseases of importance.[3]
- **Registries could be expanded nationally to include earlier stages.** One renal registry captures only late-stage patients while another small registry captures patients in all stages.
- **Electronic health record (EHR) initiatives are used widely and could bring numerous benefits.** Current health data systems are heading towards better integration and plans are under way to harmonise systems between primary and secondary care. Further moves in this direction could enable evidence-driven policy and care decisions, especially improving earlier detection of the disease.
- **Awareness of the importance of CKD among patients and physicians is low.** This lack of awareness can delay CKD detection among high-risk patients as well as hinder timely referral to a nephrologist.

Clinical guidelines

Belgium has adapted and translated international guidelines including the 2012 KDIGO guidelines for use in primary care.[4,5] Quality indicators for CKD management have also been developed from the recommendations in ten international guidelines using a Delphi method.[1] This suggests a drive towards implementation in Belgium.[1]

Occupational health services in Belgium promote screening at pre-employment and annual health examinations for workers. Some receive testing for albumin (an early sign of CKD) and glucose by using a simple urine dipstick test.[2] This is not a legal requirement but is a common practice. Physicians have indicated that they would prefer more instruction and specific guidelines around this testing.[2]

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National policies

In 2009 the National Institute for Health and Disability Insurance created care trajectories for CKD and type 2 diabetes mellitus.[6] It promotes collaboration between general practitioners (GPs), specialists and patients to ensure evidence-based, multidisciplinary and structured care for patients in primary care. [6,7] Financial incentives were also given to GPs, specialists, partners and patients to support the implementation of these care trajectories.[6] An evaluation in 2013 found that patients who were part of the care trajectory received better quality of care compared with those who were not.[6]

Experts voice some concern, however, that CKD is not being prioritised in national policy. In 2018 Sciencsano, a federal government institution, conducted a Belgian Health Interview Survey. This important source of epidemiological information focused on 38 chronic diseases, but did not include questions around CKD. [3]

Renal registries

The number of CKD patients in Belgium on dialysis has increased by 50% since 2003 and insights into this growing population are of great importance for health systems.[8] Two primary kidney registries in Belgium support kidney disease management and patient outcomes. The tables below highlight their characteristics.

The Board of French-speaking registry (Belgian-French), includes patients across all stages of CKD.[9] This registry has a quality improvement aim and uses benchmarking to improve the patient experience alongside quality and efficiency.[9] The registry does not publish annual reports, but they are considering doing so in the future.

Digital health and integrated health information systems

In Belgium responsibility for health and healthcare is distributed between the state, the regions (Flanders, Wallonia and Brussels) and the communities (Flanders, the French language community and the German language community).[10] Despite the challenges this presents for integrated information systems, the country mandated the use of EHRs in 2008.[11] A national eHealth plan (2013-18) was then launched, aiming to develop data exchanges between care providers. In 2018 most physicians had an internet connection and were encouraged to digitise their medical information in the EHR, to upload a standardised medical summary and to keep this summary up to date.[12] There are requirements for anonymised data and that platforms are open source and interoperable between regions and the federal eHealth platform.[13]

There is some evidence that digital innovations can improve care of those with CKD, for example in providing electronic alert systems for acute

Table 1. Belgian Society of Nephrology Registry (Dutch-speaking Belgians)[14]

Registry	Belgian Society of Nephrology Registry (Dutch-speaking)
Year established	1996
Stages included	N/A
Accessibility	Accessibility is classed as moderate. Information is either available in the local language only or it is limited publicly
Outcome	No reported outcomes or surrogate data or availability unclear

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Table 2. Board of French-speaking registry (French-speaking Belgium) [9, 14]

Renal Registry	Board of French-speaking registry (French-speaking Belgium)
Financial and other support	Federal Ministry of Health (data collection system)
Year established	2015
Stages included	1-5
Data collected	Epidemiological data Clinical research data Quality Improvement data (QI benchmarks / indicators) QI benchmarks include: blood pressure (percentage <140/90 mm/Hg), phosphate (percentage <1.6 mmol/L), haemoglobin 10–12 g/dL if on erythropoiesis-stimulating agent, percentage diagnosed with primary renal disease, percentage on angiotensin-converting enzyme inhibitor/angiotensin II receptor blocker if diabetic kidney disease.
Age range	Adults only
Number	2348

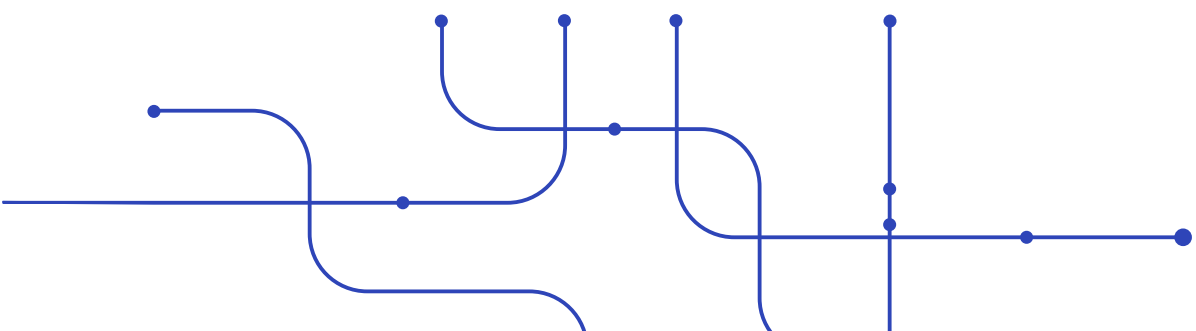
kidney injury in hospital.[15] But there are also some examples where the use of data collected using an advanced electronic recording system has revealed an under-registration of kidney disease and inadequate coding of CKD staging. In one recent study the proportion of CKD patients at stages three to five who had no registered CKD code in their EHR was substantial (68%).[16]

Awareness

A recent study in Belgium showed that around 33% of Belgians have limited or insufficient health literacy.[17] And a study conducted in 2018 found that more than a third of CKD patients in the study were not aware of their CKD diagnosis.[18] This lack of awareness could result in late referrals to appropriate medical providers.[18]

The same study highlighted that GPs feel that they lack training about CKD and the appropriate referral indicators for at-risk patients. Furthermore, most GPs feel they lack adequate training related to the referral of patients who have progressive kidney failure. This could be improved by providing GPs with more information and a higher degree of involvement in patient care.[18]

Belgium does not have a CKD patient association that is able to represent the patient voice and raise awareness. The Dutch-speaking Belgian Society for Nephrology (NBVN) recently changed its organisational statutes to enable it to raise awareness of CKD among the general population and policy makers, as confirmed by its Chairman Dr Gert Meeus and elected board member Dr Elien Mahieu.[19]



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