

# *Decline of regular medical care in Belgian hospitals during COVID-19 crisis.*

*Unit Audit Hospitals  
HELICONference  
webinar June 21 2023*

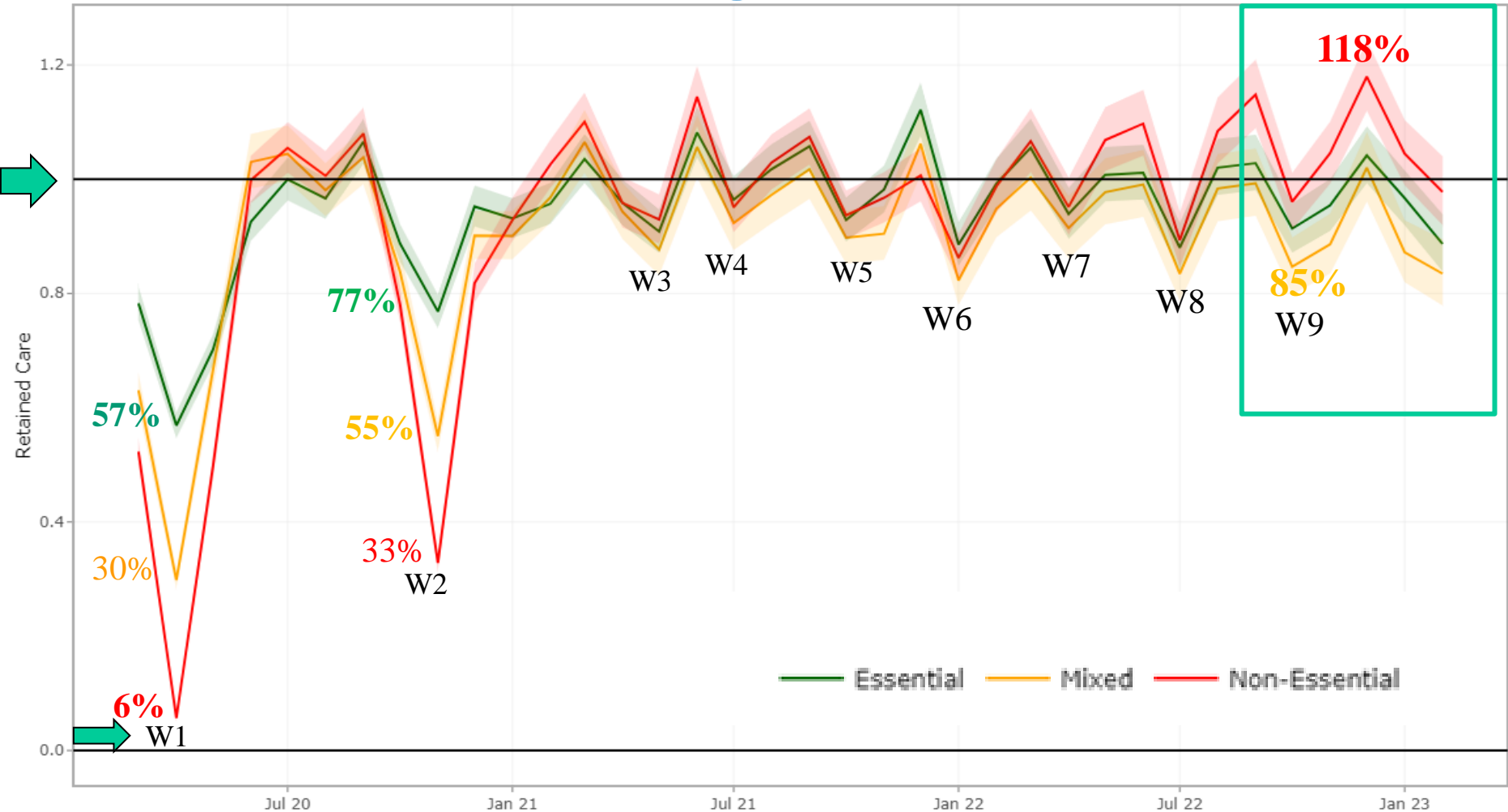
# Overview

- Introduction
- Retained surgical care
- Accumulated possible “backlog” in surgery
- Accumulated possible “backlog” in internal medicine
- Accumulated possible “backlog” in psychiatry
- Recommendations

# Introduction

- Questions from the HTSC committee:
  - Is the reduction of care in accordance with instructions?
  - Can we get an estimate of accumulated backlogs?
- Bear in mind that:
  - We made estimates using incomplete billing data, 4 months after prestation through accelerated data streams.
  - “Backlog” should be understood as non-executed care against advanced projections.

# Retained surgical interventions

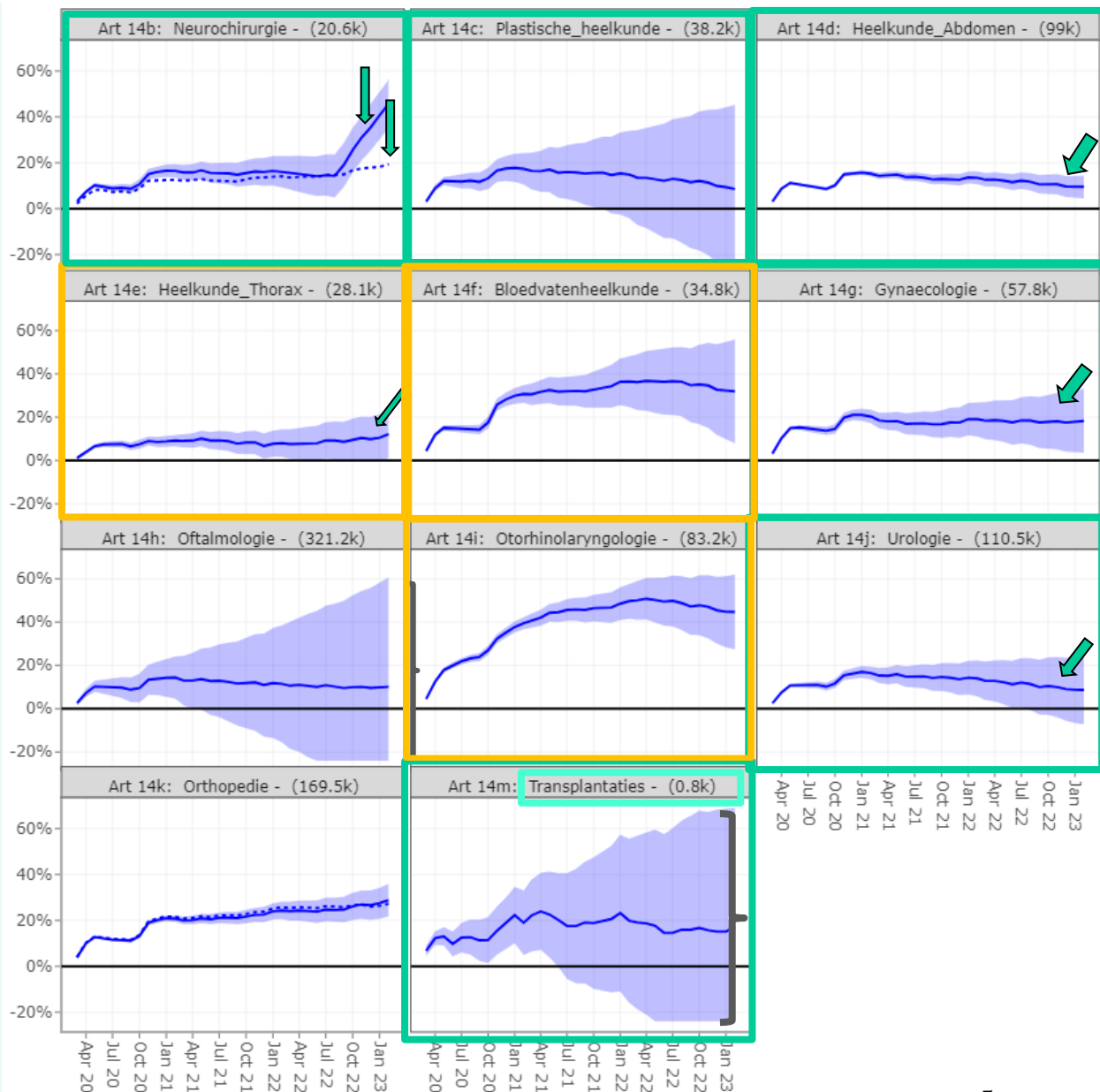


**W1:** Huge drop in non-essential care, retaining only 6% of expected activity. In line with HTSC request to reserve PPE's and care-capacity for COVID.

**Latest data:** Significant catch-up movements between the COVID waves. Still significantly less regular activity during COVID waves.

# Accumulated possible “backlog” in surgery

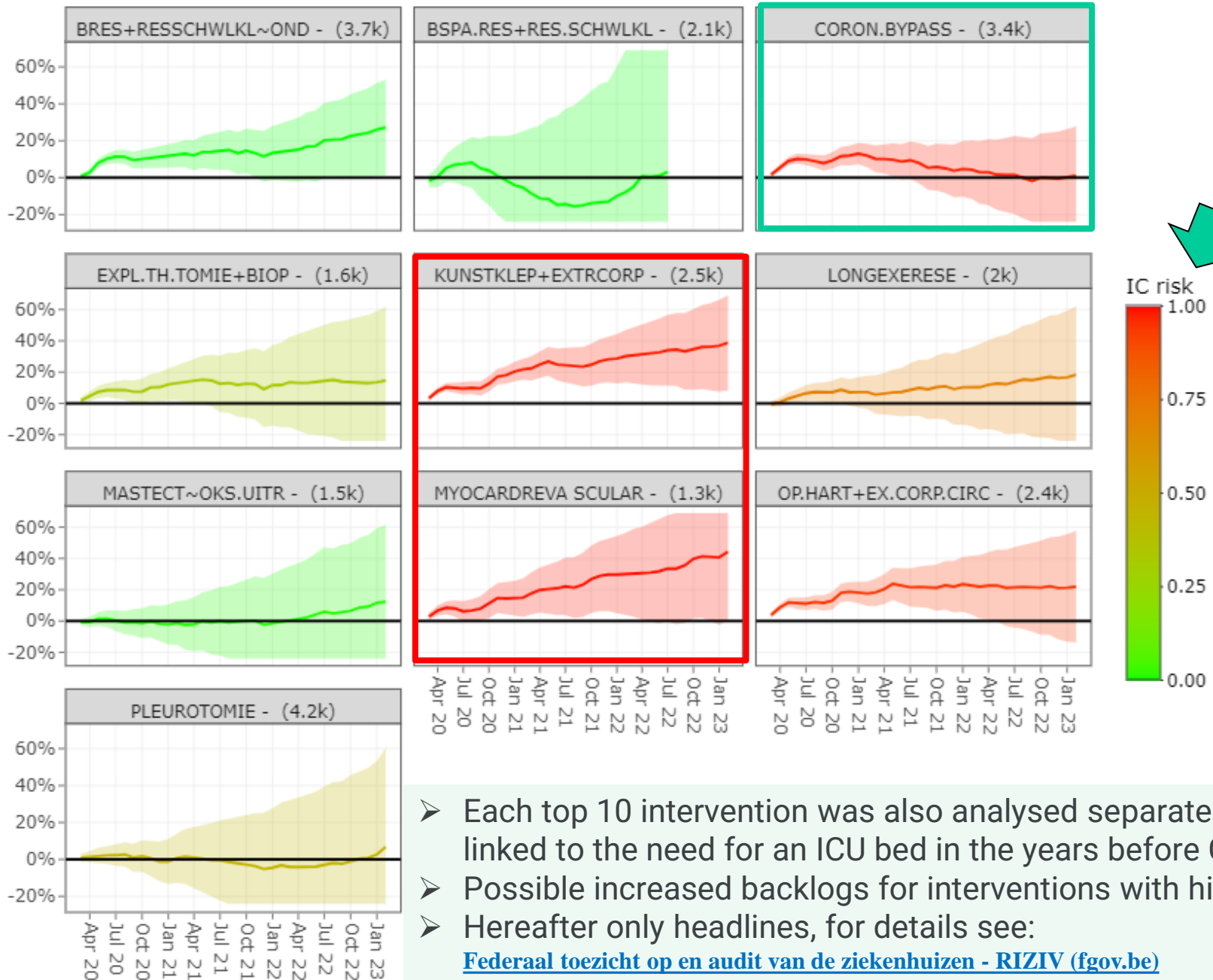
- Most disciplines miss 10 to 18% of “annual production”!
- Reduced backlogs in: abdominal, urological, plastic, ... surgery.
- Slight increase in thoracic. (+1%point compared to previous report)
- Largest backlog (partly due to overconsumption<sup>1)</sup> in:
  - Vascular 32% (-5%point)
  - ORL 45% (-5%point)
- Stagnation in:
  - Gynaecological
  - Transplants<sup>2</sup>
- Artifacts in:
  - Neurosurgery
  - Orthopedics
 => changed billing codes.



(1) <https://www.rijksoverheid.nl/documenten/rapporten/2022/03/03/monitor-toegankelijkheid-van-zorg-3-maart-2022>

(2) COVID-19 pandemic and worldwide organ transplantation: a population based study. Aubert The Lancet October 2021.

# Details « backlog » thoracic surgery



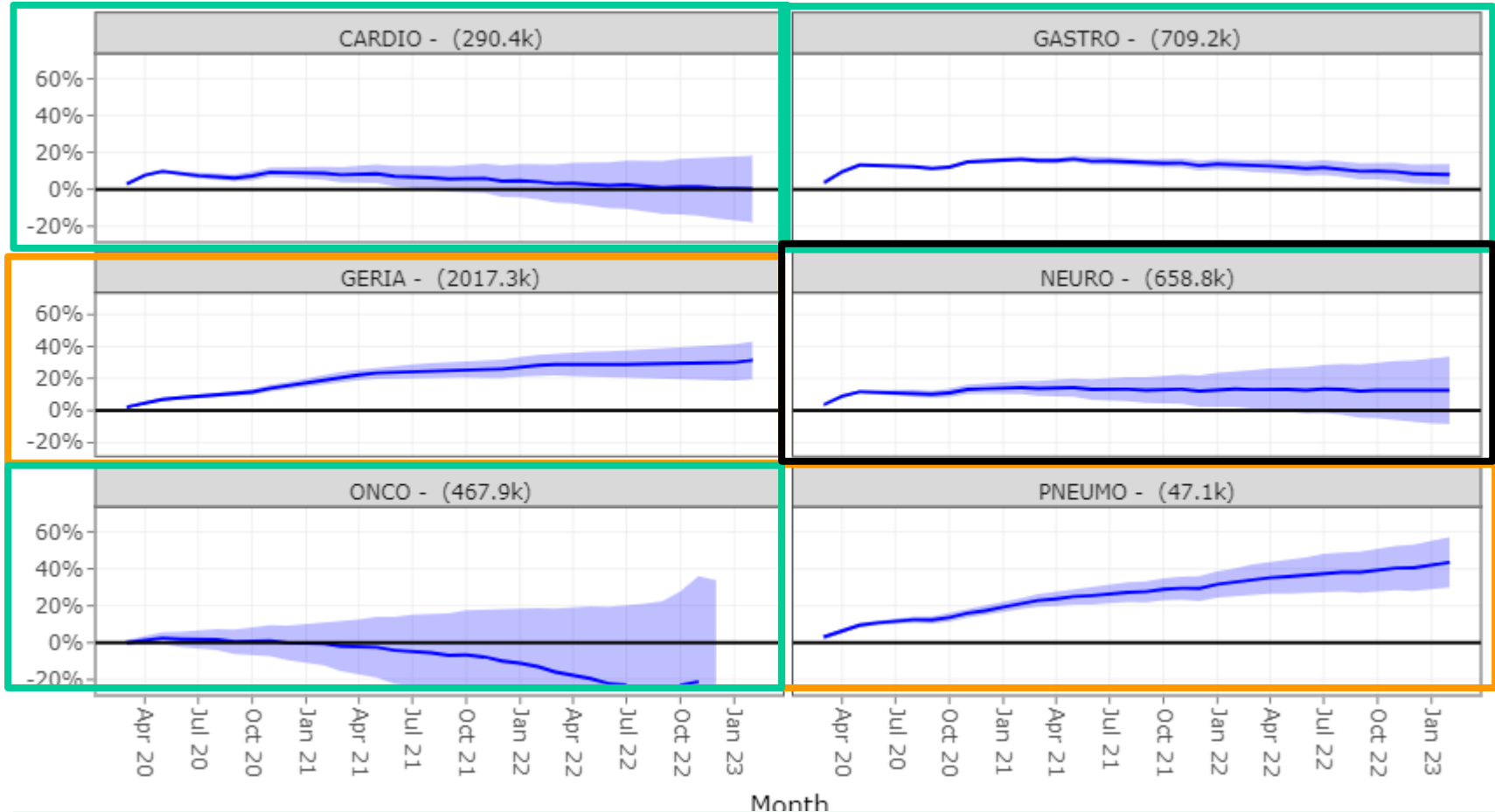
- Each top 10 intervention was also analysed separately and linked to the need for an ICU bed in the years before COVID.
- Possible increased backlogs for interventions with high IC use.
- Hereafter only headlines, for details see:

[Federaal toezicht op en audit van de ziekenhuizen - RIZIV \(fgov.be\)](https://www.riziv.fgov.be/)

# Details « care backlog » surgery

- Important possible "backlogs" both in volume (>20% annual production) and impact on quality of life and/or life expectancy:
  - *Several open heart surgeries*
  - *Heart/Heart-Lung Transplants*
  - *Hemicolectomies and total colectomies*
  - ~~*Kidney transplants*~~
  - ~~*Carotid artery revascularizations*~~
  - ~~*Cataract surgery (possibly partially overuse)*~~
- Large "backlogs", explained by strict indication and prioritization:
  - *Meniscectomies, amygdalectomies, transtympanal tubes,... (cfr. have been documented as interventions with overuse).*
  - *For procedures as nasal septum corrections, varicose procedures, circumcisions,... the boundary between medical indication or other consideration is often difficult.*
  - *These certainly do not all need to be caught up.*
- Catching up with overcorrection for "gastric bypass": *is partly due to decrease in other obesity procedures, but still remains a medical prioritization concern.*
- Oncological procedures have - in general - been well preserved.

# Accumulated “backlog” internal medicine



- Cardiology: backlog is gone (-3% point).
- Oncology: >20% of additional activity.
- Gastroenterology: reduced backlog of 8% (-4 percentage points).
- Neurology: stagnation at 12%.
- Geriatrics 30% and pneumology 42% (+6% points): still important “backlogs”.



# Details « care backlog » internal medicine

## ➤ Cardiology:

- ✓ *Ablation due to AV nodal re-entry tachycardia 25% (-1% point): in line with UK <sup>(1)</sup>.*

## ➤ Gastro-enterology:

- ✓ *“Ileoscopy with biopsy” 7% (-4% points from previous report).*
- ✓ *“Total colonoscopy with biopsy” 19% (-3%).*
- ✓ *Endoscopy rectum and sigmoid 15% (-1% point).*

## ➤ Geriatrics:

- ✓ *Full catch-up of “multidisciplinary evaluation of patients” 0% (-17% points) and “consultations”.*

# Details « care backlog » internal medicine

## ➤ Neurology:

- ✓ “Lagging”  $\geq 40\%$ : “Holter EEGs” and “polysomnographies”.

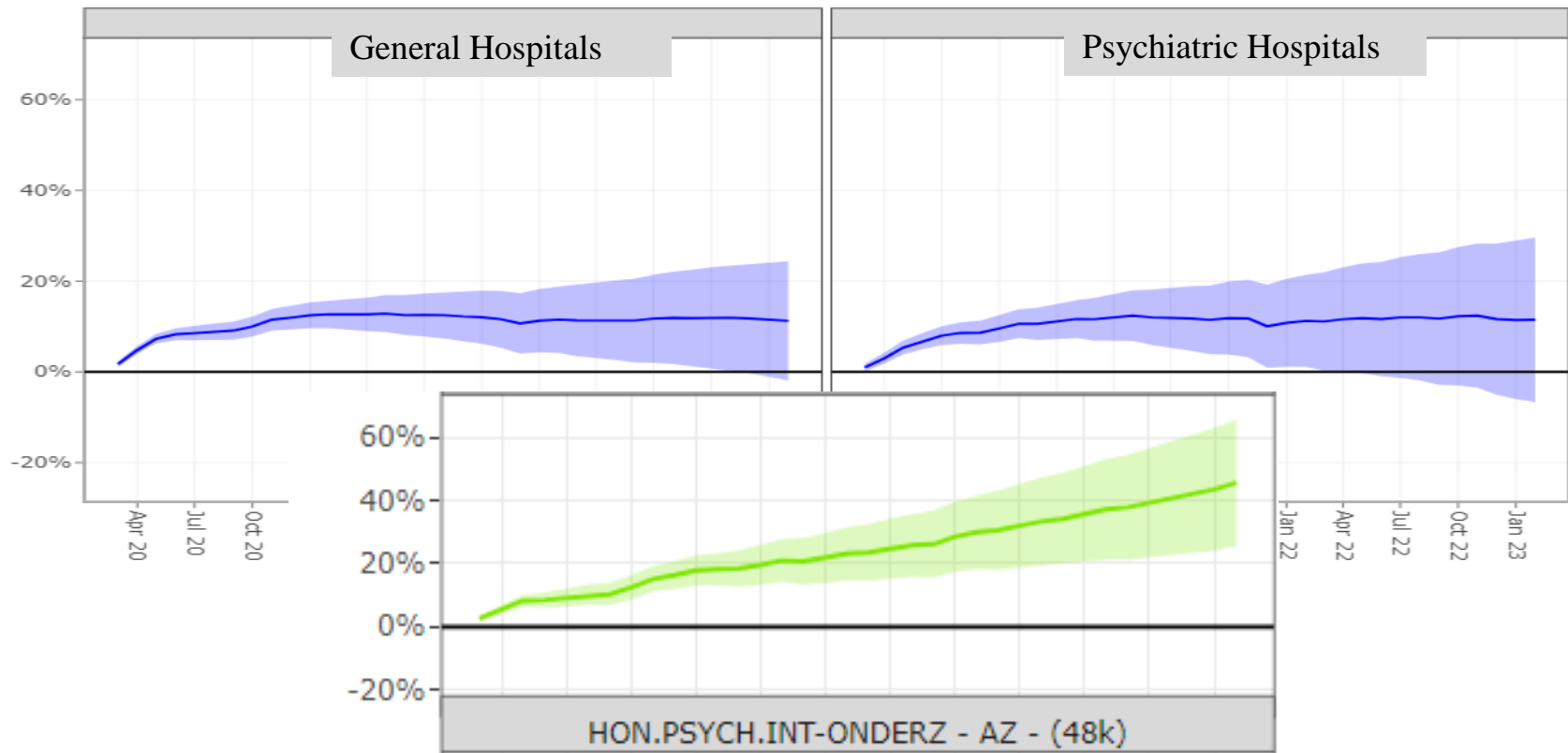
## ➤ Pneumology:

- ✓ Highest backlog in “bronchoscopy without biopsy” ( $> 60\%$ ); partly overuse?
- ✓ “Bronchoscopies with biopsy” backlog of 24% - 39% (+7% points).

## ➤ Oncology:

- ✓ Largest backlog for “allogeneic bone marrow transplants” (21%): stagnation compared to previous report (wide confidence interval).
- ✓ We recently also see less autologous bone marrow transplants.

# Accumulated « care backlog » psychiatry



- Stagnation around 11% in general and psychiatric hospitals.
- Details adults: *mainly stagnation in fees for supervision.*
- Details children: *backlog (almost) disappeared in (G.H.) and P.H.*
  - *Cave: increase in referrals to mental health care in Dutch monitor <sup>(1)</sup>.*
- Increasing backlog of psychiatric consultations in G.H.

# Recommendations

## ➤ “Real time” overviews

- *need for fast track data transfers*
- *up to date picture needed on effective operational beds (levels of care, isolation possibilities, equipment and available personnel)*

## ➤ Streamline processes

- *uniform (inter)national, scientifically proven, admission- and discharge criteria*
- *automation support needed (e.g. Apachescore via PDMS)*
- *uniform rules for the sign off of “operational beds”*
- *quick and detailed overview of patient transfers between hospitals*

## ➤ Monitor outcome

- *accessibility of care / waiting lists (e.g. Dutch monitor)*
- *complication and mortality follow-up; (Hospital) Standardized Mortality Ratio's*

## ➤ Administrative adjustments

- *legal and contemporary criteria for PICU and ICU beds*
- *view on campus level (for urgent transfers)*
- *adjusted financing mechanism for “justified” and operational ICU beds*

# Federaal toezicht op en audit van de ziekenhuizen - RIZIV (fgov.be)

