

Luc Van Gorp – President, Christian Mutuality Health Insurance Fund, Belgium



In the face of rising sustainability challenges and the increase of chronic diseases, having solidarity between all stakeholders – mutualities, physicians, pharma industry, and health authorities – is the best way to achieve long term success

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Luc Van Gorp of the Christian Mutuality Health Insurance Fund, Belgium’s largest health insurance fund, explains the organisation’s role within the Belgian healthcare system, how increased consolidation in recent years has affected its work, the current healthcare paradigm in Belgium, and why inter-stakeholder solidarity is essential to solve the healthcare issues of the future.

How do mutualities, specifically the Christian Mutuality (CM), fit into the Belgian healthcare system and what role do they serve?

CM is the biggest health insurance fund in Belgium and plays a triple role. CM reimburses a part of Belgian patients’ health care costs, provides a replacement income when an illness or accident makes it impossible for members to work and offers a broad range of additional services and advantages.

In the past, there were hundreds of mutualities in Belgium. Since then, there has been a gradual consolidation and today we have a total of 19 Christian mutualities in Belgium, 11 in Flanders and eight in Wallonia, which will soon be merged into one organization for each region by the end of 2021.

The CM is the largest mutuality group in Belgium with about 4.5 million members, nearly half of the entire Belgian population. Enrollment within a mutuality is mandatory in Belgium, but patients have a freedom of choice between the seven groups which exist in the country. There are also three types of insurance categories in Belgium of which patients must be registered for at least two.

What are your current priorities as the president of the Christian Mutuality?

In 2022 our members will choose their representatives for the general council of the two new Christian mutualities, one Dutch- and one French- and German-speaking. That is an important moment for our organization. On the other hand, we will put together a group of healthcare stakeholder volunteers to address what are the needs of the Belgian patients today. As the current president of the organization, one of my priorities is to establish a health consort which can work proactively to communicate these issues to the government authorities. In Belgium, the mutualities have an important role in the healthcare policy of the country and we collaborate with bodies like RIZIV/INAMI on this front. One of the difficulties today is that we are still working in silos with different types of health professionals, insurance bodies and authorities, all with different priorities. To truly achieve patient-focused care, we must come together to break down these barriers.

What specificities and challenges would you say define the current Belgian healthcare landscape?

First off, there is also an added complexity created by the federal and regional dynamics of the country. For example, nurses are paid federally while homecare workers are paid regionally. At this moment Belgium has nine ministers of health, so we can see that the waste created with the structure is massive and does not fit with our vision of solidarity.

Such a structure makes it very difficult to track budgetary spending across the various regions of Belgium. To give another example, a wheelchair that is given to a patient in Flanders could be accounted for within our healthcare system twice if the patient were to then move to Brussels. Patients are not just stationary checkmarks; they are people and they are mobile. This creates a major challenge for the government and mutualities to keep an accurate picture of reimbursement and resource allocation. Similarly, this discrepancy also translates into hurdles for gathering and utilizing the digital healthcare data which exists in the country.

How do you expect the healthcare paradigm of Belgium to evolve in the face of sustainability uncertainty caused by the aging population, rise in chronic disease, etc.?

During my time as a nurse, I noticed that the practice of the right treatments at the right time for the right patients was not always executed as it should. Belgian professionals are strong in curation, but the patients have little voice over their treatments and healthcare. In our system, patients fall into two categories: sick and well. There, in our system, out of the more than 6 million workforce of the country, there are over 415,000 patients who have been considered as sick for over one year and are considered disabled due to depression, burnout, chronic pain, etc. The cost to pay all the sickness benefits is EUR nine billion per year.

Therefore, we must put greater emphasis on prevention and increase the responsibility of employers to support patients in a time of sickness. Currently, only one month of salary is covered by an

employer when their employee becomes sick and the rest is taken on by the social security. We have to motivate companies to get involved in prevention and think more about the role they can play in the wellness of employees.

As a health system, we should promote holistic wellness which of course includes medicines and surgical interventions, but also mental health, physical wellness, a healthy environment, meaning of life and prevention. From studies, we know that 80 percent of heart attacks are preventable with appropriate diet and exercise. It is vital that we think of healthcare as something that can go beyond the prescription of a pill.

What final message would you like to deliver to the Belgian healthcare stakeholders on behalf of the Christian Mutuality?

In the face of rising sustainability challenges and the increase of chronic diseases, having solidarity between all stakeholders – mutualities, physicians, pharma industry, and health authorities – is the best way to achieve long term success. We must determine a new vision to address our current concepts of health, patients, and social security. Patients are more than just the diseases they are battling; they are human beings. We should be able to support them in more dimensions than just through clinical practice. This will be a major paradigm shift that will take to achieve but it is possible as long as all healthcare stakeholders are willing to start this conversation.

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