



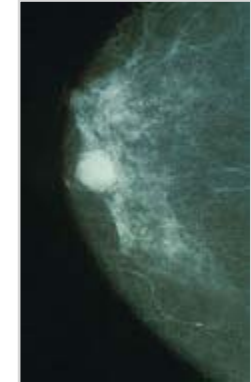
Federaal Kenniscentrum voor de Gezondheidszorg
Centre Fédéral d'Expertise des Soins de Santé
Belgian Health Care Knowledge Centre

AUTOLOGOUS BREAST RECONSTRUCTION TECHNIQUES AFTER MAMMARY RESECTION

Time measurements for a potential re-
evaluation of the surgeon fee

SOPHIE GERKENS, STEFAAN VAN DE SANDE, ROOS LEROY, ANNE-SOPHIE MERTENS, JONATHAN SCHREIBER, DRIES VAN HALEWYCK, JAN BELLAERT, HANS VAN BRABANDT, NATHALIE SWARTENBROEKX, CAROLINE OBYN

Background



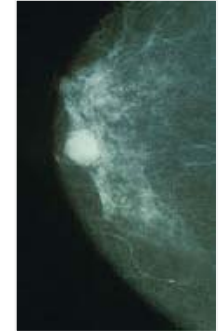
- **Breast cancer: each year, >10 000* woman**
- **Treatment includes a mammary resection for most**
- **Breast reconstruction is reimbursed by NIHDI**
 - **Implant**
 - **Autologous breast reconstruction**



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* Fondation Registre du Cancer

Background



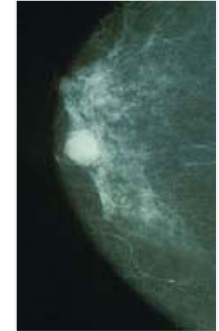
But....

- Patients claim about « Esthetic supplement » *
- ↕
- Plastic surgeons : « Fee for autologous breast reconstruction = insufficient »



* Gemiddelde € 2620 - Vlaamse Liga tegen Kanker

Background



- **September 2015 - Negotiations at RIZIV-INAMI:**
 - Re-evaluation of the fee
 - Question of supplements
- **KCE was asked to determine what would be a fair remuneration?**
 - Response = global revision of the nomenclature
 - Not possible in the timing of the negotiations

Objectives

Main objective

1. Provide objective cost and time data

Secondary objectives

2. Description of Belgian practice
3. Description of the medical context

How to value the surgical act?

- Based on time-driven costing study

3 steps

Step 1

- Which **activities** are performed during a reconstruction?

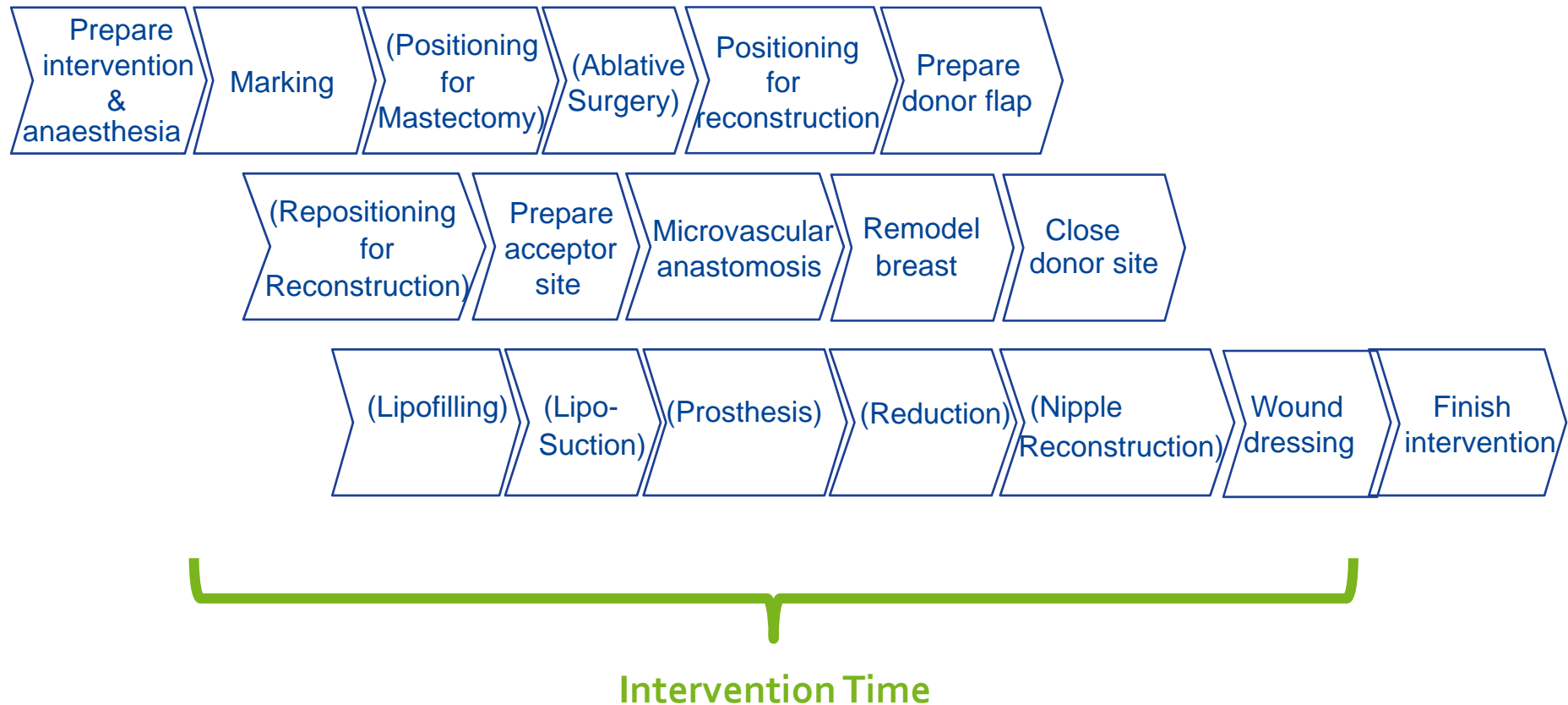
Step 2

- Which **resources** are used?

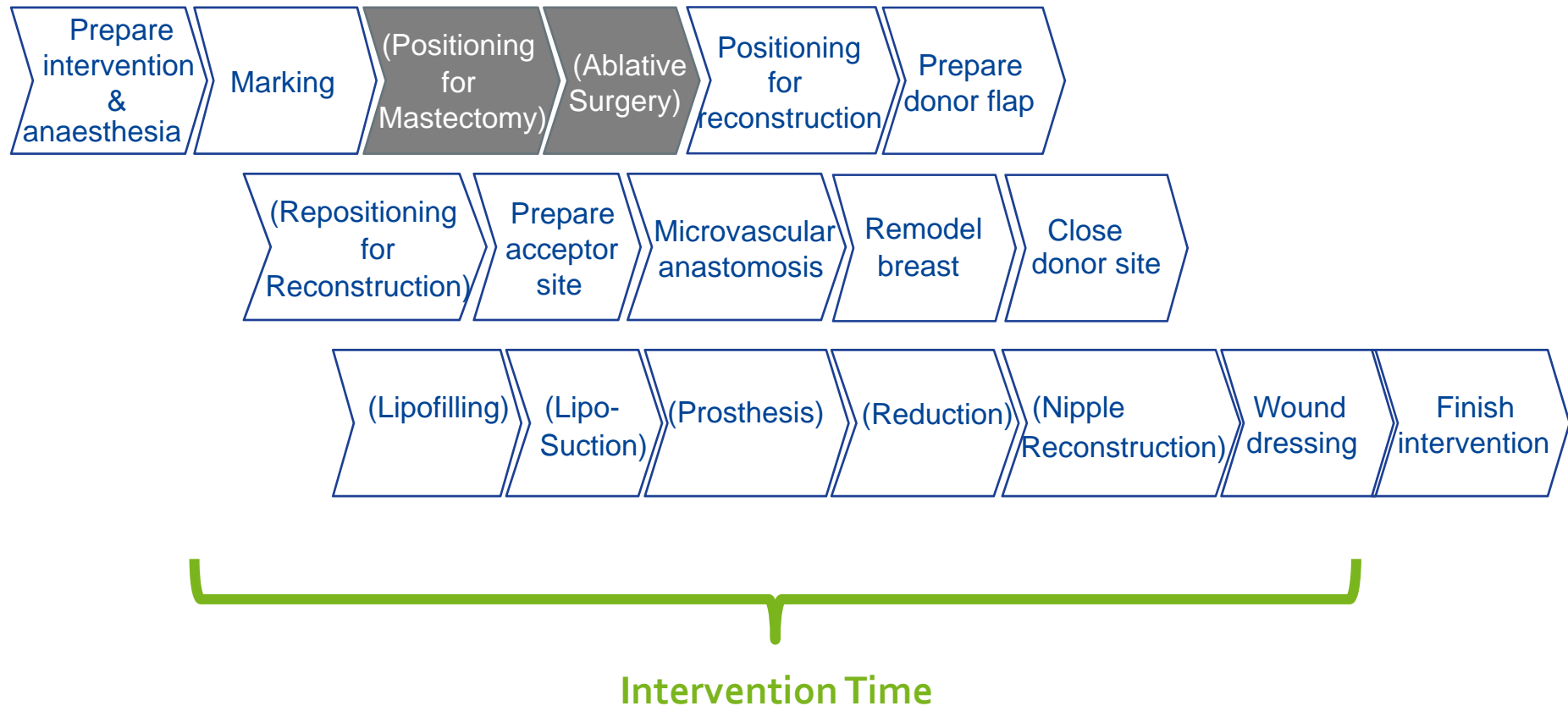
Step 3

- How to **link** these resources to activities?
- Measured **time** x **cost per hour**

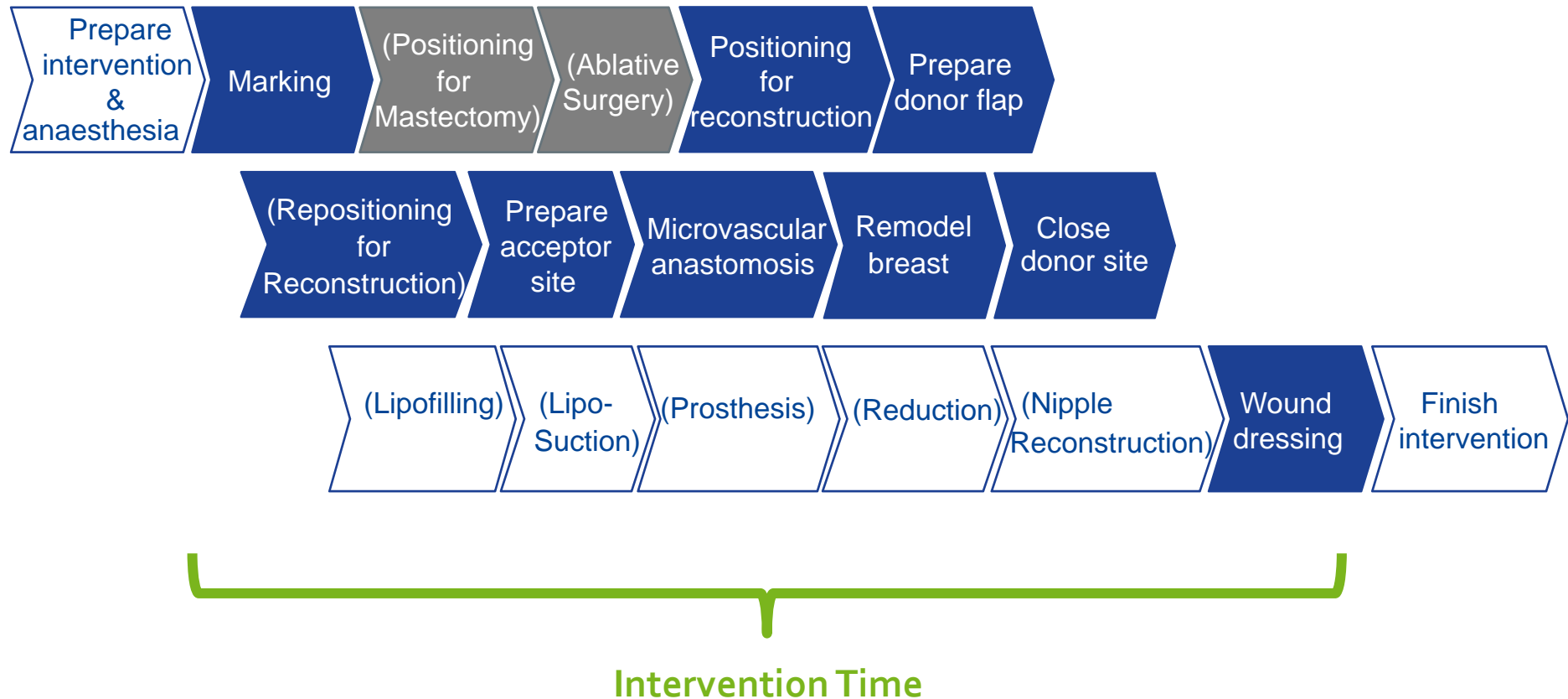
Step 1. List of activities



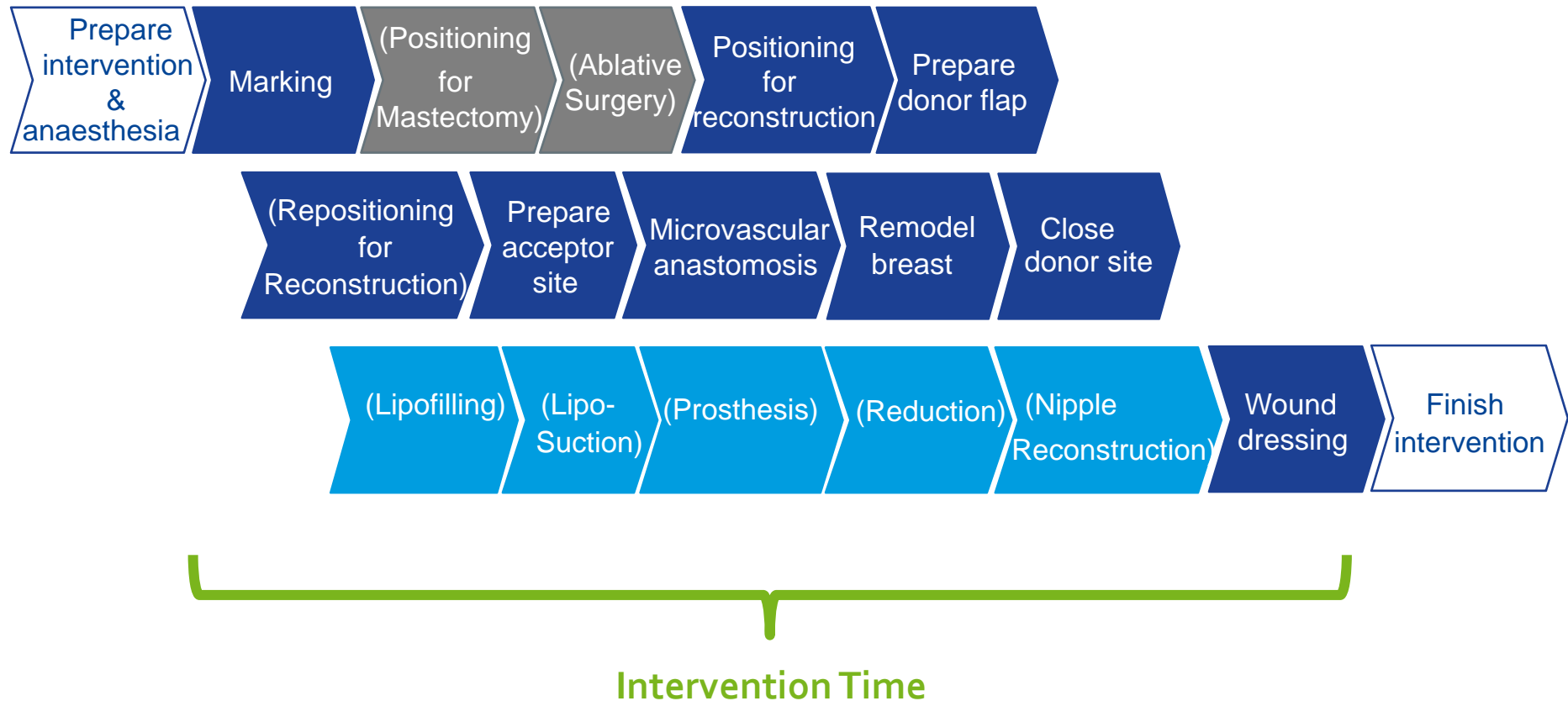
Step 1. List of activities



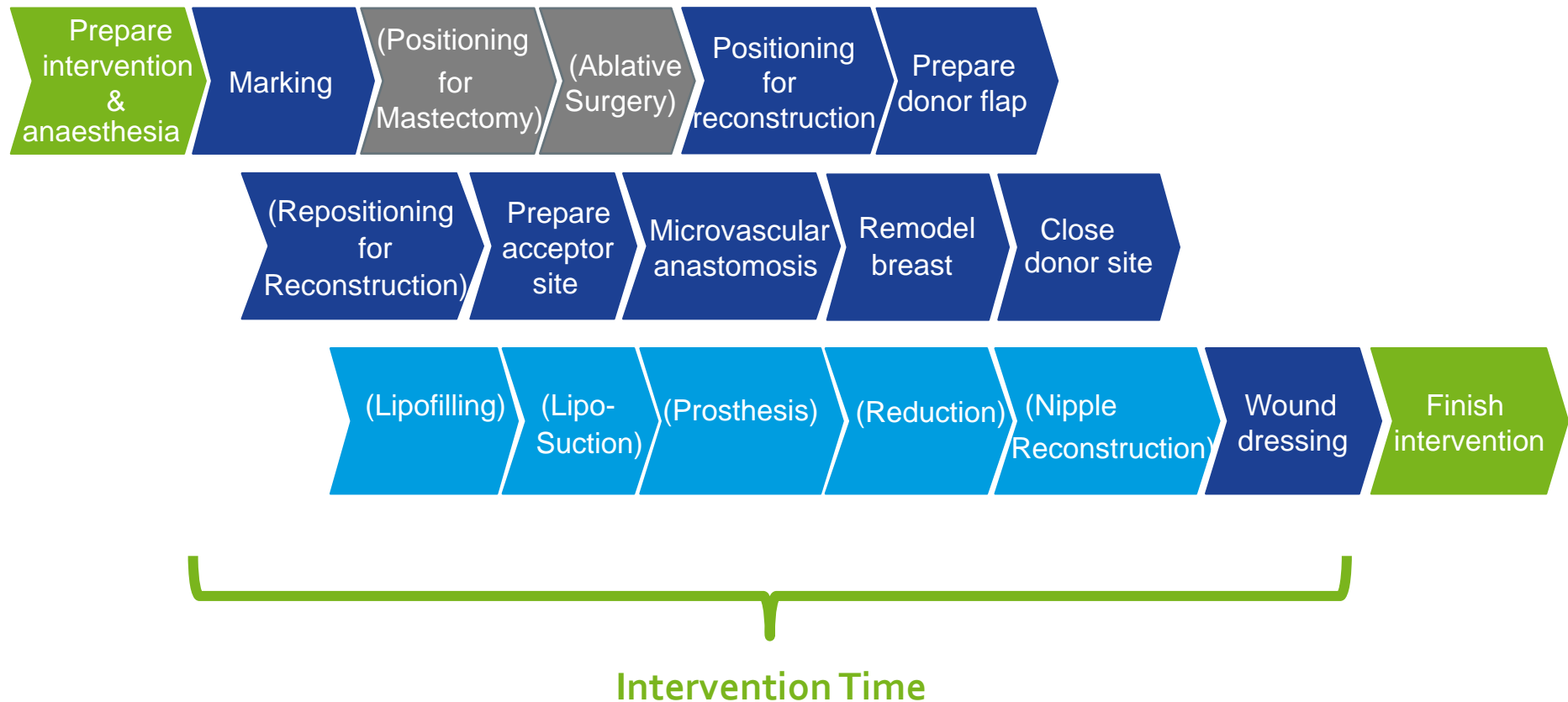
Step 1. List of activities



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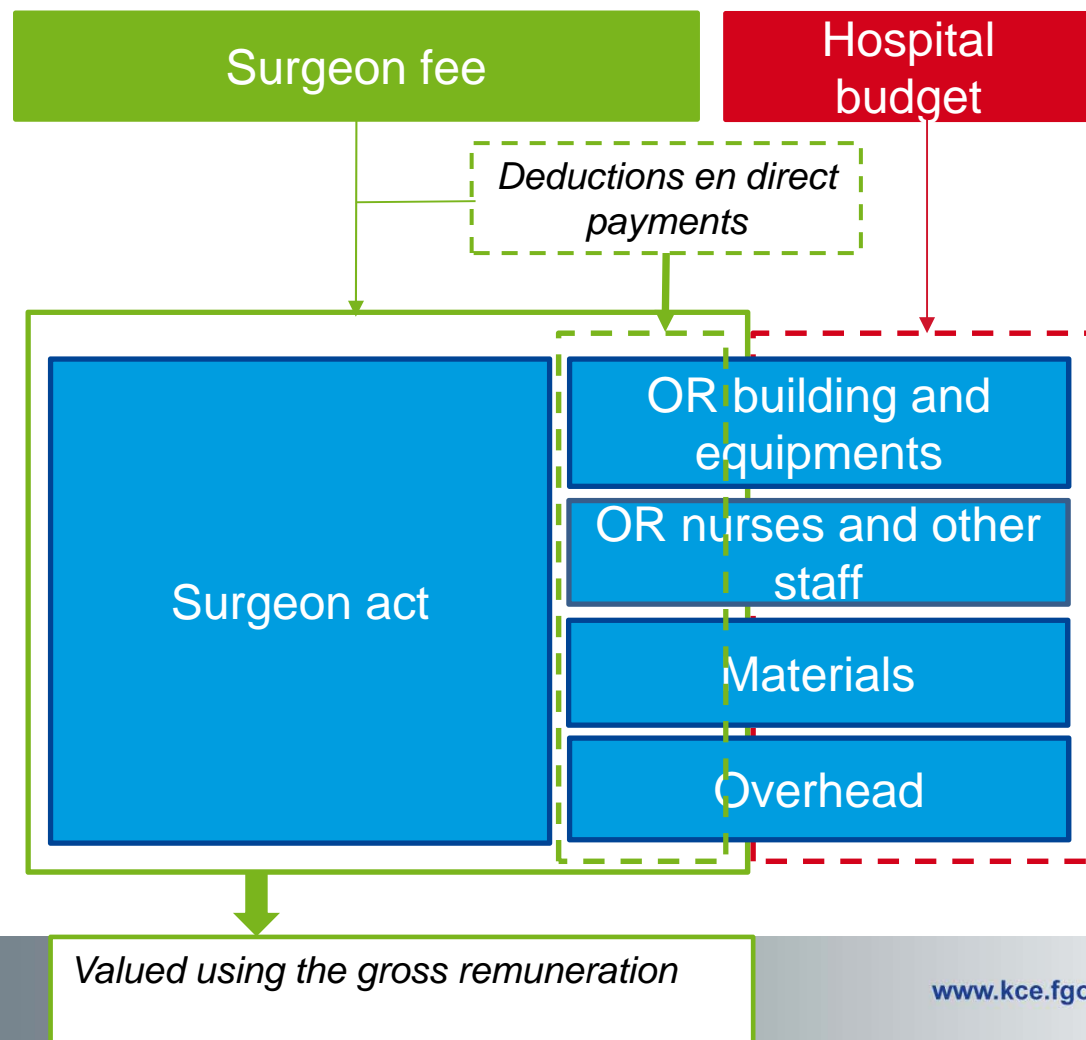


Step 1. List of activities



Step 2: Which resources?

- Only resources that are covered by the physician fee



Step 3: How to link these resources to activities?

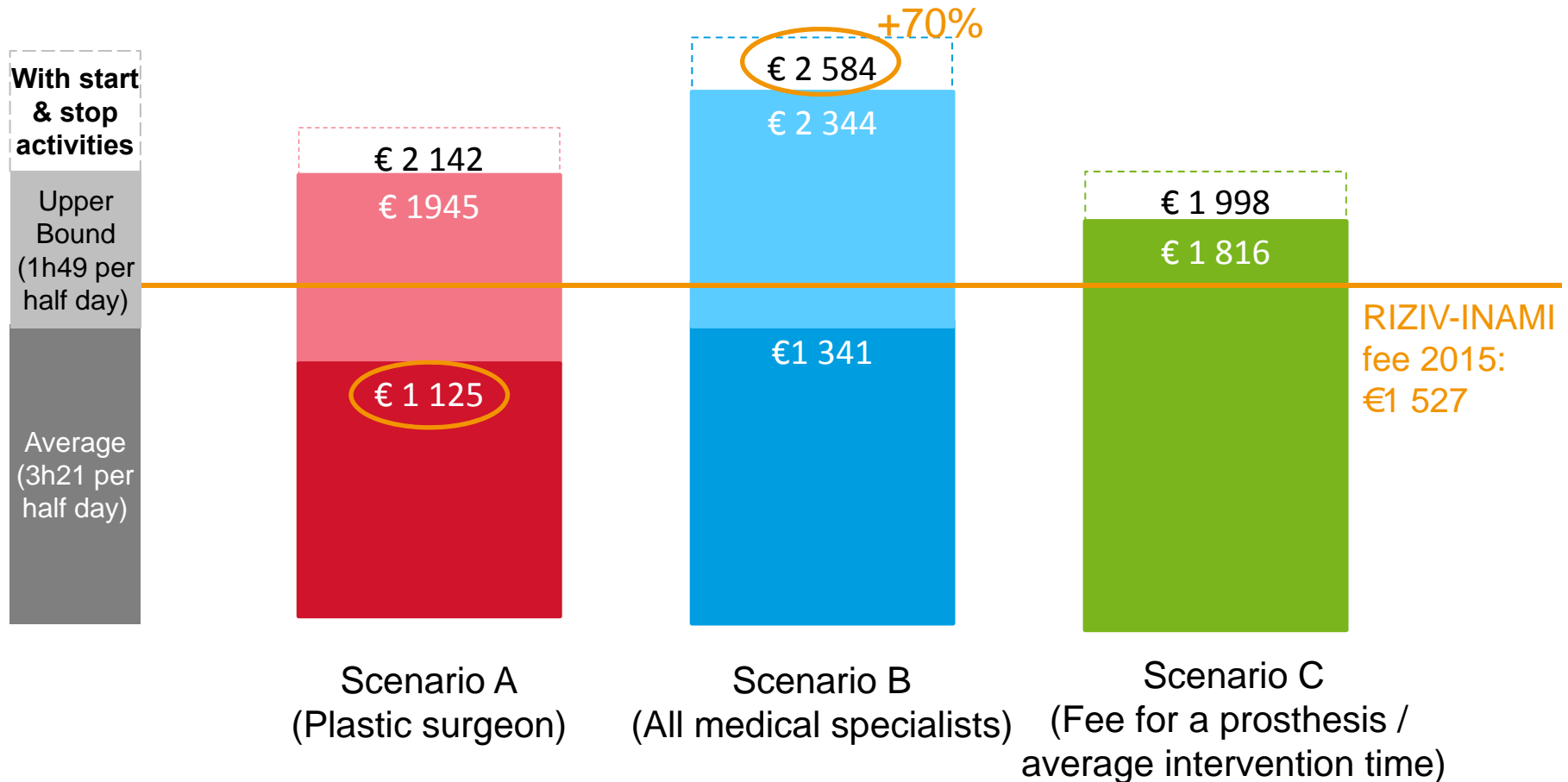
- **Cumulative time of the activities**
(10 teams – 3 months)
X
- **Cost per hour**
(gross remuneration)

Cost per hour : 3 scenarios

- **Scenario A:** Gross remuneration of **plastic surgeon**
- **Scenario B:** Average remuneration of **all medical specialists**
- **Scenario C:** Fee for a breast reconstruction with **prosthesis**
- **Scenario A & B:**
 - => KCE manual for cost studies (per half day, not per hour)
 - => Number of RIZIV-INAMI hours per half day?
 - Average : 3h21
 - Minimum: 1h49

Scenario A		Scenario B		Scenario C
€133	€246	€163	€300	€228

DIEP unilateral



Most generous scenario for a DIEP

- **2584 € (based on the max. cost-hour, incl start & stop activities)**
 - + Lipofilling
 - + Liposuction
 - + Nipple reconstruction
 - + Tattoo
 - + Scar correction
 - + ...

But ... important variation in results and a lot of limitations

- **Cost per hour**

- **Scenario A** based on the current RIZIV-INAMI remuneration of plastic surgeons (they consider as insufficient, at least for autologous breast reconstructions)

⇒ **Vicious circle**: Unsurprisingly, scenario A does not result in (much) higher costs compared to current reimbursement levels

⇒ **Other scenario** (also with limitations)

- **Number of billable hours per half day**

- Parameter with a critical impact BUT
- Lack of data & important variability

⇒ **Necessity to agree on a hourly remuneration**

Recommendations

- Current analysis can only be used for a **temporary** fee revision
 - A more **global revision** across medical specialists
 - Agreement on a fair and reasonable base hourly income for a physician
 - Adjusted for other factors, e.g.
 - ✓ level of required expertise and experience
 - ✓ risks (including litigation risk) and stress
 - ✓ required intellectual effort
 - ✓ ...
- ➔ Requires a simultaneous analysis across all medical specialists
- to ensure coherency, and
 - to allow estimating and controlling the impact on aggregate expenditures
- ≠ consecutive analyses for 1 activity within 1 specialty



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Key message:

Time to begin the vast challenge of a
global revision of the nomenclature?



Bedankt, Merci, Thank you!



Colophon

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