



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



ANNUAL REPORT 2013

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“Exit or Voice”: KCE aims to strengthen the patient’s ‘voice’



PIERRE GILLET
President of
the Executive Board

In 1970, the American economist and philosopher Albert Hirschman published the book ‘Exit, Voice and Loyalty’. He postulated that people who are unhappy with an institution may either cut their ties with the institution or express their dissatisfaction. Yet, both these actions may be suppressed by loyalty to an institution. The same applies to patients consulting a doctor: though they may feel that the doctor does not satisfactorily deal with their questions or worries, they may stick with a doctor who has been seeing them for years out of loyalty.



RAF MERTENS
General Director

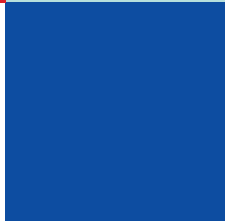
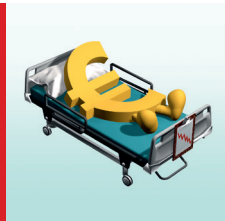
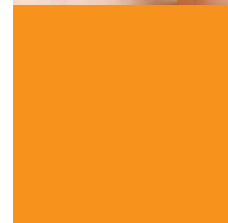
Even if patients decide not to sever their relationship with the doctor or institution, they can make their voice heard by asking for more information or by bringing their own experience and preferences to the table. Further, the ‘citizen-patient’ – that is, every one of us – inevitably has certain expectations with regard to health care and health insurance based on solidarity within a given country.

The ‘voice’ of the (citizen-) patient was a key point of attention at KCE in 2013. One issue we investigated was how the treatment approach for localised prostate cancer is chosen in practice, a choice in which the patient’s preference plays – or should play – an important role. At a higher policy level, KCE also examined how citizens-patients could be given a greater say. In 2011 (*report 174*), we surveyed the stakeholders currently involved in this policy on their willingness to give greater weight to the views of citizens-patients in their decisions. The response was resoundingly positive: citizens-patients deserve to be recognized as full-fledged discussion partners. At our symposium for KCE’s 10th anniversary on 12 September, the link between these societal issues and our scientific recommendations took centre stage.



CHRISTIAN LÉONARD
Deputy General Director

In 2014, we intend to further strengthen patient participation by providing accessible information and conducting a survey on citizens’ health care preferences, values and interpretation of solidarity. These two methods will ensure that patients’ voices are better heard.





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WHAT MEANS KCE?

The Belgian Health Care Knowledge Centre goes by the acronym KCE, which incorporates the abbreviations of its name in both Dutch (Kenniscentrum) and French (Centre d'Expertise).

OUR MISSION

KCE's mission is, on the basis of scientific analysis and research, to advise policymakers on decisions relating to health care and health insurance.

KCE is not involved in the decision-making or implementation process. Instead, its role is to identify and shed light on the best possible solutions, in the context of an accessible, high-quality health care system with due regard for growing demand and budgetary constraints. Further, KCE supports care providers by developing clinical guidelines, gearing these towards the evolving body of scientific knowledge. In addition, KCE publishes on methodologies that serve as a guide for other health care researchers.

KCE IS INVOLVED IN FOUR MAIN DOMAINS

- Good Clinical Practice: developing clinical practice guidelines to support and frame medical practice
- Health Technology Assessment: evaluating medical technologies and medicinal products
- Health Services Research: investigating the optimal means of organising and funding health care
- Methods: developing meticulous processes for sound research

OUR SEVEN CORE VALUES

- Scientific excellence and quality
- Intellectual independence and objectivity
- Performance, accessibility, quality and safety of health care
- Dynamic communication
- Focus on patients
- Dialogue and consultation
- Transparency and good governance

THE KCE TEAM

All KCE researchers are university educated and many have PhDs. Thanks to the multidisciplinary nature of its team, KCE is able to address divergent research questions from a medical, economic, social, legal and ethical angle. At the end of 2013, KCE had a workforce of 60 people, 42 of them researchers (for FTE figures, see 'Staff').

EXECUTIVE BOARD

The Executive Board is composed of representatives of the government and the main Belgian health care and health insurance stakeholders. All reports are discussed at Executive Board level before the policy recommendations they contain are voted on. Board decisions are made by majority vote. To date, the Executive Board has never completely rejected a report.

CONFLICTS OF INTEREST

KCE staff are not permitted to engage in professional activities outside of KCE that may give rise to a conflict of interest. All external contributors to KCE reports are required to sign a conflict of interest statement, which is referred to on the colophon of the relevant reports.



STUDY SUBJECT PROPOSALS

Each year, KCE draws up its research agenda on the basis of priority themes. These themes are chosen following consultation with all partners in the Health Research System (composed of the Superior Health Council, the National Institute for Sickness and Disability Insurance (RIZIV-INAMI), the Scientific Institute of Public Health (WIV-ISP), FPS Public Health and KCE). Between July and September, private citizens are welcome to propose topics of study for the coming year. If you would like to be notified of the call for study proposals, please register on the *website* * via the 'Login' link.

Classification of submitted proposals by origin.

Classification of the proposals submitted in 2013 by priority theme.

DISSEMINATION OF STUDY RESULTS

Scientific reports are only meaningful if they have an impact on policies and the field as a whole. KCE strives for maximum impact by systematically disseminating its study results via the press, social media and its website. In the course of 2013, KCE was mentioned in close to 700 articles that appeared in the print media. Over 100,000 unique visitors visited its website more than 146,000 times. *The 30 most downloaded KCE reports in 2013.*

KCE researchers give conference presentations and publish articles on their work. In 2013, 28 KCE articles appeared in peer-reviewed scientific journals. KCE is also affiliated to international research networks in the relevant fields of study (e.g. EUnetHTA, GIN, INAHTA, HTAi,...).

Moreover, KCE investigates whether all these efforts produce genuine results; in 2013, for example, it examined to what extent policymakers actually acted on its recommendations (report 214 - see also the section 'Methods').

Keep up to date with our publications, press releases, tenders, vacancies and more via kce.fgov.be -> login





GOOD CLINICAL PRACTICE (GCP)

....clinical practice guidelines to support and frame medical practice

Medical science is evolving constantly. Care providers cannot be expected to keep track of all the latest medical developments. Therefore, they need to be able to refer to guidelines that will help them choose the best possible course of action when faced with a particular problem.

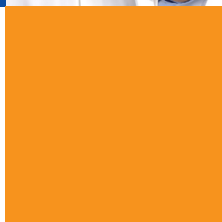
In 2013, KCE compiled a new series of guidelines on cancer. These guidelines consistently underlined the importance of **multidisciplinary and experience**. It has been established that the survival rate for lung cancer but also for cancer of the oesophagus or stomach increases dramatically and that patients are less likely to suffer complications if they are treated in hospitals that deal with a minimum number of these cases each year.

Patient information and involvement also received a great deal of attention. This is one of the key elements in tackling cancer pain. The patient's preference should also play a major role when it comes to deciding between treatment and careful surveillance of prostate cancer.

Sometimes the cure is worse than the disease: there is undoubtedly a case to be made for actively surveying a minor localised prostate cancer and only resorting to treatment if the cancer is effectively evolving. In the case of minimal breast cancer metastases, too, it is no longer recommended to remove the axillary lymph node glands as the cons often outweigh the pros.

In addition to this series in the field of oncology, KCE also published guidelines on how to best prevent or treat pressure ulcers and deal with sprained ankles, showing that an X-ray or cast is not always the best option!





HEALTH SERVICES RESEARCH (HSR)

... for affordable, accessible and high-quality health care

What is the best way to organize and finance a health service? How do we ensure that this service remains affordable and accessible? How does this tally with the objectives of the Belgian health care system? KCE tackles all these questions and more in the HSR domain.

Quality of care once again featured high on the agenda in 2013. Together with RIZIV-INAMI and the WIV-ISP, we published a second edition of the report on the global performance of the Belgian health care system. And, in collaboration with the College for Cardiac Pathology, we developed a quality handbook for cardiac networks. To promote quality assurance, we assessed the dissemination and implementation of clinical practice guidelines in Belgium and investigated the possibility of linking existing databases to make studies faster and more cost effective.

In the field of **organizing and financing hospital care**, we focused on aftercare for patients who had sustained severe burns and examined the pros and cons of installing smaller MRI scanners for limbs. We also investigated why the use of biosimilar medicines remains so low in Belgium. Finally, we considered international models of fixed hospital funding based on patient pathology. This yielded valuable information for a study that will make recommendations for the reform of Belgian hospital financing. This study will be conducted in 2014.

Last but not least, **the position of patients** also received a great deal of attention. In that context, we examined the public's perception of glasses, lenses and surgical techniques to correct visual disorders. We also investigated the acceptability for stakeholders of the involvement of patients and citizens in health care decision-making. A follow-up to this study, which will involve a large-scale population survey, is scheduled for 2014.



HEALTH TECHNOLOGY ASSESSMENT (HTA)

...what is the added value of a (new) technology or treatment?

HTAs examine whether a certain technology or product is safe and effective. The basic premise here is that it should not be harmful, and it must demonstrably improve the patient's condition in comparison to the standard treatment or no treatment. In addition, the cost effectiveness of the technology or treatment is often measured as well. To this end researchers examine whether the health benefit is proportionate to the cost; in other words, whether the technology or treatment offers affordable added value.

In 2013 we addressed a diverse range of issues. On the one hand, we considered **highly specialist hospital care** by examining innovative radiotherapy techniques.

On the other hand, we delved into **prevention and early detection** among the population at large, from the flu vaccination for children to biomarkers for the prediction of cardiovascular risk.

Further, our study on the surgical correction of refractive errors explored **the interface between health care and 'comfort'**.





METHODS

... developing meticulous processes for sound research

Methodological reports are, first and foremost, intended for 'internal use'. Collecting, analysing, selecting and summarizing the sometimes overwhelming amount of scientific information on a particular topic calls for a meticulous approach. But it is also important to assess what happens to a report after it is published. To go beyond impressions and opinions, we developed a method to measure the impact of our recommendations.

This resulted in the study '*Impact of the KCE reports published from 2009 to 2011*'. In this study, KCE examined to what extent policymakers actually acted on its recommendations – a unique exercise for a scientific institution of this kind.

About half of the recommendations issued between 2009 and 2011 had a direct impact on legislation. One third were still being discussed by policymakers at the time of publication. The government agreement of 1 December 2011 stipulates that the Minister for Social Affairs and Public Health must present Parliament with an annual report on the extent to which the KCE recommendations have been heeded. Our impact report provides the relevant information for this and can also serve as a basis for subsequent impact studies.

KCE HAS READ FOR YOU

... a summary of relevant and reliable scientific information for policymakers

The number of policy issues on the table at any one time by far exceeds the answers KCE can produce with the resources it has at its disposal. Fortunately, we do not have to keep reinventing the wheel. In our regular reports '*KCE has read for you*', we provide policymakers with a concise, critical reading of publications by reliable sources. These include publications by our sister institutions abroad or by relevant official bodies such as the European Medicines Agency (EMA) and the American Food & Drug Administration (FDA).

In 2013, we selected a study by our Norwegian colleagues from NOKC on *screening for depression during and after pregnancy*, and an overview by the Cochrane Collaboration on *pharmacological interventions for smoking cessation*.

FINANCIAL REVIEW

BALANCE SHEET					
ASSETS			LIABILITIES		
	2012	2013		2012	2013
FIXED ASSETS	486,668	385,441	EQUITY CAPITAL	6,251,841	6,201,513
Intangible fixed assets			Accumulated profits	6,251,841	6,201,513
Plans and studies					
Concessions, licences	71,711	79,360			
Tangible fixed assets			LIABILITIES	2,132,672	2,581,256
Buildings	305,391	254,493			
Equipment and office eqpt.	8,624	799	Long terms liabilities		
IT equipment	100,942	50,789	Financial debts	254,493	203,594
Financial fixed assets					
			Liabilities payable within one year		
CURRENT ASSETS	7,897,845	8,397,328	Liabilities expiring within the year	50,899	50,899
			Suppliers	268,098	501,493
Receivables within one year			Invoices to be received	409,242	315,245
Income receivables					
			Taxes, soc. security and remuneration		
			Advanced pay roll taxes & soc sec contrib	198,033	75,792
Liquid assets					
bpost	7,739,799	8,193,423			
Petty cash	231	425	Provision for holiday pay	250,000	350,000
			Other social liabilities	85,000	93,000
Deferrals and accruals	157,815	203,481			
			Other liabilities	523,898	991,233
			Deferrals and accruals	93,010	
TOTAL ASSETS	8,384,513	8,782,769	TOTAL LIABILITIES	8,384,513	8,782,769



PROFIT AND LOSS ACCOUNT					
	2012	2013		2012	2013
OPERATING INCOME	9,246,984	9,352,883	62 Remuneration and social security contributions		
74 Other operating income			Remuneration	4,069,887	4,100,606
Subsidies	9,236,477	9,342,448	Social security contributions	1,236,795	1,074,240
Recovery of luncheon vouchers	10,507	10,435	Staff insurance	333,724	382,217
OPERATING COSTS	8,741,070	8,409,327	Other staff benefits	174,884	364,298
61 Services and miscellaneous goods			63 Depreciations, impairments and provisions	211,377	204,912
Studies outsourced	1,403,028	938,183			
Premises and equipment	587,520	601,128	OPERATING RESULT	505,914	943,556
Office expenses and supplies			Financial revenue	24	168
Documentation	109,455	113,926	Financial expenses	2,281	2,820
Communication	48,581	57,530			
Other office expenses and supplies	95,809	82,771	CURRENT RESULT	503,657	940,904
External services			Extraordinary revenue		
Consultants and external experts	166,524	153,667	Extraordinary expenses	523,868	991,233
IT services and consultants	162,166	205,976			
Other external services	45,538	38,980	Extraordinary result	-523,868	-991,233
Training	64,904	42,451			
Travel and representation expenses	23,755	44,277	RESULT FROM ORDINARY ACTIVITIES	-20,211	-50,329
Attendance fees	7,122	4,165			

STAFF

FUNCTIONS*	31/12/12	31/12/13
PRESIDENT	0,2	0,2
MANAGEMENT		
General management	2	2
Programme management	1	1
Total	3	3
RESEARCH		
Physician	11,8	11,6
Economist	7,6	7,4
Others (sociologists, statisticians, HSR...)	8,7	7,7
Data analyst	5,2	5,2
Knowledge manager	1	2
Total	34,3	33,9

* FTE

SUPPORT STAFF		
P&O and legal advisor	2	2
Accountancy and budget	1	1,5
Communication	0,9	0,9
Library and website	1	1
Secretariat	4,5	4,5
Project management	1	0
Layout	1	1,5
ICT	1	2
Total	12,4	13,4
TOTAL	49,90	50,50



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The annual report is also available via the KCE website.

To order additional copies, please email **info@kce.fgov.be**

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