Karel Van De Sompel – Director, GIBBIS

It is time to act and realise the critical importance of the healthcare sector both from a medical and an economic perspective

22.06.2023

Tags: Belgium, GIBBIS, Hospitals, Association, Healthcare, Investment

Karel van de Sompel of GIBBIS - the pluralistic federation of the public and private social-profit healthcare sector within the Brussels area - outlines the scope and aims of the organisation, the learnings from his near-four decades at Pfizer that can be applied in this new role, and some of the major challenges facing healthcare sustainability in Brussels, Belgium, and Europe today.

You were at Pfizer's Belgian affiliate for many years and have now taken on a new position at GIBBIS. Can you talk briefly about what brought you to your new role?

I have been very fortunate to have been able to work in the pharma industry for about 39 years, 35 of those years at Pfizer. During those almost four decades, I was able to appreciate the value of medicines and vaccines. When you start as a medical representative, you probably do not realise what that value is, but over the years, I came to understand the value of bringing innovation into the healthcare sector. The real purpose of the pharma industry is constantly bringing innovation to patients. That is very important: making medicines available globally and at a cost that is affordable to the vast majority of patients. I am very proud and fortunate to have been a part of that.

When it was time for me to leave Pfizer after all those years, I had to reflect on what I wanted to do and quickly came to the conclusion that my passion for healthcare was still huge. I wanted to continue working in this area, and when I got the opportunity to lead GIBBIS, it took me only a few weeks to fully decide that it was a challenge I wanted to take moving forward.

GIBBIS represents healthcare institutions in the greater Brussels area. What exactly is the organisation’s mission?

GIBBIS is a pluralistic federation of the public and private social-profit healthcare sector within the Brussels area. We represent a vast majority of the healthcare institutions in Brussels and the mission of GIBBIS is to unite the interests of those institutions, protect them, inform them and exchange experiences and best practices. But also, more than ever, we advise them on what to do and what is happening within the broader healthcare system.

That brings us to the aspect of contributing to policymaking. We try to have a positive impact on policymaking with respect to the financing and management of hospitals and care institutions at large and bringing innovation into the hospital setting on a continuous basis. GIBBIS includes about 68 institutions representing more than 33,000 employees.

There are around 11,000 beds in all of those institutions and on a yearly basis, they see around 4 million consultations, or about 700,000 emergency visits and service visits.

Coming from pharma into an adjacent area of healthcare that nonetheless has slightly different objectives, how has the transition been on a personal and management level?

It went smoothly. Maybe I was lucky but the last three months at Pfizer were not that busy (at least for me □□) and I was able to reflect on the work I had done and look forward to the future.

I have to say that while it is different, and it is indeed different, there is one thing that brings both sides together and that is the patient. From an institutional perspective, we put the patient at the centre of what we do, but I think there is still some work to be done. If we were able to start from scratch, we could make things go more smoothly, but that unfortunately is not the case. We need to build upon the current system, and try to evolve and make it progress.

Have you encountered any sort of resistance to the fact that you came from the pharma industry?

I led the board of pharma.be, which perhaps established my credibility among stakeholders and that helped. At the beginning, I had to introduce myself and talk a bit about my 39 years of experience in Pharma, but no one has held that legacy against me. At GIBBIS, I am very proud to be able to lead a team with so much expertise and experience and the organisation immediately connected me with the team.

You mentioned that a main part of your mission is contributing to policymaking, advocacy work and putting the voices of your members in front of the people making decisions. What are your top priorities in terms of advocacy work in Belgium?

Maybe we should start by talking about the main challenges, of which there are three. First of all, the demographic trends coming towards us. If you look at them, then you can see that the demand for chronic care will continue to rise. We know that life expectancy will grow. The kids of today will have a life expectancy of about 90 years on average, and that means people will need more chronic care.If you combine this with the fact that we will face a shortage of workforce across all industries for the next few decades to come, we face significant challenges. The healthcare sector will be in competition with other sectors to find experts in the field and the care personnel we need. Today already 5% of hospital beds had to be closed because of a lack of personnel. There will be a workforce shortage across the board because we have the Baby Boomers leaving and there are not enough newcomers in the system, whether that be healthcare or another sector.

There is also a second challenge, which is the attractiveness of our sector. There were moments when the pandemic started when everyone was applauding care personnel. But what we did not

realise was that the pressure was high, the workload was significant, and many of them have left the system as a result. As a result, we are running into significant shortages. Not only that, it is as if many care personnel have lost their sense of purpose. They have lost their interest in the healthcare system, realising there are other ways to earn money, and preserve a work-life balance.

The third challenge is the financial sustainability of the system and how to get the system financed and funded.

Getting back to what we are advocating for, let us start with a common perspective on healthcare. The healthcare sector should be recognised as a critical sector in our economy because you cannot have a healthy economy without having a healthy population and a healthy healthcare system. There are, of course, other macro-economic factors that are out of our control and trade-offs will have to be made because budgets are limited. Yet we want politicians to keep in mind that we need to continuously invest in the healthcare system.

We are also advocating around the shortage of personnel. We need to increase the number of care personnel facing patients. If you look at Belgium right now, the ratio of nurses per patient is one nurse for 9.4 patients while European efforts aim for one for eight. This is a minimum just to guarantee the safety of patients. If we want to be ambitious, we should go beyond. And that means we need to invest in order to get there.

There is also the attractiveness aspect and the education system. Of all people starting a course in nursing only 60 percent end up working in the healthcare sector. We need to again instil a sense of purpose.

The other issue we are advocating for is the need to reform the financing system of our hospitals and healthcare institutions. Today, there is a situation of structural underfunding. It limits hospitals' ability to innovate in the organization of care in general.

Belgium spends quite a high percentage of its GDP on healthcare. Talking to your colleagues on the pharma side of the table, they seem to say that much of the budget is going to hospital infrastructure. How do you explain the fact that Belgium is spending a lot, but there is still the underfunding you mentioned?

Over the last decade, Belgium has invested more than its economic growth would allow for in healthcare, so from that perspective, we could say that healthcare has been considered a crucial sector and we have done the right thing.

What we may have lost sight of is how to use the euros being spent most efficiently. Just adding money is not going to solve the problem. It is more about how to reshuffle resources. And that is going to be a very difficult exercise because it is difficult to take things away even if rationally, we all agree that it is better to do it another way. That means rethinking and reform. That ability to rethink should come from all of the players, not just hospitals or Pharma. Spending more than EUR 35 billion on healthcare comes with a responsibility for all actors in the domain.,

Looking forward, we should take into account our evolving needs. It is not just what we need today, but what we will need in the future, taking into account demographic trends.

Lastly, when we talk about reform, we need to design an integrated care model starting from the perspective of the patient; a model that connects all of the lines of care within a multidisciplinary approach.

Beyond the more traditional care delivery models, how much progress has been made in Belgium with respect to home care and telehealth?

Many measures are being taken in order to incentivize care at home. Not for every disease, of course, but for a certain class of patients who can be treated at home. If you look at the length of stay in hospitals today, versus what it was 10 years ago, it has become much shorter.

The problem is that you need to have the support system outside the hospital for those people who are living in more isolated/fragilized settings. In the Brussels area, for example, there are many people who live alone. That goes back to the integrated care model I mentioned.

Digitalisation and data sharing have become an important piece of healthcare system upgrades. Does it form a part of GIBBIS’s mission and advocacy work? Where do you members stand on that front?

We all agree that we should do more with the magnificent pool of data we have. We are all aligned on the fact that we should leverage that data much more. There is a new national health data agency that will play an important role in that. We acknowledge the importance of using data more and better at all levels more than ever before, but in a complex country like Belgium, we are not there yet.

We have an institutional law, which defines us as having three regions and two communities, which is why we have about eight ministers of health in Belgium. In that complex context, choosing one platform to share data is not easy. But the good news is that there is the realisation that it all starts there and we are going to take some significant steps in that direction over the next five to ten years.

There is a new access roadmap and several reforms are in the works in Belgium. What is your view of the access to innovation scenario and how do you see progress in that area?

Whether we are talking about pharma, the authorities, or hospitals, we all have to rethink the way we fund and find innovation. We know that the innovation of tomorrow will become more personalised and specialised than a decade ago if we look for example at things like gene therapies. To fund all of that innovation with the current system is not going to work.

Both from a payer perspective, but also from a pharma industry perspective, we need to rethink that model fundamentally. That is when we talk about risk sharing but in a way that is value-based, which brings us back to data. The industry, in collaboration with hospitals and institutions, with respect to medical devices and medicines, needs to demonstrate value and we need data for that.

It also requires a flexible mindset from authorities and payers. From the administration’s perspective, it is difficult to value innovation because they can only see another thing at a higher price they will not be able to pay for. And then there are also the insurance companies.

How can we open that box in order to make that happen? For medical devices, it is going to be exactly the same with the one exception that their technology might become even more disruptive than medicines, or vaccines.

How flexible is the mindset of the government stakeholders you interact with?

I think the government stakeholders are well aware of the challenges ahead of us and they realize that the solutions we used to bring to the table today might not be the ones for the future. The main challenge is to figure out how to act from within a limited budget perspective and make the right choices. It is not going to be easy.

Do you have any closing comments you would like to share with our international audience?

From a Brussels and a Belgian perspective, I have three things to say. It is time to act and realise the critical importance of the healthcare sector both from a medical and an economic perspective. We need to continue to invest and leave space for innovation.

It is also time to value, more than ever, the incredible work of care personnel, people who work day in and day out, and make sure we have enough of a workforce. We need to make that job attractive again so that people will join us.

As a sector, let us be open to continuous change. Our society is changing and will continue to change and advocating for the status quo is not going to help us. I know budgets are limited, but that should inspire us, even more, to do the right thing because we owe it to the patients who are waiting for new treatments.

See more interviews