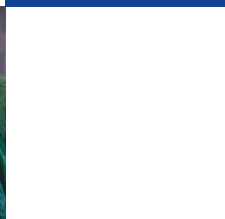
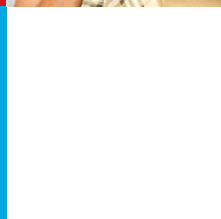
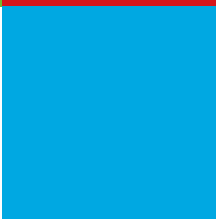
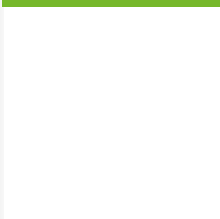
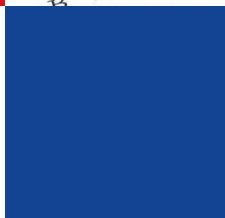
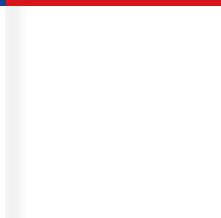
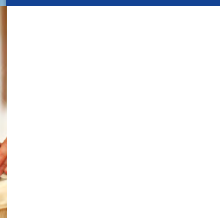
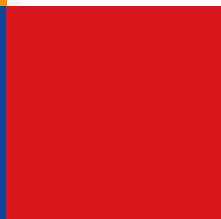
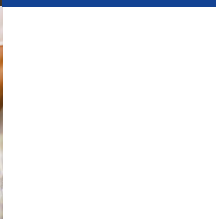
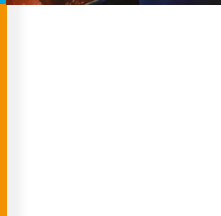
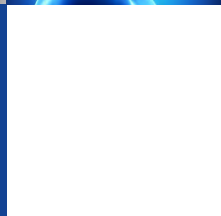
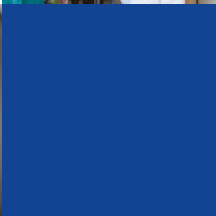
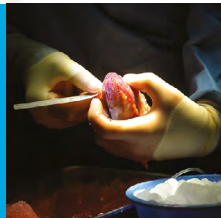
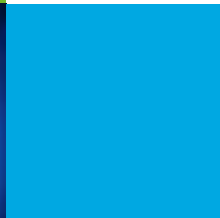
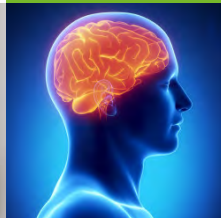
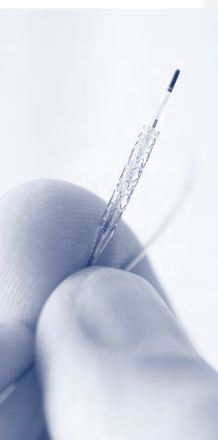




Federaal Kenniscentrum voor de Gezondheidszorg
Centre Fédéral d'Expertise des Soins de Santé
Belgian Health Care Knowledge Centre



ANNUAL REPORT 2014

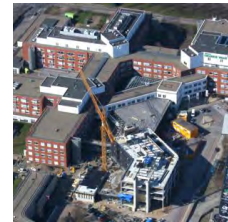
www.kce.fgov.be





PIERRE GILLET
President of
the Executive Board

We had our fair share of intense experiences this past year. Being a government institution, we are naturally directly affected by the consequences of a change of government. Even though KCE prides itself on producing its scientific studies independently, we still remain imbedded in the larger public administration and in the current government's policy. We therefore felt very pleased and confirmed when this new administration and our new minister in particular, valued KCE's efforts while mapping out their future policy and even benchmarked our views in a large number of cases. Among them, some very difficult and sensitive cases in which KCE 'stuck out its neck': treatment of rare and complex cancers, reform of hospital financing and of remuneration of hospital specialists, to name but two.



RAF MERTENS
General Director

In 2014, we invested quite some extra effort in communicating our results, towards different target groups and audiences. We created support tools for breast and prostate cancer screening, intended to give neutral and comprehensible information to patients while taking a decision. We also executed a large and noticeable public survey, to assess the civilian's preferences while taking decisions, not on their individual care, but on reimbursing new ways of treatment.



We also had an eventful year internally. Three collaborators took on the role of project coordinator, taking us to a higher level of task differentiation. We also performed a thorough self-assessment using the Common Assessment Framework (CAF).

2014 might have ended on a sad note - we too were affected by the cutbacks of public expenditure. This however will not prevent us from fulfilling our mission with the same diligence and drive, to ensure high quality and accessible care for everyone, even in times of crisis.



CHRISTIAN LÉONARD
Deputy General Director





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

WHAT DOES KCE STAND FOR?

The Belgian Health Care Knowledge Centre goes by the acronym KCE, which incorporates the abbreviations of its name in both Dutch (**K**enniscentrum) and French (**C**entre d'**E**xpertise).

OUR MISSION

KCE's mission is, on the basis of scientific analysis and research, to advise policy-makers 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 healthcare 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 and publishing on methodologies that serve as a guide for other healthcare researchers.

KCE IS INVOLVED IN FOUR MAIN DOMAINS

- Investigating the optimal means of organising and funding healthcare (Health services research)
- Developing and adjusting clinical practice guidelines to the most recent scientific evolutions (Good clinical practice)
- Evaluating medical technologies and medicinal products (Health technology assessment)
- Developing accurate manuals using validated work methods, destined for all researchers working in the domain of healthcare and public health (Methods)

KCE also resumes study results by reliable sources, relevant to the Belgian context, into concise 'KCE has read for you's'.

OUR SEVEN CORE VALUES

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

THE KCE TEAM

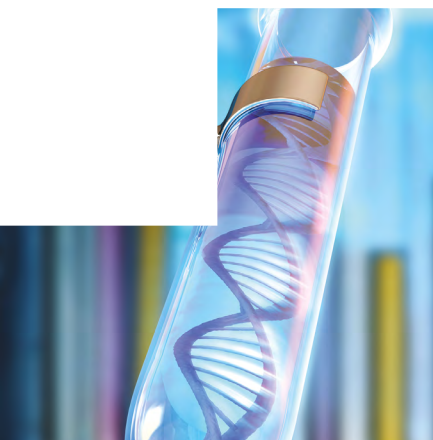
All our researchers are university educated and many have PhDs. Thanks to the multidisciplinary nature of our team, we are able to address divergent research questions from a medical, economic, social, legal and ethical angle.

EXECUTIVE BOARD

Our Executive Board is composed of representatives of the government and the main Belgian healthcare and health insurance stakeholders. All reports are discussed at Executive Board level and 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

Our 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 our reports are required to sign a conflict of interest statement, which is referred to on the imprint page 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 the National Institute for Sickness and Disability Insurance RIZIV-INAMI, FPS Public Health, the Scientific Institute of Public Health WIV, the Superior Health Council 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 our [website](#) via the 'Login' link.

[Classification of submitted proposals by origin](#)

[Classification of the proposals submitted in 2014 by priority theme](#)

DISSEMINATION OF STUDY RESULTS

Scientific reports are only meaningful if they have an impact on policies and the field. KCE strives for maximum impact by systematically disseminating its study results via the [press](#), social media and its [website](#). In the course of 2014, KCE was mentioned in close to 700 articles that appeared in the print media. We featured in more than 30 television programs and 70 radio programs. Over 123,000 unique visitors visited its website more than 174,000 times.

[The 30 most downloaded KCE reports in 2014](#)

[Number of downloads of the KCE-reports published in 2014](#)

Our researchers give conference presentations and publish articles on their work 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).

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





CLINICAL PRACTICE GUIDELINES (GOOD CLINICAL PRACTICE)

... supporting and framing medical practice

Medical science is evolving constantly. Caregivers cannot be expected to be aware of all relevant and new medical developments. Therefore they can refer to guidelines, based on recent evolutions, helping them make the best possible decision when faced with a particular problem.

In 2014 we wrote a number of guidelines for **the treatment of cancer**. The results of *the treatment of colon cancer* are improving thanks to better care before, during and after the operation. Furthermore, diagnostic tests can identify tumors that are more likely to respond to a certain treatment. This way, a growing number of cancer patients get a tailored treatment ("personalized medicine").

In 2014, we published the second part of our guidelines on *treatment of localized prostate cancer*. We stated in our first *report* that the least aggressive tumors should not always be treated immediately. It is often sufficient to monitor them actively. Regarding tumors posing a higher risk, prostatectomy and radiotherapy are recommended, but the patient has to be well informed of the possible side effects of these treatments.

The multidisciplinary nature and experience of the care team remain crucial for good quality care, especially regarding complex cancers such as *oral cavity cancer*.

Genetic predisposition plays an important role in a number of cancers. In collaboration with oncologists and geneticists, we developed guidelines for the identification and referral of people with *an increased risk of developing a hereditary type of colon cancer*.

Implying and informing the patient remains a key element in care. We have developed two tools to support people when taking an informed decision regarding cancer screening. One tool is to support physicians on informing patients correctly and objectively about pro's and con's of *prostate cancer screening with PSA test*. The second tool consists of a number of messages concerning *breast cancer screening*, intended for women from 40 until 79 years old.

We also ventured on the domain of **mental healthcare**. We investigated the large number of existing interventions for *the management of autism in children and young people*. We concluded that only a small number of them are scientifically corroborated. We also listed the scientific proof of *efficacy of psychotherapy, alone or combined with antidepressants, in the treatment of major depression in adults*.

We finally investigated which tests should be used to assess *the risk of preterm birth* and how to treat *lower limb peripheral arterial disease*.



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 keep this service affordable and accessible? How does this comply with the objectives of Belgian health care? KCE tries to find answers to these questions in the HSR domain.

In the domain of **hospital care organization and financing** we investigated the strengths and weaknesses of the current Belgian hospital financing system and we lined out a conceptual framework featuring 17 major orientations for the future. The proposal is ambitious and asks for large, radical changes that are to be implemented gradually, but simultaneously, in order not to overthrow the system. There is no doubt that support is steadily growing. The reform also takes up a prominent place in the new minister's policy document.

We also looked into how care for rare and complex cancers in adults should ideally be organized. As we did in 2013 for oesophagus and stomach cancer, we advise centralizing care for these cancers in a number of reference centers, having the necessary experience, competence and infrastructure at their disposal.

In 2014 we also looked into the **organization of care outside the hospital**. In Belgium, women still remain in hospital after having given birth for a longer period of time than in most other western countries. To reduce this hospital stay, a thorough reorganization of postnatal care is necessary. We developed a model to that effect.

We did not only give attention to the patients, but also to the family members and friends caring for them. We looked into the public support for informal caregivers and concluded that the existing services and support should be better geared to one another and that communication regarding these services should be spread by one single channel. Respite care and psychosocial support for informal caregivers should be more accessible. In short, the informal caregiver deserves himself or herself better care.

In 2014 we paid a lot of attention to **the citizen's point of view**. We executed a large public survey to ascertain which values are most important to the Belgian citizen when it comes to deciding to reimburse a new treatment. Belgian people turn out to highly rate improving quality of life throughout sickness, and not only extending life. Our study aims at helping the policymakers to work out a more transparent and supported procedure for making future decisions.



HEALTH TECHNOLOGY ASSESSMENT (HTA)

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

An HTA assesses whether a technology or product is safe and effective. The technology or product should not be harmful and the patient should experience improvement in comparison to the standard treatment or no treatment. The cost-effectiveness of the technology or treatment is also often measured. To this end, the researchers investigate if the health benefit is proportional to its cost, in other words, if the technology or treatment offers an affordable added value.

In 2014, we tackled a number of very diverse questions. We ventured on the terrain of **prevention** with the serogroup B meningococcal vaccination of young children. The currently available data show that the impact on the number of cases and deaths is too limited and the number of side effects too high to incorporate the new vaccine into the vaccination schedule.

Prenatal screening also caught our attention: we investigated the health-economic aspects of the non-invasive test (NIPT) for detection of Down's syndrome in a blood sample of pregnant woman. On condition of a substantial drop of the NIPT's price and sufficient quality guarantees, we recommend reimbursement of NIPT within standard screening.

We also looked into the added value of **technological innovations**. In our study on machine perfusion in kidneys from donors we recommended reimbursement of this fairly recent mode of transplant kidneys transportation, because it can reduce the number of complications.

Quality and safety of care in private care centers were also addressed in 2014. We took a better look at private surgical centers in the third part of our series on the correction of refractive errors of the eye in adults. We established that private eye clinics conducting such surgeries regularly, but also other private centers, for plastic surgery for example, still need to put some effort in surveying quality and safety.





METHODS

... elaborating accurate investigation methods for adequate research

Collecting, analyzing, selecting and summarizing the sometimes enormous amount of scientific data that have been published on a study topic, demands an accurate approach, meticulously following research methods. Our methodological reports describe these methods elaborately. They are meant for 'internal use' in the first place, but can also be used by external researchers, as a guidance.

In 2014 we executed exploratory research on the strengths and weaknesses of faster and simplified research methods, which should result in an addition to our own Process Book in 2015.

KCE HAS READ FOR YOU

... a critical search for relevant and reliable scientific information

the resources at our disposal. Fortunately we do not have to keep reinventing the wheel. We regularly offer a critical analysis of publications by reliable sources in our '*KCE has read for you*'. We read publications by similar foreign scientific institutions or by relevant, scientific or official instances such as the Cochrane Collaboration, the European Medicines Agency (EMA) and the American Food & Drug Administration (FDA).

In 2014 we selected studies on very diverse subjects. We read for example a study by the Cochrane Collaboration on *nurse or physician-led care for patients suffering from asthma* and a study by our Swedish colleagues at SBU on *internet-delivered psychological treatments for mood and anxiety disorders*. We also made a concise overview of two American studies: one by the FDA on *market introduction of high risk medical devices in the EU vs. US* and one by AHRQ (Agency for Healthcare Research and Quality) on *pharmacotherapy for adults with alcohol use disorders in outpatient settings*. Finally we summarized the findings of Zorginstituut Nederland (the former College voor Zorgverzekeringen-CVZ) and the Austrian Ludwig Boltzmann Institut on *Endovascular Abdominal Aorta Aneurysm Repair* into a concise update of the 2005 *KCE report* on this topic.

FOCUS

... all reports on a specific topic with one click

The focus pages assemble on one single web page links to all reports we have ever published on a specific topic. In 2014 we bundled reports in a focus on breast cancer and a *focus on prostate cancer*. To be continued without doubt.

COMMON ASSESSMENT FRAMEWORK (CAF)

... a thorough and critical self-assessment

Being a research institution, we often critically scrutinize care organizations. In 2014 it was our turn: KCE collaborators used the Common Assessment Framework (CAF), a European tool developed specifically for public institutions, based on the TQM principles (Total Quality Management), to evaluate our own institution. This critical and extensive self-assessment, in which took part all our departments, resulted in a list of action points, to be elaborated in 2015.

FINANCIAL REVIEW

BALANCE SHEET					
ASSETS			LIABILITIES		
	2014	2013		2014	2013
FIXED ASSETS	380,724	385,441	EQUITY CAPITAL	6,247,695	6,201,513
Intangible fixed assets			Accumulated profits	6,247,695	6,201,513
Plans and studies					
Concessions, licences	147,019	79,360			
Tangible fixed assets			LIABILITIES	3,416,963	2,581,256
Buildings	203,594	254,493			
Equipment and office eqpt.	18,702	799	Long terms liabilities		
IT equipment	11,409	50,789	Financial debts	152,696	203,594
Financial fixed assets					
			Liabilities payable within one year		
CURRENT ASSETS	9,283,934	8,397,328	Liabilities expiring within the year	50,899	50,899
			Suppliers	271,009	501,493
Receivables within one year			Invoices to be received	447,088	315,245
Income receivables	298,750				
			Taxes, soc. security and remuneration		
			Advanced pay roll taxes & soc sec contrib	387,437	75,792
Liquid assets					
bpost	8,896,700	8,193,426			
Petty cash	526	425	Provision for holiday pay	350,000	350,000
			Other social liabilities	95,756	93,000
Deferrals and accruals	87,958	203,481			
			Other liabilities	1,662,079	991,233
			Deferrals and accruals		
TOTAL ASSETS	9,664,658	8,782,769	TOTAL LIABILITIES	9,664,658	8,782,769



PROFIT AND LOSS ACCOUNT				
	2014	2013	2014	2013
OPERATING INCOME	9,502,316	9,352,883		
74 Other operating income				
Subsidies	9,491,367	9,342,448		
Recovery of luncheon vouchers	10,949	10,435		
			62 Remuneration and social security contributions	
			Remuneration	4,312,179 4,100,606
			Social security contributions	1,360,237 1,074,240
			Staff insurance	403,399 382,217
			Other staff benefits	146,557 364,298
OPERATING COSTS	8,783,628	8,409,327		
61 Services and miscellaneous goods				
Studies outsourced	1,114,923	938,183	63 Depreciations, impairments and provisions	201,697 204,912
Premises and equipment	607,674	601,128		
Office expenses and supplies			OPERATING RESULT	718,687 943,556
Documentation	101,896	113,926	Financial revenue	621 168
Communication	33,794	57,530	Financial expenses	2,280 2,820
Other office expenses and supplies	74,241	82,771		
External services			CURRENT RESULT	717,028 940,904
Consultants and external experts	159,937	153,667	Extraordinary revenue	
IT services and consultants	142,265	205,976	Extraordinary expenses	670,846 991,233
Other external services	44,455	38,980		
Training	49,476	42,451	EXTRAORDINARY RESULT*	-670,846 -991,233
Travel and representation expenses	26,951	44,277		
Attendance fees	3,947	4,165	RESULT FROM ORDINARY ACTIVITIES	46,182 -50,329

STAFF

FUNCTIONS*	31/12/2014	31/12/2013		31/12/2014	31/12/2013
PRESIDENT	0,2	0,2	SUPPORT SERVICES		
MANAGEMENT			Communication	1,9	0,9
General management	2	2	Legal advice	2,5	1
Management studies	2	1	Budget and Accounting	2	1,5
Total	4	3	Secretariat	5	4,5
			ICT	2	1
			P&O	1,5	2
RESEARCH			Library and website	1	1
Physician	10,8	11,6	Lay-out	1	1,5
Economists, sociologists, data-analists, HSR, statisticians, knowledge management, ...	22,8	22,3	Total	16,9	13,4
Total	33,6	33,9	TOTAL	54,7	50,50

*FTE



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Founded under the Programme Act (1) of 24 December 2002 and published in the Staatsblad of 31 December 2002.

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Publisher: Raf Mertens, Chief Executive Officer, Belgian Health Care Knowledge Centre (KCE)

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Ce rapport annuel est aussi disponible en français / Dit jaarverslag is eveneens beschikbaar in het Nederlands.

Graphic design and printing:
The Crew Communication

Coordination: Gudrun Briat (KCE) and Karin Rondia (KCE)

ISSN: 1783-4112