



OBSERVATORY VENICE SUMMER SCHOOL
2016

PRIMARY CARE IN BELGIUM

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Belgium

About us



Constitutional and parliamentary monarchy.

Federal state composed of:

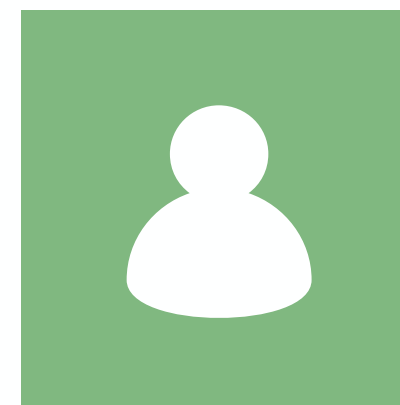
- three regions: Brussels-Capital, Flemish and Walloon region
- three language communities: Flemish (Dutch speaking), French (French speaking), and German speaking (nine towns).

Famous for: chocolate, beer, and French fries

Primary care system framework



Governance



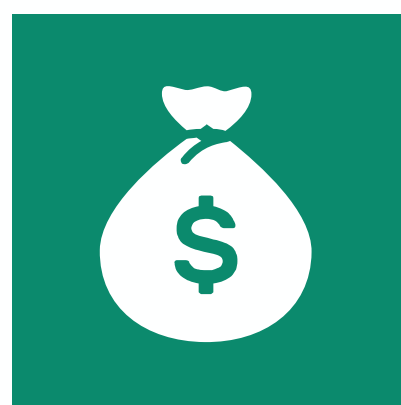
Workforce development



Comprehensiveness



Coordination



Economic conditions



Access



Continuity



Patient pathway



Governance

Policy priority

- Federal level: no recent health policy acts show a clear vision on current and future PC provision.
- Flanders:
 - Some clear targets regarding prevention
 - IMPULSEO: financial stimulus to start an office in areas with a lack of family doctors (IMPULSEO I) OR deprived areas (IMPULSEO II)

Sixth state reform Belgium (2014)

- Organisation of PC transferred from Federal level to community level
- Financing of PC stays at the Federal level and is provided by INAMI/RIZIV

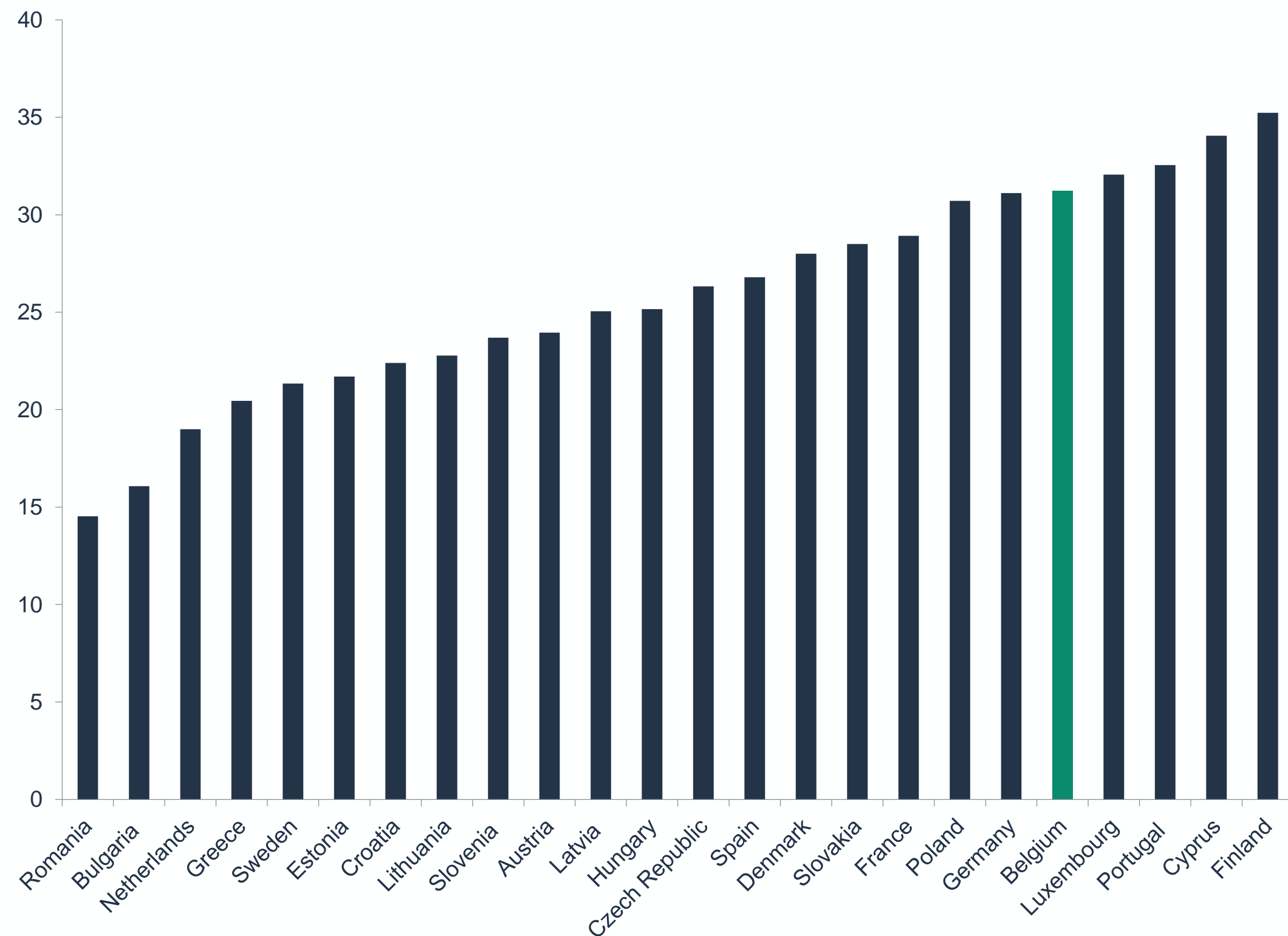
Gatekeeping

- No gatekeeping



Economic conditions

Percentage of health expenditures goes to outpatient care



Source: Eurostat (2012)

Obligatory health insurance

- 99% of the Belgian population is registered with the INAMI/RIZIV
- PC is almost universal
 - People who are not registered with the INAMI/RIZIV do not receive a reimbursement

Payment system

- Fee-for-service scheme
 - Share of fee-for-service in GP revenue: 79.90% in 2010
- Capitation
 - Since the introduction of the EMR
 - GPs get paid for the management of EMRs for each patient > 50 years

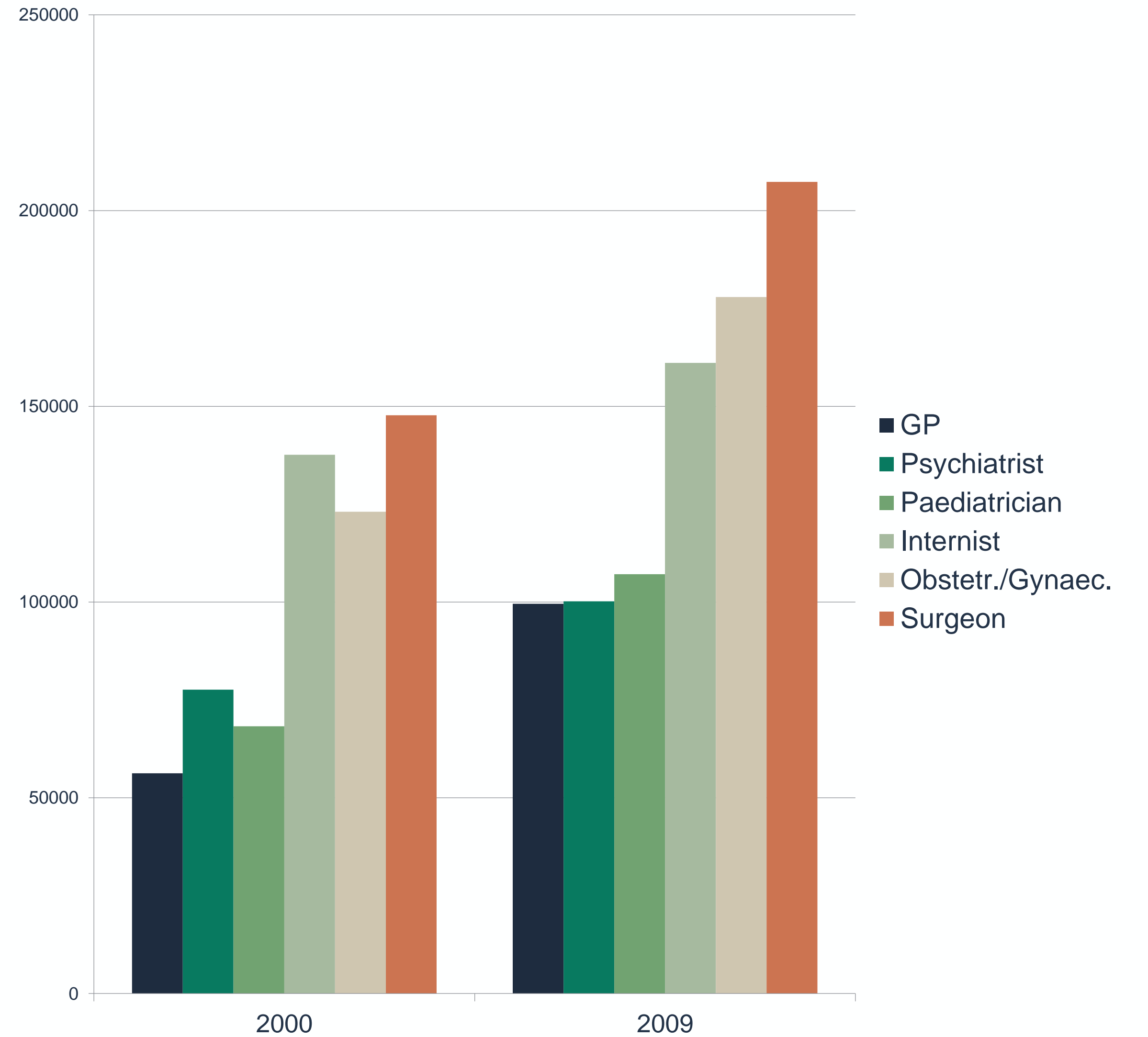
Income of GPs

- Majority of GPs work as independent, self-employed health professionals
- Fee-for-service scheme
 - Share of fee-for-service in GP revenue: 79.90% in 2010



Economic conditions

Evolution of the median incomes of physicians 45 to 54 years old





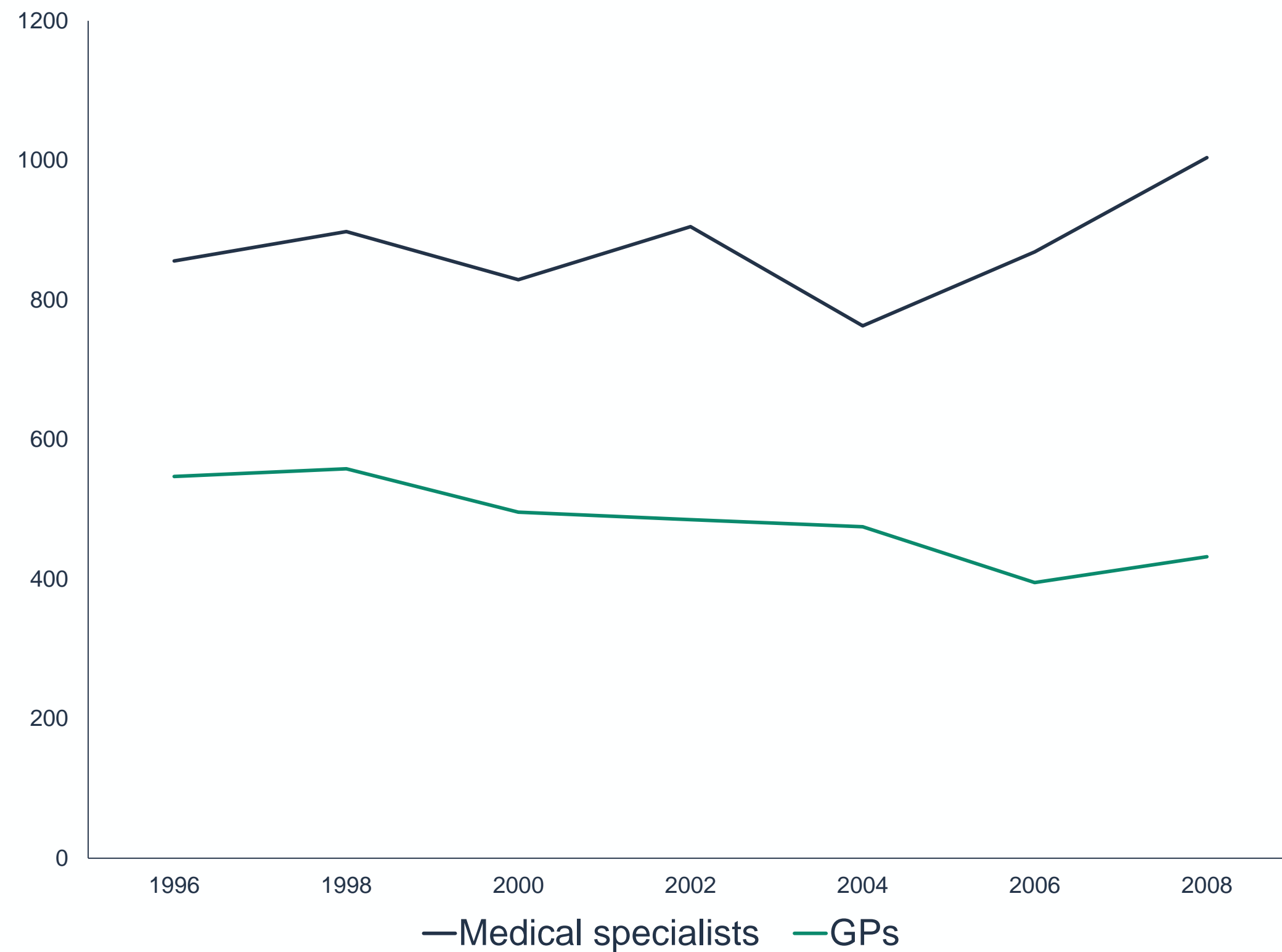
Workforce development

- Average age of GPs: 53 years (INAMI/RIZIV, 2009)

Density

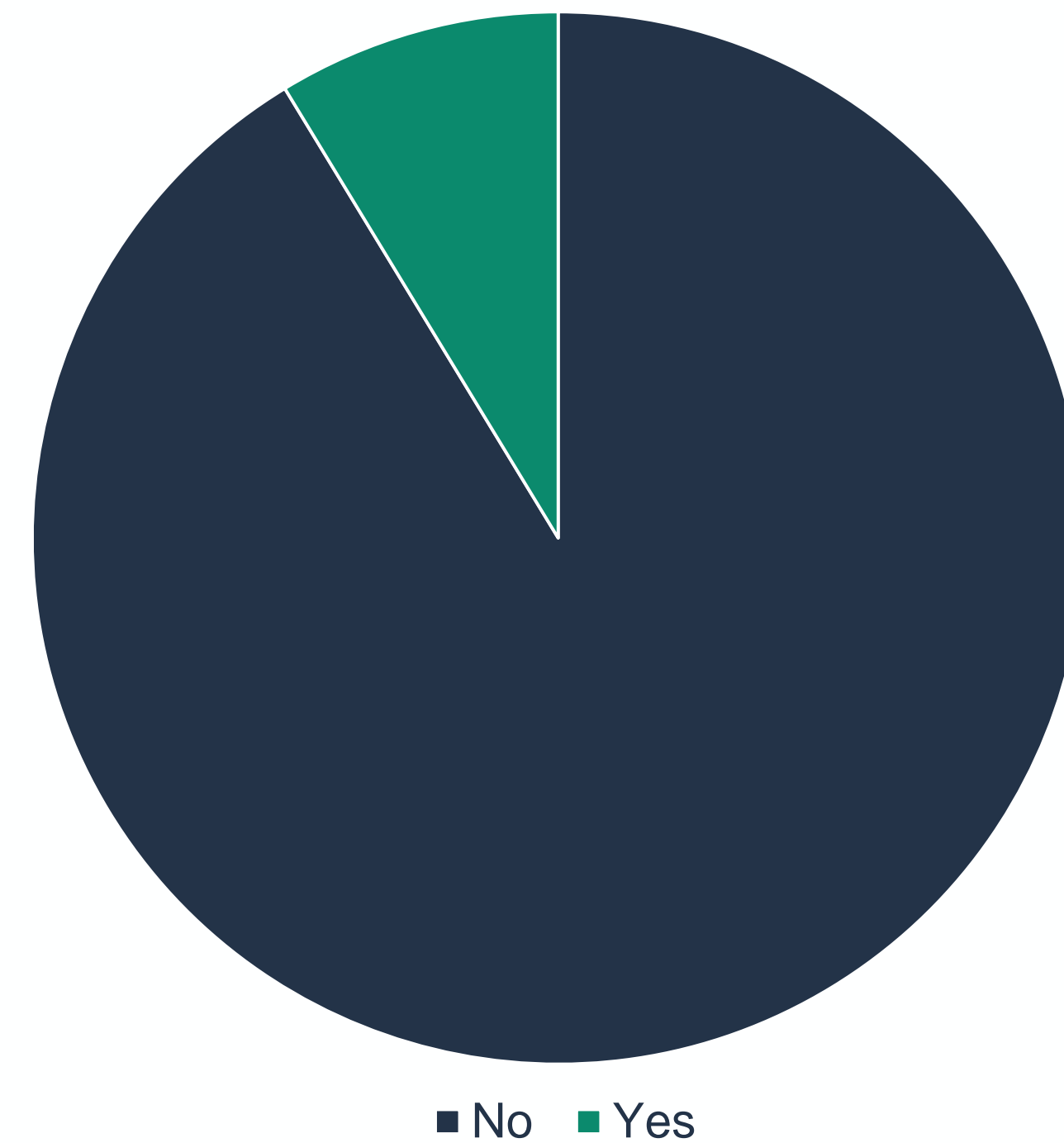
- 1 GP per 1.100 citizens

Number of physicians and their specialisation



Source: RIZIV/INAMI (2012)

Practice nurses in primary care practices



Source: QUALICOPC (2013)



Access

Percentage of patients that postponed care for financial reasons



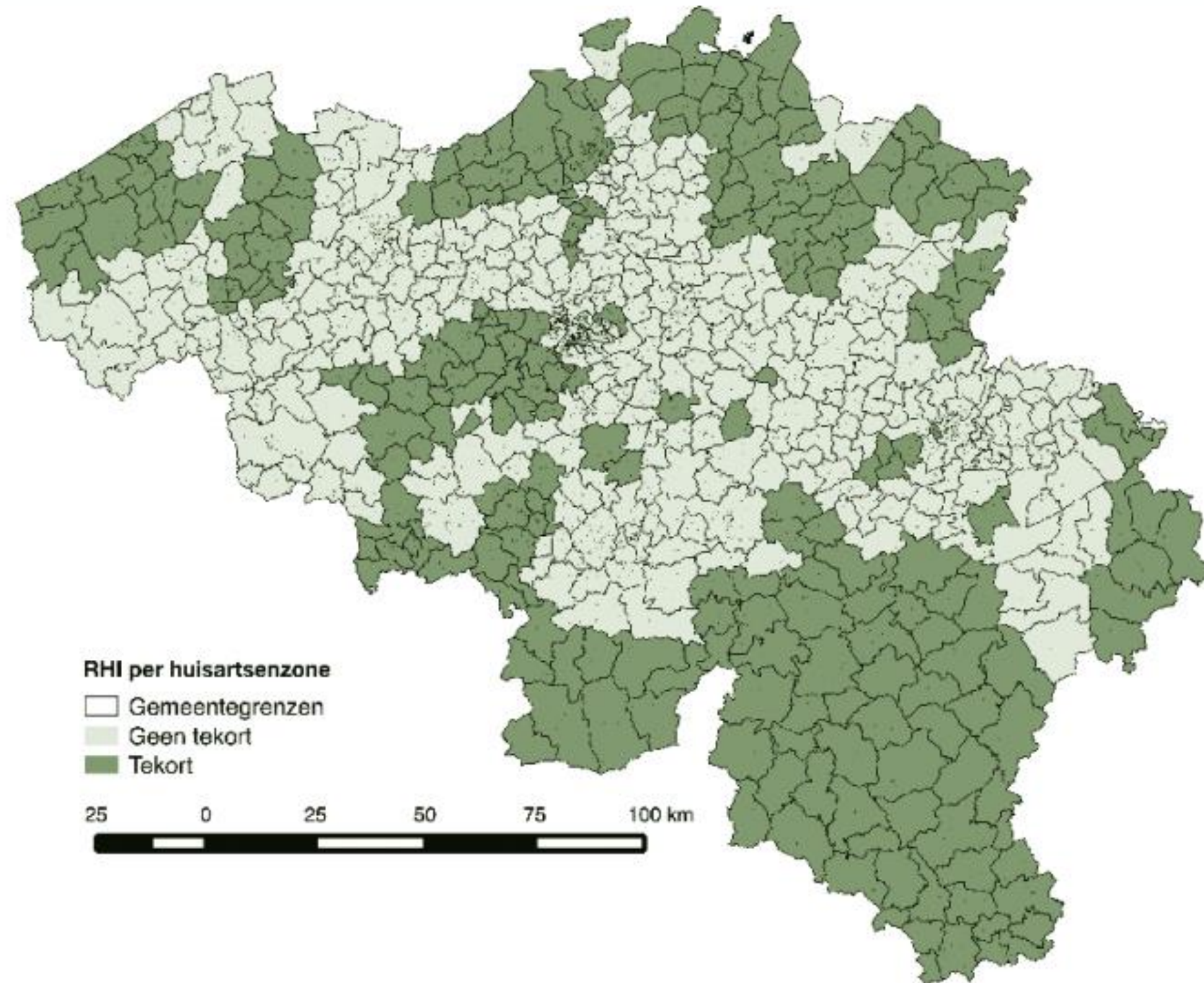
Cost sharing

- Principle: patients are required to pay upfront the full fee and then claim reimbursement from their sickness fund
- Third party payer: for patients with preferential reimbursement
 - Patients only pay co-payment
 - October 2015: GPs are obliged to apply
 - Despite the third-party payer system → Belgian patients rate PC as less affordable than patients in surrounding countries
- Maximum billing (MAB): ceiling on the total amount of co-payments annually



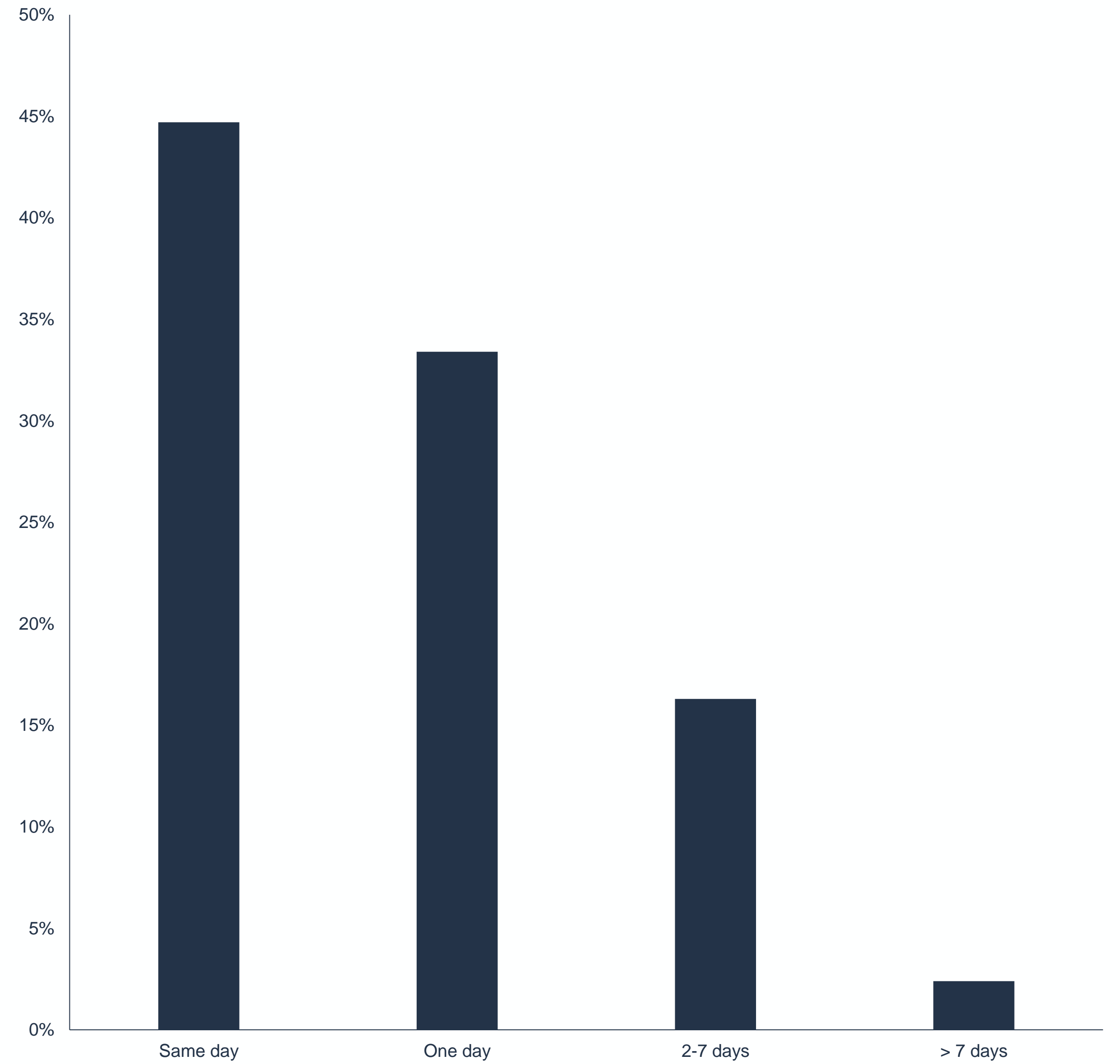
Access

Representation of the density of GPs in Belgium according to the official IMPULSEO I method



Source: Dewulf, Neutens, De Weerd & Van De Weghe (2014)

Waiting time for appointments



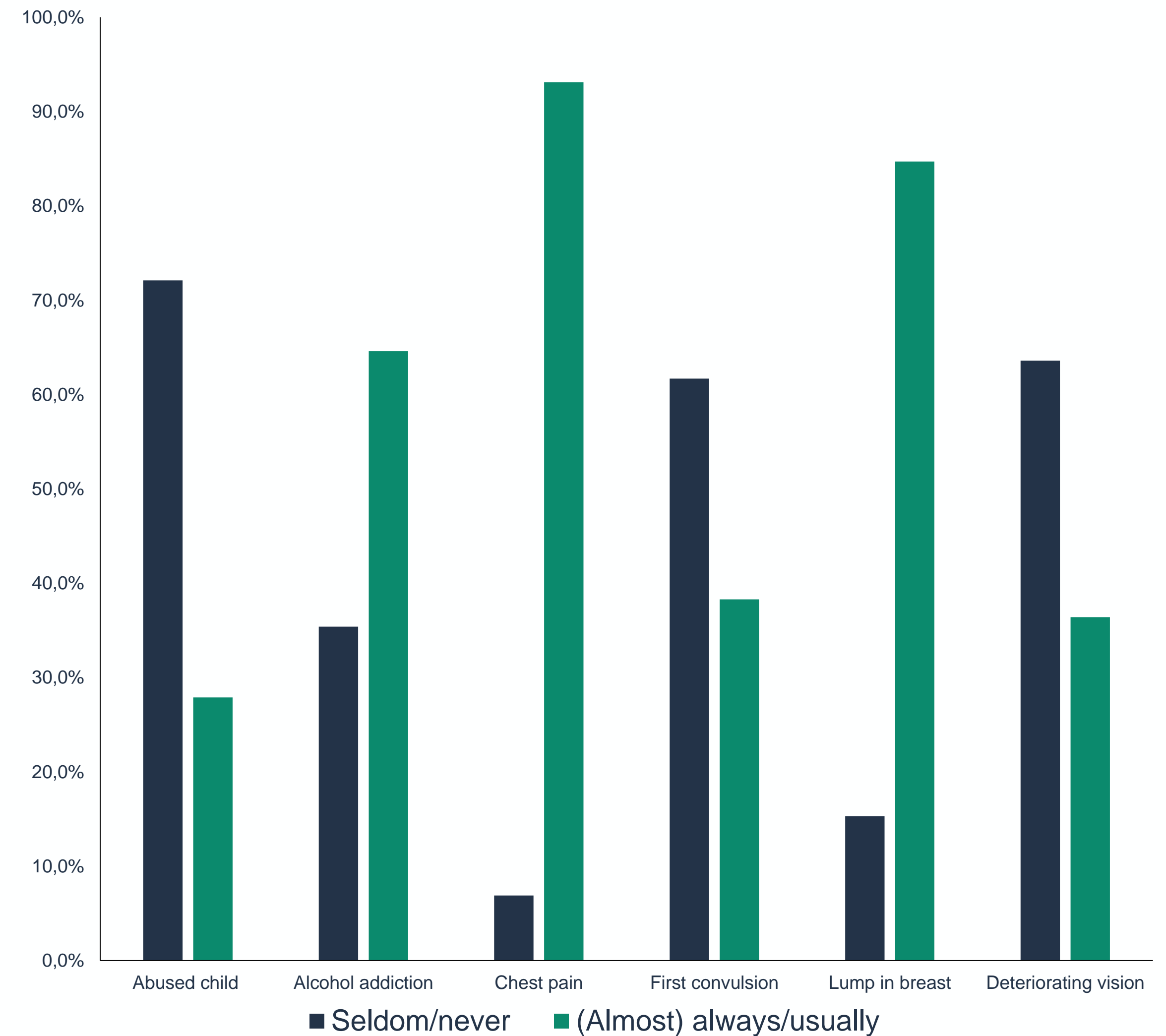
Source: QUALICOPC (2013)



Comprehensiveness

- Overall, 88% of all contacts with a GP are handled solely (Demarest et al., 2006).

To what extent will the GP be contacted as first health care provider

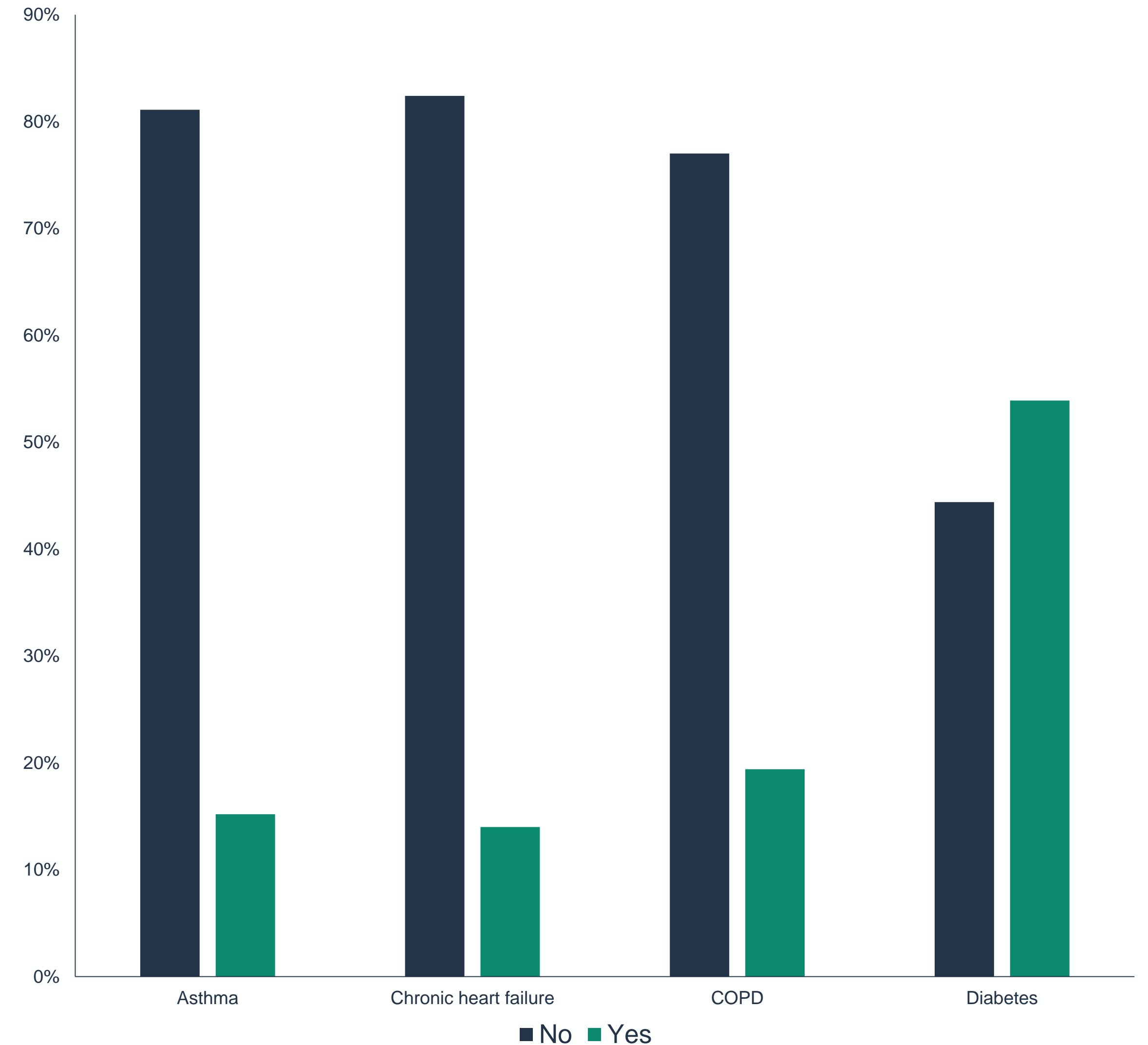




Comprehensiveness

- PC offers a wide range of services, including diagnosis of acute conditions, follow-up of chronic conditions, screening of various cancers and cardiovascular diseases.
 - Screening for sexually transmitted infections less common.
- Health education: more individual counselling compared to group sessions.
- Ambulatory child care more often exercised by pediatricians.
- Overall, 88% of all contacts with a GP are handled solely (Demarest et al., 2006).

Involvement in disease management



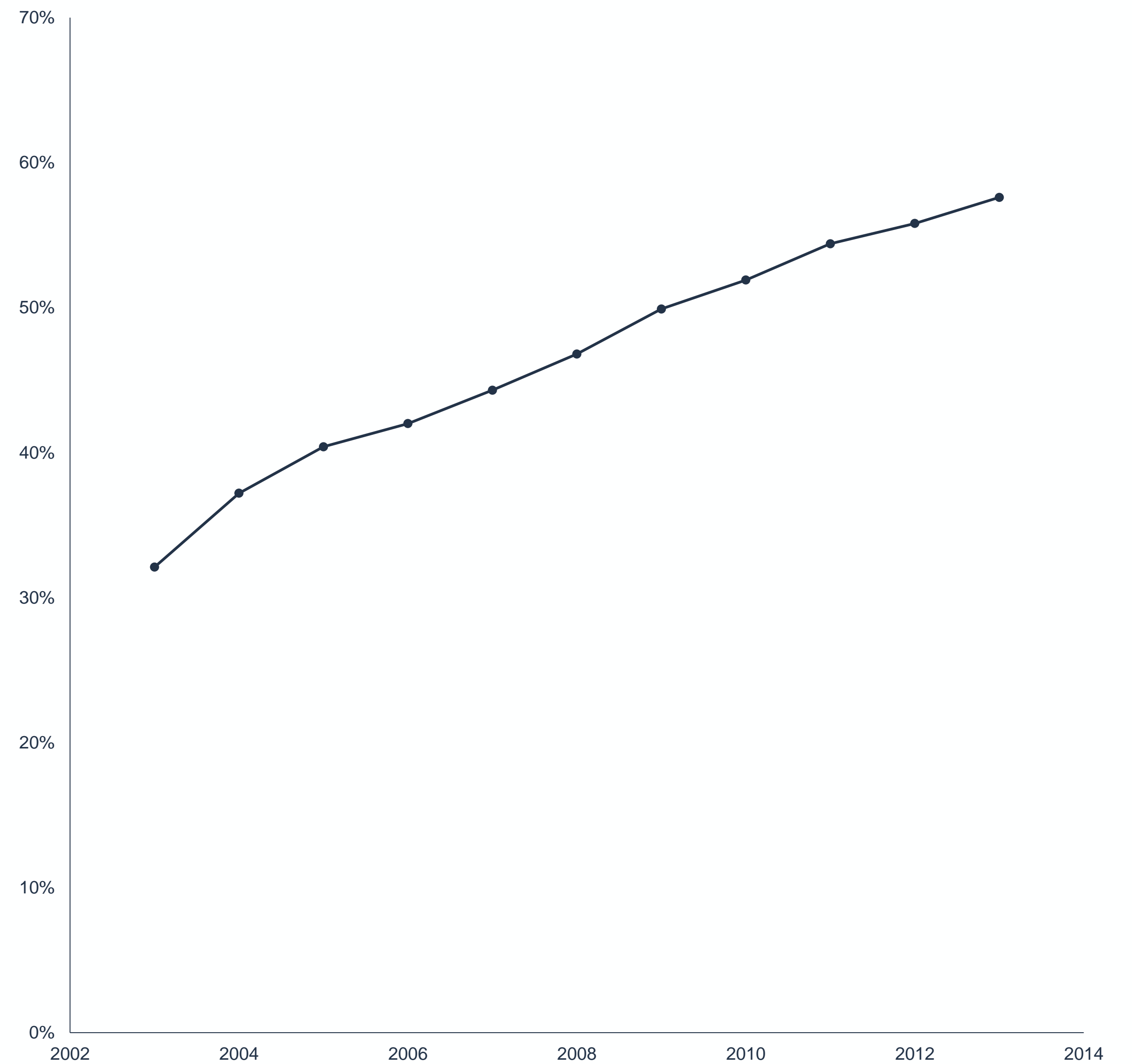


Continuity

INFORMATIONAL CONTINUITY

- Having a global medical record (GMR) is not mandatory but allow lower co-payments.
- 62% of the patients who had a GP consultation in the past 3 years have a GMR (KCE, 2015)

Evolution of GMR



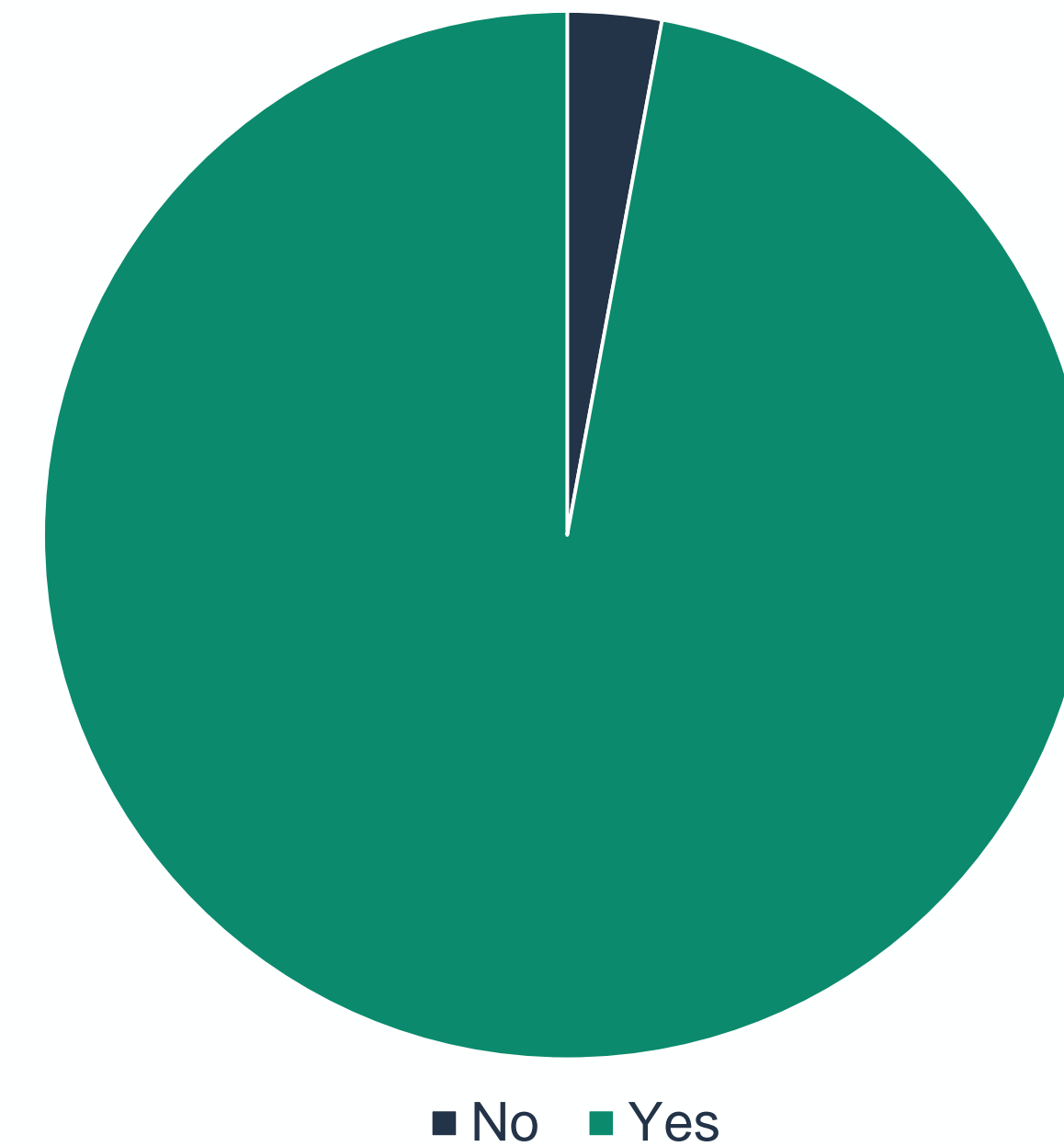


Continuity

RELATIONAL CONTINUITY

- **Usual provider continuity:** 70% of the Belgian patients visit their regular GP, three out of four times they visit a GP (KCE, 2015)

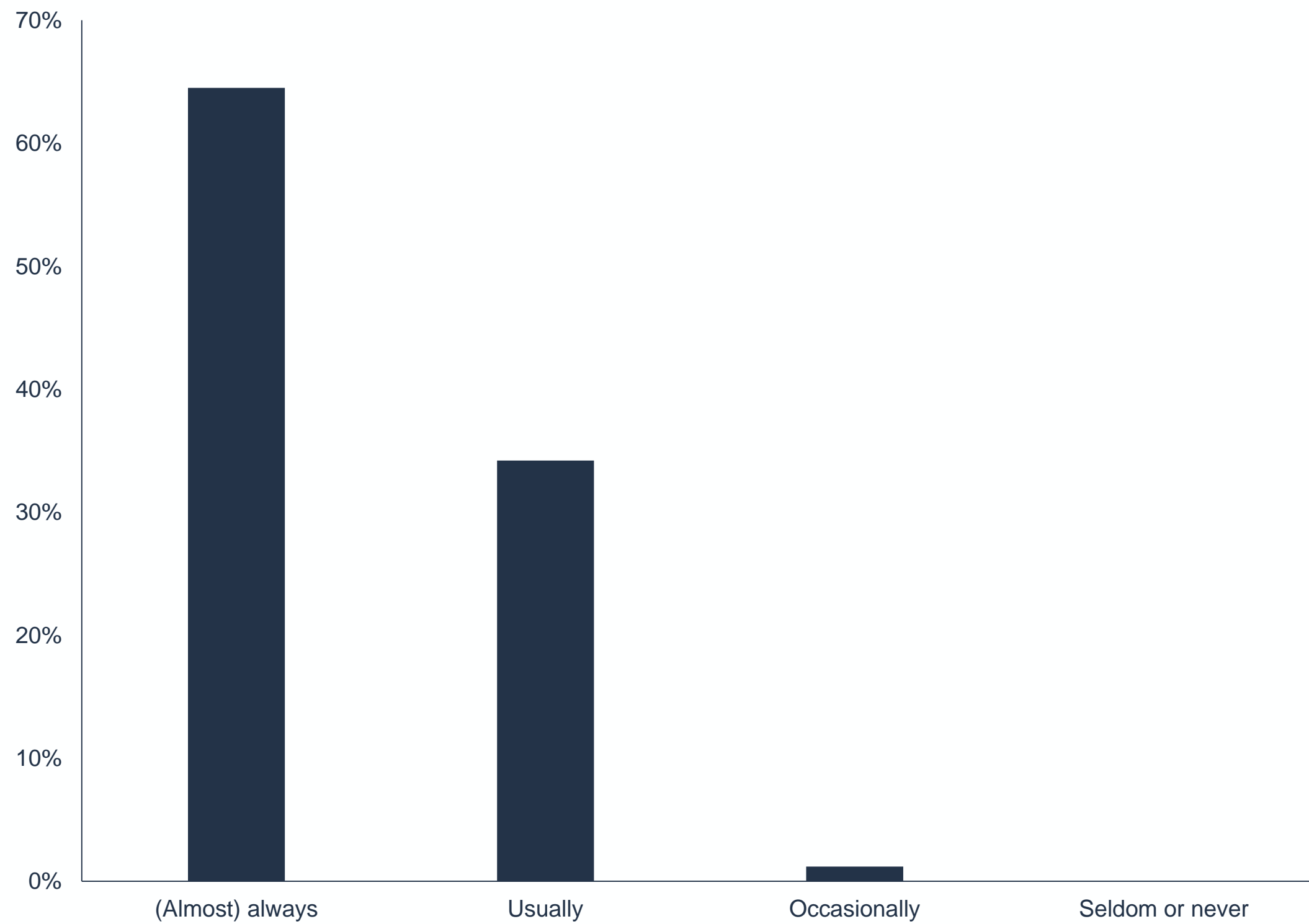
Percentage of people who have a regular GP (practice)



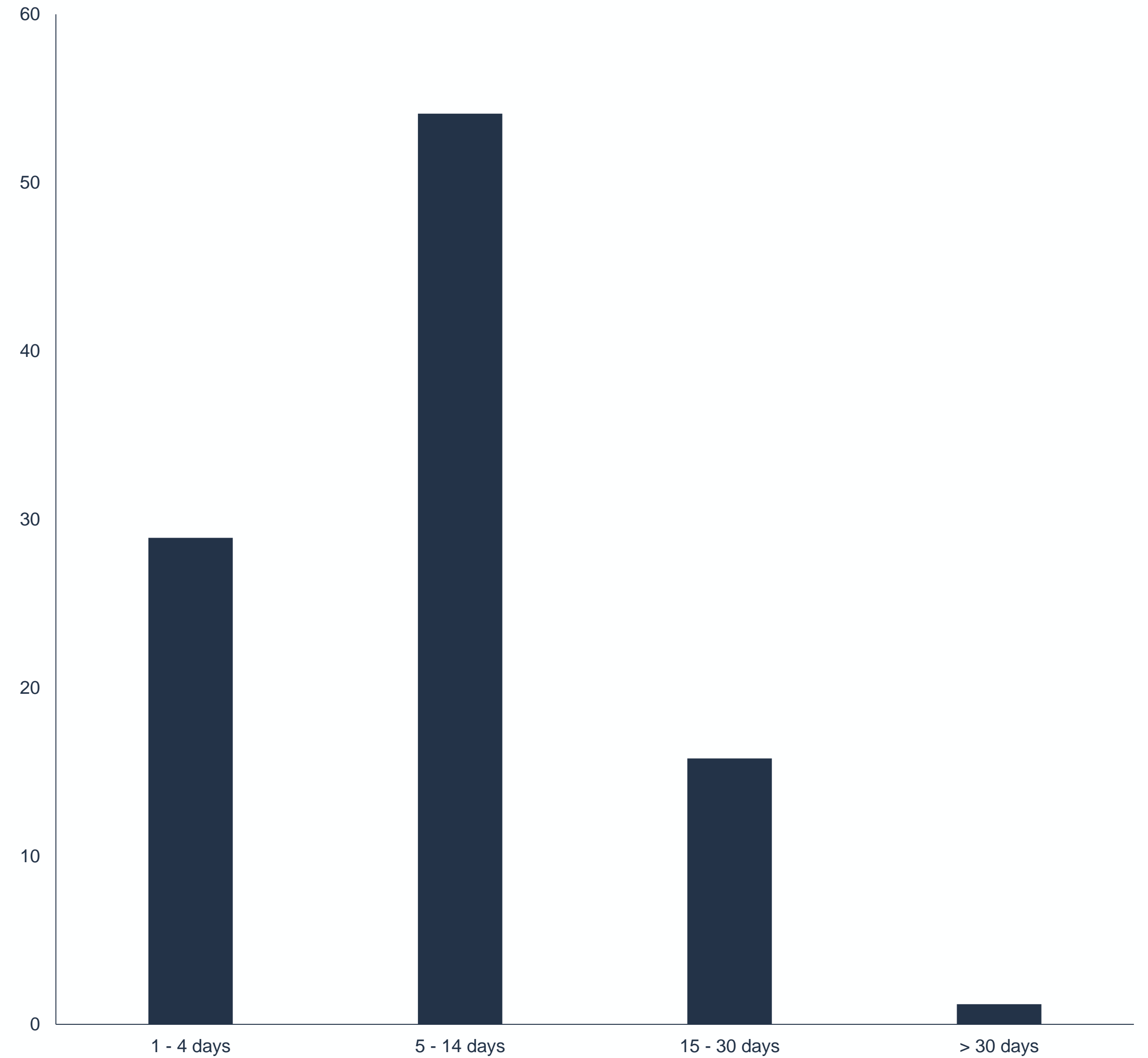


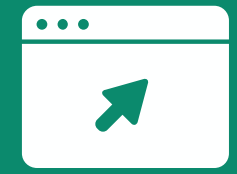
Continuity

To what extent do medical specialist inform the GP after the treatment of diagnostics of patients



After a patient has been discharged, how long does it usually take to receive a (summary) discharge report from the hospital

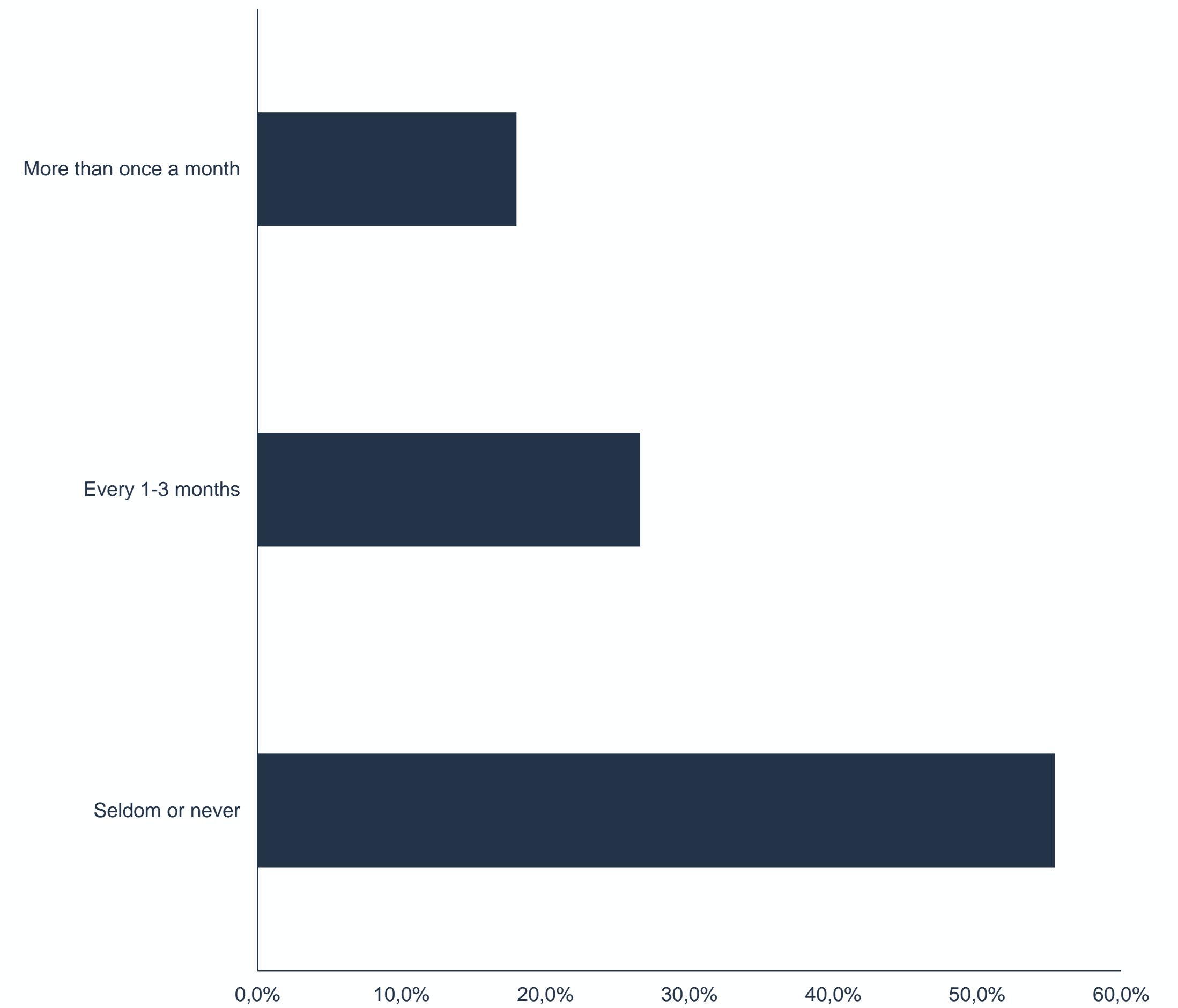




Coordination

- Direct access to all medical specialties

Number of GPs indicating they meet with social workers





Patient pathway

Two pathways nowadays:

- Patients with chronic kidney insufficiency
- Patients with diabetes type II who no longer respond to oral treatment

Patient pathway diabetes type II

Medical conditions

- Currently receiving an insulin treatment with one or two injections per day
- When the patient no longer responds to oral medication, and insulin injections are considered

Benefits

- Qualitative care with a personalised treatment
- Full refund of consultations with GP and medical specialist during the entire care process
- Refund of two consultations/year with a podiatrist
- Refund of two consultations/year with a dietician
- Full refund of diabetes education by a specialised nurse, dietician, podiatrist, and physiotherapist



thank you

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