PRIMARY CARE IN BELGIUM

Jens Detollenaere
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
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

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

Source: Eurostat (2012)
Economic conditions

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

Source: INAMI/RIZIV (2012)
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)
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

Source: Inter-federal poverty barometer (2014)
Access

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

Waiting time for appointments

Source: Dewulf, Neutens, De Weerdt & Van De Weghe (2014)
Source: QUALICOPC (2013)
Comprehensiveness

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

Source: QUALICOPC (2013)
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
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)
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)
To what extent do medical specialists inform the GP after the treatment of diagnostics of patients

- (Almost) always
- Usually
- Occasionally
- Seldom or never

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

- 1 - 4 days
- 5 - 14 days
- 15 - 30 days
- > 30 days

Source: QUALICOPC (2013)
Direct access to all medical specialties

Number of GPs indicating they meet with social workers

- More than once a month
- Every 1-3 months
- Seldom or never

Source: QUALICOPC (2013)
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