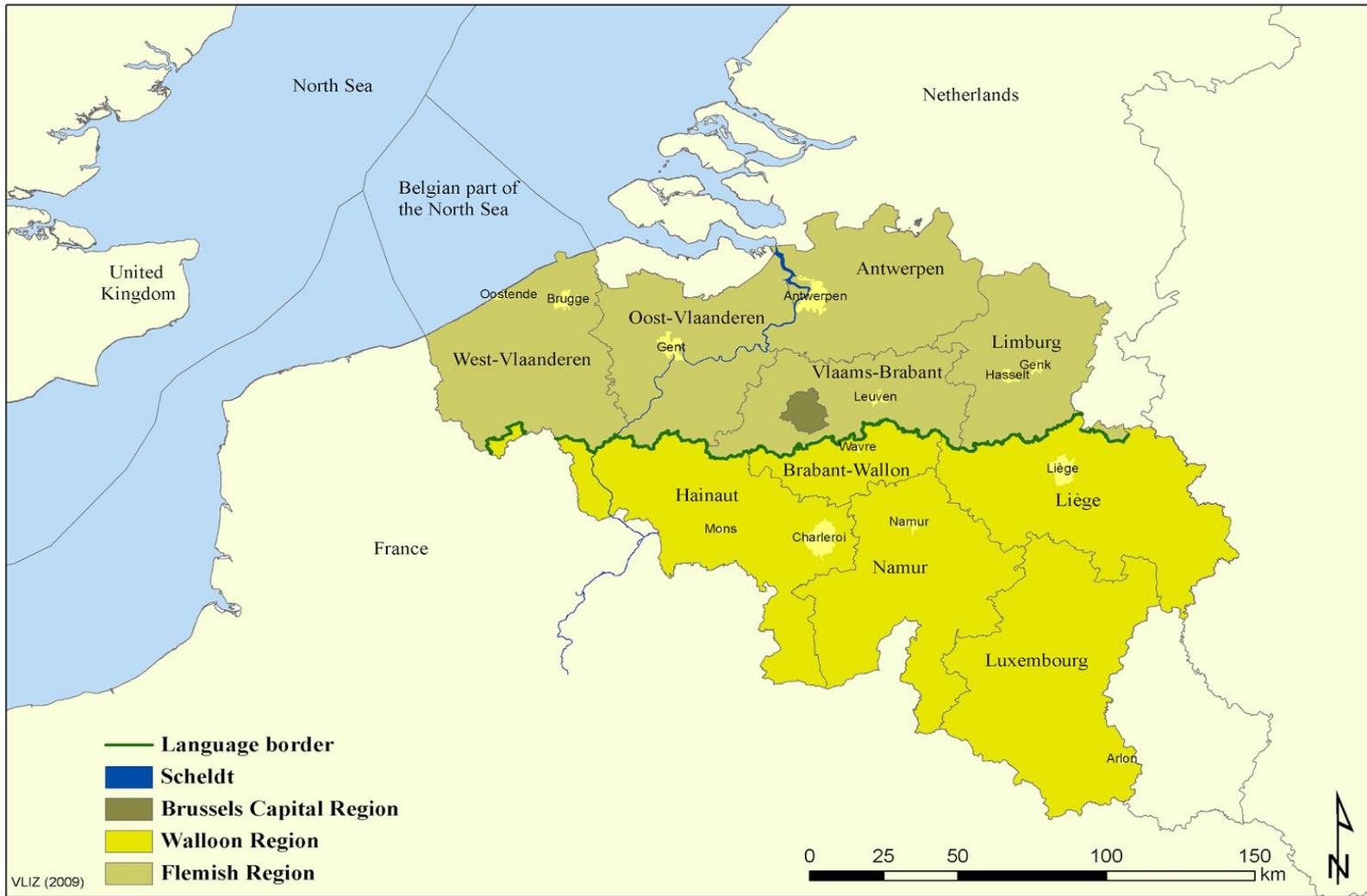
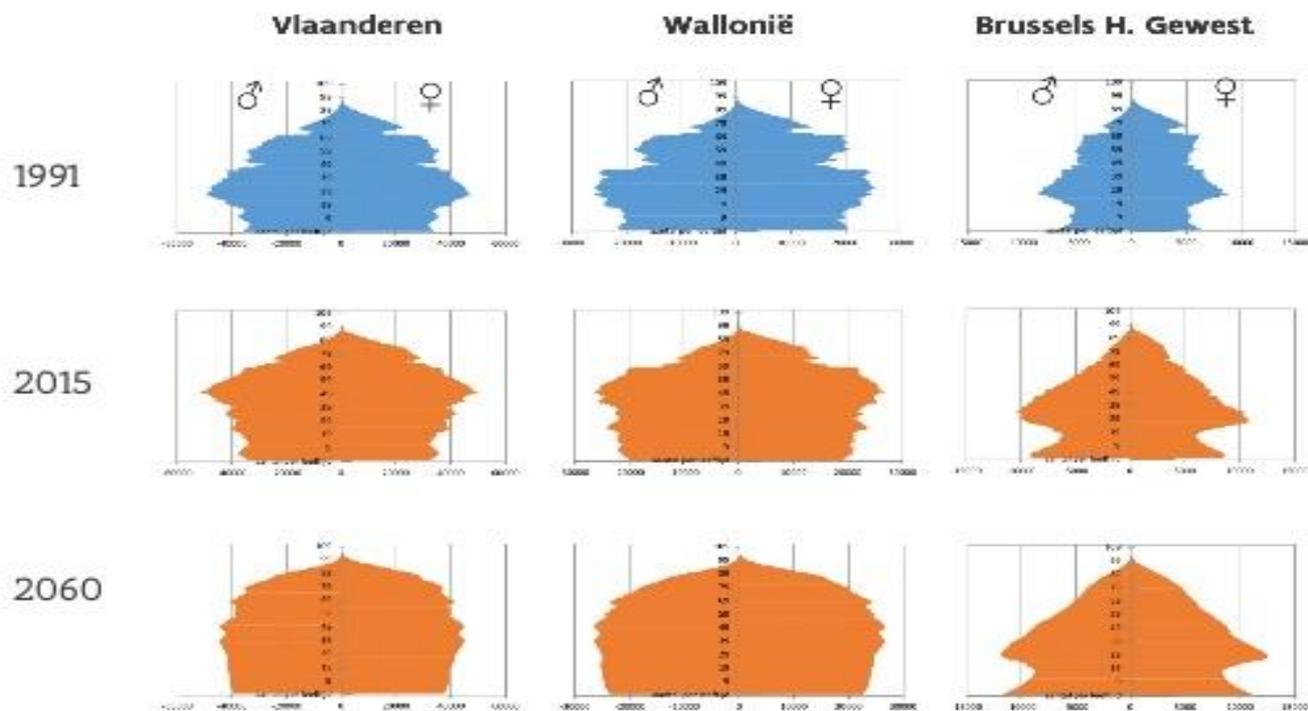


# Country presentations on Primary Health Care Belgium

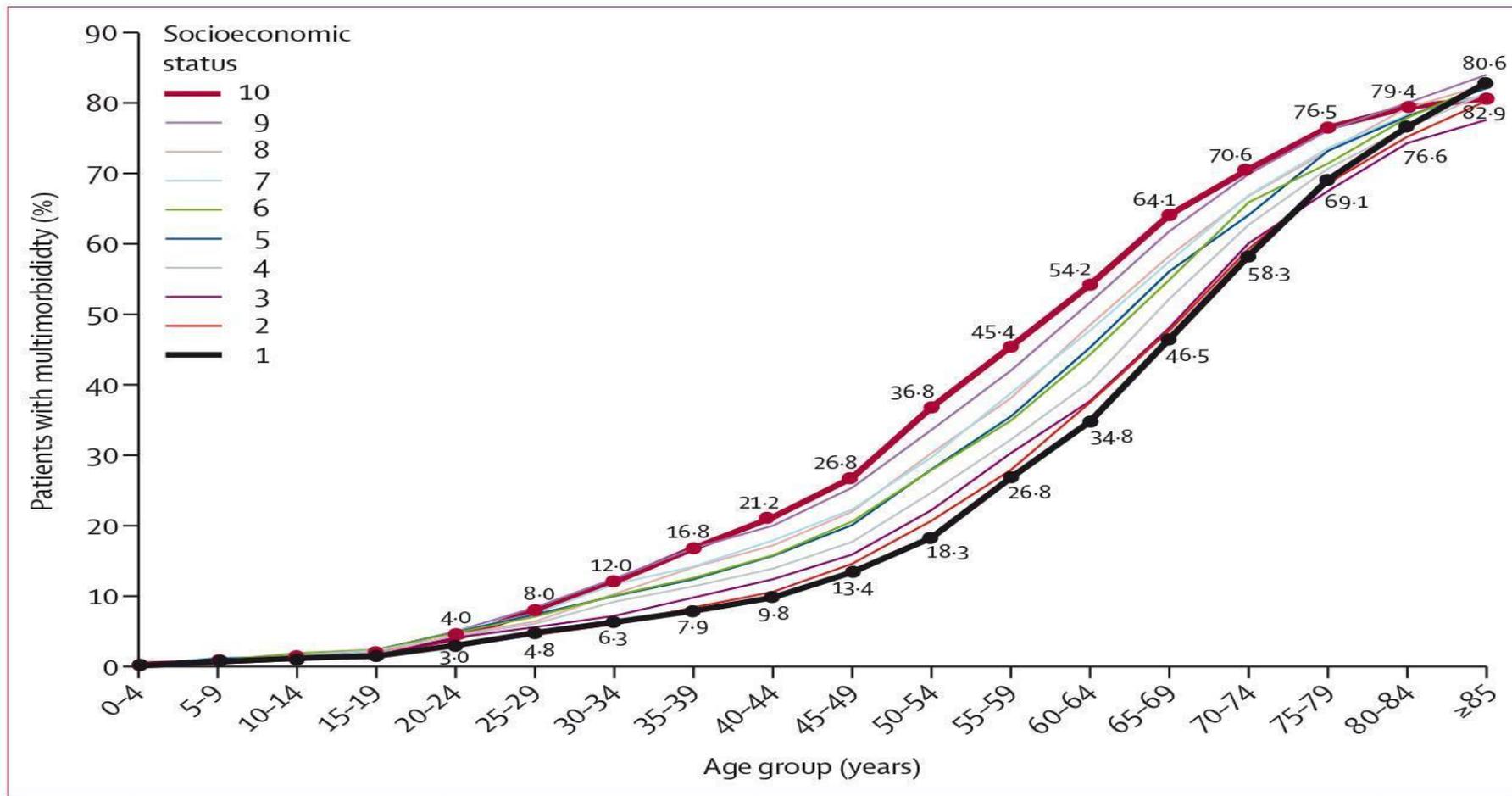
Roy Remmen



# Shift leeftijdspiramide



Data: FPB



**Figure 2: Prevalence of multimorbidity by age and socioeconomic status**  
 On socioeconomic status scale, 1=most affluent and 10=most deprived.

## Primary care in Belgium:

- Includes general practice, nursing care, social and psychological care...
- **Fee-for-service** and some arrangements for low income groups: patient delay
- Public tends to stick to their primary care provider, but there is **no gate keeping**
- Public is satisfied
- Our Federal Knowledge Centre less so: **neglect** of prevention, coordination and chronic care...

*What is the 'official' place/importance given to PHC within your country's health policy? Is it something central or does it remain at the margin of health policies? Has this somehow evolved over time? For better or for worse?*

- Both Federal and Flemish governments, in their discourse, **embrace primary care as a magic solution...**
- About 60 percent of Belgian population is enrolled in a General Practice (through the arrangement of “Global Medical Files”) under a fee-for-service payment system
- Only 5 percent of GPs and home care nurses work under a capitation system

- The Belgium health security system is based on **solidarity**, leads to **highly accessible care**, but is all but cheap
- The federal level has the money (**3800 Euro** health expenditure per person/year, total health expenditure amounts to 10.4 % of GDP, among top in Europe)
- But the Flemish region is in charge of supervision, organisation and quality assurance of primary and elderly care (2,6 Billion/year)...
- Hospital care consumes **90 % of the budget**, but prevention only **0,3%**
- Belgium GPs earn a lot, **specialists even more**...
- Continuity of care is a major issue: out-of-hours care, palliative care, chronic care
- Problems with **IT infrastructure** and **`who does what`**

To **cope with complex care** (ageing, co-morbidity..):

- **Care AND Cure** now different worlds
- **Interdisciplinary work**
- **Self-management** and **goal orientation**
- Getting and keeping the **workforce** (GPs, nurses, informal caregivers...)
- **IT**, data sharing and new technologies

**Quadruple aim** of health care (adopted Federal and Flemish level)

1. inclusive
2. patient experience and quality
3. cost effective
4. satisfaction of the provider

