

EANA 29-30 April 2016

Belgian National Report

For economic reasons and due to rationalization, the liberal character of medicine is undermined by the governmental authorities. But the real problem is undoubtedly the subjugation of the medical profession as well as the politicization of health care by the Belgian government with, as a result: compulsory third-party payment system (TPPS), possible merger of GP's emergency medical practices with emergency services, development of integrated care for patients with chronic diseases, hospital financial reform and data collection thanks to the computerization of the medical field.

All these projects tend to deprive doctors of their therapeutic freedom and medical secrecy. Similarly patients must keep their freedom of choice. Should all this go ahead, doctors would be totally busy with administrative functions and would have less and less time to develop their privileged relationship with their patients.

Regarding General Practice, 2015 also meant the introduction of the compulsory third-party payment system for BIM-patients (patients who have been given preferential health care conditions) from 01.10.15. Consequently, doctors must check the identity and insurability of their patient before the examination, either manually or electronically. This measure is compulsory only for visits at the doctor's practice. In July 2015, different professional defense bodies came together to create a common front. According to a survey organized by the ABSyM, 94% respondents (all doctors) are against the obligation of TPPS, they would like to reserve their right to apply it depending on the patient's situation. The ABSyM would like to thank the EANA for drawing up the Madrid Declaration in June 2015, which is a document that concluded that there are similarities between the French and Belgian issues.

The second element in the General Practice is the "emergency medical practices' crisis". They are generally organized around local GP groups (called "*cercles de médecine générale*"), they have to rent an equipped room and to hire not only doctors but also one nurse, one secretary as well as one or two driver(s). Without consulting actors on the ground, the Government has suddenly decided to freeze a part of the budget that was supposed to be devoted to emergency medical practices. Thanks to a consultation meeting, half the initially frozen budget has been committed. The government also wishes the emergency medical practices would take place in the hospitals and would sort the emergency cases.

As far as medical specialists are concerned, a hospital financial reform is ongoing. The main official aim of this reform is to increase quality, to prioritize hospitals, to modify method of financing (with a fixed-price or for each medical act), to reward quality, to improve transparency, to determine fees in cooperation with doctors, to avoid waiting lists... etc. In a first stage, method lies in pilot projects. The first one concerns the shortened hospital stay after birth and the second one is about

hospitalization at home (HAH). The reform will be P4P-oriented (Pay for Performance). The ABSyM would like this orientation being translated into concrete financial incentives, without penalties or enforcement measures. Nevertheless the Government does not seem to follow this way since the reforms are planned to be part of a closed budget.

An action plan 2015-2018 regarding computerization is supposed to be achieved in 2019 with the following elements:

1. All the GP's will have computerized medical records for their patients.
2. Depending on their needs, all health care professionals will be able to communicate with each other via a health box.
3. Each patient will have access to his/her personal information.
4. No more paper: health care provided certificates, medical prescriptions, work incapacity documents... will be delivered in electronic format. An eHealth plan program includes 20 action points.

05.04.2016

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