

# Belgian Comprehensive Medical Record, a third way between fee for service and capitation.

## Context

Fee for service and mandatory social insurance are both main characteristics of Belgian health system, like French one.

Fee for service : patients are free to consult any doctor at any time and any place (no gate keeper)  
Mandatory social security: all doctor fees and processes are reimbursed by social security system on a 75% base .

This is the base of an inflation of processes and informations.

## Remedy

Since 2000, a special system has been developed to master the information flow without changing the freedom of choice .

In countries with national health service (like Uk or Sp) or with capitation (NI) the relationship patient / doctor is mandatory

### Doctor ↔ Patient

In the Belgian system, patient and doctor are linked by information. Information repository called « Dossier medical global » or DMG (Comprehensive medical record) act as a third party between doctor and patient



## How does it work ?

The doctor : engages himself to conserve a list of sensitive patient's informations coming from primary or secondary care in printed or electronic format

The patient : signs an engagement to authorize the doctor to master his/her information and to give the name of this doctor as responsible of his//her informations any times he/she contacts an other provider in the health system.

The national insurer : pays the doctor ( Oct. 2007 : 25 € by patient by year) to conserve and master the DMG.

## Interest

First step of a payment by « fonction »  
Reinforcement of GP's roll (DMG only managed by GPs)  
No limit to freedom of choice  
List of patients for which information the GPs is responsible  
This list could be used as target for future health actions  
Gathering of disseminated informations in an unique place  
1000 DMG pay a half time of a secretary

## Limits

Aims not really defined.  
Insurers are not ready to send administrative information back  
Secondary care are not willing to send always information  
Heavy burocratic load for GPs. No informatisation  
Third party payment available but no informatisation and no central billing system (85 local insurers linked to the national insurer)  
The patient has to be seen at least once a year  
The patient himself has to sign once a year  
The patient can't sign for a group practice

## Actual results

Despithe the limits the system is greatly appreciated by patients and GPs.

The number of contracts between GPs and patient had rise from 900.000 in year 2000 to more than 3.300.000 in 2005 . (Belgium: 10.000.000 inhab.)

Local insurers are also often owner of secondary care settings and are reluctant to exchange information and to centralize informations in the hand of the GPs

Medical specialists are overdeveloped in Belgium and perceive GP as some kind of « health secretary »

Nevertheless, the GP knows which patient's data are under his/her responsibility. This open new fields for research anf preventive activities.