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## 5 Current Denominator Concepts in European Countries

### 5.1 Belgium

#### 5.1.1 Health Care System

Jack Hutten

##### 5.1.1.1 The Organization of Health Care

Belgium has a highly privatized system of health care supply. With a large number of non-governmental organizations, the organization is competitive in nature. Direct government involvement is limited to general regulation and partial funding. The tasks of primary and secondary care are not well defined, which results in overlapping activities and competition among physicians. Primary care is provided by numerous general practitioners (GPs) and by many specialists, in their private practice or in hospital out-patient departments. Most Belgian GPs work in single-handed practices and they are famous because of their large number of home visits. An international comparative study showed that almost half of their consultations were home visits compared to 24% in France, 19% in the Netherlands, and 15% in the U.K. [3]. The physician density and the number of hospitals and hospital beds are quite high compared to other European countries. Patients are free to choose any doctor they like; no referral is required for a visit to a medical specialist. People can also apply for hospital admission, the need for which will be judged by a hospital doctor. Most hospital beds are in private or semi private facilities: all function on a non-profit basis. Doctors are paid on a fee-for-service basis.

Table 5-1. Belgian health care figures (1993) [4].

Expenditure	
Total expenditure on health	
Absolute per head in ppp\$	1601
Percentage of GDP	8.3
Public expenditure on health	
Absolute per head in ppp\$	1423
Percentage of GDP	7.3
Manpower	
Physicians per 1000 pop.	3.7
GPs per 1000 pop.	1.5 (1992)
Qualified nurses per 1000 pop.	6.5 (1988)
Hospital care	
In-patient care	
Beds per 1000 pop.	7.7
Admissions per 100 pop.	19.7
Mean length of stay	12.0
Acute hospitals	
Beds per 1000 pop.	4.8
Admissions per 100 pop.	17.7
Mean length of stay	8.0
Nursing homes	
Beds per 1000 pop.	1.1

### 5.1.1.2 Health Financing and Insurance

52% of Belgian health care are financed from social insurance premiums, 27% from taxes, 21% from direct payments and only 2% from additional private insurance [5]. There are two social health insurance schemes: one general scheme compulsory for all employees and their dependents and covering a broad range of risks and another scheme, also compulsory, covering only [great risks] (mostly hospital care) for the self-employed. Nevertheless, about 70% of the self-employed take out a voluntary complementary health insurance covering ambulatory medical care, drugs, and prostheses [6].

A key position in the insurance scheme is taken by the six Health Insurance Associations (*mutualités*) supervised by the National Sickness and Disability Fund (RIZIV). These *mutualités* are umbrella associations with different religious and political backgrounds: the Christian and Socialist organizations are the largest with 4.5 and 2.6 million insured respectively [5]. *Mutualités* are more than just the accounts department of health care, they are also entitled to take the initiative in the provision of care. Despite the decentralized character, funds are centrally collected by the National Office of Social Security (ONSS/RSZ) and consist of premiums from employers, employees and self-employed as well as governmental subsidies for the benefit of the unemployed, the aged and the poor. Insurance premiums are income-related and set by negotiations between the medical profession and national social affairs authorities. The ONSS/RSZ is responsible for the distribution of these funds via the National Sickness Insurance Institution (INAMI/RIZIV) to the six Health Insurance Associations.

The remuneration system is based on the principle of reimbursement. Patients pay the bills directly and get (a part of) their money back from the local Health Insurance office. Hospital bills are mostly directly paid by the office. A substantial part of health care costs is directly paid by the patients (co-payments: the so-called *ticket modérateur* or *remgeld*). The governments of the communities determine the amount of co-payment. For hospital admissions, patients have to pay a fee for the first day. Generally, patients have to pay 20-25% of the costs for primary care themselves. Widows, elderly people, handicapped and orphans have lower levels of co-payments. There is no maximum limit to the amount of co-payment for an individual patient.

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### 5.1.2 Descriptions of Sentinel Networks of GPs Operating in Belgium

Viviane Van Casteren

By definition, a sentinel network of GPs is a system that keeps a watchful eye on a sample of the population by supplying regular and standardised reports on the incidence and the main