



14. GP ENCOUNTER WITHIN 7 DAYS AFTER HOSPITAL DISCHARGE (% PATIENTS 65+) (QC-3)

14.1. Documentation sheet

Description	Proportion of hospital discharges of elderly patients (65+) that were followed by a general practitioner (GP) encounter within 1 week
Calculation	<p>Numerator: number of hospitalisations for elderly patients (65+), alive 1 week after discharge, without new hospital admission in the week following the discharge, and with at least one GP consultation within 1 week (7 days) following the hospital discharge</p> <p>Denominator: number of hospitalisations for elderly patients (65+), alive 1 week after discharge and without new hospital admission in the week following the discharge.</p> <p>Calculation is done separately for individuals entitled or not entitled to the status for persons with a chronic illness. Entitlement is observed through IMA-AIM variables pp3015, pp3016 or pp3017. If the value for one of these 3 variables is equal to 1 or 2, the individual has an entitlement.</p>
Rationale	<p>Integration, coordination and continuity of healthcare are priorities for health services. It involves coordinating the care of patients as they navigate through the healthcare system. Care transitions between the inpatient and outpatient setting are such a pivotal moments. Poor continuity of care can increase the risk of adverse events or readmissions, while good continuity of care may contribute to better communication between care providers and the translation of knowledge into health-promoting actions at home.^{1-3 4}</p> <p>As says the Commission on Dignity in Care for Older people (NHS Confederation, the Local Government, Association and Age UK), the objective of discharge is not simply to get a person out of the hospital, but to ensure seamless clinical, physical and emotional support and the best possible return to their home or care home.⁵ This Commission suggests that GPs arrange for a follow-up assessment around 1 week after an older person has been discharged from hospital (to check whether care arrangements put in place when the patient was discharged are still appropriate). Moreover, evidence shows that early follow-up after hospital discharge among patients aged 75+ can reduce readmissions and length of hospital stay.⁶</p> <p>The increasing number of elderly patients and shorter hospital stays further emphasise the need for collaboration between different level of care (secondary care and primary care). Different concepts have been developed (integrated care pathways, care pathways,...) to strengthen coordination and cooperation of healthcare services and results in better quality of patient care (improved health or patient satisfaction outcomes).⁷</p> <p>Moreover, it has been shown that in particular patients with multiple complex chronic conditions can benefit from post-discharge follow-up by a GP in the first week(s).⁸</p>
Primary data source	Data from the InterMutualistic Agency (IMA/AIM).
Indicator source	KCE calculation



Technical definitions	<p>Nomenclature codes for GPs encounters - all visits and consultations including after-hours visits and consultations were included in the selection of codes: 101010, 101032, 101076, 101091, 101113, 102410, 102432, 102454, 102476, 103110, 103132, 103213, 103235, 103316, 103331, 103353, 103412, 103434, 103515, 103530, 103552, 103913, 103935, 103950, 104112, 104134, 104156, 104215, 104230, 104252, 104274, 104296, 104311, 104333, 104355, 104370, 104392, 104414, 104436, 104451, 104510, 104532, 104554, 104576, 104591, 104613, 104635, 104650, 104672, 104694, 104716, 104731, 104753</p> <p>Nomenclature codes for hospital stays: 761235, 761246, 767163, 767185, 767852, 767863, 767874, 767885, 767896, 767900, 767911, 767922, 767933, 767944, 768003, 768025, 768036, 768040, 768051, 768062, 768084, 768106, 768121, 768143, 768165, 768176, 768180, 768191, 768202, 768213, 768224, 768235, 768246, 768250, 768261, 768272, 768283, 768294, 768305, 768316, 768320, 768331, 768342, 768353, 768364, 777140, 777162, 777184, 777206, 790020, 793590, 793601, 793612, 793623, 793634, 793645, 793656, 793660, 793671, 793682, 793693, 793704, 793715, 793730, 793752, 793774. Hospitalisation are directly identified in the IMA database.</p> <p>Exclusion criteria:</p> <ul style="list-style-type: none">• Persons registered in a community health centre. Individuals with a registration of nomenclature code 109616 at any point throughout the year were considered to be enrolled in a community health centre.• Stays with a duration of less than 24 hours (minimum length of stay);• stays that, within 1 week after discharge, were followed by death or readmission. However, as the precise date of death is unknown, in reality the exclusion of stays because of a decease is programmed as follows: exclusions of stays for which the month of death is the same as the month of discharge OR for stays with discharge date in the last week of the month preceding the month of death;• stays which are still ongoing for the period of analysis;• stays for patients younger than 65 years in the year of the hospital discharge. <p>Long term care: long term care use has been defined similarly as for the IMA-AIM atlas (http://atlas.aim-ima.be/base-de-donnees, see statistics on care for the elderly), based on lump sums registered for home care and for care in nursing homes.</p>
Limitations	<p>No information is available on the reason for consulting the GP and the potential link with hospital stay; no information is available on the initiator of the appointment (was it scheduled by the hospital or on the initiative of the patient); no information is available on the reason of the hospitalisation.</p> <p>The analysis does not account for follow-up after hospital discharge by teleconsultation or by other healthcare providers, for example a specialist, home nurse, or nurse in nursing home</p>
International comparability	Not applicable
Dimensions	Continuity of care (Management/Coordination); coordination of care; integrated care



14.2. Results

Table 26 and Figure 34 provide an overview of the evolution over time of the proportion of hospital stays of elderly patients (65+) that were followed by at least one general practitioner (GP) encounter within 1 week. This proportion gives an indication of the integration and the continuity of care between the hospitals and the first line, even if we do not know whether the GP encounter followed a discharge plan from the hospital or was initiated by the patient.

Overall population

Overall, the follow-up rate is declining over time from 60.7% in 2013 to 53.2% in 2019 (see Table 26, panel A). Moreover, there is important variation by age group, sex, use of long term care, region, and increased reimbursement status.

As indicated in Table 26, panel A, the proportion of hospital stays with at least one follow-up GP consultation within 1 week after discharge increases strongly by age with a proportion of 40.8% in 2019 in the age group 65 to 69 in 2019, 45.4% in the age group 70 to 74, 51.1% in the age group 75 to 79, 59.0% in the age group 80 to 84, 64.8% in the age group 85 to 89 and 69.0% among elderly aged 90 or older. The proportion of hospitalisations with follow-up is higher for women (55.8% in 2019) than for men (50.2% in 2019), which is in part related to a gender effect, i.e. women of the same age have a higher follow-up rate, and an age effect as women grow older than men. Persons with increased reimbursement (IR) are more likely to have a follow-up GP consultation within 7 days after discharge (proportion of 60.6% in persons with IR versus 49.0% in persons without IR in 2019). The same is true for persons using long term care, they have a higher rate of hospitalisations with follow-up GP encounter than do persons not in long term care. There is almost no difference in the proportion between elderly using home care and institutionalised elderly. Finally, we observe that the rate of hospitalisation with follow-up GP contact is structurally lower in Brussels (42.9% in 2019) than in Flanders (54.2% in 2019) and Wallonia (53.2% in 2019), accounting for the higher share of persons enrolled in community health centres in Brussels.

Changes in follow-up may explain declining trend

The declining trend can, but does not necessarily indicate a decrease in follow-up of the patient. It can also be the results of an increase in alternative modes of follow-up. Examples thereof are a consultation or encounter with another healthcare provider such as a specialist doctor, a home nurse or a nurse in the nursing home, but it can also take the form of a teleconsultation with the GP. Alternative modes of follow-up were not analysed. Moreover, a better information flow between the hospital and the patient's GP by means of the GMR can result in a reduced need for a direct follow-up in the first week, but rather at a later point in time.

By RIZIV-INAMI chronic illness status

Table 26 and Figure 39 also give a subdivision by entitlement to the chronic illness status. As shown in Table 26, panel B and C, the proportion of hospital stays with at least one GP consultation within 1 week after discharge is structurally 9 to 11 percentage points higher over the period 2013 to 2019 among persons entitled to the chronic illness status in comparison with persons without entitlement. In 2019 the proportion amounted to 58.1% among persons with chronic illness status and 46.9% among persons without entitlement to the status.

In both subgroups, there is a declining time trend in the follow-up rate from 65.2% in 2013 to 58.1% in the group with the status and from 55.9% in 2013 to 46.9% in 2019 in the group without the status. Moreover, the variation by age group, sex, use of long term care, region, and increased reimbursement status follow a similar pattern as in the general population. Note that the difference in the proportion of hospitalisations with follow-up GP consultation can be smaller for a particular characteristic compared to the overall difference between persons with and without the chronic illness status, e.g. for the age groups the difference amounts to about 6 to 9 percentage points in 2019 between persons with and without chronic illness status, which is smaller than the overall difference of about 11 percentage points. This can be explained by a different composition of the two subgroups, with persons entitled to the chronic illness status on average older than individuals without entitlement.



Table 26 – Proportion of hospital stays of elderly patients (65+) followed by a GP consultation within 1 week after discharge, by patient characteristics and by year (2013-2019) , for the population (panel A) and subdivided by entitlement to the chronic illness status (panel B and C)

		2013	2014	2015	2016	2017	2018	2019
A. POPULATION	Characteristics							
	Belgium	60.7%	59.5%	57.9%	56.6%	55.6%	54.3%	53.2%
	Sex							
	Female	63.4%	62.1%	60.5%	59.1%	58.2%	56.8%	55.8%
	Male	57.5%	56.4%	54.8%	53.6%	52.6%	51.3%	50.2%
	Age group							
	65-69	47.7%	46.7%	45.2%	44.0%	43.2%	41.6%	40.8%
	70-74	53.5%	51.7%	49.8%	48.5%	47.6%	46.1%	45.4%
	75-79	60.1%	59.1%	56.9%	55.7%	54.4%	53.0%	51.1%
	80-84	67.0%	65.5%	64.1%	62.7%	61.3%	60.0%	59.0%
	85-89	71.9%	71.0%	69.1%	68.1%	67.2%	65.7%	64.8%
	≥90	74.8%	73.8%	72.6%	71.5%	71.0%	69.7%	69.0%
	Long term care							
	Nursing care at home	71.8%	70.5%	68.9%	67.8%	66.9%	65.4%	64.7%
	Nursing home	72.7%	72.2%	70.6%	69.6%	68.9%	67.8%	66.9%
	No long term care	55.0%	53.5%	51.6%	50.1%	48.9%	47.4%	46.5%
	Increased reimbursement							
No	57.0%	55.8%	54.0%	52.4%	51.5%	50.1%	49.0%	
Yes	66.6%	65.5%	64.2%	63.4%	62.6%	61.4%	60.6%	
Region								
Brussels	49.4%	48.1%	48.0%	46.0%	44.1%	43.1%	42.9%	
Flanders	62.5%	61.2%	59.2%	57.9%	57.1%	55.6%	54.2%	
Wallonia	59.4%	58.4%	57.3%	56.0%	54.8%	53.7%	53.2%	



B. ENTITLED TO CHRONIC ILLNESS STATUS

Characteristics	2013	2014	2015	2016	2017	2018	2019
Belgium	65.2%	64.2%	62.7%	61.2%	60.3%	58.7%	58.1%
Sex							
Female	68.1%	67.0%	65.4%	64.0%	62.9%	61.3%	60.9%
Male	61.2%	60.4%	58.9%	57.4%	56.8%	55.2%	54.5%
Age group							
65-69	51.1%	50.3%	49.7%	48.0%	47.4%	45.4%	45.2%
70-74	57.5%	55.4%	53.7%	52.4%	51.4%	50.1%	49.9%
75-79	63.5%	62.8%	60.5%	59.6%	58.1%	56.5%	55.2%
80-84	70.4%	68.7%	67.5%	66.1%	64.8%	63.2%	62.2%
85-89	74.3%	73.5%	71.8%	70.6%	69.8%	68.3%	67.5%
≥90	76.2%	75.8%	74.3%	73.4%	72.7%	71.4%	70.9%
Long term care							
Nursing care at home	72.7%	71.8%	70.3%	69.2%	68.4%	66.9%	66.7%
Nursing home	73.4%	73.0%	71.6%	70.7%	70.0%	68.8%	68.0%
No long term care	58.5%	57.0%	55.4%	53.9%	52.7%	50.9%	50.5%
Increased reimbursement							
No	61.0%	60.0%	58.4%	56.6%	55.8%	54.1%	53.6%
Yes	70.0%	69.2%	67.7%	66.7%	65.9%	64.5%	64.0%
Region							
Brussels	54.8%	52.9%	52.6%	49.6%	47.7%	46.2%	46.5%
Flanders	67.1%	66.1%	64.1%	62.8%	62.1%	60.3%	59.4%
Wallonia	63.7%	62.9%	61.9%	60.2%	59.1%	57.9%	57.8%



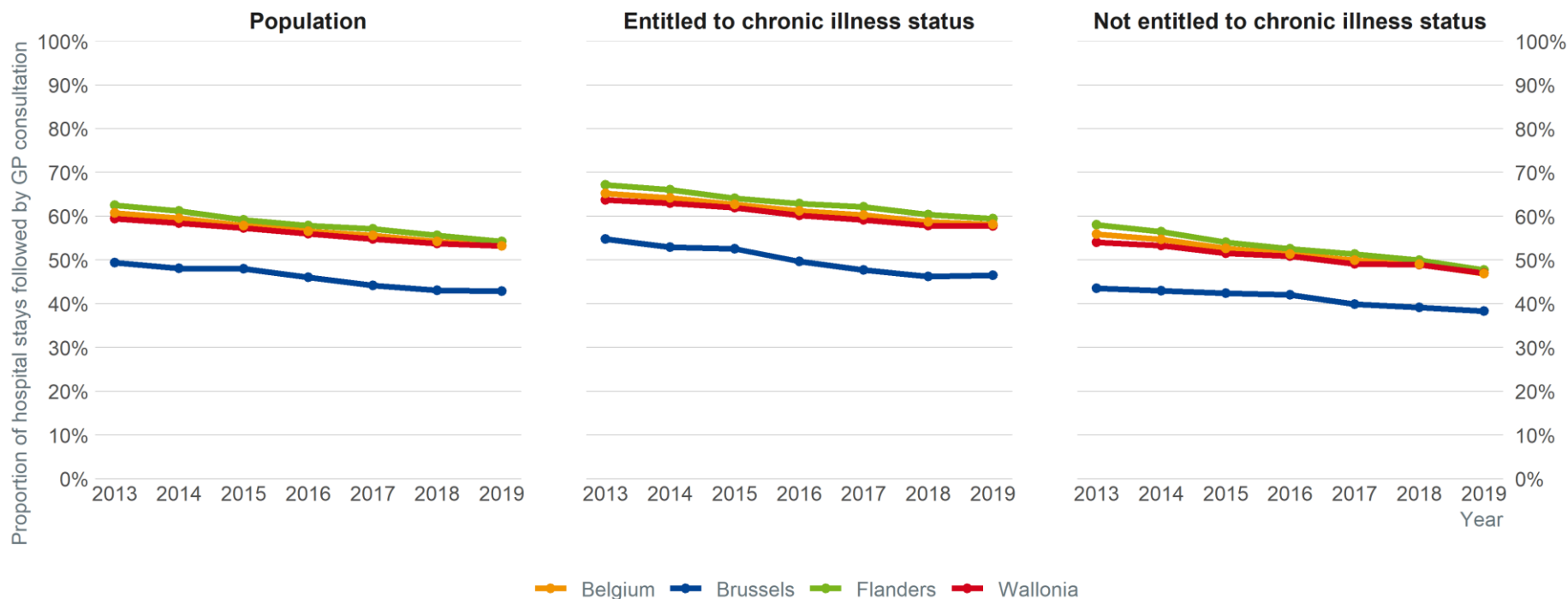
C. NOT ENTITLED TO CHRONIC ILLNESS STATUS

Characteristics	2013	2014	2015	2016	2017	2018	2019
Belgium	55.9%	54.7%	52.6%	51.4%	50.0%	49.0%	46.9%
Sex							
Female	57.7%	56.4%	54.2%	52.8%	51.6%	50.8%	48.4%
Male	54.1%	52.9%	50.9%	49.9%	48.3%	47.2%	45.4%
Age group							
65-69	45.3%	44.3%	42.1%	41.0%	39.8%	38.6%	37.1%
70-74	50.2%	48.8%	46.4%	44.9%	43.9%	42.4%	41.0%
75-79	56.7%	55.5%	53.2%	51.5%	49.9%	49.0%	46.0%
80-84	62.8%	61.6%	59.6%	58.2%	56.4%	55.5%	54.0%
85-89	68.3%	67.1%	64.8%	64.3%	62.7%	61.5%	59.8%
≥90	71.9%	69.9%	69.4%	68.1%	67.4%	66.4%	64.4%
Long term care							
Nursing care at home	69.7%	68.0%	66.0%	64.9%	63.7%	62.2%	59.7%
Nursing home	70.9%	70.0%	67.9%	67.0%	65.9%	65.5%	63.8%
No long term care	52.5%	51.0%	48.8%	47.2%	45.7%	44.5%	42.9%
Increased reimbursement							
No	53.6%	52.4%	50.1%	48.8%	47.4%	46.3%	44.4%
Yes	61.1%	59.8%	58.4%	57.6%	56.4%	55.6%	53.7%
Region							
Brussels	43.6%	42.9%	42.4%	42.1%	39.9%	39.2%	38.3%
Flanders	58.0%	56.5%	54.0%	52.6%	51.4%	50.0%	47.7%
Wallonia	54.0%	53.3%	51.5%	50.9%	49.1%	48.9%	47.0%

Source: IMA-IMA



Figure 39 – Evolution in proportion of hospital stays of elderly patients (65+) followed by a GP consultation within 1 week after discharge, by chronic illness status and by year (2013-2019)



Source: IMA-IMA; figure: KCE

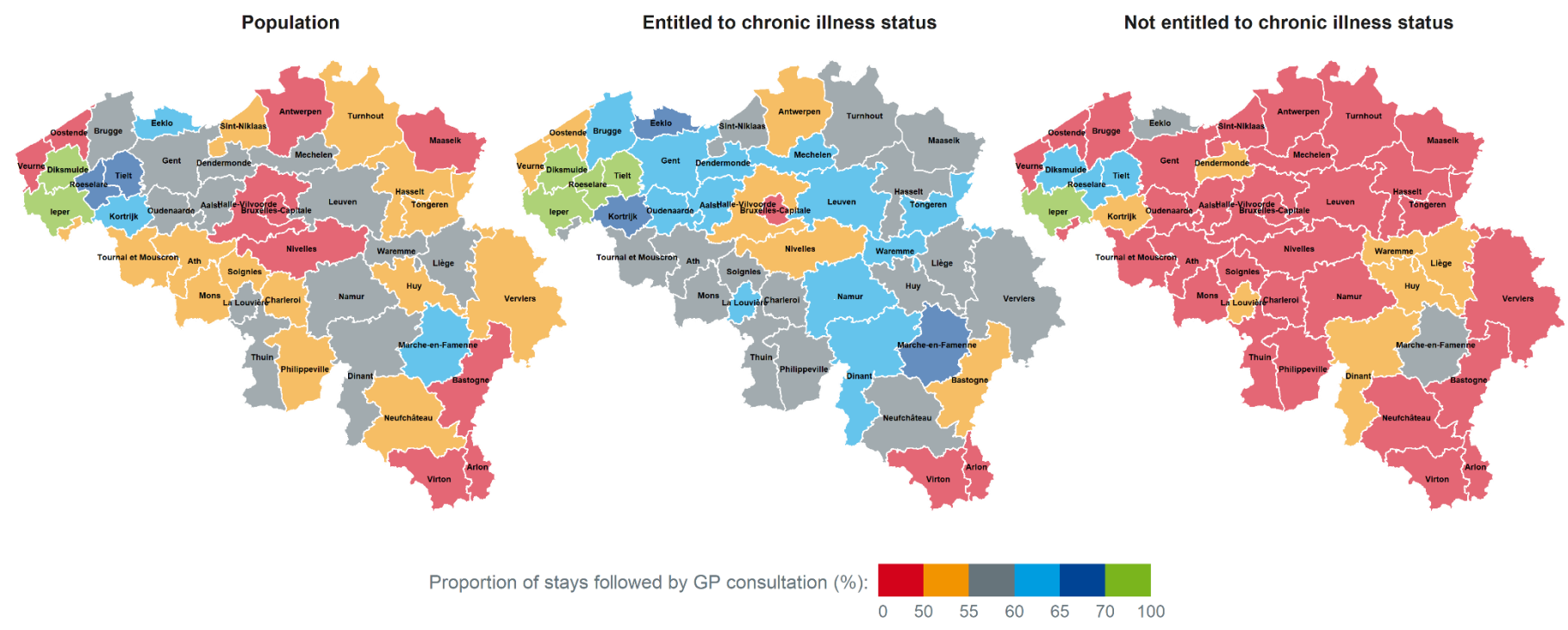
Geographic variability

The variation between the three regions is further detailed at the level of districts in Figure 38. We conclude that in most districts, the rate of follow-up GP consultations is higher for persons entitled to the chronic illness

status than for persons without such entitlement. Moreover, in the south of the province West-Flanders, we find higher rates in both subgroups, whereas the lowest rates are observed in Brussels, the districts around Brussels and the south of the province Luxembourg.



Figure 40 – Proportion of hospital stays of elderly patients (65+) followed by a GP consultation within 1 week after discharge, by district, by chronic illness status (2019)



Source: IMA-IMA; figure: KCE



Key points

- Despite the supposed advantage of having a GP encounter within the week after hospital discharge, the follow-up rate declined over time from 60.7% in 2013 to 53.2% in 2019. The decline can indicate a reduction in early follow-up or a switch to other modes of follow-up, for example teleconsultation or by other healthcare providers.
- There is important variation in the follow-up rate. The groups more likely to see a GP within 1 week after hospital discharge were those who were
 - *older* (increasing from 40.8% in 2019 in the age group 65 to 69 up to 69.0% among elderly aged 90 or older),
 - *more socially disadvantaged* (63.4% in 2019 among persons with increased reimbursement against 52.4% among persons without),
 - in *long-term care* (68% for elderly in institution or with home care against 50.2% for elderly without long term care),
 - entitled to the *chronic illness status* (58.1% in 2019 among persons with chronic illness status against 46.9% among persons without).
- This suggest that follow-up is being targeted to those with the highest need.
- The declining trend over time (from 65.2% in 2013 to 58.1% in the group with the status and from 55.9% in 2013 to 46.9% in 2019 in the group without the status) as well as the variation by age, sex, region, use of long-term care, and increased reimbursement status remain present in the subgroups of persons with and without chronic illness status.
- There are regional differences in follow-up rate with Brussels having a lower rate than Flanders and Wallonia.

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