1.1. GPs meeting the activity thresholds for a selection of 6 eHealth services (% of active GPs) (S-27)

1.1.1. Documentation sheet

Description	**Primary indicator** GPs meeting the activity thresholds for a selection of six eHealth services eligible for the integrated practice bonus (% of active GP) **Secondary indicators** GPs meeting the activity thresholds for a selection of seven eHealth services eligible for the integrated practice bonus (% of active GP) GPs meeting the activity thresholds for a selection of eight eHealth services eligible for the integrated practice bonus (% of active GP) GPs meeting the activity thresholds for at least six out of eight eHealth services eligible for the integrated practice bonus (% of active GP)
Calculation	**Primary indicator:** Numerator: GPs meeting the activity thresholds for six eHealth services qualifying for the integrated practice bonus Denominator: Total number of active GPs (head counts, excluding GPs in training or GPs working in a medical house with a capitation payment system) **Secondary indicators:** Numerator: GPs meeting the activity thresholds for seven and for eight eHealth services qualifying for the integrated practice bonus Denominator: Total number of active GPs (head counts, excluding GPs in training or GPs working in a medical house with a capitation payment system) Numerator: GPs meeting the activity thresholds for at least six out of eight eHealth services qualifying for the integrated practice bonus Denominator: Total number of active GPs (head counts, excluding GPs in training or GPs working in a medical house with a capitation payment system)
Rationale	One component of the health system sustainability is the system's capacity to provide and promote (innovative) eHealth services. Indeed, digital technologies provide opportunities to strengthen health systems. Several benefits have been highlighted in the literature, such as ensuring access to the right information by the right people at the right time, which can improve both the quality and efficiency of care. Benefits were also highlighted for health workers, whose could be relieved from time-consuming tasks and have better interaction with patients.[1]

Data source	RIZIV-INAMI data, based on multiple sources: Recip-e, eFact, eAttest, eDMG, MyCarenet, eHealth, CEBAM, FPS Social Security (data on people with a handicap), Abrumet, Réseau Santé Wallon (RSW), Vitalink.
Technical definitions	An integrated practice premium has been created for active GP to support them in their practice and promote their use of eHealth services. Only active GPs have access to this premium. GP are considered as active in the following conditions: [2]

- (For GPs in training no proof of activity is required but they have to use an approved computer software)*;

- For GPs who have a RIZIV-INAMI number for less than 5 years as of 1 January, no proof of activity is required but they must be registered in an organised on-call service;

- For GPs who have a RIZIV-INAMI number for 5 years or more as of 1 January, they must be registered in an organised on-call service and have provided services from the RIZIV-INAMI nomenclature for a minimum of €25 000 for the year for which the premium is requested.

*In the calculations below, GPs in training are not included.

The amount of the premium then depends on the reaching of the threshold for the following eHealth services:[2]

- **ePrescription** for pharmaceuticals: during the 2nd half of the premium year, the GP has sent at least 25% of his/her pharmaceutical prescriptions via Recip-e.

- **eChapter IV**: During the 2nd half of the premium year, the GP has submitted at least 50% of his/her claims for reimbursement of Chapter IV drugs via the "Chapter IV" service on MyCarenet.

- **eInvoice** for vulnerable population: During the 2nd semester of the premium year, the GP or his/her authorised representative has invoiced at least 20% of his/her consultations for patients entitled to increased reimbursement via the "eFact" service of MyCareNet (not taken into account for GPs working in medical practices with lump sum payments)

- **eConsent:** for at least 25% of the patients for whom GPs have received DMG fees for the premium year, informed consent is registered via the eHealth platform (by the GP, the patient or another care provider) by 31 December of the premium year at the latest.

- **SUMEHR:** a ratio is at least 25% is reached between the total number of patients for whom the GP downloaded a Summarized Electronic Health Record (SUMEHR) by 31 December of the premium year via the Vitalink, RSW or Abrumet digital platforms, and the number of patients for whom the GP received DMG fees for the premium year.

- **eGMR:** During the premium year, the GP used MyCareNet to manage his/her Global Medica Record fees electronically (not taken into account for GPs working in medical practices with lump sum payments)

- **eMedication Plan:** During the 2nd half of the premium year, the GP has created or adapted at least 5 online medication plans.

- **CEBAM:** During the 2nd half of the premium year, the GP has used the CEBAM evidence linker at least 5 times.

- **eAttestation**: During the 2nd half of the premium year, the GP has entered at least 5% of his/her consultation certificates via the MyCarenet "e-Attest" service (not taken into account for GPs working in medical practices with lump sum payments)

- **eDisability** assessessment: During the premium year, the GP has used the electronic form "Evaluation of disability" of the FPS Social Security" at least 3 times to send medical information to the FPS Social Security (DG Disabled People)

More details on these eHealth services can be found on the RIZIV-INAMI website.[2]

Among these eHealth services, the following were selected (selction decided by RIZIV-INAMI):

- Primary indicators (6 services): ePrescription, eInvoice, eConsent, eGMR, eAttestation, and eChapter IV

- Secondary indicators (7 services): ePrescription, eInvoice, eConsent, eGMR, eAttestation, eChapter IV, and SUMEHR

- Secondary indicators (8 services): ePrescription, eInvoice, eConsent, eGMR, eAttestation, eChapter IV, SUMEHR, and CEBAM,

- Secondary indicators (6/8 services): at least sixth out of these eight services: ePrescription, eInvoice, eConsent, SUMEHR, eGMR, eMedication Plan, CEBAM, and eAttestation. eDisability and eChapter IV were not included because the opportunity to use these services depend of the patients' profiles.

Accredited physicians are physicians satisfying a number of criteria related to the participation in continuing training and peer-review sessions.

Regional analysis is based on the personal address of the practitioner on 1st January.

International comparability	Data not collected internationally. No comparison possible.
Performance dimension	Sustainability – Health technologies
Related indicators	-
Reviewer	Sarah François and Kasso Daïnou

1.1.2. Results

Belgium

In Belgium, the percentage of GPs meeting the thresholds for 6 selected eHealth services eligible for the premium increased from 51.2% in 2019 to 71.4% in 2021 (+20.2 percentage points). An increase in the percentages was observed for all eHealth services except for the use of the CEBAM evidence linker (providing online relevant clinical guidelines during the consultation; -2.2 percentage points). The eHealth services for which thresholds were most reached are online registration of informed consent for patients who have opened a Global Medical Record (GMR) with the GP (95.1% in 2021), use of MyCareNet to manage the electronic GMR (93.4% in 2021) and online prescription of medicines (91.8% in 2021).The eHealth service with the higher increase in sufficient use (based on the threshold) was eAttest (+25.4 percentage points between 2019 and 2021) (see Table 1).

Analyses by physician's characteristics (demographic and others)

The percentage of GPs meeting the thresholds for 6 selected eHealth services eligible for the premium in 2021 is increasing up to the age category of 36-45 years and then is decreasing. This share is higher for women (77.9% vs 65.7 for men), Dutch-speaking physicians (78.4% vs 61.7% for French-speaking physicians), and accredited physicians (74.7% vs 24.1% for non-accredited physicians).

Regional comparison

The percentage of GPs meeting the thresholds for 6 selected eHealth services eligible for the premium in 2021 is lower in Brussels (45.8%) than in other regions (78.0% in Flanders and 66.6% in Wallonia). The increase between 2019 and 2021 was slightly higher in Wallonia (+ 24.2 percentage points) than in Brussels (+15.6 percentage points) and Flanders (+19.1 percentage points).
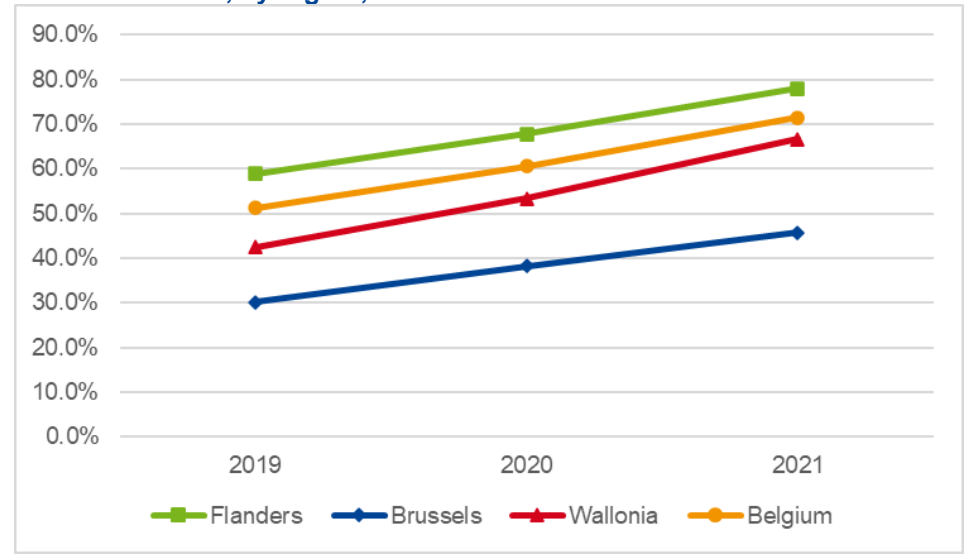
Table 1 – Percentage of GPs meeting the thresholds, by eHealth services, 2019-2021

	2019	2020	2021
ePrescription	82.5%	89.7%	91.8%
eChapter IV	75.0%	79.5%	83.8%
eInvoice	77.4%	84.3%	87.4%
eConsent	94.2%	94.8%	95.1%
SUMEHR	55.3%	60.1%	63.7%
eGMR	76.5%	86.1%	93.4%
eMedication Plan	41.7%	48.7%	52.2%
CEBAM	32.6%	40.4%	30.4%
eAttestation	59.1%	67.6%	84.5%
eDisability	49.1%	54.2%	59.8%
6 selected eHealth services*	**51.2%**	**60.6%**	**71.4%**
7 selected eHealth services**	38.8%	46.1%	53.7%
8 selected eHealth services***	20.9%	26.6%	22.7%
At least 6/8 eHealth services****	54.2%	63.9%	68.9%

Source: RIZIV-INAMI, KCE calculation. . *recipe_e, eChapter IV, eInvoice, eConsent, eGMR, eAttestation; **recipe_e, eChapter IV, eInvoice, eConsent, eGMR, eAttestation, SUMEHR;*** recipe_e, eChapter IV, eInvoice, eConsent, eGMR, eAttestation, SUMEHR, CEBAM, ****eDisability and eChapter IV were not included in the calculation

Figure 1 – Percentage of GPs meeting the thresholds for 6 selected eHealth services, by region, 2019-2021

Source: RIZIV-INAMI, KCE calculation

Table 2 – Percentage of GPs meeting the thresholds, by eHealth services, demographic and other characteristics, 2021

		ePrescription	eChapter IV	eInvoice	eConsent	SUMEHR	eGMR	eMedication Plan	CEBAM	eAttestation	eDisability
Region	**Flanders**	94.0%	90.1%	91.0%	96.5%	74.2%	95.3%	64.9%	38.0%	88.5%	67.7%
	Brussels	87.1%	62.8%	75.4%	88.4%	45.4%	85.3%	28.7%	22.6%	63.8%	40.3%
	Wallonia	89.2%	78.2%	84.3%	94.3%	50.0%	92.3%	35.9%	19.1%	83.0%	50.9%
Age	**< 26**	100.0%	66.7%	100.0%	100.0%	66.7%	100.0%	66.7%	0.0%	33.3%	33.3%
	26-35	97.8%	90.1%	94.8%	88.3%	73.1%	89.9%	61.0%	38.6%	88.9%	60.3%
	36-45	98.1%	92.0%	96.7%	97.7%	71.5%	97.8%	57.3%	35.9%	91.5%	70.0%
	46-55	96.5%	88.2%	91.9%	96.6%	65.5%	96.0%	56.4%	31.9%	88.2%	64.7%
	56-65	93.1%	83.1%	86.3%	97.9%	59.3%	95.5%	48.5%	28.2%	83.0%	61.4%
	≥ 66	69.1%	62.2%	63.7%	98.0%	46.1%	89.4%	33.9%	13.8%	69.3%	42.1%
Gender	**Male**	88.1%	80.2%	82.8%	96.3%	60.4%	93.3%	49.1%	27.9%	80.5%	59.3%
	Female	96.0%	87.8%	92.6%	93.6%	67.5%	93.5%	55.7%	33.3%	89.0%	60.3%
Language	**French**	88.5%	74.6%	82.1%	92.9%	48.5%	90.7%	33.8%	19.5%	78.3%	48.2%
	Dutch	94.2%	90.4%	91.3%	96.6%	74.7%	95.4%	65.5%	38.3%	88.9%	68.1%
Accreditation	**Yes**	93.6%	86.8%	90.0%	96.0%	66.5%	95.2%	54.6%	32.3%	86.2%	62.8%
	No	65.3%	40.5%	50.3%	80.9%	23.9%	68.2%	17.2%	4.0%	59.3%	16.5%

Source: RIZIV-INAMI, KCE calculation.

Table 3 – Percentage of GPs meeting the thresholds, for various selections of eHealth services, demographic and other characteristics, 2021

		6 eHealth services	7 eHealth services	8 eHealth services	At least 6/8 eHealth services
Region	**Flanders**	**78.0%**	64.4%	29.7%	80.1%
	Brussels	**45.8%**	29.3%	13.0%	45.4%
	Wallonia	**66.6%**	41.3%	13.0%	55.6%
Age	**< 26**	**33.3%**	33.3%	0.0%	66.7%
	26-35	**77.3%**	64.5%	29.4%	76.9%
	36-45	**84.4%**	63.0%	27.7%	79.4%
	46-55	**79.6%**	57.5%	24.3%	75.1%
	56-65	**70.3%**	48.9%	20.3%	66.3%
	≥ 66	**43.5%**	30.8%	9.4%	44.1%
Gender	**Male**	**65.7%**	48.9%	20.6%	64.3%
	Female	**77.9%**	59.2%	25.2%	74.2%
Language	**French**	**61.7%**	38.2%	12.6%	52.9%
	Dutch	**78.4%**	64.9%	30.1%	80.6%
Accreditation	**Yes**	**74.7%**	56.6%	24.3%	72.3%
	No	**24.1%**	12.1%	1.1%	21.3%

*Source: RIZIV-INAMI, KCE calculation. . *recipe_e, eChapter IV, eInvoice, eConsent, eGMR, eAttestation; **recipe_e, eChapter IV, eInvoice, eConsent, eGMR, eAttestation, SUMEHR;*** recipe_e, eChapter IV, eInvoice, eConsent, eGMR, eAttestation, SUMEHR, CEBAM, ****eDisability and eChapter IV were not included in the calculation*

Key points

- **The share of GPs meeting the thresholds for 6 selected eHealth services eligible for the premium increases from 51.2% in 2019 to 71.4% in 2021 (+20.2 percentage points). This share is higher for accredited physicians (74.7% compared to 24.1% for non-accredited physicians).**

- **Lower results are observed in Brussels (45.8%) compared to Flanders (78.0% in 2021) and Wallonia (66.6%).**

- **The eHealth services for which the thresholds are most reached are online registration of informed consent for patients who have opened a Global Medical Record (GMR) with the GP (95.1% in 2021), use of MyCareNet to manage the electronic GMR (93.4% in 2021) and online prescription of medicines (91.8% in 2021).**

References

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