

1.1. GP encounter within 7 days after hospital discharge (% patients aged ≥65 years) (QC-3)

1.1.1. Documentation sheet

Description	Proportion of hospital discharges of older patients (≥65 years old) that were followed by a general practitioner (GP) encounter within 1 week
Calculation	Numerator: number of hospitalisations for older patients (≥65 years old), 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 Denominator: number of hospitalisations for older patients (≥65 years old), alive 1 week after discharge and without new hospital admission in the week following the discharge.
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.¹⁻⁴</p> <p>As mentioned by 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 a follow-up assessment is scheduled with a GP 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 years and older can reduce readmissions and length of hospital stay.⁶</p> <p>The increasing number of older patients and shorter hospital stays further emphasise the need for collaboration between different levels 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>
Data source	IMA – AIM data
Technical definition	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.

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 – AIM database.

Exclusion criteria:

- 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.
- Stays which are still ongoing for the period of analysis.
- Stays for patients younger than 65 years old in the year of the hospital discharge.

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 older people (patients aged ≥ 65 years with a GP encounter online), based on lump sums registered for home care and for care in nursing homes.

Limitations	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. The analysis does not account for follow-up after hospital discharge by other healthcare providers, for example a specialist, home nurse, or nurse in nursing home. GP follow-ups by teleconsultation are only taken into account for the years 2020 and 2021 (no billing code existing before 2020).
International comparability	Not applicable
Dimensions	Continuity of care (Management/Coordination); coordination of care; integrated care
Related indicators	
Reviewer	Pascale Jonckheer (KCE)

Results

Belgium

The proportion of hospitalisations for older people (aged 65 years or above) followed by a contact with a GP within 1 week after discharge decreased over time from 55.6% in 2013 to 43.4% in 2021 (Figure 1). The declining trend can, but does not necessarily indicate a decrease in the follow-up of patients. It can also result from an increase in follow-up consultations or encounters with another healthcare provider such as a specialist doctor, a home nurse or a nurse in the nursing home. Moreover, a better information flow between the hospital and the patient's GP by means of the Global Medical Record can result in a reduced need for a direct follow-up in the first week, but rather at a later point in time. In 2021, 52.0% of GP encounters within 7 days after hospital discharge took place online (teleconsultations; Table 1).

Analysis by demographic characteristics and socio-economic status

There was a higher proportion of hospitalisations followed by a contact with a GP within 1 week after discharge in women (45.7%) than men (41.0%), 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. The proportion of hospitalisations followed by GPs encounters increased continuously with age from 32.5% among the 65-69 years old to 58.0% among the ≥ 90 years old.

Almost 56% of hospitalisations of patients living in institutions were followed by a GP encounter and this proportion was slightly higher than in patients with home care (53.7%). The proportion of hospitalisations followed by a GP encounter was clearly lower among patients without long-term care (33.2%).

There was a difference by socio-economic level: a higher proportion of hospitalisations among patients entitled to increased reimbursement was followed by a GP encounter within one week after discharge (40.0%) compared with the group without increased reimbursement (50.1%).

Regional comparison

The proportion of hospitalisations followed by a contact with a GP within 1 week after discharge was quite similar for Flanders (45.2%) and Wallonia (42.7%) in 2021. However, it was lower for Brussels with a percentage falling to 29.8% (Table 1).

An analysis by district showed that Brussels, Arlon, and Virton had the lowest proportion of GP encounters within one week after a discharge (29.8%, 29.6%, and 36.0%, respectively) while the highest proportions were in Ieper (63.4%), Diksmuide (59.1%), and Roeselare (58.3%).

Impact of the COVID-19 pandemic

The proportion of hospitalisations for older people followed by a contact with a GP within 1 week after discharge continued to decrease during the COVID-19 pandemic, and possibly at a higher rate (Figure 1).



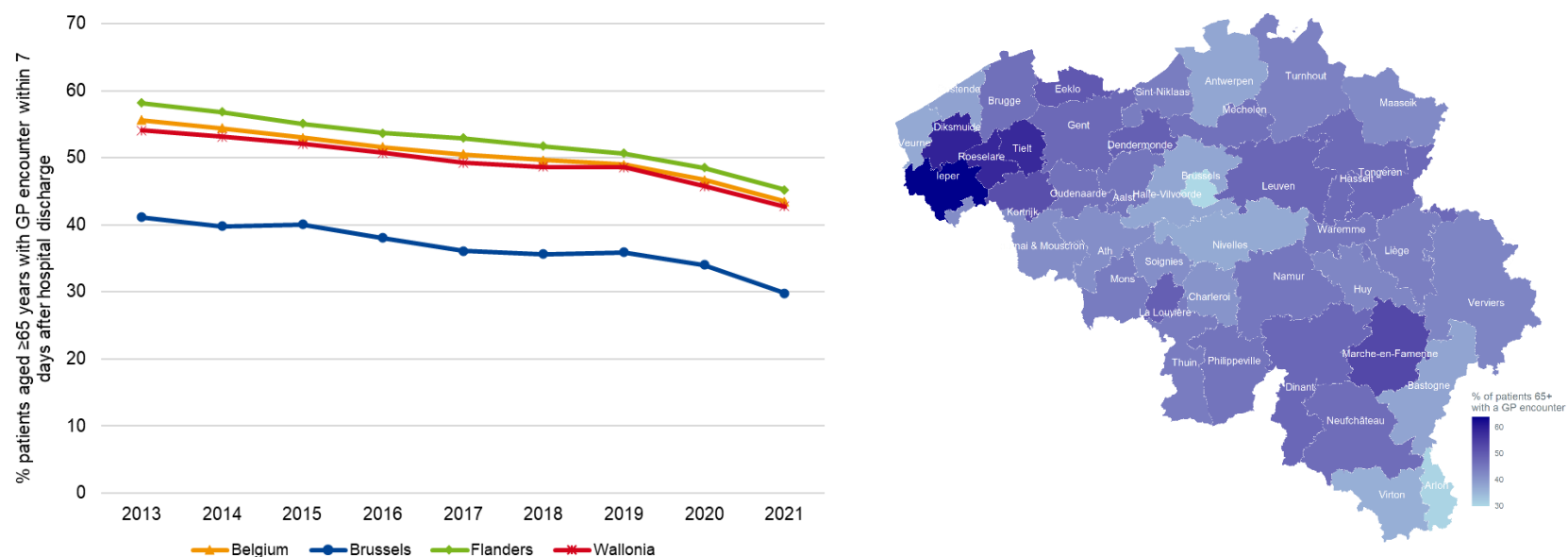
Table 1 – Proportion of hospitalisations for older people (aged 65 years or above) followed by a contact with a GP within 1 week after discharge, by patient characteristics (2021)

Characteristics	% patients aged ≥65 years with a GP encounter	% of GP encounters that are in-person	% GP encounters that are online
Belgium	43.5	48.0	52.0
Gender			
Female	45.7	48.1	51.9
Male	41.0	47.9	52.1
Age group (in years)			
65-69	32.5	47.0	53.0
70-74	36.9	47.3	52.7
75-79	42.0	47.9	52.1
80-84	48.7	48.4	51.6
85-89	54.3	48.6	51.4
≥90	58.0	48.8	51.2
Long term care			
Nursing care at home	54.0	48.4	51.6
Nursing home	56.6	48.7	51.3
No long term care	34.6	47.4	52.6
Increased reimbursement			
No	40.0	47.7	52.3
Yes	50.1	48.5	51.5
Region			
Brussels	29.8	46.7	53.3
Flanders	45.2	48.1	51.9
Wallonia	42.7	48.0	52.0
Province			
Antwerp	40.8	47.4	52.6
Flemish Brabant	42.4	48.2	51.8
Walloon Brabant	36.9	47.6	52.4
Brussels	29.8	46.7	53.3
West Flanders	50.1	48.7	51.3

East Flanders	46.7	48.4	51.6
Hainaut	42.7	48.3	51.7
Liège	43.5	47.8	52.2
Limbourg	45.8	47.5	52.5
Luxembourg	41.9	48.0	52.0
Namur	45.8	48.0	52.0

Source: IMA-AIM data, KCE calculation

Figure 1 – Proportion of hospitalisations for the older people (aged 65 years or above) followed by a contact with a GP within 1 week after discharge, by region (2013-2021) and district (2021)





Key points

- **Despite the supposed advantage of having a GP encounter within the week after hospital discharge, only 43.5% of the hospitalisation for older people (≥65 years old) were followed effectively by a GP's encounter in Belgium in 2021.**
- **The decreasing trend in the proportion of hospitalisations followed by a contact with a GP within 1 week after discharge in 2013-2021 can indicate a reduction in early follow-up or a switch to other modes of follow-up, such as other healthcare providers.**
- **In 2021, 52% of GP encounters within 7 days after hospital discharge were teleconsultations.**
- **This indicator varied by factors such as gender (45.7% in women vs 41.0% in men), having long-term care (LTC) (more than 50% for older people in institutions or with home care against 34.6% for those without LTC), age group which is directly linked to having LTC (32.5% for the 65-69 years old vs 58.0% for the ≥90 years old) and finally the socio-economic level (50.1% with increased reimbursement and 40.0% without).**
- **The proportion of hospitalisations followed by a contact with a GP within 1 week after discharge was quite similar for Flanders and Wallonia (more than 40%), but lower for Brussels (29.8%).**

References

1. Forster AJ, Clark HD, Menard A, Dupuis N, Chernish R, Chandok N, et al. Adverse events among medical patients after discharge from hospital. *Cmaj*. 2004;170(3):345-9.
2. Coleman EA, Berenson RA. Lost in transition: challenges and opportunities for improving the quality of transitional care. *Ann Intern Med*. 2004;141(7):533-6.
3. Coleman EA. Falling through the cracks: challenges and opportunities for improving transitional care for persons with continuous complex care needs. *J Am Geriatr Soc*. 2003;51(4):549-55.
4. Effect of Early Follow-Up After Hospital Discharge on Outcomes in Patients With Heart Failure or Chronic Obstructive Pulmonary Disease: A Systematic Review. *Ont Health Technol Assess Ser*. 2017;17(8):1-37.
5. People CoDiCfO. Delivering Dignity: Securing dignity in care for older people in hospitals and care homes. A report for consultation. Local Government Association, NHS confederation, ageUK Improving later life; 2012.
6. Pedersen LH, Gregersen M, Barat I, Damsgaard EM. Early geriatric follow-up after discharge reduces mortality among patients living in their own home. A randomised controlled trial. *European Geriatric Medicine*. 2017;8(4):330-6.
7. World Health Organization. Regional Office for E, European Observatory on Health S, Policies, Nolte E, Pitchforth E. What is the evidence on the economic impacts of integrated care? Copenhagen: World Health Organization. Regional Office for Europe; 2014.
8. Jackson C, Shahsahebi M, Wedlake T, DuBard CA. Timeliness of outpatient follow-up: an evidence-based approach for planning after hospital discharge. *Ann Fam Med*. 2015;13(2):115-22.