



### 4.3. GP encounter within 7 days after hospital discharge (% patients 65+) (QC-3)

#### 4.3.1. Documentation sheet

<b>Description</b>	Proportion of hospital discharge followed with a general practitioner's (GP) encounter within a 1-weeks period for senior patients (65+)
<b>Calculation</b>	<p><b>Numerator:</b> number of hospitalizations for elderly patients (65+) with at least one GP's encounter within the week (7 days) following the hospital discharge</p> <p><b>Denominator:</b> number of hospitalisations for elderly patients (65+), alive 1 week after discharge and without new hospital admission in the week following the discharge.</p>
<b>Rationale</b>	<p>Being discharged from hospital is a pivotal moment in the care of an older person with an increased risk of adverse events and readmission. The increasing number of older patients and shorter hospital stays 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 health care services and results in better quality of patient care (improved health or patient satisfaction outcomes).<sup>1</sup></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 the person out of hospital, but to ensure seamless clinical, physical and emotional support and the best possible return to their home or care home.<sup>2</sup> 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, recent evidence shows that early follow-up after hospital discharge among patients aged 75+ can reduce readmissions and length of hospital stay.<sup>3</sup></p>
<b>Primary data source</b>	IMA/AIM database
<b>Indicator source</b>	KCE calculation
<b>Technical definitions</b>	<p><b>Nomenclature codes for GPs encounters</b> - 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><b>Nomenclature codes for hospital stays:</b> 761235, 761246, 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, 790020. Hospitalisation are directly identified in the IMA database.</p> <p><b>Exclusion criteria:</b></p> <ul style="list-style-type: none"> <li>• stays with a length lower than 24 hours (minimum length of stay);</li> <li>• stays followed, within 1 week after discharge, by death or re-hospitalization (for death: as the day of death is unknown, deletion of stays for which the month of death = month of discharge OR if the discharge date is the last week of the month preceding the month of death);</li> <li>• stays which are still ongoing for the period of investigation;</li> <li>• stays in patients &lt;65 years in the year of the hospital discharge</li> </ul> <p><b>Long term care:</b> For long term care, definitions of the IMA-AIM have been used (<a href="http://atlas.aim-ima.be/base-de-donnees">http://atlas.aim-ima.be/base-de-donnees</a>, see statistics on care for the elderly).</p>



<b>Limitations</b>	No information on the reason of encounter and the link with hospital stay; no information about who scheduled the appointment (was it scheduled by the hospital or a patient initiative); no information on the reason and duration of the hospitalization. People that visit the GP in a medical house that does not use a fee-for-service system of payment (i.e. most medical houses) cannot be identified in the numerator. People registered in these medical houses should thus also be excluded from the denominator (which was not the case in this report). This mostly impact results for Brussels, meaning that the percentage presented for Brussels is underestimated.
<b>International comparability</b>	Not applicable
<b>Dimensions</b>	Continuity of care (Management/Coordination); coordination of care; integrated care

#### 4.3.2. Results

##### Patient characteristic (gender, age group, long-term care, increased reimbursement status)

In 2016, 56.6% of elderly have at least one contact with a GP in the week after a discharge from the hospital (see Table 22). This result is an indication of continuity of care between the hospitals and the first line, even if we do not know if the GP's encounter followed a discharge plan from the hospital or from the patient's own initiative.

**Table 22 – Proportion of hospitalizations for the elderly (aged 65 years or above) followed by a contact with a GP within 1 week after discharge, by patient characteristics (2016)**

Characteristics	Number discharge followed by a GP contact within 1 week (2016)	Total number discharges (2016)	% (2016)
<b>Belgium</b>	<b>290 498</b>	<b>513 552</b>	<b>56.6%</b>
<b>Gender</b>			
Female	164 486	278 131	59.1%
Male	126 012	235 421	53.5%
<b>Age group</b>			
65-69	43 460	98 872	44.0%
70-74	47 650	98 249	48.5%
75-79	55 211	99 028	55.8%
80-84	62 606	99 689	62.8%



Characteristics	Number discharge followed by a GP contact within 1 week (2016)	Total number discharges (2016)	% (2016)
85-89	52 097	76 503	68.1%
≥90	29 474	41 211	71.5%
<b>Long term care</b>			
Nursing care at home	52 548	77 302	68.0%
MRS_MRPA	68 550	98 610	69.5%
no LT care	169 400	337 640	50.2%
<b>Increased reimbursement</b>			
No	166 714	318 155	52.4%
Yes	123 784	195 397	63.4%
<b>Region</b>			
Brussels region	14 642	32 009	45.7%
Flemish region	186 682	321 465	58.1%
Walloon region	89 174	160 078	55.7%

Source: IMA data, KCE calculation

### Analysis by demographic characteristics and socio-economic status

- **Gender and age group**

There is a higher proportion of hospitalizations followed by a contact with a GP within 1 week after discharge in female elderly (aged 65 years or above) than in male (59.1% vs 53.5%). There is also a difference according to age groups, the proportion of hospitalizations followed by GPs encounters increasing continuously with age from 44% among the 65-69 years old to 71.5% among the ≥90 years old (see Table 22).

- **Long-term care and socio-economic status**

Almost 70% of hospitalizations of patients living in institutions are followed by a GP encounter and this proportion is quasi similar in patients with home care (68%). The proportion of hospitalizations followed by GP encounter is clearly lower among patients without long-term care (50.2%).

There is a difference by socio-economic level (measured by being entitled to increased reimbursement): a higher proportion of hospitalizations among patients with lower socio-economic level was followed by a GPs encounter within one week after a discharge (63.4%) compared with the group without increased reimbursement (52.4%).

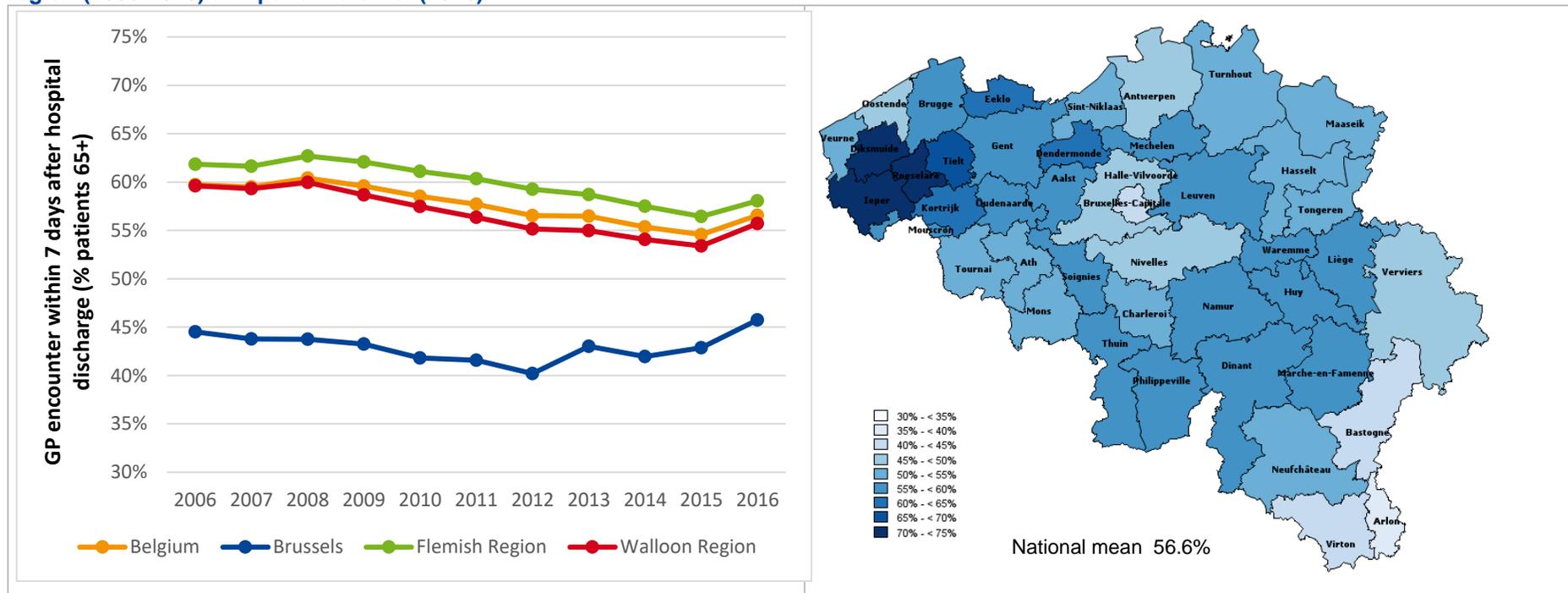
### Analysis by region and province

The proportion of hospitalizations followed by a contact with a GP within 1 week after discharge is quite similar for Flemish and Walloon regions (more than 55%). However, it is lower for Brussels with a percentage falling to 45.7% (Table 22). The lower proportion in Brussels can nevertheless be explained by the fact that people in medical houses were not excluded from the denominator (underestimation, see limitations in the technical fiche).



An analysis by district (Figure 52) shows that Arlon, Brussels and Virton have the lowest proportion of GPs encounters within one week after a discharge (38.5% for Arlon and 46% for Brussels and Virton) while the highest are in Ieper (78.5%), Diksmuide (75.6%), and Roeselare (73.7%).

**Figure 52 – Proportion of hospitalizations for the elderly (aged 65 years or above) followed by a contact with a GP within 1 week after discharge, by region (2006-2016) and patient district (2016)**



Source: IMA data, KCE calculation



### Trends over time

Since 2006, the proportion of hospitalizations for the elderly (aged 65 years or above) followed by a contact with a GP within 1 week after discharge decreases for Belgium and for each of the three regions (Figure 52). Since 2015, an upward trend of the proportion of hospitalizations for the elderly (aged 65 years or above) followed by a contact with a GP within 1 week after discharge seems to begin and particularly in the region of Brussels (from 40% in 2012 to 46% in 2016).

### Key points

- **Despite the supposed advantage of having a GP encounter within the week after hospital discharge, only 56.6% of the hospitalization for elderly (65 years old or above) are followed effectively by a GP's encounter in Belgium.**
- **This indicator is influenced by factors such as gender (59.1% in females vs 53.5% in males), having long-term care (LTC) (more than 68% for elderly in institution or with home care against 50.2% for elderly without long term care), age group which is directly linked to having LTC (44% for the 65-69 years old vs more than 60% for the 80+) and finally the socio-economic level (63.4% with increased reimbursement and 52.4% without).**
- **This indicator is different between regions (58.1% for Flemish region, 55.7% for Walloon region and 45.7% for Brussels). The lower proportion in Brussels can nevertheless be explained by the fact that people in medical houses were not excluded from the denominator (underestimation).**
- **Despite a decrease over the years of the proportion of hospitalizations for the elderly (aged 65 years or above) followed by a contact with a GP within 1 week after discharge, an upward trend seems to begin since 2015, especially in Brussels.**

### References

1. Nolte E. PE. What is the evidence on the economic impacts of integrated care? Denmark: WHO Regional Office for Europe and European Observatory on Health Systems and Policies; 2014.
2. Commission on Dignity in Care for Older People. 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.
3. Pedersen L.H. GM, Barat I., Damsgaard E.M.,. Early geriatric follow-up after discharge reduces mortality among patients living in their own home. A randomised controlled trial. *European Geriatric Medicine*. 2017;1878-7649.