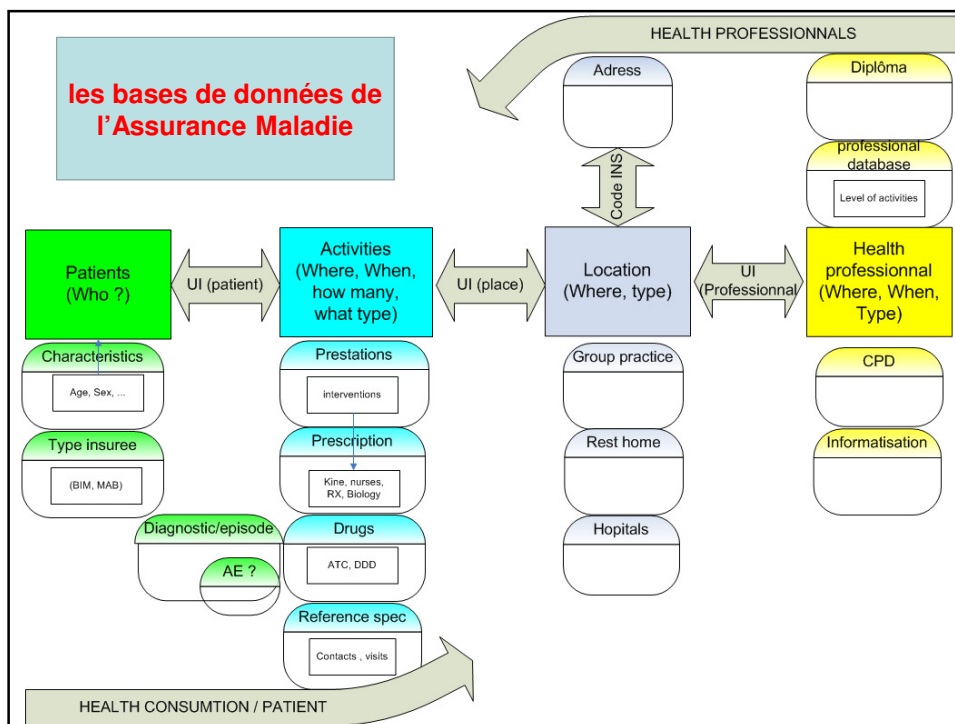




Cartographie des pédiatres et variation de pratique

22/5/2019

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[Virginie Dalcq@riziv-inami.fgov.be](mailto:Virginie.Dalcq@riziv-inami.fgov.be)
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1. Cartographie des pédiatres

22/5/2019

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Rapport annuel

Tableau 2 - Professionnels en droit de prêter (31-12-2016 et 31-12-2017) et praticiens de soins (année 2016) par profession/spécialité

Spécialités / professions	En droit de prêter 31-12-2016			Pratique 2016			En formation 2016		Densité 2016		En droit de prêter 31-12-2017	
	65 et +	- 65	Total	Nombre	Nombre	%	/ 10.000 hab.		Nombre	Progression % 2016/2017		
Médecins	11.139	33.958	45.097	34.502	6.069	18%	30,5		45.969	2%		
Médecins généralistes	4.224	11.316	15.540	12.795	1.222	10%	11,3		15.821	2%		
Pédiatres	524	1.432	1.956	1.517	415	27%	1,3		2.001	2%		
Pédiatres (*)	511	1.360	1.871	1.447	415	29%	1,3		1.913	2%		
Neuropédiatres	13	72	85	70	-	0%	0,1		88	4%		
Gynécologues	435	1.282	1.717	1.448	311	21%	1,3		1.745	2%		
Psychiatres	733	1.625	2.358	1.950	328	17%	1,7		2.396	2%		
Groupe médical	2.808	8.994	11.802	9.680	1.938	20%	8,5		11.998	2%		
Groupe chirurgical	1.801	6.485	8.286	6.653	1.855	28%	5,9		8.502	3%		
Médecins non spécialisés	614	2.824	3.438	459	-	0%	0,4		3.506	2%		

(*)Y compris les 27 Médecins spécialistes en pédiatrie, porteur du titre professionnel particulier en hématologie et oncologie pédiatriques (Comp. 698)

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Rapport annuel

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	65 et +	- 65	Total	Nombre	Nombre	%	/ 10.000 hab.	Nombre	Progression % 2016/2017			
Pédiatres	524	1.432	1.956	1.517	415	27%	1,3	2.001	2%			
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Tableau 2 - Professionnels en droit de prêter (31-12-2017 et 31-12-2018) et praticiens de soins (année 2017) par profession/spécialité

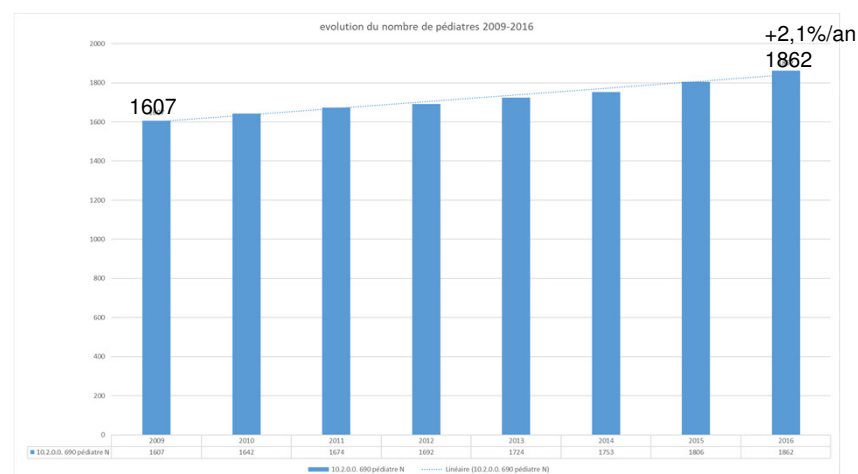
Spécialités / professions	En droit de prêter 31-12-2017			Pratique 2017			En formation 2017		Densité 2017		En droit de prêter 31-12-2018	
	65 et +	- 65	Total	Nombre	Nombre	%	/ 10.000 hab.	Nombre	Progression % 2017/2018			
Pédiatres	527	1.474	2.001	1.563	431	28%	1,4	2.036	2%			
Pédiatres (*)	514	1.399	1.913	1.487	431	29%	1,3	1.944	2%			
Neuropédiatres	13	75	88	76	-	0%	0,1	92	5%			

(*)Y compris les 27 Médecins spécialistes en pédiatrie, porteur du titre professionnel particulier en hématologie et oncologie pédiatriques (Comp. 698)

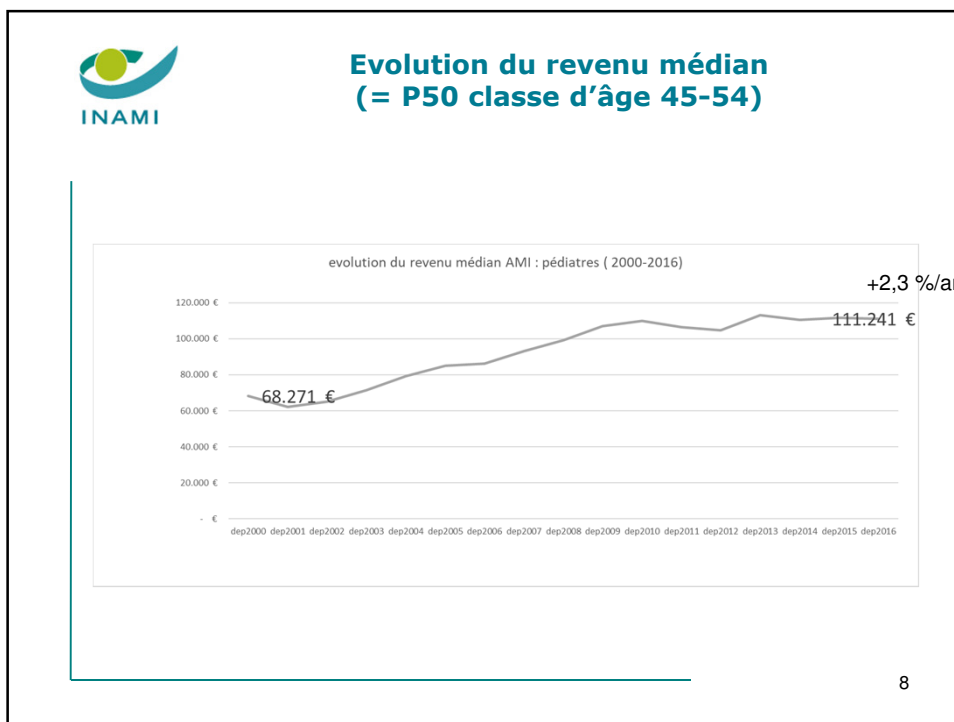
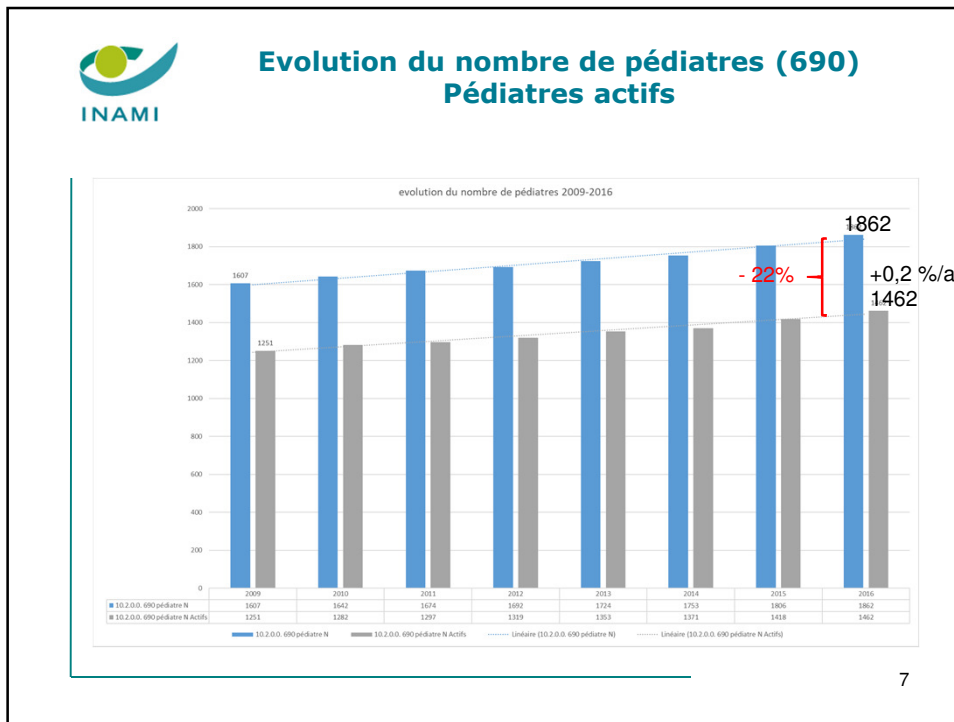
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Evolution du nombre de pédiatres (690)

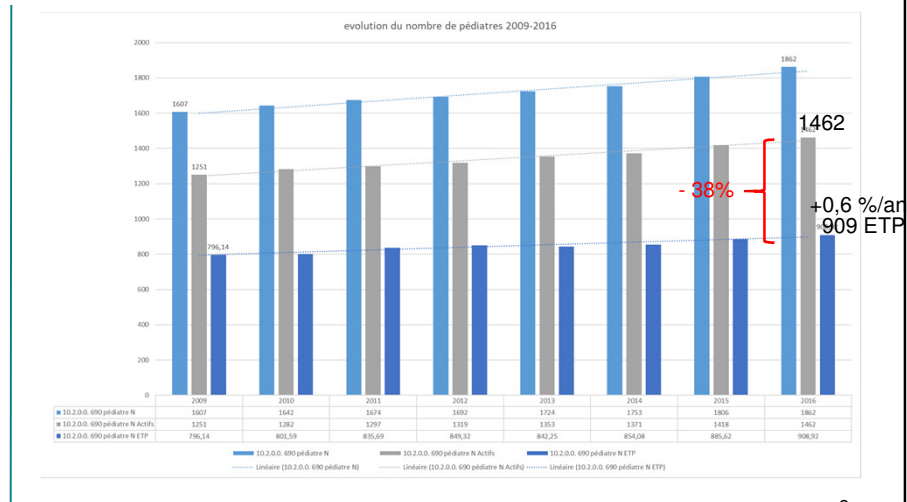


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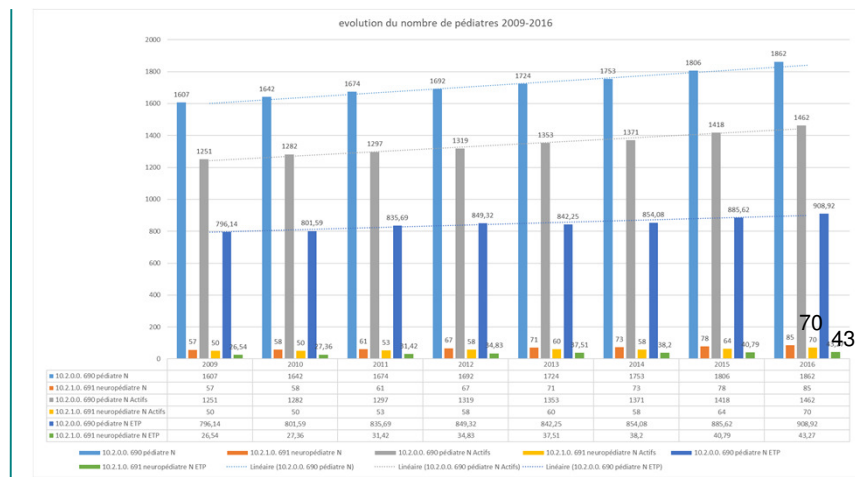


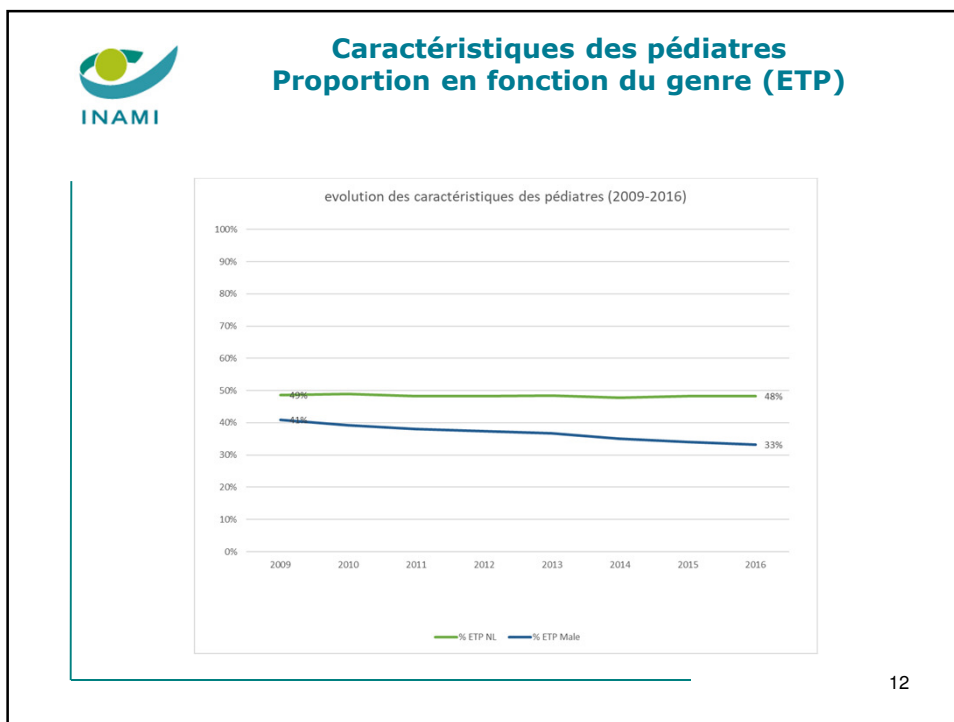
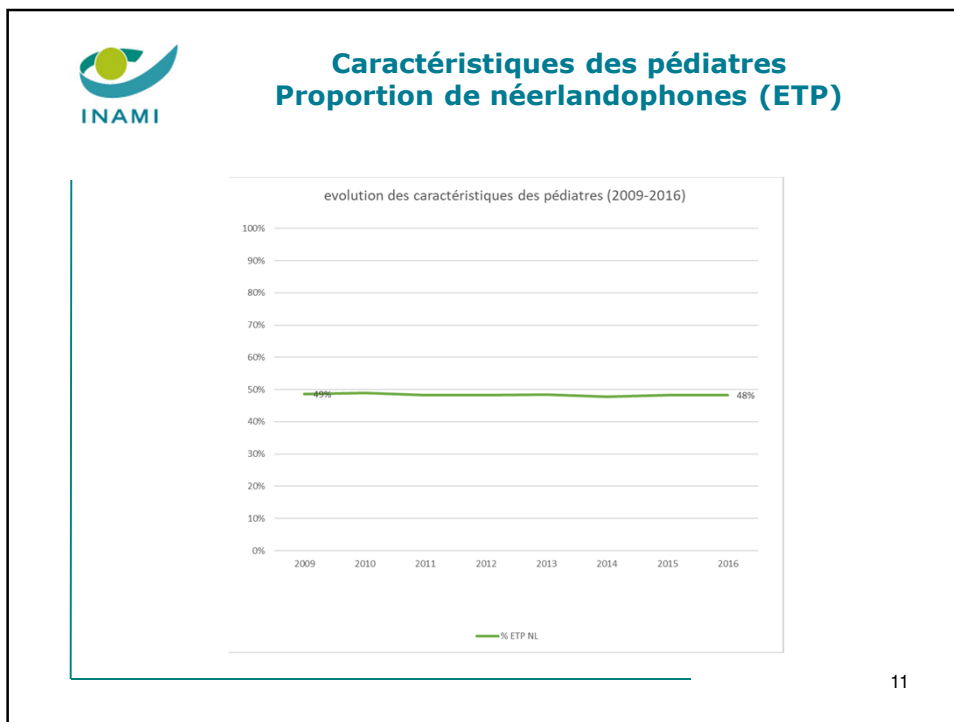


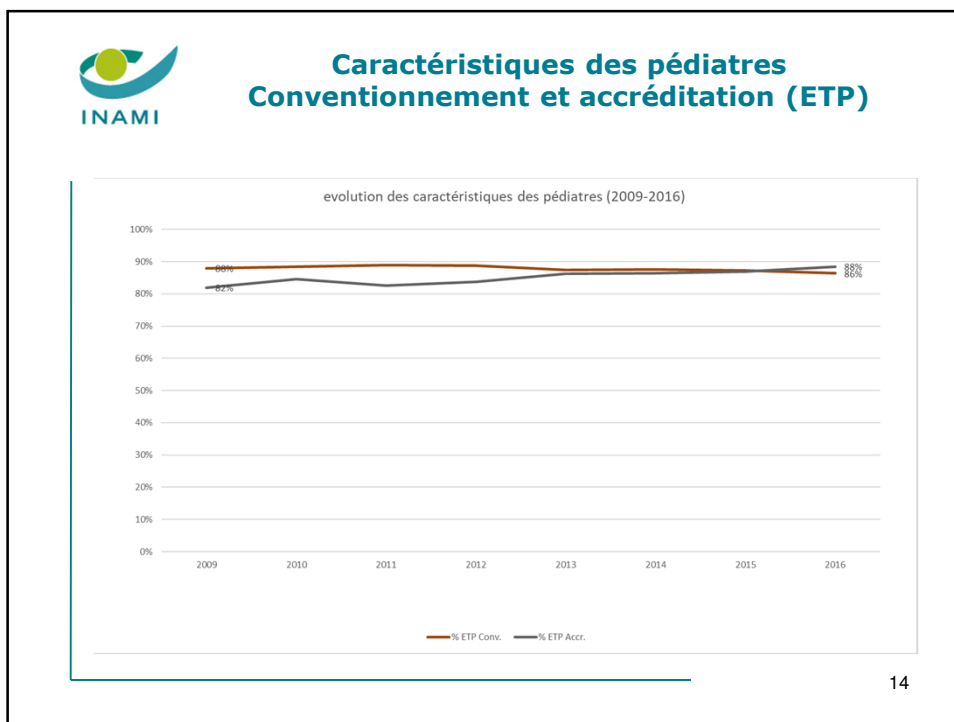
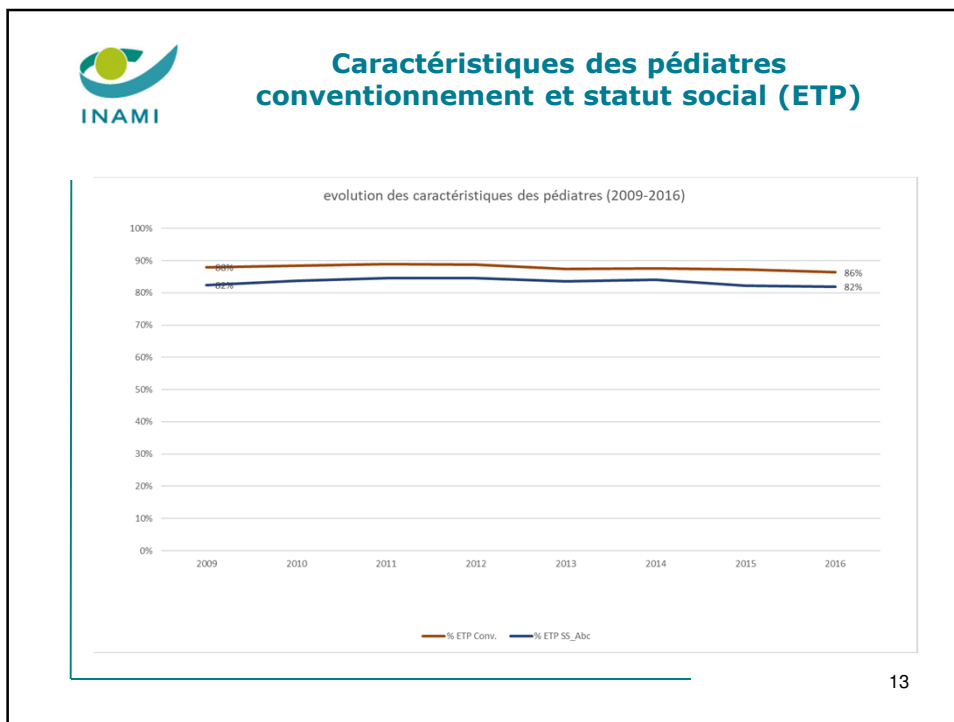
Evolution du nombre de pédiatres (690) Pédiatres actifs et ETP

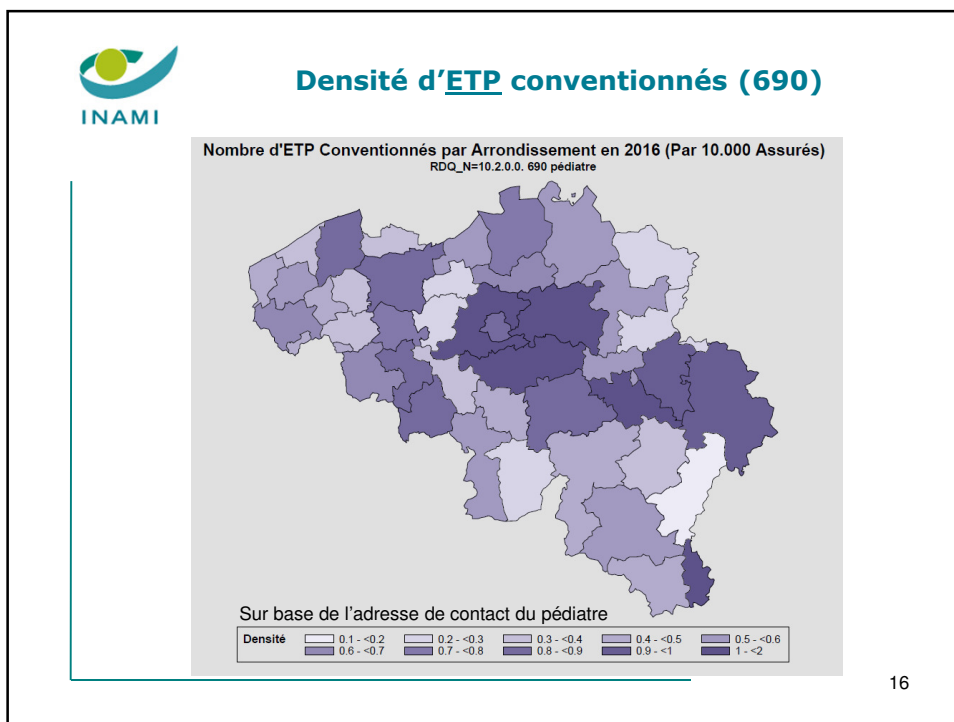
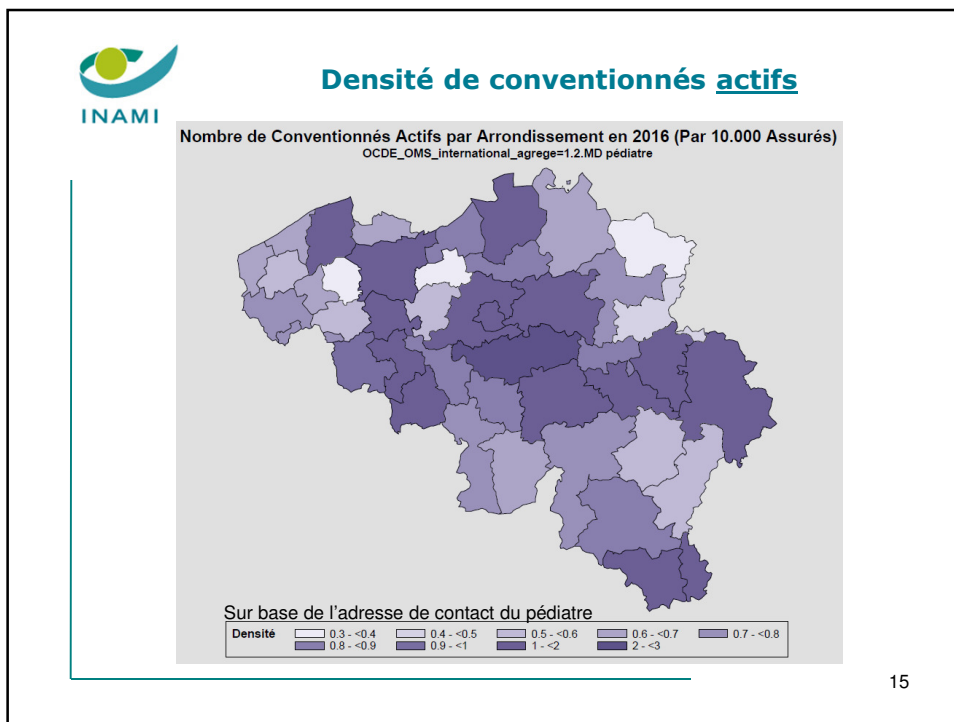


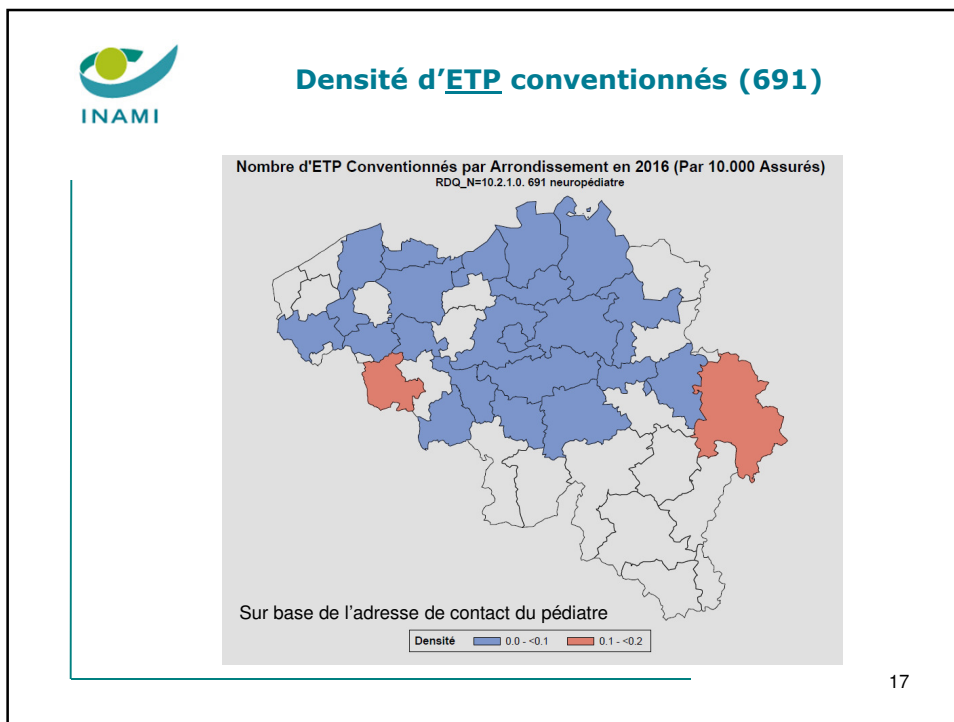
Evolution du nombre de pédiatres (690 et 691)



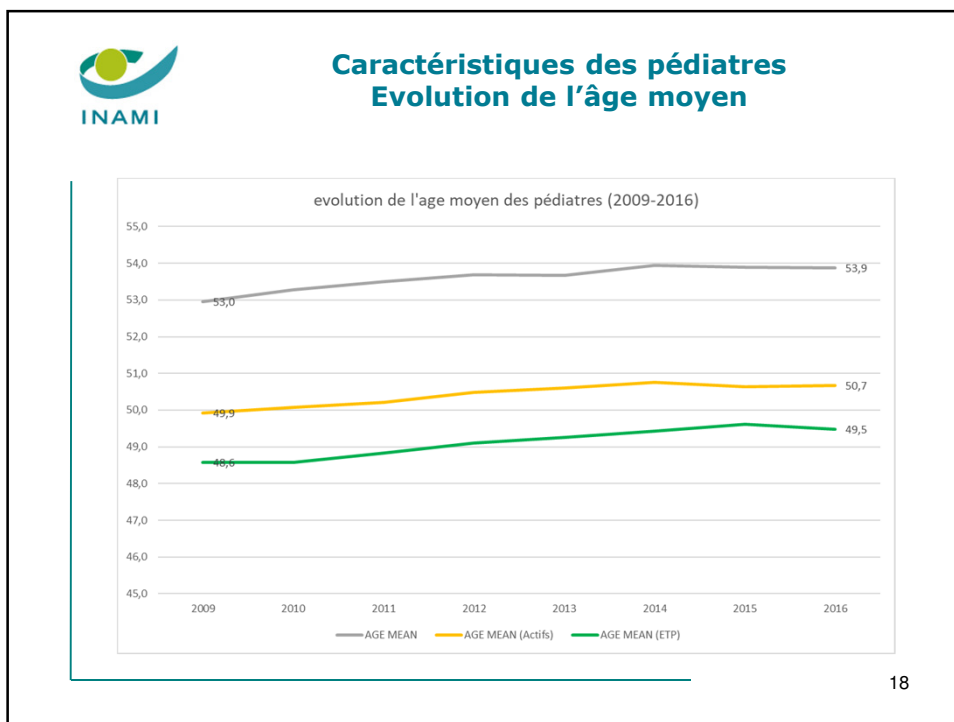




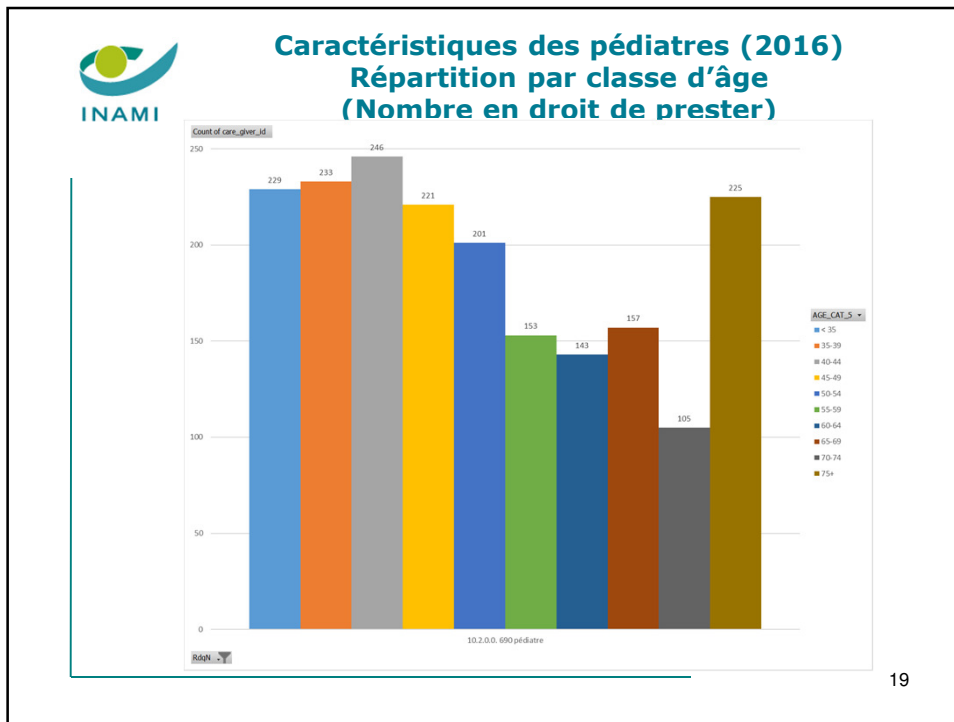




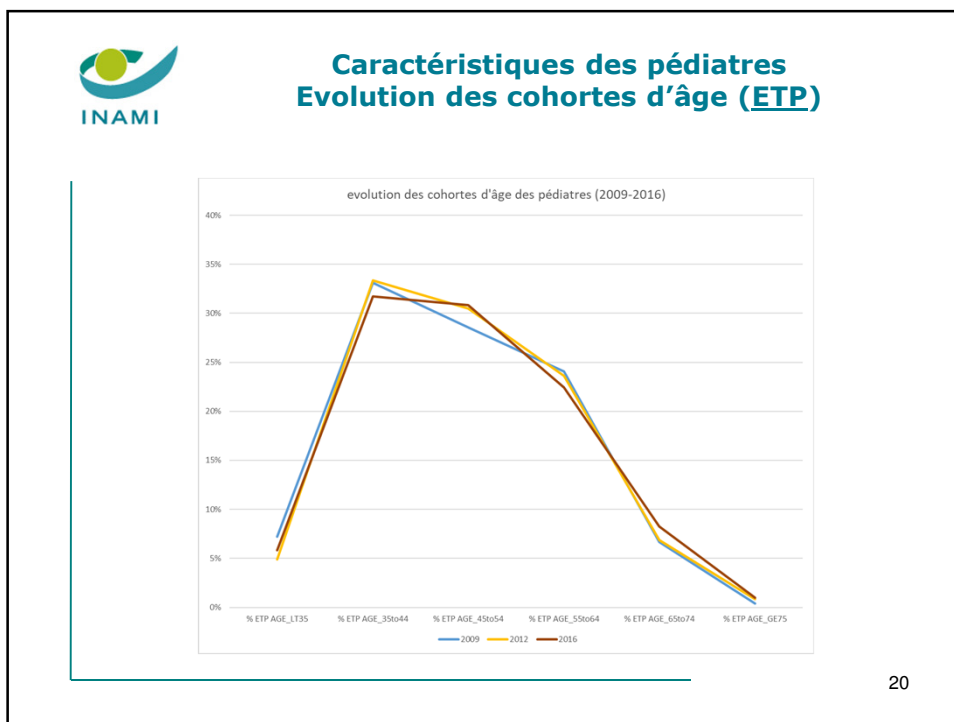
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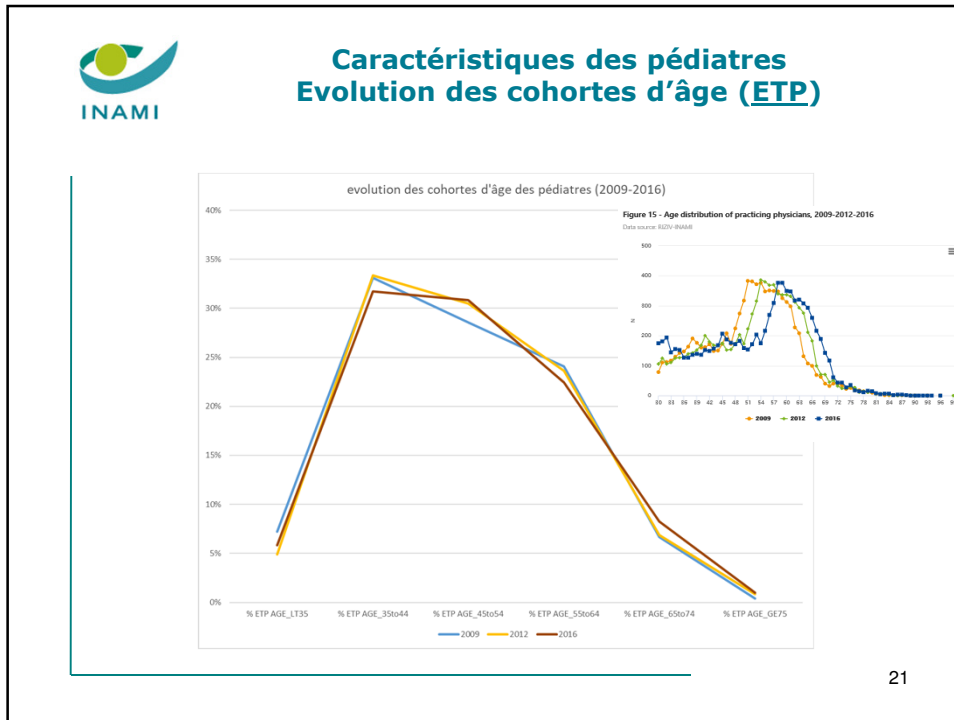
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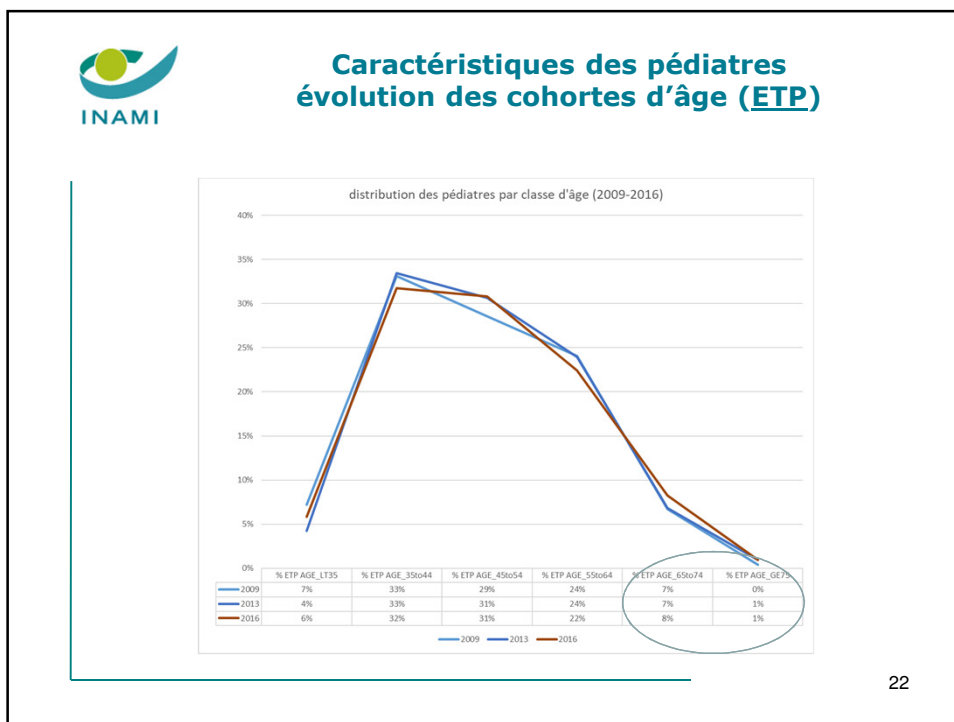
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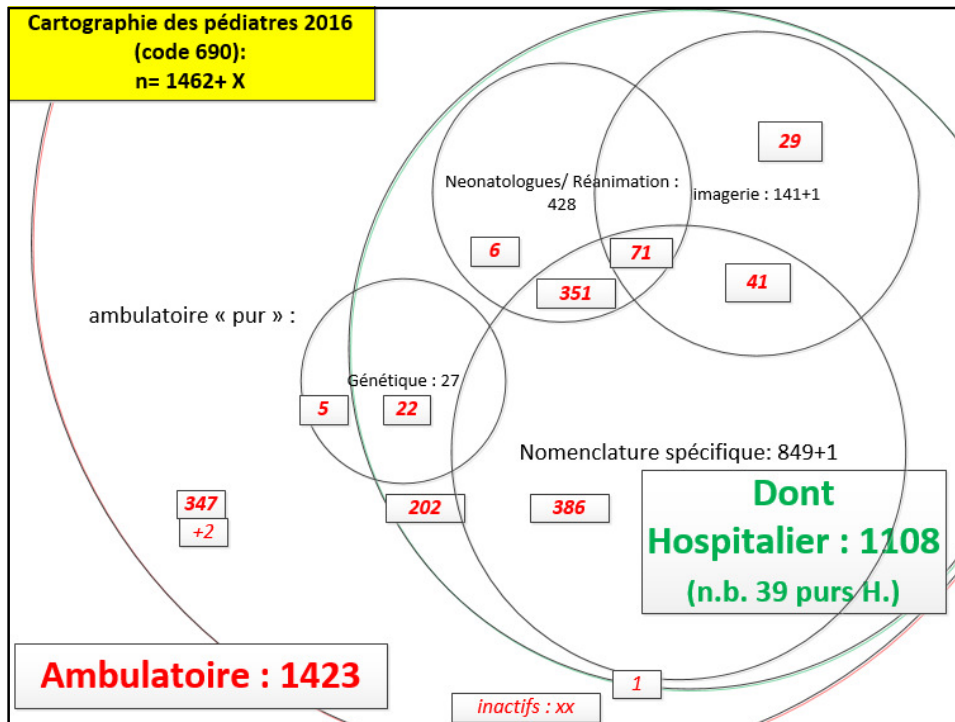
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Pédiatrie ambulatoire (2016)
Les pédiatres actifs uniquement en ambulatoire

INAMI

type de pédiatre	nb > P5	nb ETP	Etp Conventionnés	Etp – Part ambulatoire	âge moyen	Etp moyen
Ambu	302	100	58	100	59,0	33%
classe d'âge	nb > P5	nb ETP	age moyen	Etp moyen	% conventionné	
34 et -	9	1,72	31,6	19%	44%	
35-44	36	11,79	39,5	33%	66%	
45-54	70	31,26	49,0	45%	60%	
55-64	53	21,88	58,6	41%	59%	
65 et +	134	33,02	71,5	25%	54%	
Grand Total	302	99,67	59,0	33%	58%	

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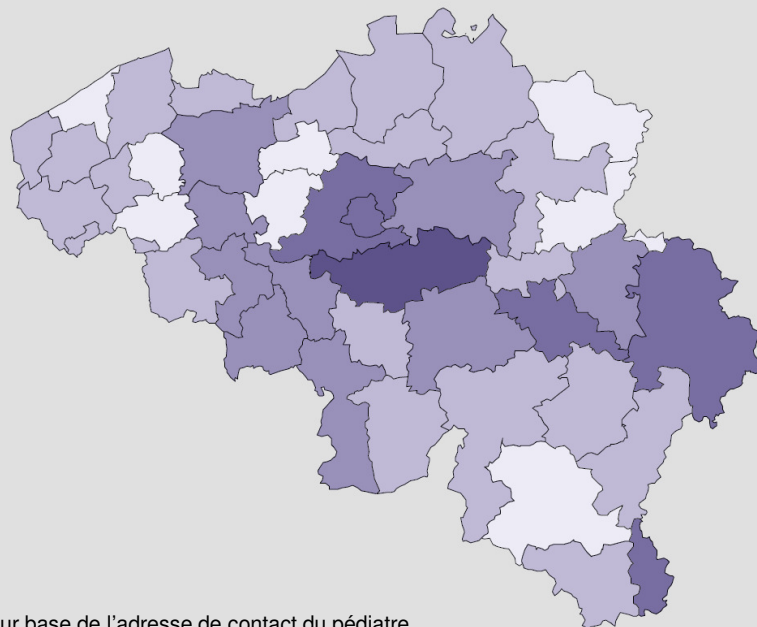


Activité ambulatoire (2016)

type de pédiatre > P5	pédiatres nb ETP	Etp		âge moyen	Etp moyen
		Conven- tionnés	Etp – Part ambulatoire		
Ambu	302	100	58	100	59,0 33%
Hospi	26	17	17	0	42,0 67%
Mix	1060	791	709	382	46,8 75%
Grand Total	1388	908	784	482	49,4 65%

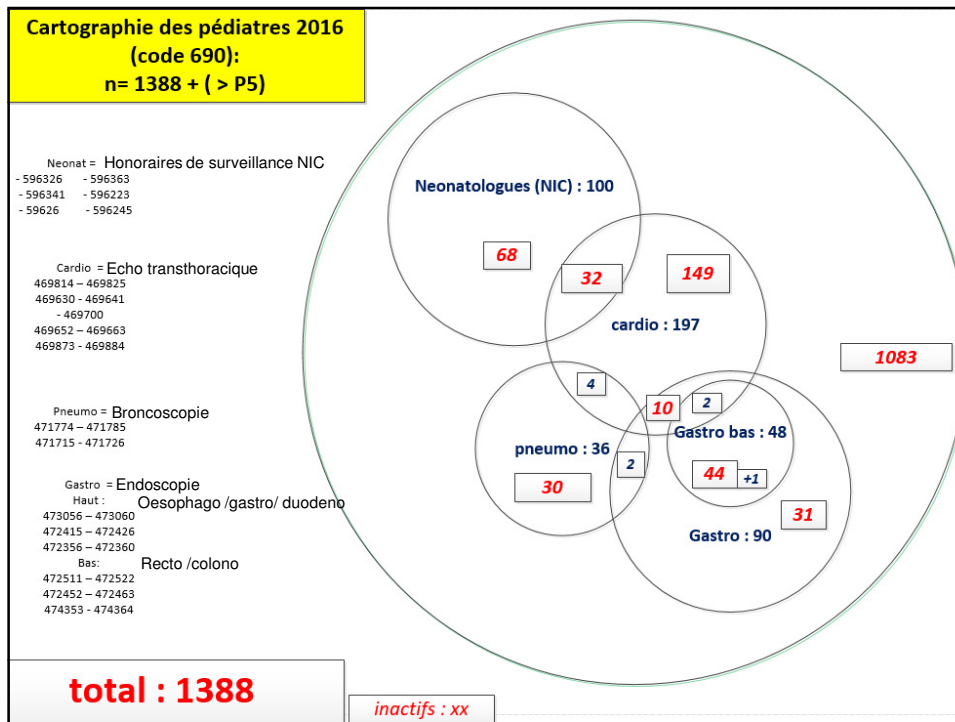
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Densité ETP Pédiatres - Activité ambulatoire, par 100.000 Habitants, par Arrondissement (2016)



Sur base de l'adresse de contact du pédiatre

Densité ETP Ambulatoire <2 2 - <4 4 - <6 6 - <8 8 - <10



 **Seuil d'activité pour les activités spécialisées (2016)**

	BRONCHO	CARDIO	ENDO_BAS	ENDO_HT	NEONAT
	36	197	49	90	107
% des prestataires					
seuil d'activité	BRONCHO	CARDIO	ENDO_BAS	ENDO_HT	NEONAT
>0	100%	100%	100%	100%	100%
>10	50%	46%	18%	69%	83%
>20	33%	43%	8%	58%	80%
>50	14%	39%	2%	44%	71%
>70	6%	38%	2%	33%	70%
>100	0%	36%	0%	27%	70%
nb pédiatres >10	18	91	9	62	89
nb pédiatres >50	5	76	1	40	76
si seuil à	10	100		20	100
nombre de prestataires au-delà du seuil	18	71		71	75
% des prestataires qui réalisent l'activité	50%	36%		58%	70%

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2. variations de pratique en pédiatrie

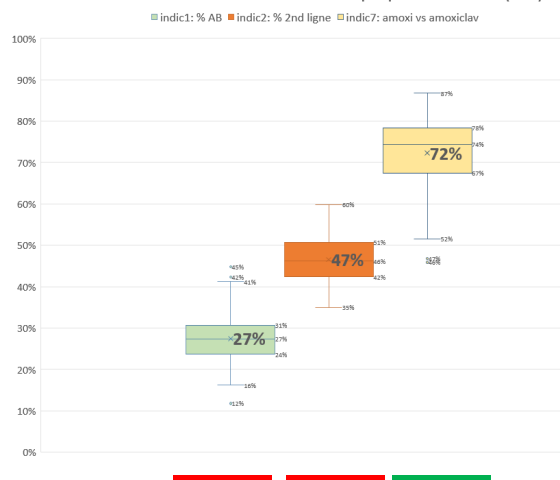
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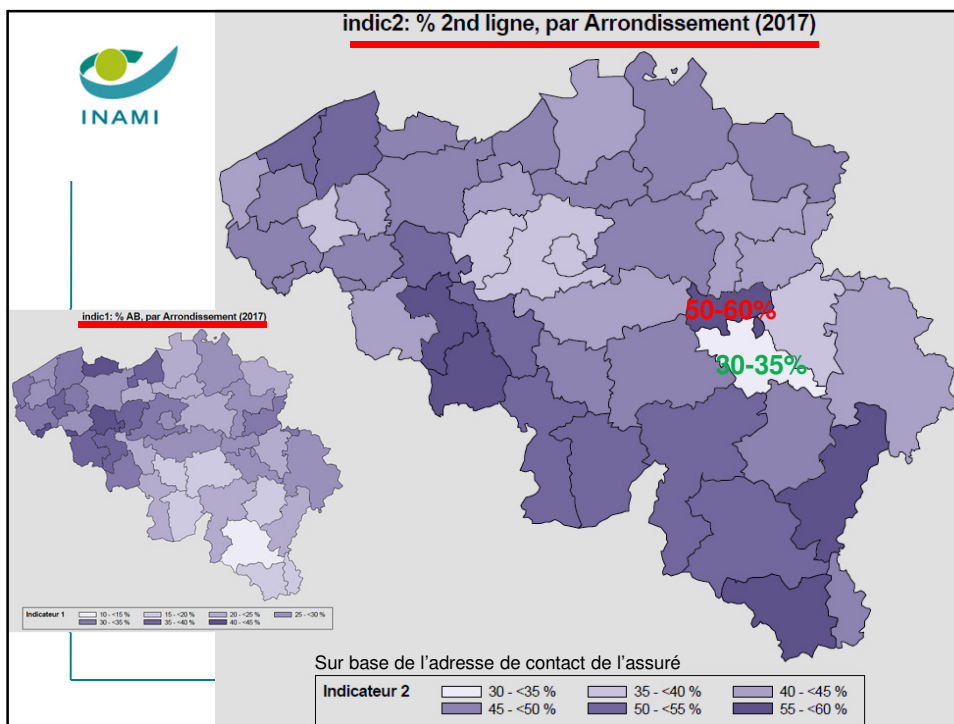
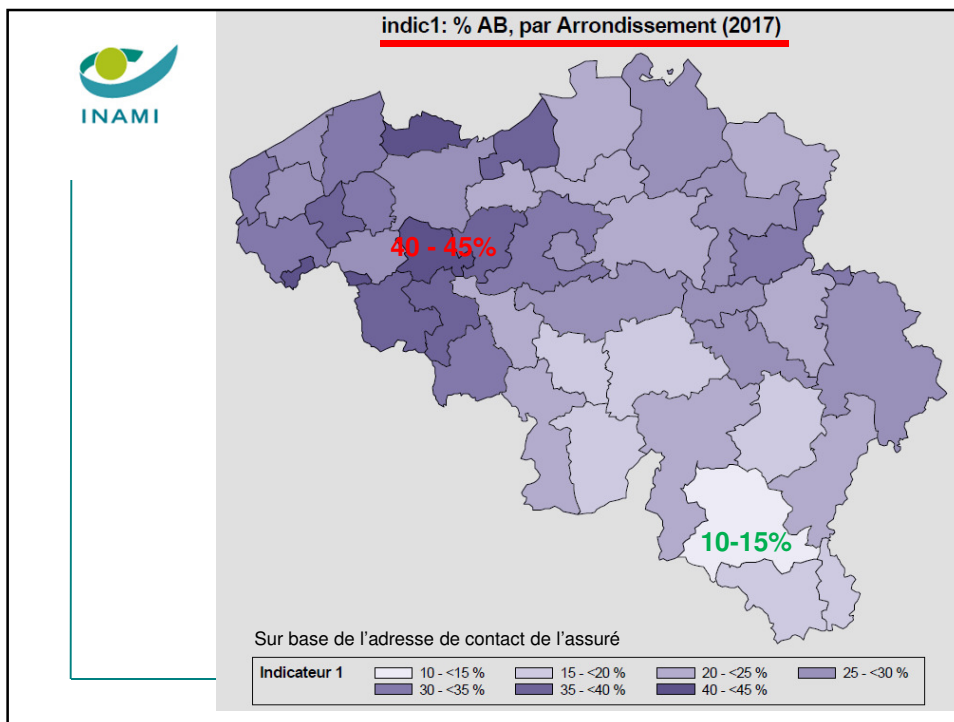


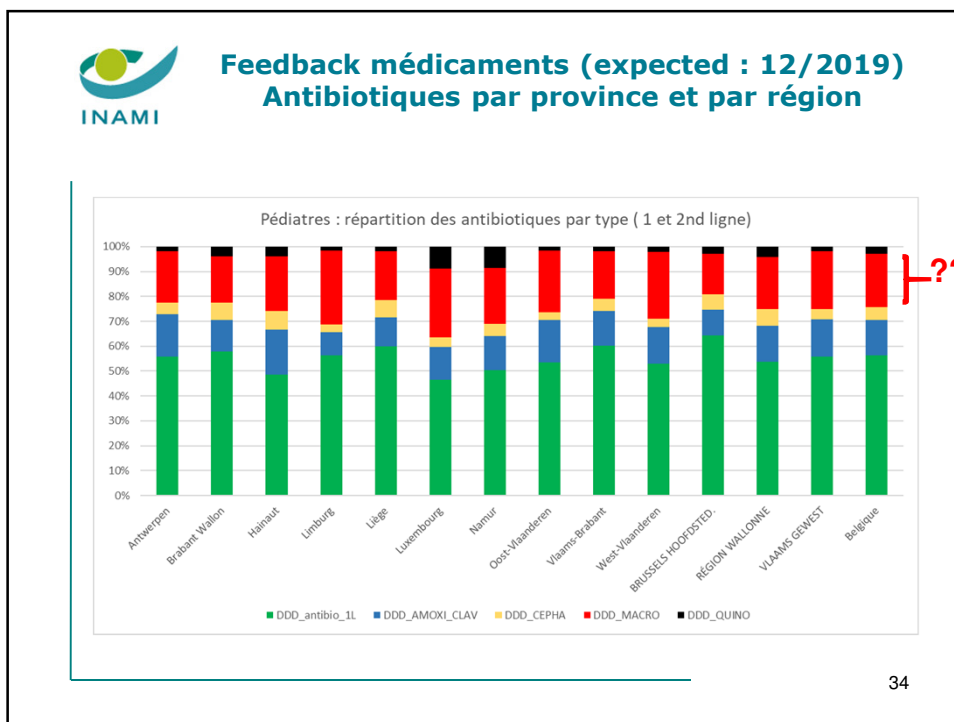
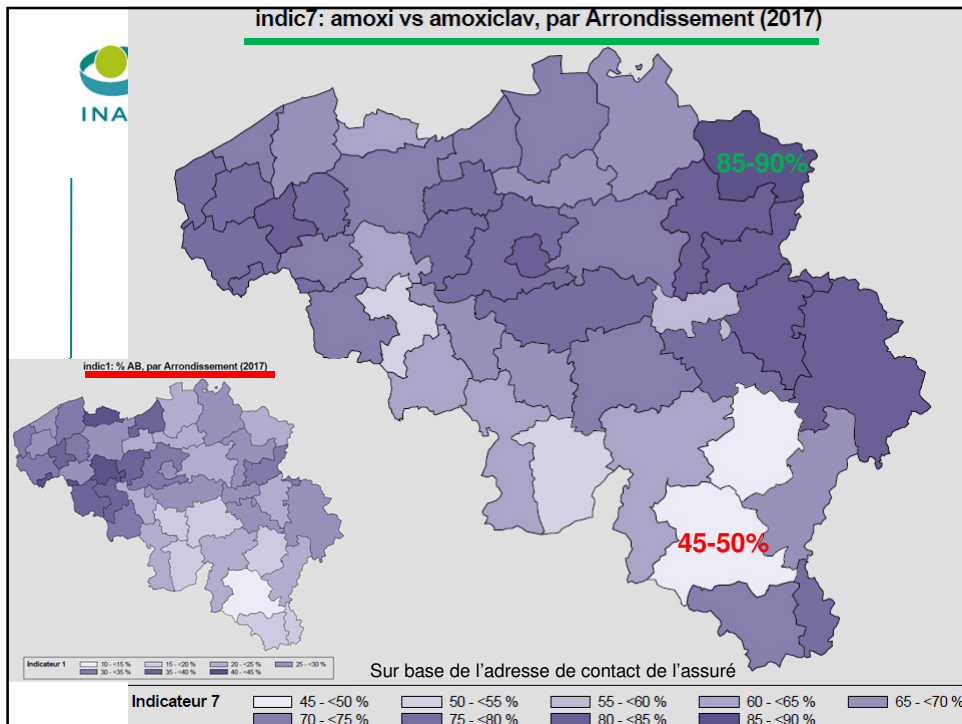
Feedback médicaments (expected : 12/2019) Antibiotiques

Pédiatres : Ventilation des indicateurs antibiotiques par arrondissement (2017)



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2. variations de pratique en pédiatrie

2.1. prescription d'antibiotiques en ambulatoire
2.2. autres exemples de variations de pratique

22/5/2019

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For a Healthy Belgium Home Health Status Health System Performance Assessment Medical Practice Variations

For a healthy Belgium: health and healthcare indicators



Health status of the Belgian population

Read more ...



Health System Performance Assessment


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Patterns of variations in medical practices

Read more ...


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HSPA 2019 : (In) Appropriateness mother and newborn :

Summary of the indicator of performance for mother & child care

(ID) indicator	Score	BEL	Year	Fla	Wal	Bru	Source	EU average
Effectiveness of care								
MN-1 Neonatal mortality rate <small>NEW 2019 (per 1000 live births)</small>	+	2.2	2015	2.6	1.8	1.4	Statbel, OECD	2.3 (EU-15)
MN-2 Proportion of newborns with an APGAR score below 7 at 5 minutes <small>NEW 2019 (per 1000 live births)</small>	ST	17.5	2015	18.7	15.1	18.4	Statbel	-
Appropriateness of care								
MN-3 Caesarean section rate <small>NEW 2019 (per 1000 live births)</small>	ST	216	2016	216	223	206	SPF, OECD	259 (EU-13)
MN-4 Induction rate (per 1000 live births) <small>NEW 2019</small>	+	267	2015	238	308	284	Statbel	-
MN-5 Episiotomy rate (per 1000 vaginal deliveries) <small>NEW 2019</small>	+	408	2015	466	359	301	Statbel	-
MN-6 Proportion of vaginal deliveries after a C-section for a previous pregnancy (%) <small>NEW 2019</small>	-	31.9	2015	30.1	31.2	38.7	Statbel, Euro-Peristat	26.1 (EU-26)
MN-7 Proportion of very premature births in maternity wards without a neonatal intensive care unit (%) <small>NEW 2019</small>	+	-	2015	17.9	19.1	3.7	SPE-CEpiP	-
MN-8 Repeated screening for toxoplasmosis during pregnancy (%) <small>NEW 2019</small>	-	74.2	2016	73.7	77.7	68.6	IMA-AIM	-
Efficiency of care								
MN-9 Average duration of stay in a maternity ward for a normal delivery (days) <small>NEW 2019</small>	+	3.1	2016	3.2	3.1	2.9	RHM-MZG	2.8 (EU-13)
MN-10 Median number of prenatal visits (low-risk pregnancy) <small>NEW 2019</small>	+	15	2016	16	15	14	IMA-AIM	37-



Appropriateness of care



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For a healthy Belgium: health and healthcare indicators



Health status of the Belgian population

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Patterns of variations in medical practices

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The screenshot shows the INAMI website page for 'Medical Practice Variations'. The page features the INAMI logo in the top left corner. The main heading is 'Medical Practice variation'. Below this, there is a section titled 'Why the "practice variations" ?' which includes a definition: 'Unwarranted variations' are any unjustified variations in the provision of healthcare. An 'unjustified variation' means a non-random variation, resulting from the provision of insufficient or excessive services. These variations therefore indicate a possible inequitable access to evidence-based medicine, which should be available to all insured persons in the light of their needs, and point to potential inefficiencies in the healthcare system. A 'Read more...' button is provided below the definition.

The page also displays a grid of icons representing different medical systems and services:


- Nervous system
- Sensory system
- Respiratory system
- Digestive system
- Endocrine system
- Cardiovascular system
- Men
- Women and pregnancy
- Musculoskeletal system
- Cross-system services

The screenshot shows the INAMI website page for 'Type of analysis'. The page features the INAMI logo in the top left corner. The main heading is 'Type of analysis'. Below this, there is a section titled 'Why the "practice variations" ?' which lists various types of variations:

- International variations
- Variations by gender
- Variations by age group
- Geographical variations
- Variations by social status
- Variations by care category
- Variations in trends over time
- Variations in techniques used

The page also includes a question: 'What is the cause of these variations?'.

The page number '40' is visible in the bottom right corner.




Why those variation ?

The cause of these variations is rarely unique and more often composed, in varying proportions, of different factors from the triad formed by the patient, the health care provider and their environment. These causes can also be divided up into supply- or demand-related causal factors.

In general, although the causes identified sometimes may indicate a non-optimal use of resources, they cannot always be described as unjustified and the existence of variations is therefore not automatically to be accused of inefficiency in the health care system.

The causes of variations are in any case to be considered on a case-by-case basis depending on the theme analysed and its context. If we consider again the categorization of these factors according to supply and demand, here are in a very brief way the main categories of causes that can be found, as identified by the KCE[1], with the exception of possible unknown factors in coding by health care providers:

- **Demand-related causes :**
 - Epidemiology of the disease
 - Socio-economic variables
 - Patient's choice
- **Supply-related causes :**
 - Medical density
 - Access to health care
 - Characteristics and practice style of the health care provider



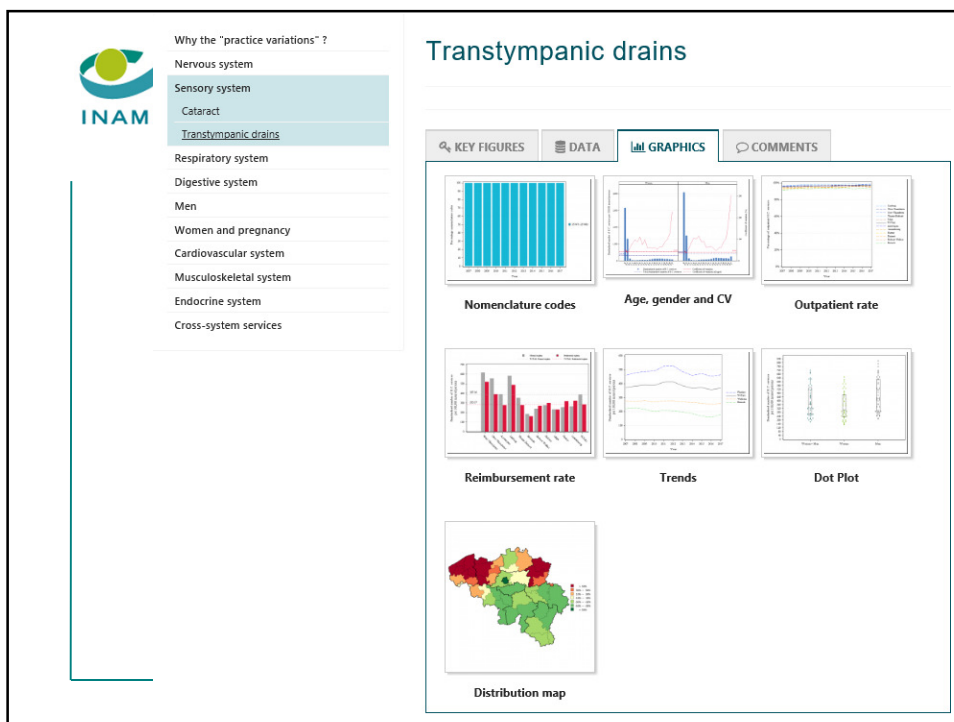
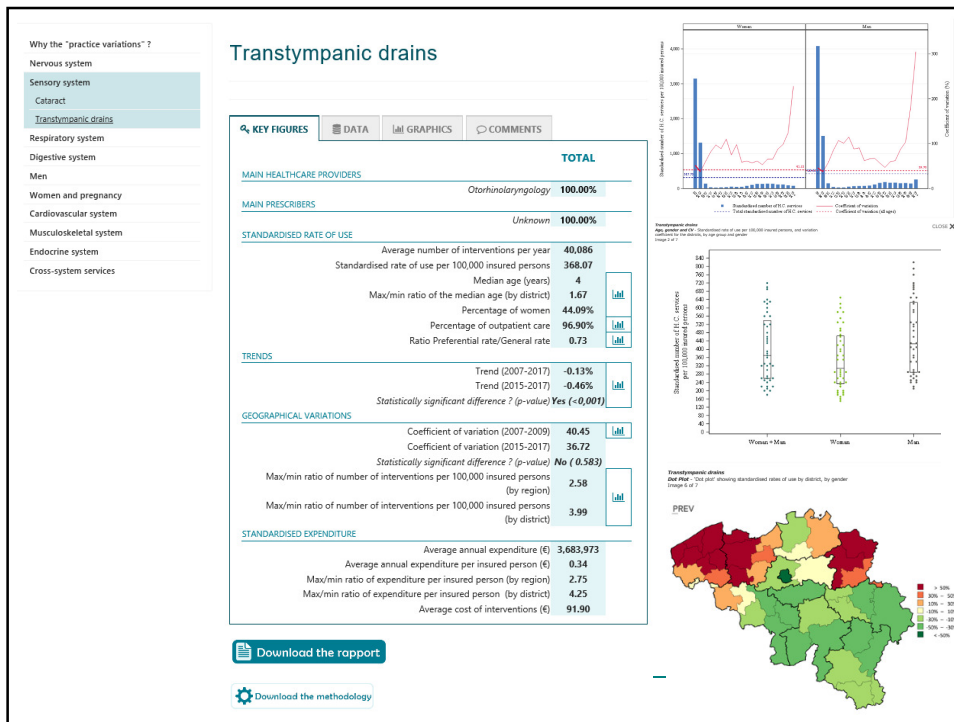
Themes

Why the "practice variations" ?

- Nervous system
- Sensory system**
- Cataract
- Transtympanic drains
- Respiratory system
- Digestive system
- Men
- Women and pregnancy
- Cardiovascular system
- Musculoskeletal system
- Endocrine system
- Cross-system services

Sensory system

- Cataract
- Transtympanic drains





PRACTICE VARIATIONS

Methodology

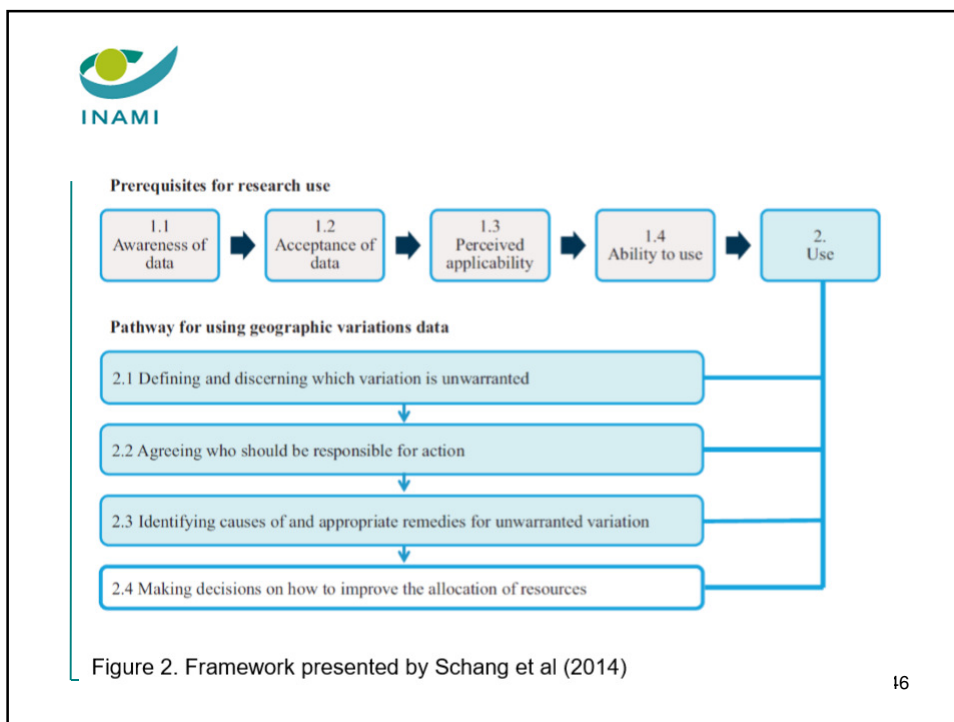
Selection of topics and methods used to analyse variations in medical practices



NIHDI – Healthcare Service – Research, Development, Quality Director
Appropriate Care Unit
Pascal Meewis, Virginie Daloz, Anneleen Van Geystelen
Contact : appropriatecare@riziv-inami.fgov.be
Date of report : 17 april 2019

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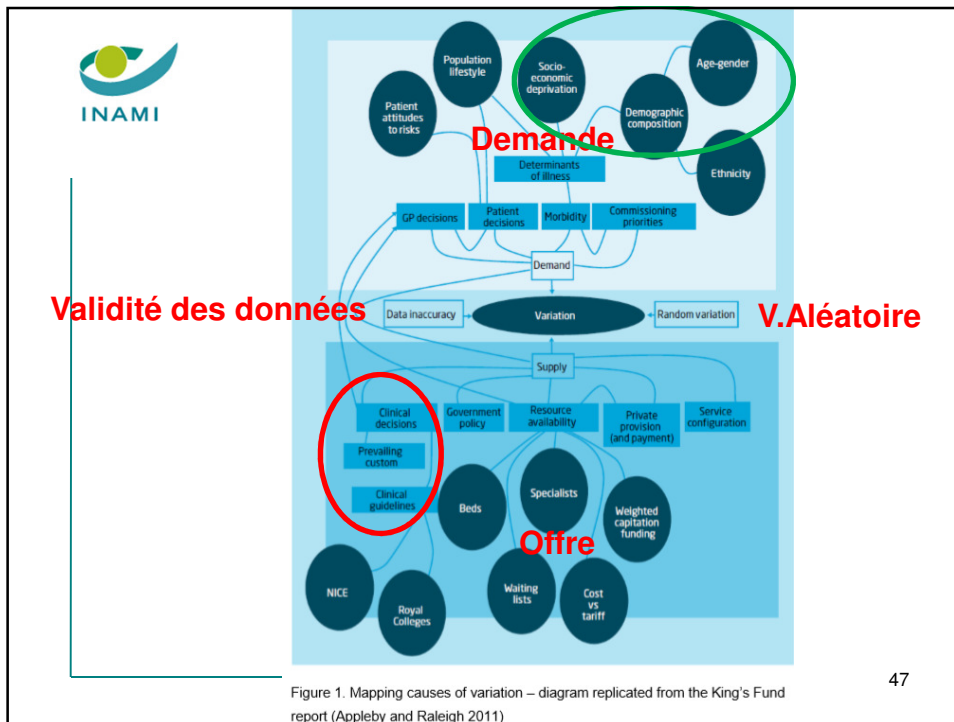
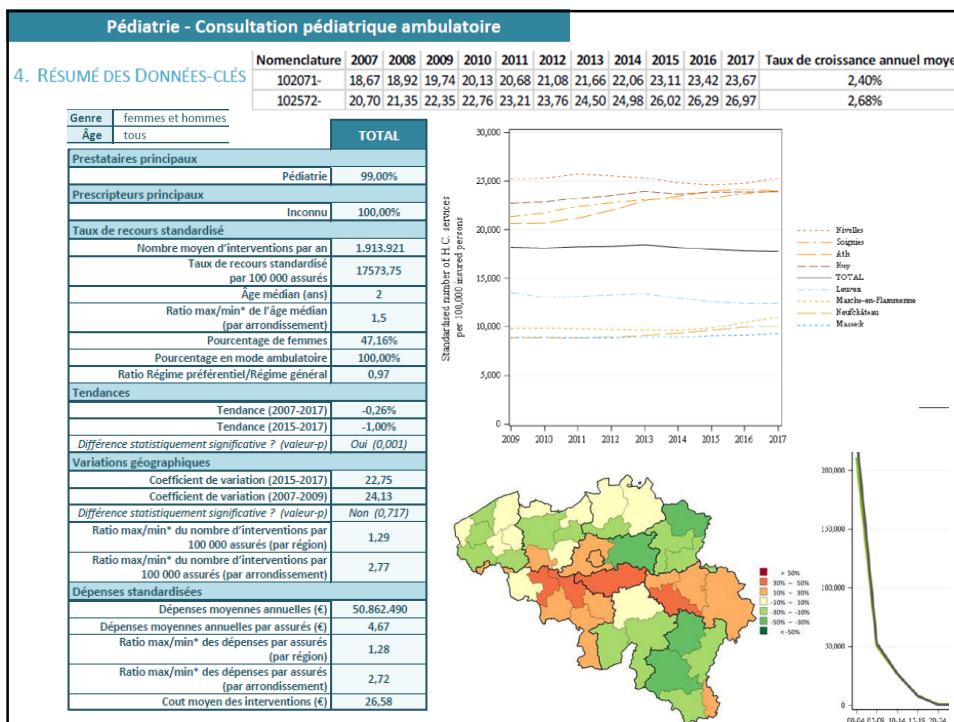
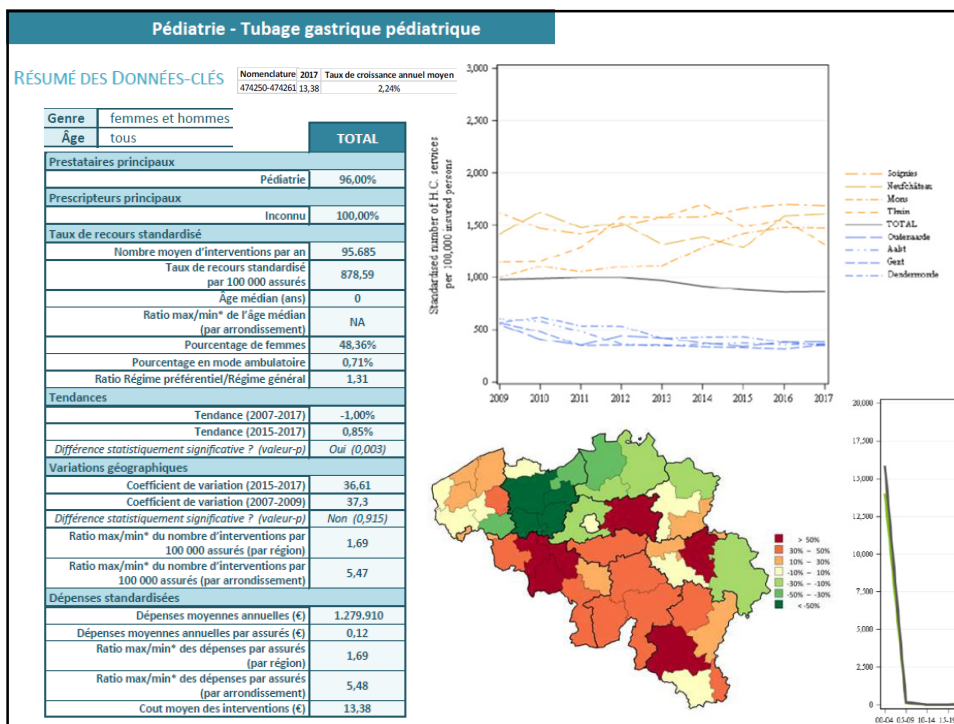
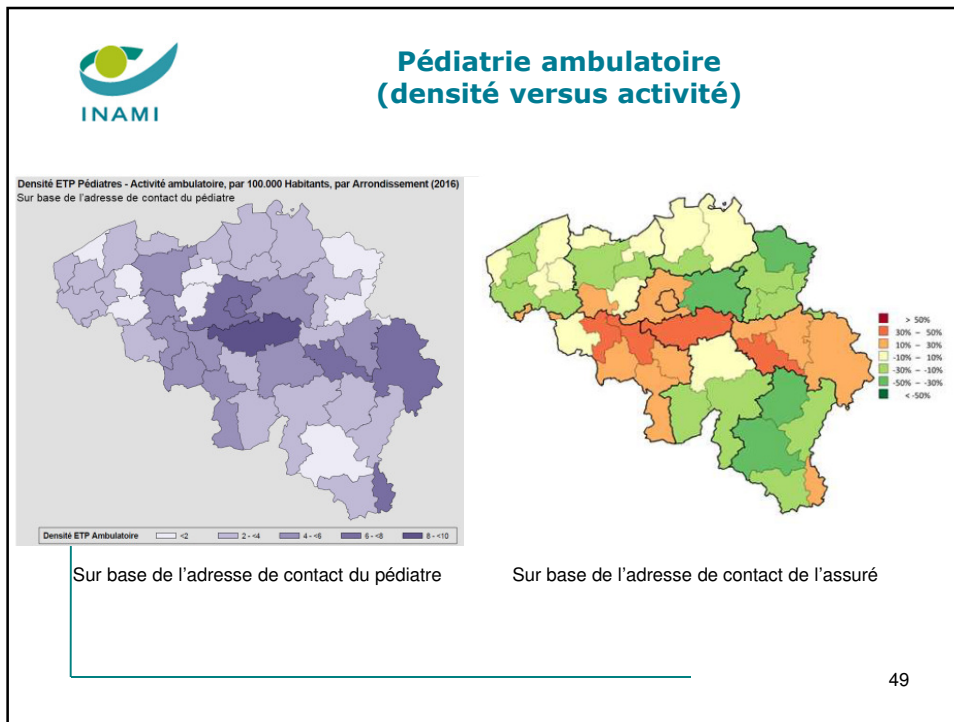
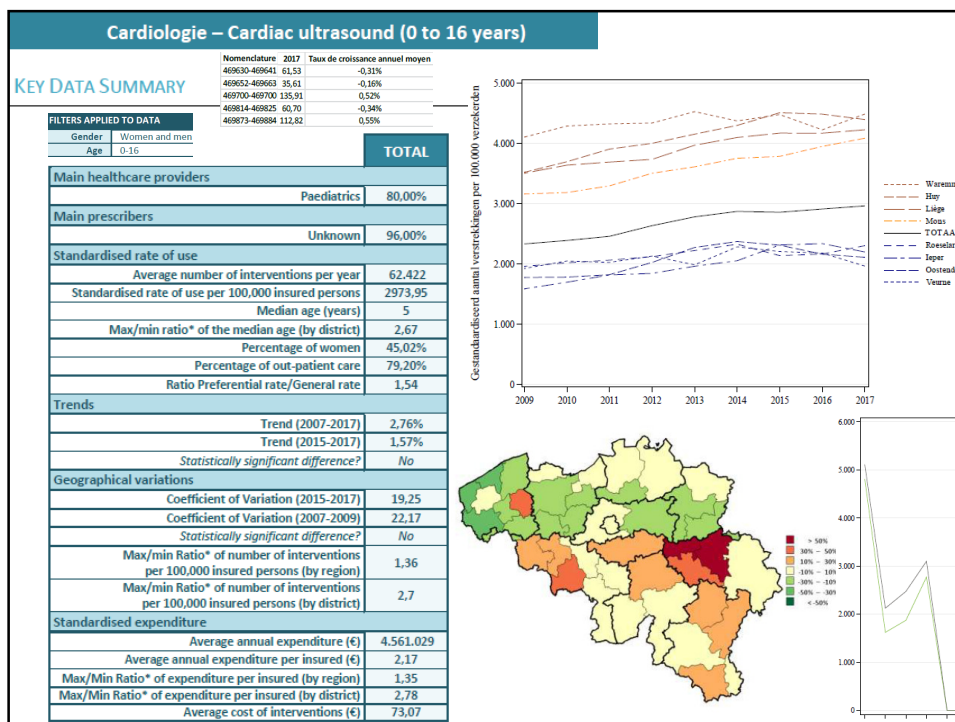
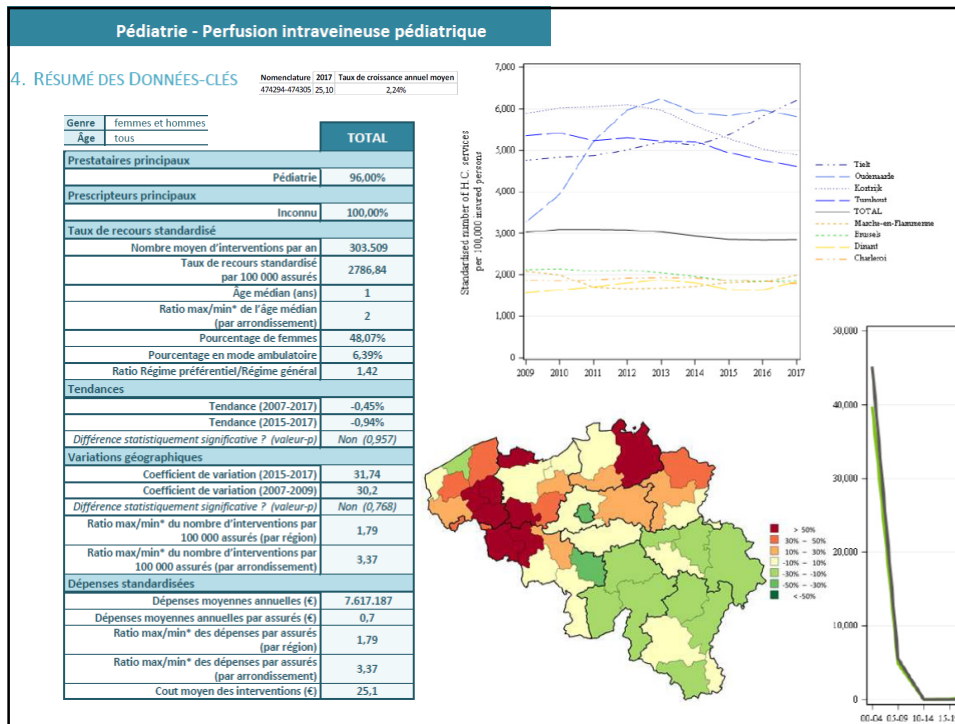


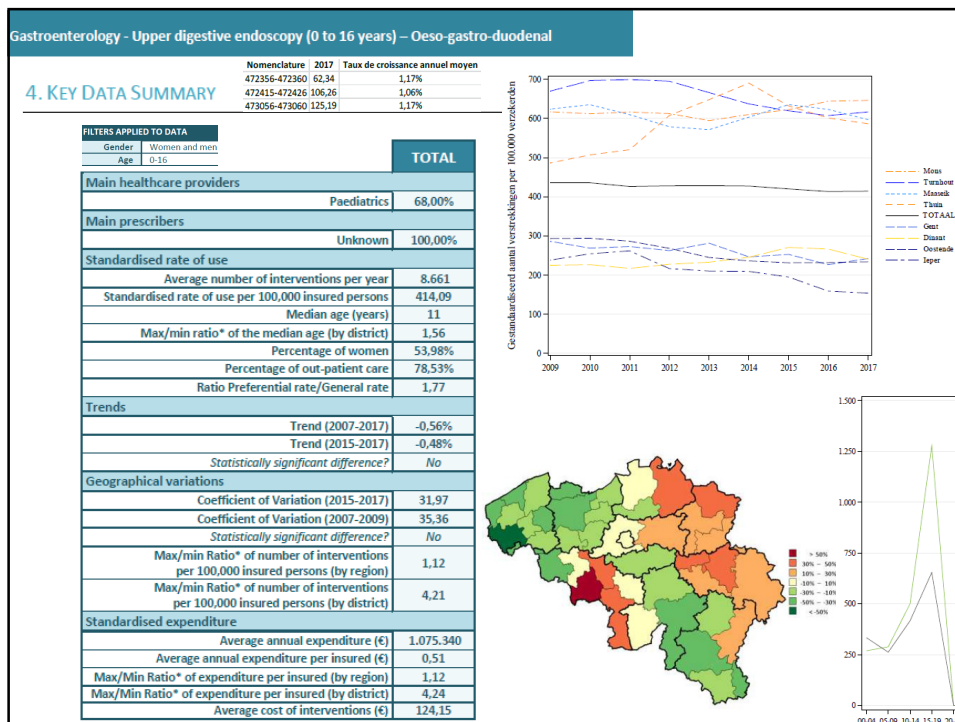
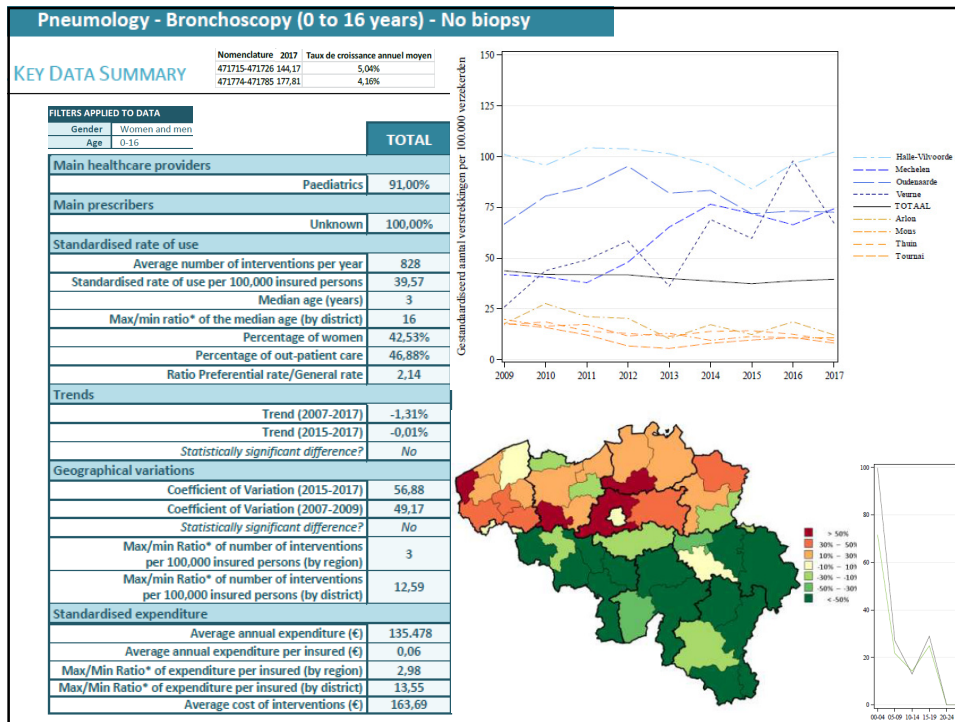
Figure 1. Mapping causes of variation – diagram replicated from the King's Fund report (Appley and Raleigh 2011)

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INAMI

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You are here: Home / Medical Practice Variations / Sensory system / Transtympanic drains

Why the "practice variations" ?

- Nervous system
- Sensory system
 - Cataract
 - Transtympanic drains**
- Respiratory system
- Digestive system
- Men
- Women and pregnancy
- Cardiovascular system
- Musculoskeletal system
- Endocrine system
- Cross-system services

Transtympanic drains

KEY FIGURES | DATA | GRAPHICS | COMMENTS

Any comments on the selection of data or population? **Please complete the form.**
 (A form to help us interpret the figures will soon be available)

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