

Health Professionals Report : Capacity, Accessibility and Production

Specialty of Interest : Medical Biologist

Authors : P. Meeus, A. Khalil, S. De Pril, K. Declercq, K. Daïnou, V. Maton

| | Contents | |
|--|-----------------------------|--|
| | Introduction | |
| Special Specia | alty Metrics and Comparison | |
| | Geographical Accessibility | |
| | Financial Accessibility | |
| Continuou | s Professional Development | |
| Activity Level, Wor | king Place and Composition | |
| Subspecialties | Activity and Working Place | |
| Evolution of | the Workforce Demography | |
| Demogra | phic Evolution by Age Group | |
| | Annex 1 : FTE Details | |
| | Annex 2 : Types of Practice | |



Introduction

Introduction

This report provides a comprehensive overview per healthcare specialty working within the Belgian health insurance system, within hospital and ambulatory settings.

Professional perspective:

 Aspects covered are: capacity, production (numbers and financials), subspecialties, replacement rates. Those aspects are described by gender, age, geography, type of activity, workplace, evolution.

Data Sources & Transformations

This report draws insights from the "Doc P" database, encompassing patients who sought care in Belgium and claimed insurance reimbursement. The database spans from accounting years:

- 2013 to 2023 for health professionals
- 2018 to 2023 for health professionals subspecialties

Each studied year N is coupled with socio-demographic data on providers as of December 31 N.

To address GDPR (General Data Protection Regulation) compliance for small cell data, numbers from fewer than 5 registered providers are hidden.

Contact

appropriatecare@riziv-inami.fgov.be

Additional information

For official information regarding the number of healthcare providers :

NIHDI : please click FR | NL
MOH : please click FR | NL

Key Variables & Metrics

Healthcare professional perspective (specialty is determined by grouping NIHDI competency codes):

- <u>Demographic characteristics</u> are age (groups by 10Y), sex (M/F), working address (or contact address if not available), communication language (Dutch/French), convention status (full, partly), activity status (>1 intervention/year), type of prestation (see <u>NIHDI</u> nomenclature).
- <u>Numeric characteristics</u> are number of professionals (all providers registered within INAMI-RIZIV), number and cost of (reimbursed) prestations. Evolution is available since 2012 for professionals figures and since 2018 for the study of their activity.
- <u>FTE (full-time equivalent)</u> is calculated to determine the workload of a healthcare provider (= total reimbursements by provider in a given year divided by the median amount of reimbursements for providers aged 45 to 54 in the same specialty, see Annex 1). FTE values are capped at 1. The FTE for employed doctors in medical homes (lump sum financing) was estimated at 0.82 per doctor because the actual FTE cannot be evaluated given the absence of activity registration. Medical homes with lumpsum are not included in the productivity calculation. General practitioners with "Fee for Service" in the title specifies that doctors and patients in medical homes with lumpsum are excluded from the analysis. Weighted conventioned FTE refers to the adjusted calculation where FTEs for partially conventioned providers are multiplied by 0,5.
- Working place: distinction is made between private, polyclinic, day hospitals, or hospital stays, depending on the place of prestation.
- <u>Subspecialty Clusters</u>: Healthcare providers within a specialty can be clustered based on ([sub] group of similar) nomenclature codes reimbursed or working place.
- Indicators of Density: FTE/10.000 insured, total activity/FTE, reimbursement/FTE, number of patients/FTE.

A KPI (Key Performance Indicator) color system is used in this report. It is shown as

- Grey for contextual information
- Green for positive performance compared to starting year
- Red for negative performance compared to starting year

Limitations & Assumptions

- Professional density: metrics in this report were not standardized to a consistent population size, which means comparisons between regions or provinces may not be entirely fair or accurate.
- The calculation of FTEs may be impacted by modifications of competency codes over the years. A change within a specialty affects the median of reimbursements and thus generates breaks in the evolution of FTEs (see the recognition of nephrologists since 2022 for internal medicine). The median value changes depending on the year (see Annex 1).



Speciality Metrics and Comparison (2023): Medical Biologist

This sheet compares the specialty of interest (left) with comparison group (right).

| Medical Biologist | | | |
|--------------------|--|--|--|
| Competency Code | · · | | |
| 10597 | Internal Medicine and Clinical Biology Specialists | | |
| 10860 | Clinical Biology Specialists | | |
| 10861 | Clinical Biology Specialists with General Medicine | | |
| 10862 | Clinical Biology Specialists with a particular competence in In Vitro Nuclear Medicine | | |

| | Medical Biologist | Diagnostic Internal Pathology |
|------------------------------------|------------------------|-------------------------------|
| # N SubSpecialities | 1 | 5 |
| # N Total | 711 | 3,745 |
| # N Active | 455 | 2,771 |
| # Full-Time Equivalent (FTE) | 268 | 1,929 |
| € Expenses per FTE | 1,704,915 | 1,161,320 |
| 65+ | % Active % FTE 29% 13% | % Active % FTE 16% 8% |
| Convention | % Active % FTE 97% 96% | % Active % FTE 74% 70% |
| Weighted Convention Accreditation | 97% 96% | 72% 68% |
| Accreditation | 78% 96% | 85% 94% |

Diagnostic Internal Pathology

Profession

Anatomic Pathologist Clinical Geneticist Medical Biologist Nuclear Medicine Specialist Radiologist

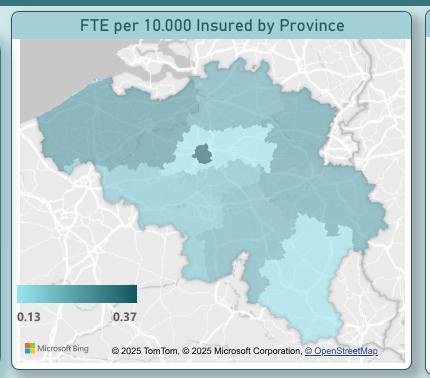


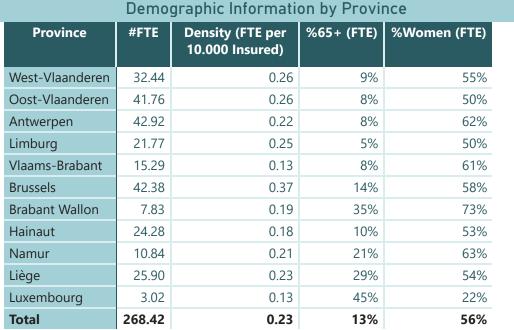
Geographical Accessibility (2023): Medical Biologist

Geographical accessibility is measured by density, calculated as the number of FTE (Full Time Equivalent) per 10.000 insured and comparing the results between provinces and regions. Metrics in this report were not standardized to a consistent population size.

<u>Indicators</u>:

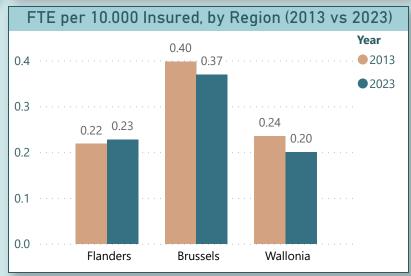
- Geographical distribution which enables to check for homogeneity.
- Evolution over 10 years and growth rate within that period.
- Comparison of number of FTE and number of insured to detect correlation.

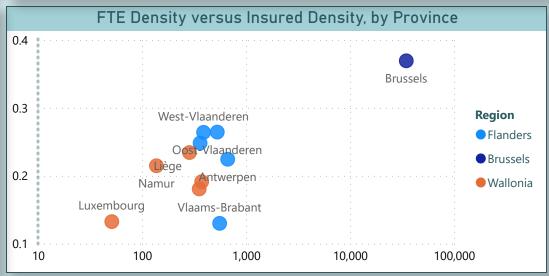






0.23! 2013: 0.24 (-3.6%)







Financial Accessibility (2023): Medical Biologist

Financial accessibility is measured by the number of weighted conventioned FTE (Full time equivalent) by 10.000 insured. Weighted conventioned FTE refers to the adjusted calculation where FTEs for partially conventioned providers are multiplied by 0,5.

Convention means that the professional is committed to respect prices determined in the NIHDI convention. This agreement can occur partly (at specific hours during the week) or totally (all the working hours). The conventioned FTE for partially conventioned providers is calculated as half of their total FTE.

Indicators:

- % FTE meeting the criteria / total FTE
- Financial accessibility is gauged by weighted conventioned FTE (Full Time Equivalent) per 10.000 insured.

% Weighted Conventioned FTE (2023)

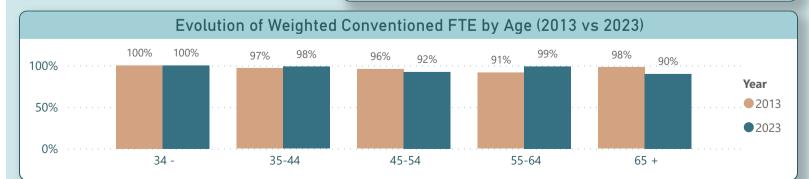
96% × 2013: 95% (+1.58%)

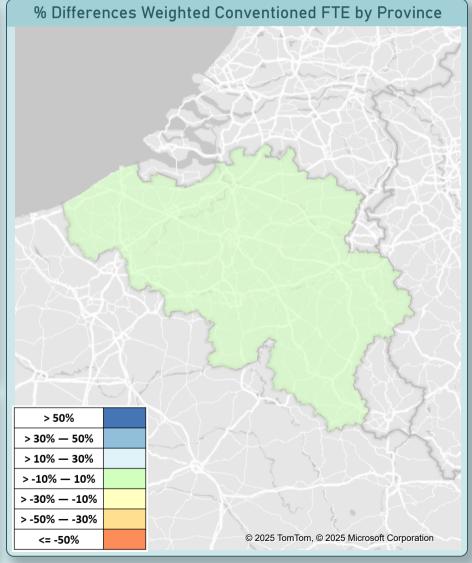
% Conventioned FTE by Language and Regime

| Language | Part | Full | Total | Weighted |
|----------|------|------|-------|----------|
| FR | 0% | 99% | 99% | 99% |
| NL | 0% | 94% | 95% | 94% |
| Total | 0% | 96% | 96% | 96% |

| Demographic information by Province | | | | |
|-------------------------------------|---|--|-----------------------------------|--|
| Province | Density (FTE per 10.000 Insured) | Density (Weighted Conventioned FTE per 10.000 Insured) | % Weighted Conventioned FTE | |
| West-Vlaanderen | 0.26 | 0.26 | 97% | |
| Oost-Vlaanderen | 0.26 | 0.25 | 93% | |
| Antwerpen | 0.22 | 0.21 | 93% | |
| Limburg | 0.25 | 0.25 | 100% | |
| Vlaams-Brabant | 0.13 | 0.13 | 97% | |
| Brussels | 0.37 | 0.34 | 93% | |
| Brabant Wallon | 0.19 | 0.19 | 100% | |
| Hainaut | 0.18 | 0.18 | 100% | |
| Namur | 0.21 | 0.21 | 100% | |
| Liège | 0.23 | 0.23 | 100% | |
| Luxembourg | 0.13 | 0.13 | 100% | |
| Total | 0.23 | 0.22 | 96% | |

Domographic Information by Province







Continuous Professional Development (2023): Medical Biologist

CPD (continuous professional development) is measured by accreditation criteria.

Accreditation means that the professional meets several CPD (continuous professional development) criteria (which indicates the will for quality of care).

Indicator:

• % FTE meeting the criteria / total FTE

% Accredited FTE (2023)

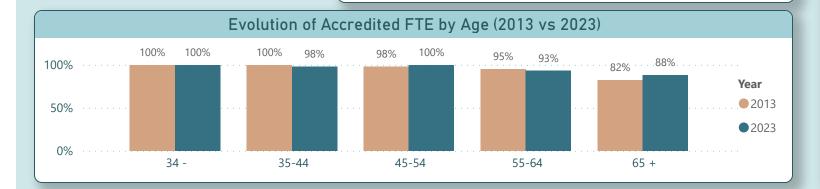
96%! 2013: 97% (-1.1%)

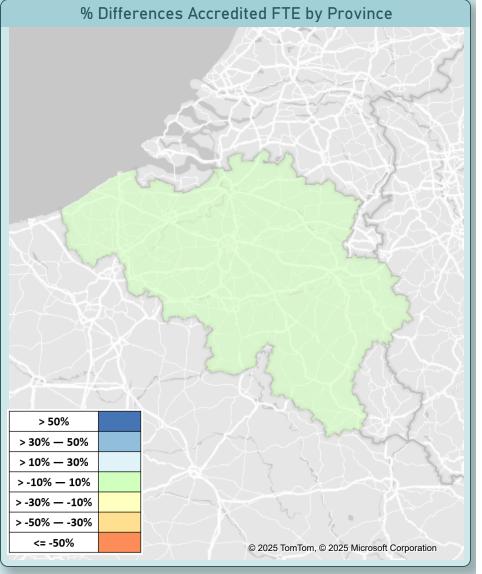
% Accredited FTE by Language and Gender

| Language | F | М | Total |
|----------|------|-----|-------|
| FR | 95% | 93% | 94% |
| NL | 100% | 93% | 97% |
| Total | 98% | 93% | 96% |

| Demogra | aphic Intol | rmation by Pro | vince |
|-----------|-------------|----------------|-------|
| Duarringa | Donaitu | Donoitus | 0/ |

| Province | Density (FTE per 10.000 Insured) | Density (Accredited FTE per 10.000 Insured) | % Accredited FTE |
|-----------------|---|--|------------------------|
| West-Vlaanderen | 0.26 | 0.26 | 97% |
| Oost-Vlaanderen | 0.26 | 0.26 | 99% |
| Antwerpen | 0.22 | 0.22 | 97% |
| Limburg | 0.25 | 0.25 | 100% |
| Vlaams-Brabant | 0.13 | 0.12 | 93% |
| Brussels | 0.37 | 0.34 | 91% |
| Brabant Wallon | 0.19 | 0.19 | 98% |
| Hainaut | 0.18 | 0.18 | 99% |
| Namur | 0.21 | 0.21 | 100% |
| Liège | 0.23 | 0.20 | 87% |
| Luxembourg | 0.13 | 0.13 | 100% |
| Total | 0.23 | 0.22 | 96% |







Subspecialties Activity and Working Place : Medical Biologist

Reimbursement by FTE (2023)

1,709,529 2018: 1,326,275 (+28.9%)

The level of activity is measured by the total reimbursement amount of the specialty. The distribution of the reimbursement by specialty allows to distinguish different types of activity which are grouped to study what kind of procedures are done and where. The type of activity is described by 2 criteria: the place of work and the nature of the activity:

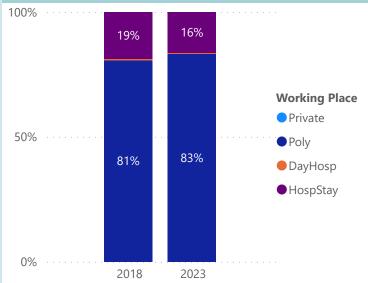
- The place of work is the place where the activity takes place (private, polyclinic, day hospital, hospital stay).
- The nature of the activity is described according to 2 logics of grouping. The traditional distribution of reimbursements within NIHDI (N01 contacts, N20 surgery, etc.) and a specific, more detailed breakdown to identify sub-specialties within the specialty (i.e. cardiac surgery within surgery).

Indicators:

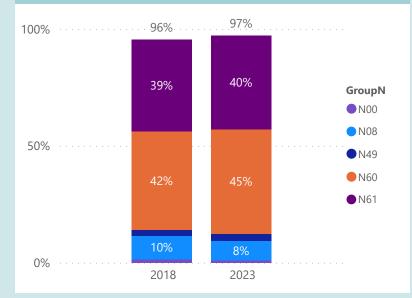
- Reimbursement (in Euros) / FTE
- % Reimbursement (in Euros) by category / total reimbursement (in Euros)

The evolution provides information on the stability of the patterns of the activity comparing year N with N-5.

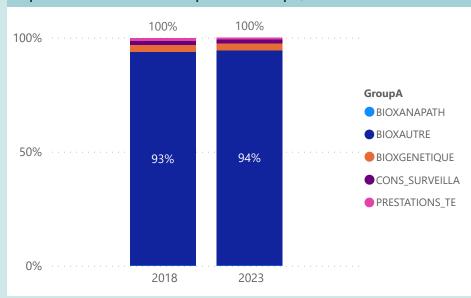
Reimbursement by Working Place (2018 vs 2023)



Top 5 Reimbursement (NIHDI Groups, 2018 vs 2023)



Top 5 Reimbursement (Specific Groups, 2018 vs 2023)



| GroupN ▲ | Description | |
|-------------|--|--|
| N00 | Supervision of hospitalized beneficiaries | |
| N08 | Clinical biology - Article 3 + pseudo codes | |
| N49 | Molecular biological testing on human genetic material | |
| N60 | Clinical biology - Article 24§1 + pseudocodes | |
| N61 | Flat fees - outpatient clinical biology | |

| GroupA | Description |
|----------------|----------------|
| BIOXANAPATH | Anapath |
| BIOXAUTRE | Biology |
| BIOXGENETIQUE | Genetics Test |
| CONS_SURVEILLA | Monitoring |
| PRESTATIONS_TE | Technic prest. |

Subspecialties Activity and Working Place (2023): Medical Biologist

Subspecialties are identified by the working place and/or type of activity (see previous page): the assignment of a health care provider to a sub-specialty prioritizes the type of activity exercised. In general, the type of activity with the most reimbursements, if the amount exceeds 10% of reimbursements in all types of activity, determines the specialty of the health care provider. If no particular activity was identified for the specialty, the assignment was done on the criterium of the workplace: hospital, polyclinic, private. If there is no clear distinction between the different locations, then the cluster is named "Mixed". Clusters less than 5 FTE or less than 0,5% of total FTE are left out. Comparison of clusters helps to understand differences in nature of work.

Indicators:

- % FTE by type of cluster
- % type of activity (in Euro) / total reimbursement (in euro) by cluster

FTE and median Reimbursement by Subspecialty Subspecialty FTE Reimb per Provider Poly 69 2,189,221 Mixed 195 1,029,695





Evolution of the Workforce Demography: Medical Biologist

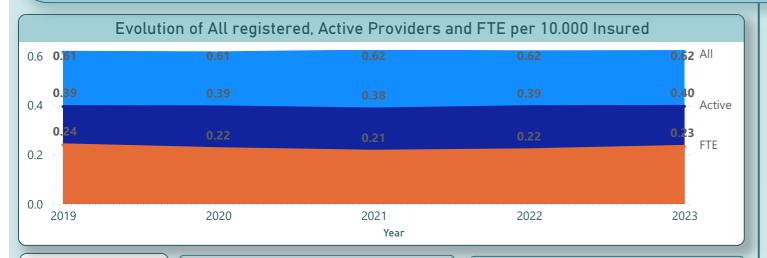
Healthcare workforce demographics present active professionals having more than one activity per year on the <u>left side</u> of the page, while Full-Time Equivalents (FTE) are displayed on the <u>right side</u>. The analysis spans the past decade and is segmented by professional characteristics such as age class, gender, and language.

Active indicators (Left):

- Number of Actives (>1 prestation /accounting year) and its % growth rate over the past 5 years.
- Replacement Rate: Active professionals above 55 years compared to those below 55 years.
- Inactivity: % of inactive professionals in relation to the total.

FTE indicators (Right):

- Equal proportion of gender: Indicates the percentage of female FTE in relation to the total FTE.
- Average FTE: Indicates the level of activity by dividing the FTE below 65 years with the total active workforce.





0.3%

% Growth Rate of NL Active Providers

0.9%

Replacement Rate FR (Active under 55 by 55+) (2023)

0.59 2019: 0.50 (+18.03%)

Replacement Rate NL (Active under 55 by 55+) (2023)

0.99!

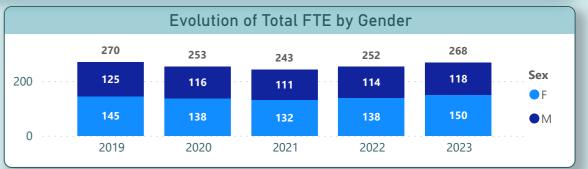
2019: 1.25 (-20.61%)

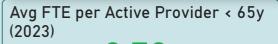
% of FR Inactive Providers < 65y (2023)

22% 2019: 21% (+4.93%)

% of NL Inactive Providers < 65y (2023)

12% 2019: 10% (+20.92%)

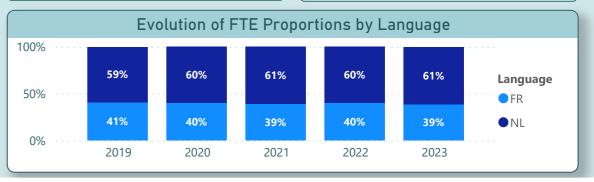




U. / Z 2019: 0.71 (+1.3%)

% Female among total FTE (2023)

56%
2019: 54% (+4.16%)



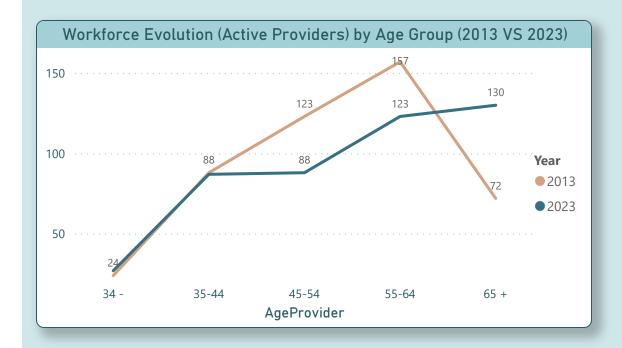


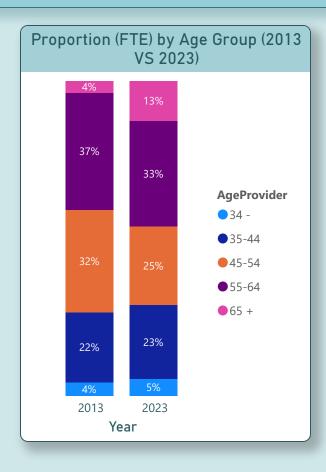
Demographic Evolution by Age Group (2023): Medical Biologist

Demographic evolution by age group and activity of professionals above 65 years (provides information on the demographic stability).

Indicators:

- Trend in age group distribution (active/FTE),
- Age FTE: average of a professional's age weighted by its corresponding Full-Time Equivalent (FTE) value, by language of the provider.
- Contribution of older practitioners to the overall activity: % 65+ FTE/ Total FTE





Average Age of a NL FTE (2023)

2013: 48.4 (+4.66%)

Average Age of a FR FTE (2023)

53.5! 2013: 54.0 (-1.02%)

% of 65+ Activity of total FTE (2023)

13%~

2013: 4% (+237.94%)

| FTI | E by | Lan | gua | ge |
|-----|------|-----|-----|----|
| | | | | |

| | , | -99- |
|----------|--------|------------|
| Language | #FTE | %65+ (FTE) |
| FR | 103.88 | 21% |
| NL | 164.54 | 8% |
| Total | 268.42 | 13% |



Annex 1: FTE Details (2023): Medical Biologist

FTE (full-time equivalent) is calculated to determine the workload of a healthcare provider (= total reimbursements by provider in a given year divided by the median of reimbursements for providers aged 45 to 54 in the same specialty).

The median amount of reimbursement for providers aged 45 to 54 is calculated each year. Evolution is not adjusted for inflation.

FTE values are capped at 1. See the comparison per active provider by sex, language and age group.

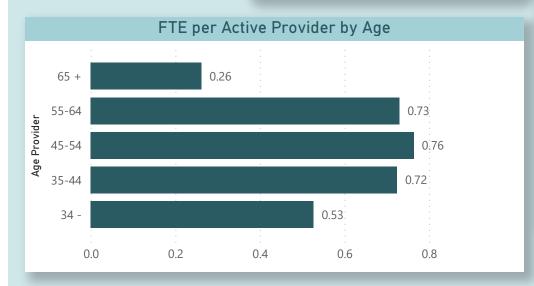
N.B. The FTE for employed doctors in medical homes (lump sum financing) was estimated at 0,82 per doctor because the actual FTE cannot be evaluated given the absence of activity registration.

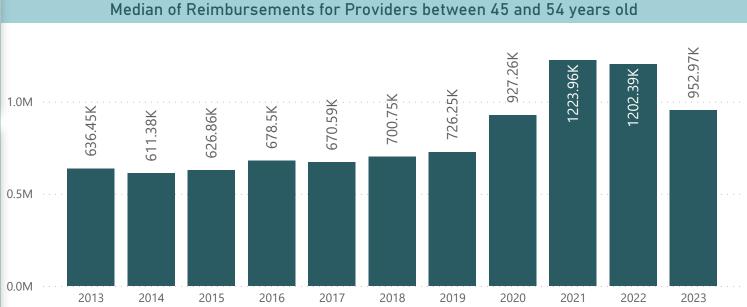
Avg FTE per Active Provider (2023)

0.59 2013: 0.58 (+2.46%)

| Avg FTE per Active Provider by |
|--------------------------------|
| Language and Gender |
| |

| Language | F | М | Total |
|----------|------|------|-------|
| FR | 0.55 | 0.52 | 0.54 |
| NL | 0.68 | 0.57 | 0.63 |
| Total | 0.62 | 0.55 | 0.59 |





Year

Annex 2: Type of Practice (2023): Medical Biologist

Type of practice (FTE) by age group and region. Evolution and trends

5 types of practices are represented:

- Nursing home: represents care facilities for the elderly or individuals requiring psychiatric care.
- Group: represents collective practices or facilities where professionals work together (ex: medical house with lumpsum, mental health center, day care center, public pharmacies, medical laboratories, bandagist/orthopedist workshops, physiotherapy office).
- Hospital: represents hospitals or medical establishments (ex: general hospitals, psychiatric hospitals, hospital pharmacies)
- Solo: represents individual practitioners or private addresses.
- Other: represents facilities or organizations not falling into the above categories (ex: tariff office, organizations with a registered business number)

N.B. Not Available (NA) values are decreasing over time as the database becomes increasingly complete.

