

## Medical practice variations

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### Dental extraction

Analysis of the distribution of medical practice in Belgium, in terms of volume and expenditure per patient and per insured (distribution, occurrence, trends by region, province and district), for the year **2023**



NIHDI – Healthcare Service – Directorate for Research, Development and Quality promotion

**Appropriate care unit**

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## CONTENTS

<b>CONTENTS</b> .....	<b>2</b>
<b>1. INTRODUCTION</b> .....	<b>3</b>
<b>2. SPECIFIC METHOD OF ANALYSIS</b> .....	<b>4</b>
A. NIHDI NOMENCLATURE CODES SELECTED FOR ANALYSIS.....	4
B. PAST HISTORY OF NOMENCLATURE CODES .....	6
C. TRENDS IN THE BREAKDOWN OF NOMENCLATURE CODES PROVIDED, BY VOLUME.....	9
D. SOURCE OF DATA AND ANALYSIS PERIOD .....	10
E. SPECIFIC SELECTION CRITERIA .....	11
F. SPECIALISATION OF HEALTHCARE PROVIDERS .....	12
G. SPECIALISATION OF PRESCRIBERS.....	13
H. (ESTIMATED) NUMBER OF PATIENTS PER YEAR .....	14
I. STANDARDISATION.....	15
<b>3. RESULTS</b> .....	<b>16</b>
A. NATIONAL STANDARDISED USAGE RATE .....	16
B. STANDARDISED USAGE RATE BY SEX AND AGE .....	17
C. RATE OF OUTPATIENT CARE.....	21
D. STANDARDISED USAGE RATE BY REIMBURSEMENT SCHEME .....	23
E. TRENDS IN STANDARDISED USAGE RATES .....	25
F. GEOGRAPHICAL VARIATIONS IN STANDARDISED USAGE RATES .....	29
G. STANDARDISED HEALTHCARE EXPENDITURE BORNE BY THE INSURANCE .....	33
<b>4. KEY DATA SUMMARY</b> .....	<b>38</b>
<b>5. APPENDICES</b> .....	<b>39</b>
A. ANALYSIS OF VARIANCE (ANOVA), EXCEPT BRUSSELS .....	39
B. FREQUENCY OF PRACTICE OCCURRENCES (PER PATIENT).....	40
C. TYPES OF PATIENT CARE .....	44
D. CODING VARIATIONS AND PRACTICE ALTERNATIVES.....	46

## 1. INTRODUCTION

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The Appropriate Care Unit was set up within the NIHDI's Directorate for Research, Development and Quality under NIHDI's Administration Contract for 2016-2018<sup>1</sup>. Article 35 of this contract refers to 'the setting up of an Appropriate Care Unit, aiming specifically to promote an integrated approach to the rational use of resources'. The Appropriate Care Unit has been up and running since the second quarter of 2017.

The tasks of the Unit were set out formally in the '2016-2017 Healthcare monitoring Action plan', published by NIHDI on 18 July 2016<sup>1</sup>. This plan lists around thirty measures designed to make healthcare provision more efficient, by encouraging appropriate practice and tackling unnecessary or inappropriate care.

The plan states that one of the tasks of the Appropriate Care Unit is to analyse the 'appropriateness of care', in order to identify unexplained variations in consumption patterns, identified after standardisation. Such variations can potentially point to non-optimal use of resources.

'Variations in medical practice' documents report on the analyses carried out in this framework. Each report focuses on a particular topic.

In this document, we present the figures and graphs relating to analyses<sup>2</sup> of practice in the area of Dental extraction, and give the explanations necessary to understand these.

We have deliberately chosen not to attempt to interpret the figures, preferring to present the results to experts who are in a better position to do so. This document has nevertheless been made available to the public in order to provide objective, open input to discussions on this issue.

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<sup>1</sup> (Institut national d'assurance maladie-invalidité, 2016)

<sup>2</sup> Readers interested in the methodology used in these quantitative analyses should consult the document entitled ['Variations in practice – Methodology'](#).

## 2. SPECIFIC METHOD OF ANALYSIS

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### A. NIHDI nomenclature codes selected for analysis

The NIHDI nomenclature codes selected for the analysis are listed below:



This table shows the NIHDI nomenclature codes selected for this analysis, stating whether or not they were included in the analyses of services and expenditure, and giving, for each one, a description, dates of creation and deletion, where appropriate, their N group (in the NIHDI nomenclature) and their value.

Outpatient	Inpatient	Rates	Expenses	Label	Creation	Deletion	Group N	Value
301151	301162	yes	yes	* Extraction d'une dent, chez un patient à risque hémorragique répondant aux conditions de l'article 6 § 3bis de la nomenclature, à partir du 53e anniversaire, pour autant qu'une suture ait été effectuée	01-01-2018	30-06-2022	N04	
301173	301184	yes	yes	* Extraction d'une dent, chez un patient à risque hémorragique répondant aux conditions de l'article 6 § 3bis de la nomenclature, à partir du 18e anniversaire jusqu'au 53e anniversaire, pour autant qu'une suture ait été effectuée	01-01-2018	30-06-2022	N04	
301195	301206	yes	yes	* Extraction chirurgicale d'une dent définitive, à l'exclusion des incisives, avec résection de l'os environnant et suture des lambeaux muqueux incisés, à partir du 50e anniversaire	01-01-2018		N04	L63
301210	301221	yes	yes	* Extraction chirurgicale d'une dent définitive, à l'exclusion des incisives, avec résection de l'os environnant et suture des lambeaux muqueux incisés, à partir du 19e anniversaire jusqu'au 50e anniversaire, dans le cas où le bénéficiaire répond à une des conditions de l'article 6, § 3bis	01-01-2018		N04	L63
304850	304861	yes	yes	* Extraction d'une dent, y compris la suture éventuelle, à partir du 53e anniversaire	01-06-2007	30-06-2022	N04	
304872	304883	yes	yes	* Extraction d'une dent, à partir du 50e anniversaire, par dent supplémentaire dans le même quadrant et au cours de la même séance	01-06-2007		N04	L15
304894	304905	yes	yes	* Extraction d'une dent, y compris la suture éventuelle, à partir du 18e anniversaire jusqu'au 53e anniversaire, dans le cas où le bénéficiaire répond à une des conditions de l'article 6, § 3bis	01-06-2007	30-06-2022	N04	
304916	304920	yes	yes	* Extraction d'une dent, à partir du 19e anniversaire jusqu'au 50e anniversaire, dans le cas où le bénéficiaire répond à une des conditions de l'article 6, §3bis, par dent supplémentaire dans le même quadrant et au cours de la même séance	01-06-2007		N04	L15
304975	304986	yes	yes	* Extraction d'une dent, à partir du 50e anniversaire	01-07-2022		N04	L21
304990	305001	yes	yes	* Extraction d'une dent, à partir du 19e anniversaire jusqu'au 50e anniversaire, dans le cas où le bénéficiaire répond à une des conditions de l'article 6, §3bis	01-07-2022		N04	L21
305130	305141	no	yes	Honoraires complémentaires pour suture de plaie pendant une séance d'extraction(s) dentaire(s) ou ablation (section et extraction) de racine(s), à l'exception des prestations où la suture est comprise, à partir du 19e anniversaire	01-07-2022		N04	L12
305152	305163	no	yes	Honoraires complémentaires pour suture de plaie pendant une séance d'extraction(s) dentaire(s) ou ablation (section et extraction) de racine(s), à l'exception des prestations où la suture est comprise, par dent supplémentaire dans le même quadrant et durant la même séance, à partir du 19e anniversaire	01-07-2022		N04	L8
312410	312421	yes	yes	Ostéotomie autour d'une dent incluse par résection osseuse péricoronaire et, le cas échéant, lorsqu'une section dentaire est effectuée	01-02-2004		N16	K120
312432	312443	yes	yes	Ostéotomie au-dessus et autour d'un germe dentaire avec section dentaire éventuelle et enlèvement du germe dentaire	01-02-2004		N16	K120
317214	317225	yes	yes	+ Extraction sous anesthésie générale, de 8 dents au moins, y compris l'alvéolectomie et les sutures éventuelles	01-04-1985		N16	K125
317236	317240	yes	yes	+ ** Extraction de dent incluse	01-04-1985		N16	K75
317251	317262	yes	yes	+ Extraction, sous anesthésie générale, de moins de 8 dents, y compris l'alvéolectomie et les sutures éventuelles	01-04-1985		N16	K75
317376	317380	yes	yes	Extraction en milieu hospitalier de minimum 8 dents, y compris l'alvéolectomie et les sutures éventuelles, et ce sous monitoring des paramètres vitaux	01-02-2004		N16	K125
317391	317402	yes	yes	Extraction en milieu hospitalier de moins de 8 dents, y compris l'alvéolectomie et les sutures éventuelles, et ce sous monitoring des paramètres vitaux	01-02-2004		N16	K75
371151	371162	yes	yes	* Extraction d'une canine lactéale, d'une molaire lactéale ou d'une dent définitive, chez un patient à risque hémorragique répondant aux conditions de l'article 6 § 3bis de la nomenclature, jusqu'au 18e anniversaire, pour autant qu'une suture ait été effectuée	01-01-2018	30-06-2022	N04	
371195	371206	yes	yes	* Extraction chirurgicale d'une dent définitive, à l'exclusion des incisives, avec résection de l'os environnant et suture des lambeaux muqueux incisés, jusqu'au 19e anniversaire	01-01-2018		N04	L63
374850	374861	yes	yes	* Extraction d'une canine lactéale, d'une molaire lactéale ou d'une dent définitive, y compris la suture éventuelle, jusqu'au 18e anniversaire	01-06-2007	30-06-2022	N04	
374872	374883	yes	yes	* Extraction d'une canine lactéale, d'une molaire lactéale ou d'une dent définitive, jusqu'au 19e anniversaire, par dent supplémentaire dans le même quadrant et au cours de la même séance	01-06-2007		N04	L15
374975	374986	yes	yes	* Extraction d'une canine lactéale, d'une molaire lactéale ou d'une dent définitive, jusqu'au 19e anniversaire	01-07-2022		N04	L21
375130	375141	no	yes	Honoraires complémentaires pour suture de plaie pendant une séance d'extraction(s) dentaire(s) ou ablation (section et extraction) de racine(s), à l'exception des prestations où la suture est comprise, jusqu'au 19e anniversaire	01-07-2022		N04	L12

Outpatient	Inpatient	Rates	Expenses	Label	Creation	Deletion	Group N	Value
375152	375163	no	yes	Honoraires complémentaires pour suture de plaie pendant une séance d'extraction(s) dentaire(s) ou ablation (section et extraction) de racine(s), à l'exception des prestations où la suture est comprise, par dent supplémentaire dans le même quadrant et durant la même séance, jusqu'au 19e anniversaire	01-07-2022		N04	L8

**B. Past history of nomenclature codes**



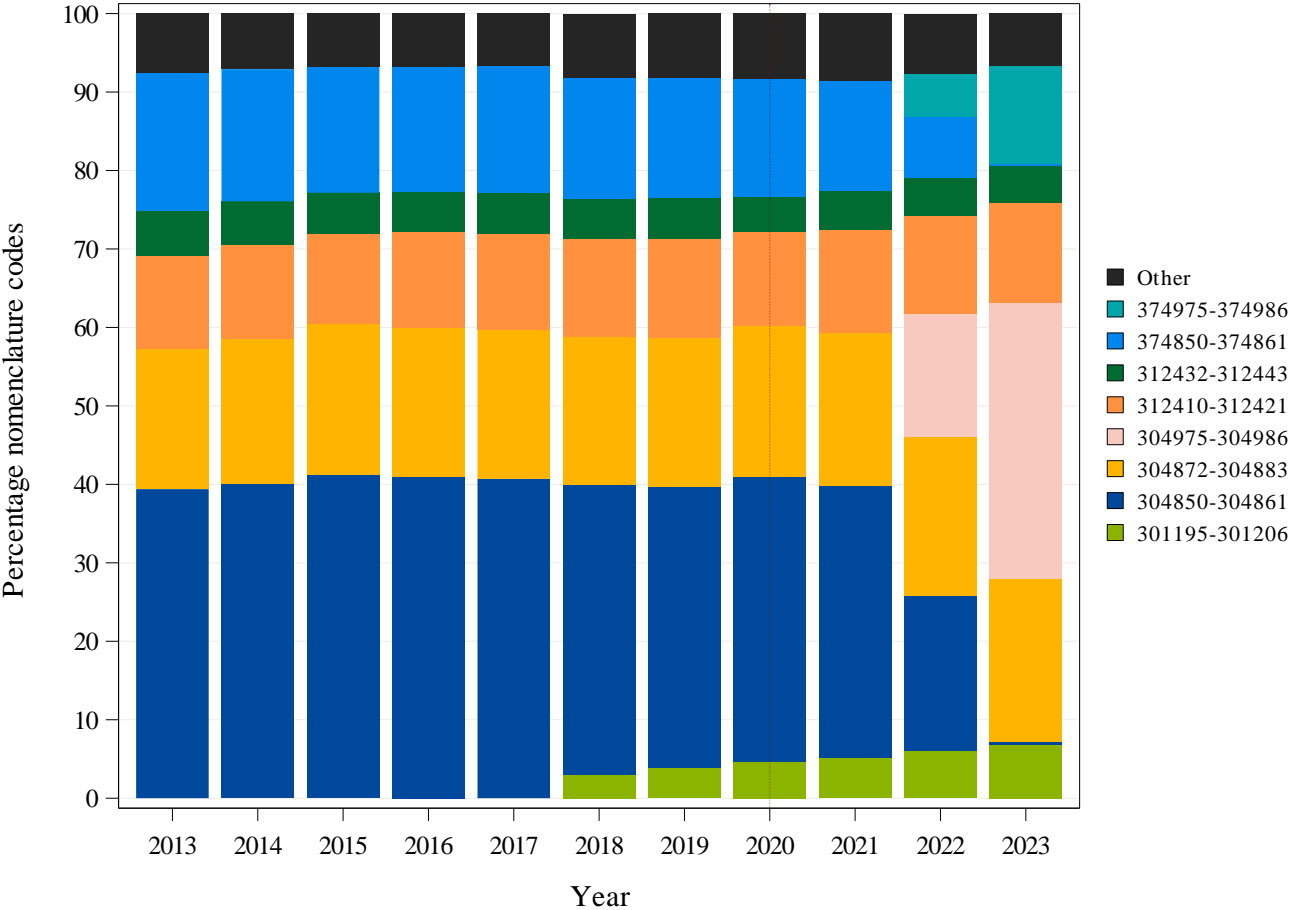
This table displays the historic evolution of the definitions of the NIHDI-nomenclature codes taken into account for this analysis, if modifications were implemented during the period 2013-2023.

Outpatient	Inpatient	Date	Label
301195	301206	01-01-2018	* Extraction chirurgicale d'une dent définitive, à l'exclusion des incisives, avec résection de l'os environnant et suture des lambeaux muqueux incisés, à partir du 53e anniversaire
301195	301206	01-07-2022	* Extraction chirurgicale d'une dent définitive, à l'exclusion des incisives, avec résection de l'os environnant et suture des lambeaux muqueux incisés, à partir du 50e anniversaire
301210	301221	01-01-2018	* Extraction chirurgicale d'une dent définitive, à l'exclusion des incisives, avec résection de l'os environnant et suture des lambeaux muqueux incisés, à partir du 18e anniversaire jusqu'au 53e anniversaire, dans le cas où le bénéficiaire répond à une des conditions de l'article 6, § 3 bis
301210	301221	01-07-2022	* Extraction chirurgicale d'une dent définitive, à l'exclusion des incisives, avec résection de l'os environnant et suture des lambeaux muqueux incisés, à partir du 18e anniversaire jusqu'au 50e anniversaire, dans le cas où le bénéficiaire répond à une des conditions de l'article 6, § 3bis
301210	301221	01-09-2023	* Extraction chirurgicale d'une dent définitive, à l'exclusion des incisives, avec résection de l'os environnant et suture des lambeaux muqueux incisés, à partir du 19e anniversaire jusqu'au 50e anniversaire, dans le cas où le bénéficiaire répond à une des conditions de l'article 6, § 3bis
304850	304861	01-06-2010	* Extraction d'une dent à partir du 55e anniversaire
304850	304861	01-05-2014	* Extraction d'une dent à partir du 53e anniversaire
304850	304861	01-01-2018	* Extraction d'une dent, y compris la suture éventuelle, à partir du 53e anniversaire
304872	304883	01-06-2010	* Extraction d'une dent à partir du 55e anniversaire, par dent supplémentaire dans le même quadrant et au cours de la même séance
304872	304883	01-05-2014	* Extraction d'une dent à partir du 53e anniversaire, par dent supplémentaire dans le même quadrant et au cours de la même séance
304872	304883	01-01-2018	* Extraction d'une dent, y compris la suture éventuelle, à partir du 53e anniversaire, par dent supplémentaire dans le même quadrant et au cours de la même séance
304872	304883	01-07-2022	* Extraction d'une dent, à partir du 50e anniversaire, par dent supplémentaire dans le même quadrant et au cours de la même séance
304894	304905	01-06-2010	* Extraction d'une dent à partir du 18e anniversaire jusqu'au 55e anniversaire, dans le cas où le bénéficiaire répond à une des conditions de l'article 6, § 3 bis
304894	304905	01-05-2014	* Extraction d'une dent à partir du 18e anniversaire jusqu'au 53e anniversaire, dans le cas où le bénéficiaire répond à une des conditions de l'article 6, § 3 bis
304894	304905	01-01-2018	* Extraction d'une dent, y compris la suture éventuelle, à partir du 18e anniversaire jusqu'au 53e anniversaire, dans le cas où le bénéficiaire répond à une des conditions de l'article 6, § 3bis
304916	304920	01-06-2010	* Extraction d'une dent à partir du 18e anniversaire jusqu'au 55e anniversaire, dans le cas où le bénéficiaire répond à une des conditions de l'article 6, § 3 bis, par dent supplémentaire dans le même quadrant et au cours de la même séance
304916	304920	01-05-2014	* Extraction d'une dent à partir du 18e anniversaire jusqu'au 53e anniversaire, dans le cas où le bénéficiaire répond à une des conditions de l'article 6, § 3 bis, par dent supplémentaire dans le même quadrant et au cours de la même séance
304916	304920	01-01-2018	* Extraction d'une dent, y compris la suture éventuelle, à partir du 18e anniversaire jusqu'au 53e anniversaire, dans le cas où le bénéficiaire répond à une des conditions de l'article 6, § 3bis, par dent supplémentaire dans le même quadrant et au cours de la même séance
304916	304920	01-07-2022	* Extraction d'une dent, à partir du 18e anniversaire jusqu'au 50e anniversaire, dans le cas où le bénéficiaire répond à une des conditions de l'article 6, §3bis, par dent supplémentaire dans le même quadrant et au cours de la même séance

Outpatient	Inpatient	Date	Label
304916	304920	01-09-2023	* Extraction d'une dent, à partir du 19e anniversaire jusqu'au 50e anniversaire, dans le cas où le bénéficiaire répond à une des conditions de l'article 6, §3bis, par dent supplémentaire dans le même quadrant et au cours de la même séance
304990	305001	01-07-2022	* Extraction d'une dent, à partir du 18e anniversaire jusqu'au 50e anniversaire, dans le cas où le bénéficiaire répond à une des conditions de l'article 6, §3bis
304990	305001	01-09-2023	* Extraction d'une dent, à partir du 19e anniversaire jusqu'au 50e anniversaire, dans le cas où le bénéficiaire répond à une des conditions de l'article 6, §3bis
305130	305141	01-07-2022	Honoraires complémentaires pour suture de plaie pendant une séance d'extraction(s) dentaire(s) ou ablation (section et extraction) de racine(s), à l'exception des prestations où la suture est comprise, à partir du 18e anniversaire
305130	305141	01-09-2023	Honoraires complémentaires pour suture de plaie pendant une séance d'extraction(s) dentaire(s) ou ablation (section et extraction) de racine(s), à l'exception des prestations où la suture est comprise, à partir du 19e anniversaire
305152	305163	01-07-2022	Honoraires complémentaires pour suture de plaie pendant une séance d'extraction(s) dentaire(s) ou ablation (section et extraction) de racine(s), à l'exception des prestations où la suture est comprise, par dent supplémentaire dans le même quadrant et durant la même séance, à partir du 18e anniversaire
305152	305163	01-09-2023	Honoraires complémentaires pour suture de plaie pendant une séance d'extraction(s) dentaire(s) ou ablation (section et extraction) de racine(s), à l'exception des prestations où la suture est comprise, par dent supplémentaire dans le même quadrant et durant la même séance, à partir du 19e anniversaire
371195	371206	01-01-2018	* Extraction chirurgicale d'une dent définitive, à l'exclusion des incisives, avec résection de l'os environnant et suture des lambeaux muqueux incisés, jusqu'au 18e anniversaire
371195	371206	01-07-2022	* Extraction chirurgicale d'une dent définitive, à l'exclusion des incisives, avec résection de l'os environnant et suture des lambeaux muqueux incisés, jusqu'au 18e anniversaire
371195	371206	01-09-2023	* Extraction chirurgicale d'une dent définitive, à l'exclusion des incisives, avec résection de l'os environnant et suture des lambeaux muqueux incisés, jusqu'au 19e anniversaire
374850	374861	01-05-2009	* Extraction d'une canine lactéale, d'une molaire lactéale ou d'une dent définitive, jusqu'au 18e anniversaire
374850	374861	01-01-2018	* Extraction d'une canine lactéale, d'une molaire lactéale ou d'une dent définitive, y compris la suture éventuelle, jusqu'au 18e anniversaire
374872	374883	01-05-2009	* Extraction d'une canine lactéale, d'une molaire lactéale ou d'une dent définitive jusqu'au 18e anniversaire, par dent supplémentaire dans le même quadrant et au cours de la même séance
374872	374883	01-01-2018	* Extraction d'une canine lactéale, d'une molaire lactéale ou d'une dent définitive, y compris la suture éventuelle, jusqu'au 18e anniversaire, par dent supplémentaire dans le même quadrant et au cours de la même séance
374872	374883	01-07-2022	* Extraction d'une canine lactéale, d'une molaire lactéale ou d'une dent définitive, jusqu'au 18e anniversaire, par dent supplémentaire dans le même quadrant et au cours de la même séance
374872	374883	01-09-2023	* Extraction d'une canine lactéale, d'une molaire lactéale ou d'une dent définitive, jusqu'au 19e anniversaire, par dent supplémentaire dans le même quadrant et au cours de la même séance
374975	374986	01-07-2022	* Extraction d'une canine lactéale, d'une molaire lactéale ou d'une dent définitive, jusqu'au 18e anniversaire
374975	374986	01-09-2023	* Extraction d'une canine lactéale, d'une molaire lactéale ou d'une dent définitive, jusqu'au 19e anniversaire
375130	375141	01-07-2022	Honoraires complémentaires pour suture de plaie pendant une séance d'extraction(s) dentaire(s) ou ablation (section et extraction) de racine(s), à l'exception des prestations où la suture est comprise, jusqu'au 18e anniversaire
375130	375141	01-09-2023	Honoraires complémentaires pour suture de plaie pendant une séance d'extraction(s) dentaire(s) ou ablation (section et extraction) de racine(s), à l'exception des prestations où la suture est comprise, jusqu'au 19e anniversaire
375152	375163	01-07-2022	Honoraires complémentaires pour suture de plaie pendant une séance d'extraction(s) dentaire(s) ou ablation (section et extraction) de racine(s), à l'exception des prestations où la suture est comprise, par dent supplémentaire dans le même quadrant et durant la même séance, jusqu'au 18e anniversaire
375152	375163	01-09-2023	Honoraires complémentaires pour suture de plaie pendant une séance d'extraction(s) dentaire(s) ou ablation (section et extraction) de racine(s), à l'exception des prestations où la suture est comprise, par dent supplémentaire dans le même quadrant et durant la même séance, jusqu'au 19e anniversaire



C. Trends in the breakdown of nomenclature codes provided, by volume



See page 4 for details about the NIHD nomenclature codes selected for analysis.  
Note : The year 2020 was highlighted by a vertical dashed line, in order to draw the attention on the impact of the COVID-19 crisis.

#### D. Source of data and analysis period

The data used in the analyses have been taken from the following databases:

<b>Document N</b>	for the utilisation rate and amount of expenses of insured persons (who meet the selection criteria) whose age, sex, preferential regime and residence are known 2013-2023
<b>Document P</b>	for the utilisation rate and amount of expenses of insured persons (who meet the selection criteria) by type of medical specialities in 2023
<b>Document P, SHA, ADH</b>	for the practice occurrences and analysis of patient care settings (private ambulatory or polyclinic, day or inpatient hospitalisation) in 2022
-	-

<b>Analysis period</b>	2013-2023
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'N Documents' are monthly data sent by the sickness funds to NIHDI, within three months. These data show the number of services provided, dates and the fees involved. Every six months, these data are compiled by the insurers, which also add data on patients: age, gender, social category and district of residence. N Documents, however, cannot be used to analyse the combinations of services received by individual patients.

'P Documents' are six-monthly data sent by the sickness funds to NIHDI, within four months. These data show the services provided, the service-provider, the prescriber, the place of provision of service, and the hospital where patients were treated. P Documents can be used to monitor medical consumption and pricing, but not (yet) to analyse services per patient.

'Documents SHA, ADH' are sent annually and within six months by the insurer-organisations to the NIHDI. They include all the services provided respectively in day admission and standard hospitalisation, in general hospitals per hospital stay.

Occurrence: Occurrence values are based on the most recent year that allows consolidation by patient between P and SHA-ADH documents, usually the year preceding the last year of the analysis period.

### E. Specific selection criteria

Several filters may have been applied to the data, so that only one section of the population is considered in the analyses. If so, the filters used are shown in the table below:

FILTERS APPLIED TO DATA	
Sex	women and men
Age	all
-	-

The indicators presented in the analysis always refer to this population.

## F. Specialisation of healthcare providers

Specialisation of the provider	Total providers	Concerned providers	% Providers	Median of H.C. services	Q3 of H.C. services	% Total H.C. services
Dentists	8.029	7.415	92%	81	148	63,15%
Stomatologists	639	569	89%	757	1.177	30,91%
Periodontologists	213	198	93%	166	297	3,20%
Dentists in training	1.199	748	62%	34	69	2,64%
Other specialities	8.148	35	0%	9	71	0,10%
<b>Total</b>	<b>18.228</b>	<b>8.965</b>	<b>49%</b>	<b>79</b>	<b>158</b>	<b>100,00%</b>



This table shows the following non-standardised data, by medical specialities (figures for the year 2023):

- The number of service-providers per specialisation who have recorded at least one service (the figures are exceptionally extrapolated from a single semester if an \* is indicated in the header, otherwise the full year is taken into account);
- The number of service-providers recording services under the nomenclature codes selected for this analysis;
- The service-providers for these codes as a percentage of the total number of service-providers recording provision of at least one service;
- The median number and third quartile of services per service-provider (recording provision under these codes);
- The service percentage, i.e. the number of services recorded for this specialisation as a percentage of total services provided.

## G. Specialisation of prescribers

*[Specialisation of prescribers unknown or not applicable]*



This table shows, in order, the following non-standardised data per specialities (figures for the year 2023):

- The number of prescribers who have prescribed at least one service (the figures are exceptionally extrapolated from a single semester if an \* is indicated in the header, otherwise the full year is taken into account);
- The number of prescribers prescribing the nomenclature codes selected for this analysis;
- The prescribers prescribing these codes as a percentage of the number of prescribers prescribing at least one service;
- The median number and third quartile of services per prescriber (prescribing these codes);
- The percentage of services prescribed, i.e. the number of prescriptions issued for this specialisation as a percentage of total services prescribed.

## H. (Estimated) number of patients per year

Sometimes several codes (similar or different) relating to the same practice are charged several times on the same day and/or in the same year for the same patient.

To estimate the number of patients treated, the total number of services accounted for per year is divided by an average division factor (total average occurrence).

In this analysis, the average division factor is 2,23. The latter is calculated based on 2022 and results from dividing the total number of services provided by the total number of different insured persons who have used these services (by age group, sex and district).

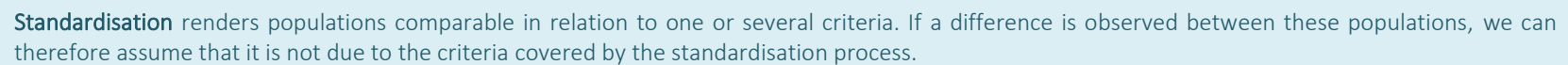
This average division factor is called the total average occurrence. This total average occurrence is the product of the average occurrence per patient per day (average number of services per day per patient) and the average occurrence per patient per year (average number of days per year per patient). Explanations of these average occurrences per day and per year can be found in the appendix 'Frequency of practice occurrences (per patient)'.

However, volumes are not divided for the data on providers and prescribers (see pages 6, 9-10), nor for the graphs and tables showing the distribution of volumes and occurrences of the practice (see pages 18-19 and Annexes B to D).

## I. Standardisation

Data presented by geographical subset\* or population category are standardised per year, based on age (by year), sex and preferential regime of the national population in 2023.

\*Note: Districts with fewer than 100 000 insured persons are associated with a neighbouring district from the same province. The following districts are therefore considered together: Oostende/Veurne, Ieper/Diksmuide, Roeselare/Tielt, Gent/Eeklo, Charleroi/Thuin, Huy/Waremme, Namur/Philippeville, Neufchâteau/Marche-en-Famenne, Virton/Bastogne/Arlon. These regroupings and labels apply to all measurements, maps and graphs produced by district. Throughout the document, the concept of regrouped district is reflected in the use of the term "district\*"



**Standardisation** renders populations comparable in relation to one or several criteria. If a difference is observed between these populations, we can therefore assume that it is not due to the criteria covered by the standardisation process.

### 3. RESULTS

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#### A. National standardised usage rate

	<b>TOTAL</b>
<i>Number of services per year</i>	<b>1.397.948</b>
<b>Average occurrence per patient per day (average number of services per day)</b>	<b>1,87</b>
<b>Average occurrence per patient per year (average number of days per year)</b>	<b>1,19</b>
<b>Total average occurrence (divides the number of services)</b>	<b>2,23</b>
<i>Estimated number of patients per year</i>	<b>624.751</b>
<b>Standardised usage rate per 100 000 insured persons</b>	<b>5.423</b>



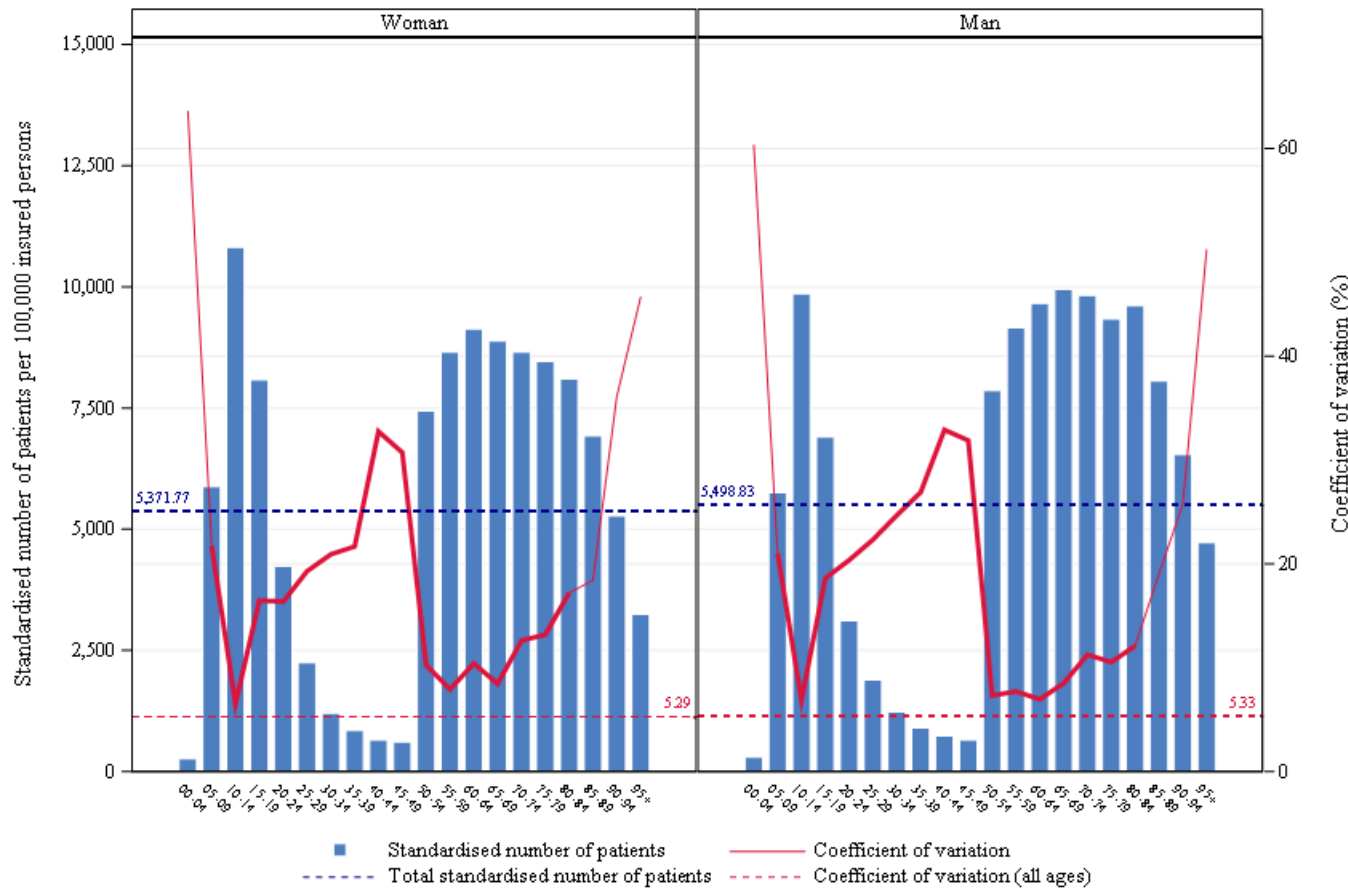
## B. Standardised usage rate by sex and age

	TOTAL
<i>Estimated number of patients per year</i>	<b>624.751</b>
Median age (years)	<b>57</b>
Mean age (years)	<b>48,98</b>
Max/Min Ratio of the median age (by district*)	<b>1,05</b>
Standardised usage rate: women (per 100 000)	<b>5.372</b>
Standardised usage rate: men (per 100 000)	<b>5.499</b>
Ratio women/men	<b>0,98</b>
Percentage of women	<b>50,61%</b>

**Max/Min Ratio:**

The max/min ratio measures the dispersion of values. It is calculated as the ratio of the maximum value found for the variable, in all districts\*, to the minimum value, excluding outliers. If this minimum value is equal to zero, the max/min ratio cannot be calculated, and is reported as 'NA' ('not applicable').

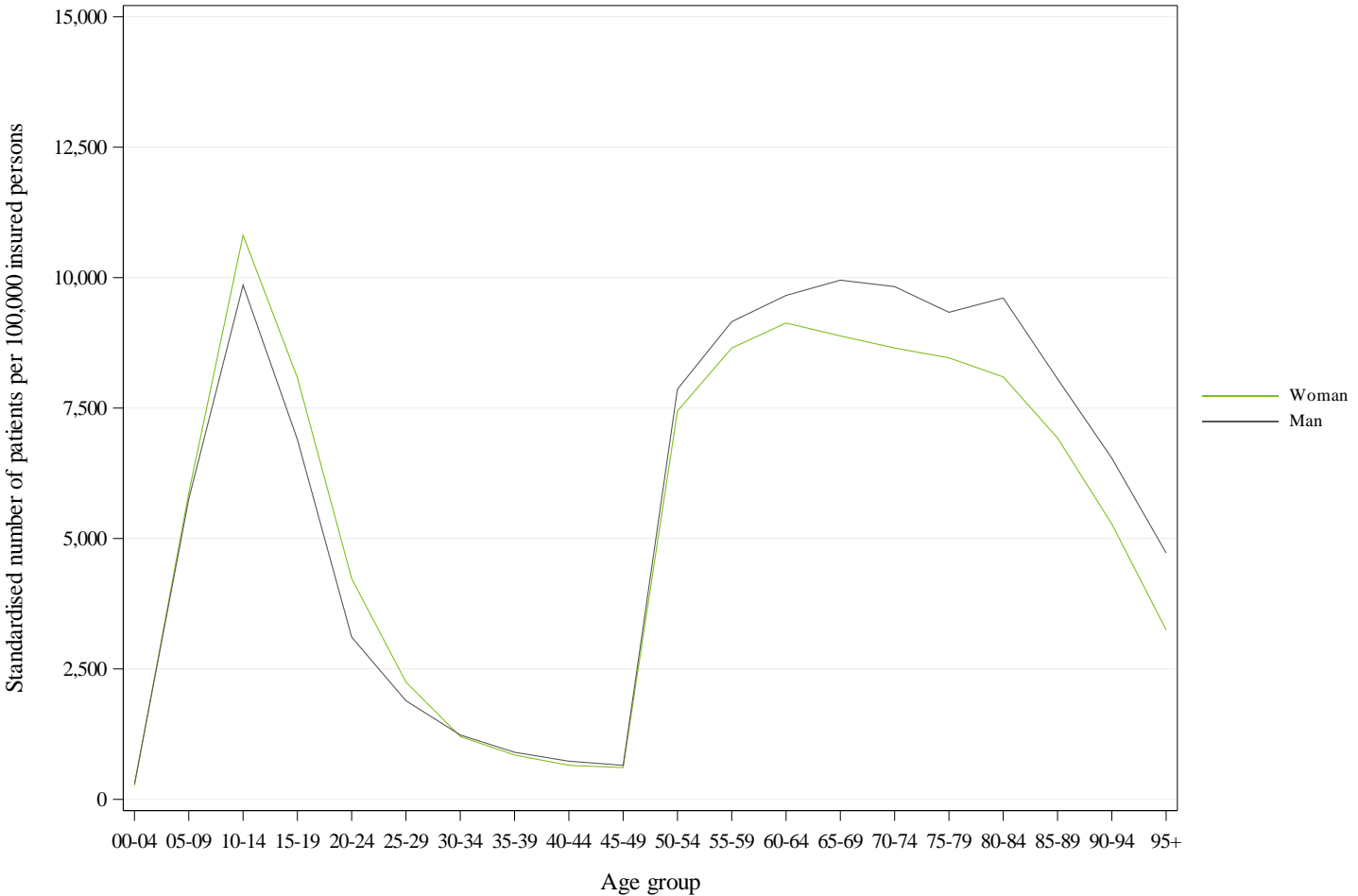
\* Some districts are grouped together, see page 12, Standardisation



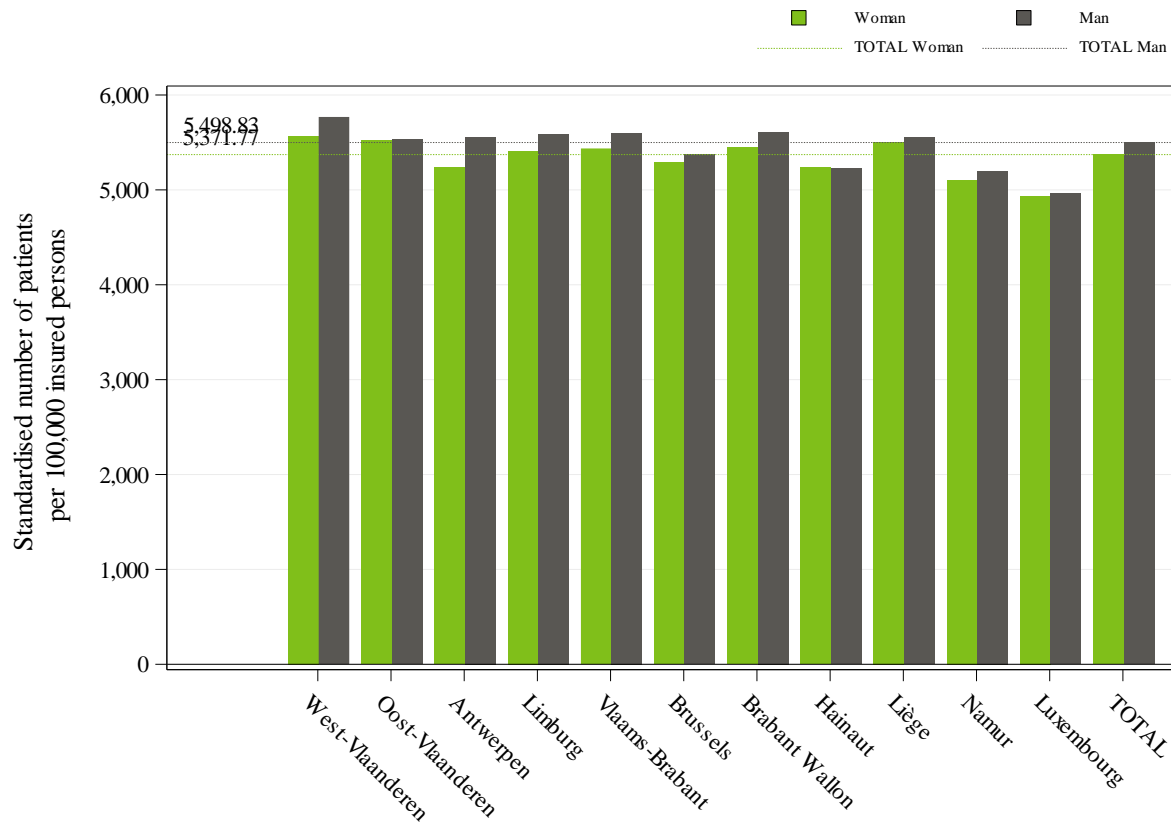
This figure is made up of bar charts for each sex. The **coefficient of variation**, shown by the red line, measures the relative dispersion of the standardised usage rates observed for each district\*, by age group and sex (standard deviation divided by the mean). This line is shown in bold for age groups where the coefficient of variation can be validly interpreted (i.e. for age groups in which there are sufficient insured persons per district\* to allow for a proper comparison).

The left-hand vertical axis of the graph represents the standardised usage rate, and the right-hand axis the coefficient of variation. The horizontal dotted lines show the total values of the standardised usage rates (in blue) and of the coefficient of variation (in red).

Standardised usage rate per 100 000 insured persons, and coefficient of variation for the districts\*, by age group and sex, for the year 2023



Comparison of the standardised usage rates by age group and by sex (per 100 000 insured persons) in 2023

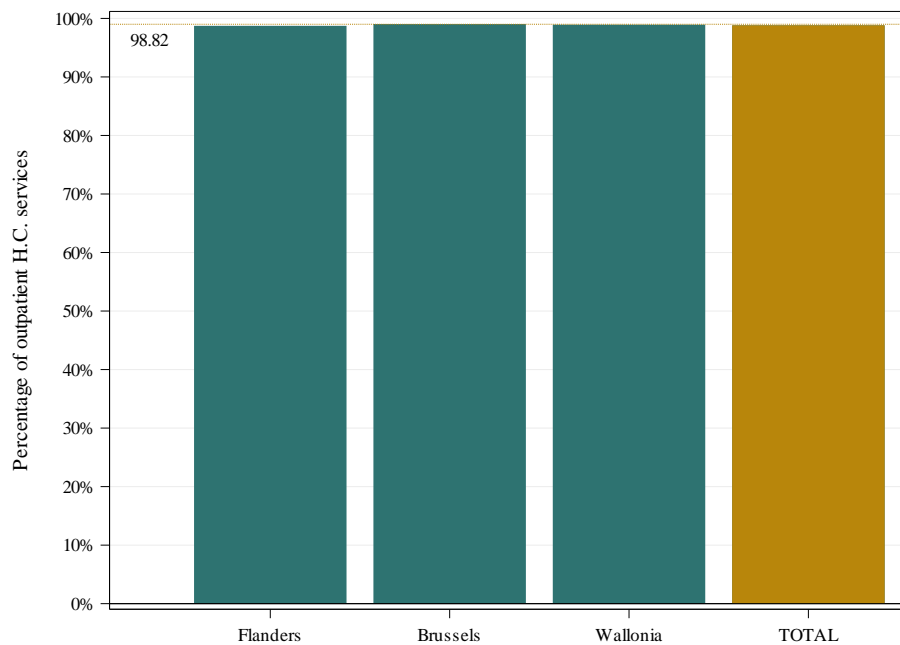


This histogram shows standardised usage rates by province and by sex. The grey bars show the rates for men, while the green bars show the rates for women, for each province. The grey and green broken lines show the total standardised usage rates, again grey for men, green for women.

Standardised usage rate per 100 000 insured persons, by sex and by province for the year 2023

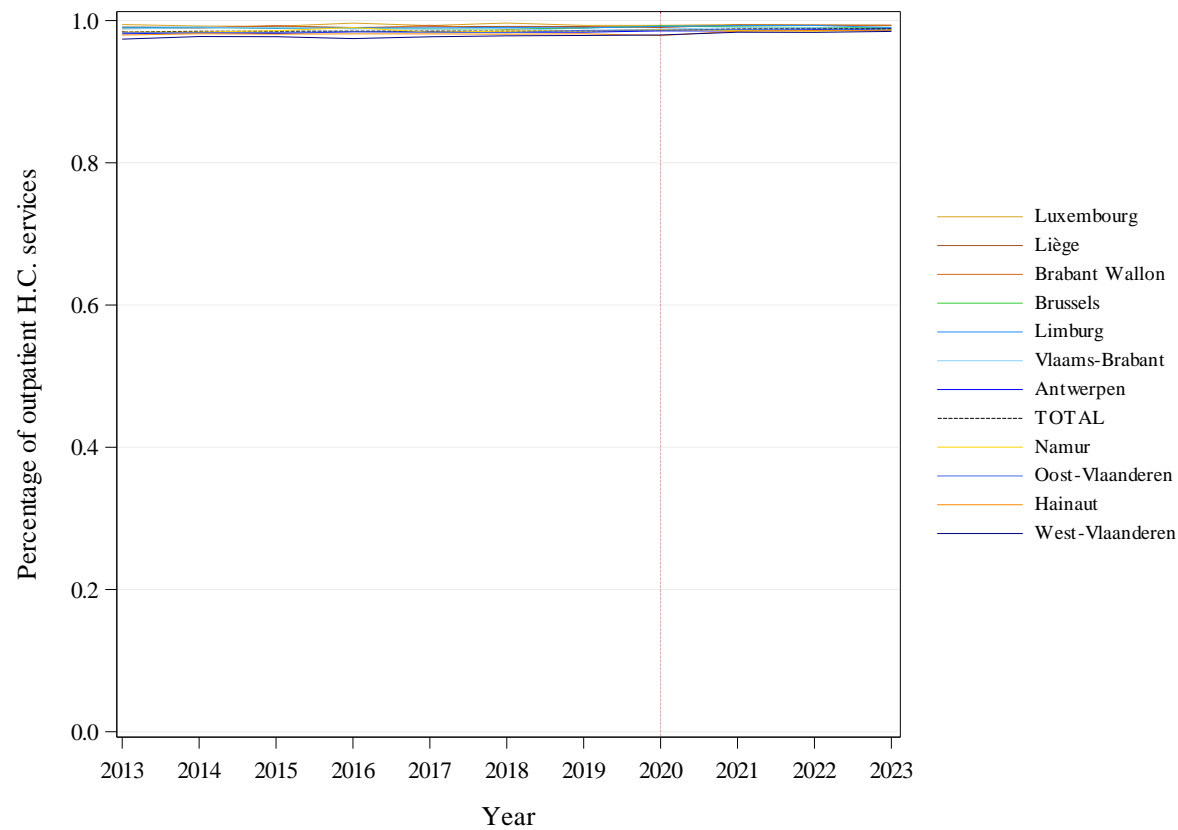
## C. Rate of outpatient care

	TOTAL
<i>Number of services per year</i>	<b>1.397.948</b>
Percentage of out-patient care	<b>98,82%</b>
Max/min ratio of out-patient care percentage (by district*)	<b>1,02</b>



Percentage of outpatient care, total and by region

This graph shows the percentage of outpatient services (including hospital day admissions), i.e. the number of outpatient services provided as a percentage of total services (outpatient and hospital stays). Besides the bar per region, there is a bar for the entire Belgian population. A dotted line also shows this overall ratio.



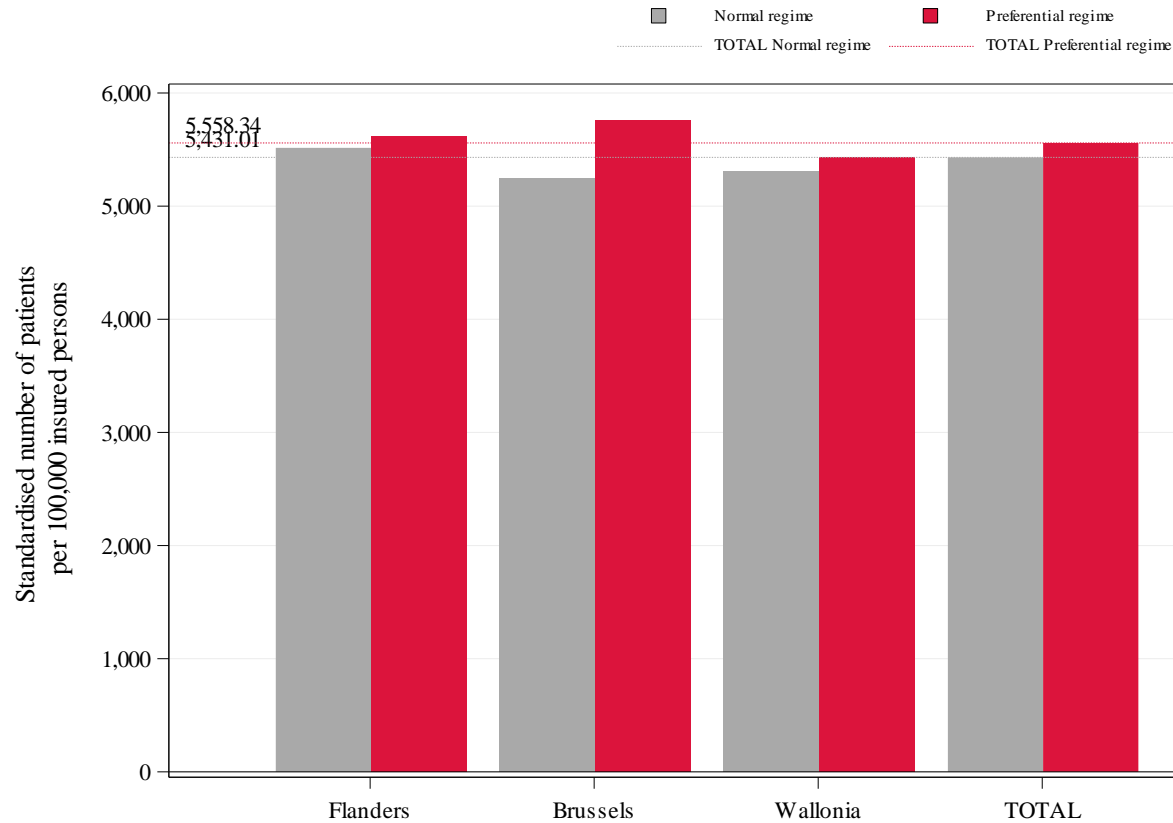
**Trends in the percentage of outpatient care by province**

N.B.:

- The year 2020 was highlighted by a vertical dashed line, in order to draw the attention on the impact of the COVID-19 crisis
- A complementary document to this chapter, about the patient care per type, is enclosed in this report (see Annex C)

## D. Standardised usage rate by reimbursement scheme

	TOTAL
<i>Estimated number of patients per year</i>	<b>624.751</b>
Percentage provided under the preferential reimbursement scheme	<b>21,70%</b>
Standardised usage rate with preferential reimbursement scheme (per 100 000)	<b>5.558</b>
Standardised usage rate without preferential reimbursement scheme (per 100 000)	<b>5.431</b>
Ratio Preferential scheme /General scheme	<b>1,02</b>



Standardised usage rate by reimbursement scheme and by region

This graph shows the standardised usage rates per 100,000 insured with (in red) and without (in grey) the preferential reimbursement scheme, by region and in total. The red and grey dotted lines show the overall standardised rates of use of patients per 100,000 insured, with and without the preferential reimbursement scheme, respectively.

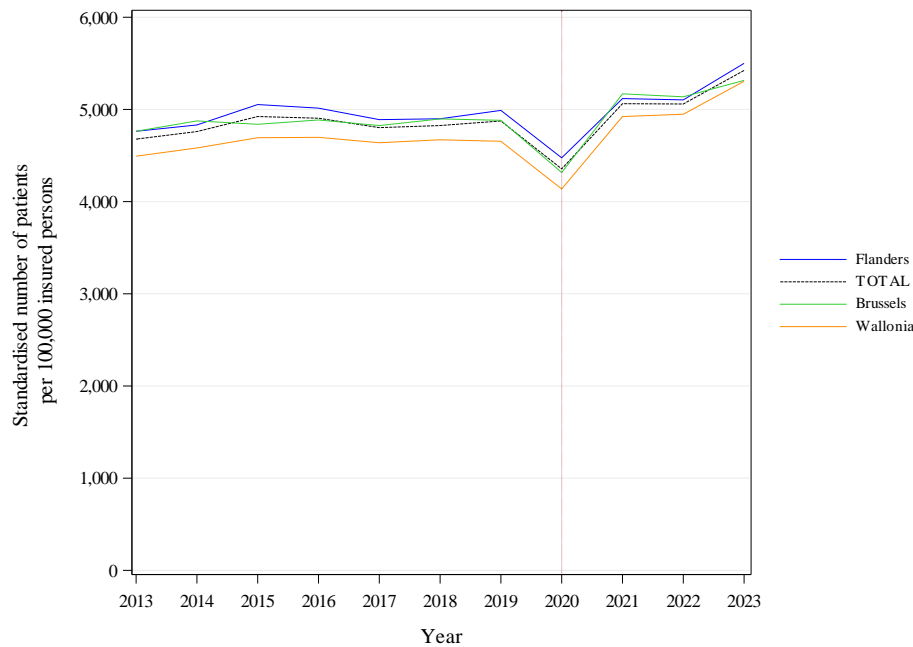


## E. Trends in standardised usage rates

	TOTAL	Statistical significance
<i>Estimated number of patients per year</i>	<b>624.751</b>	
<b>Trend (2013-2023)</b>	<b>1,49%</b>	<b>*** (1,12%)</b>
Trend (2013-2021)	0,99%	***
Trend (2021-2023)	3,50%	

These trends correspond to the average annual growth rate.

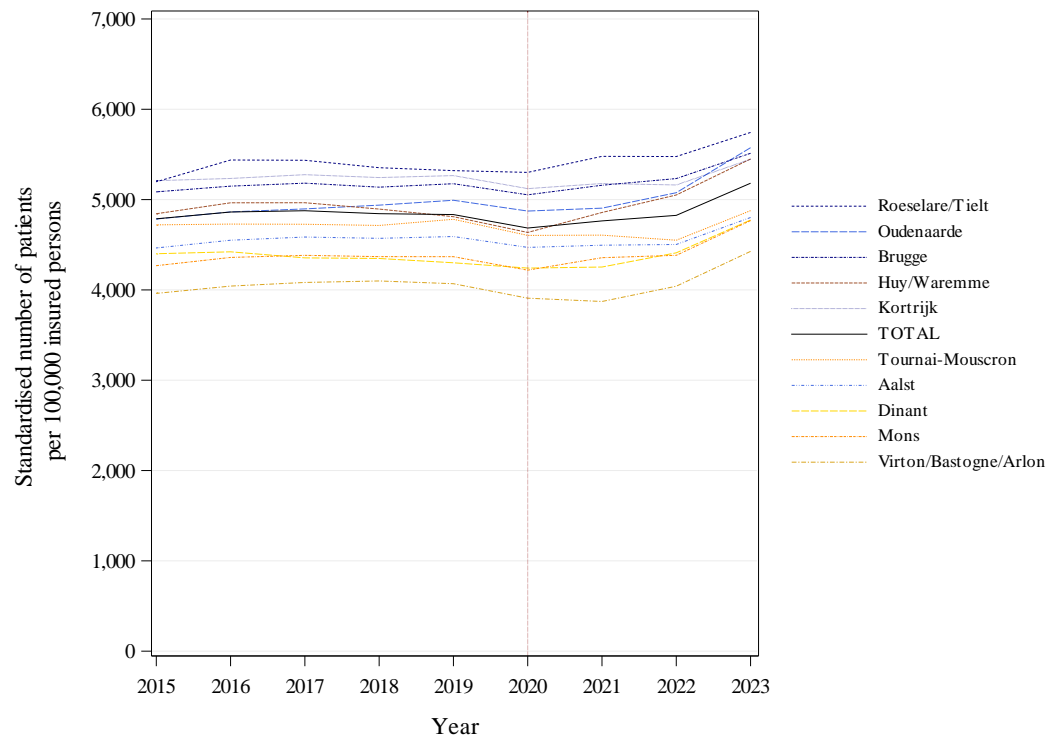
A non-significant statistical test indicates that the trend estimated by the model (in brackets) is stable, or that there is no break in the trend



This graph shows a coloured curve for each region and a black curve for the entire Belgian population. The x-axis shows the years, and the y-axis shows the standardised usage rate per 100 000 insured persons.

Note : The year 2020 was highlighted by a vertical dashed line, in order to draw the attention on the impact of the COVID-19 crisis.

Trends in the standardised usage rate per 100 000 insured persons, by region



**Trends in the standardised usage rate per 100 000 insured persons by district\***

This graph shows a colored line for each district\* and a black line for the entire Belgian population. The x-axis shows the years, and the y-axis shows the standardised usage rate per 100 000 insured persons.

To better highlight changes over time, the rates shown are **rolling averages** of the rates for the three years preceding the year in question (including the year itself).

The graph only shows the five districts\* with the highest average rates and the five districts\* with the lowest average rates over the last 3 years studied (excluding the districts of Hainaut heavily impacted by the 2019 administrative reorganization).

Note : The year 2020 was highlighted by a vertical dashed line, in order to draw the attention on the impact of the COVID-19 crisis.

		Usage Rate	Annual increase			Structural break
		2023 (per 10 <sup>5</sup> insured)	2013- 2023	2013- 2021	2021- 2023	
Provinces	West Flanders	5.660	1,06%	0,79%	2,12%	NA
	East Flanders	5.518	1,90%	1,32%	4,22%	NA
	Antwerp	5.379	1,36%	0,55%	4,67%	NA
	Limburg	5.489	1,80%	1,26%	4,01%	NA
	Flemish Brabant	5.510	1,27%	0,91%	2,74%	NA
	Brussels	5.315	1,10%	1,03%	1,40%	NA
	Walloon Brabant	5.505	1,66%	1,26%	3,30%	NA
	Hainaut	5.214	1,56%	1,01%	3,81%	NA
	Liège	5.523	1,78%	1,36%	3,46%	NA
	Namur	5.131	1,71%	0,97%	4,72%	NA
	Luxembourg	4.925	1,85%	1,14%	4,71%	NA
Regions	Flanders	5.500	1,45%	0,90%	3,67%	NA
	Brussels	5.315	1,10%	1,03%	1,40%	NA
	Wallonia	5.305	1,68%	1,15%	3,81%	NA
<b>TOTAL</b>		<b>5.423</b>	<b>1,49%</b>	<b>0,99%</b>	<b>3,50%</b>	<b>***</b>

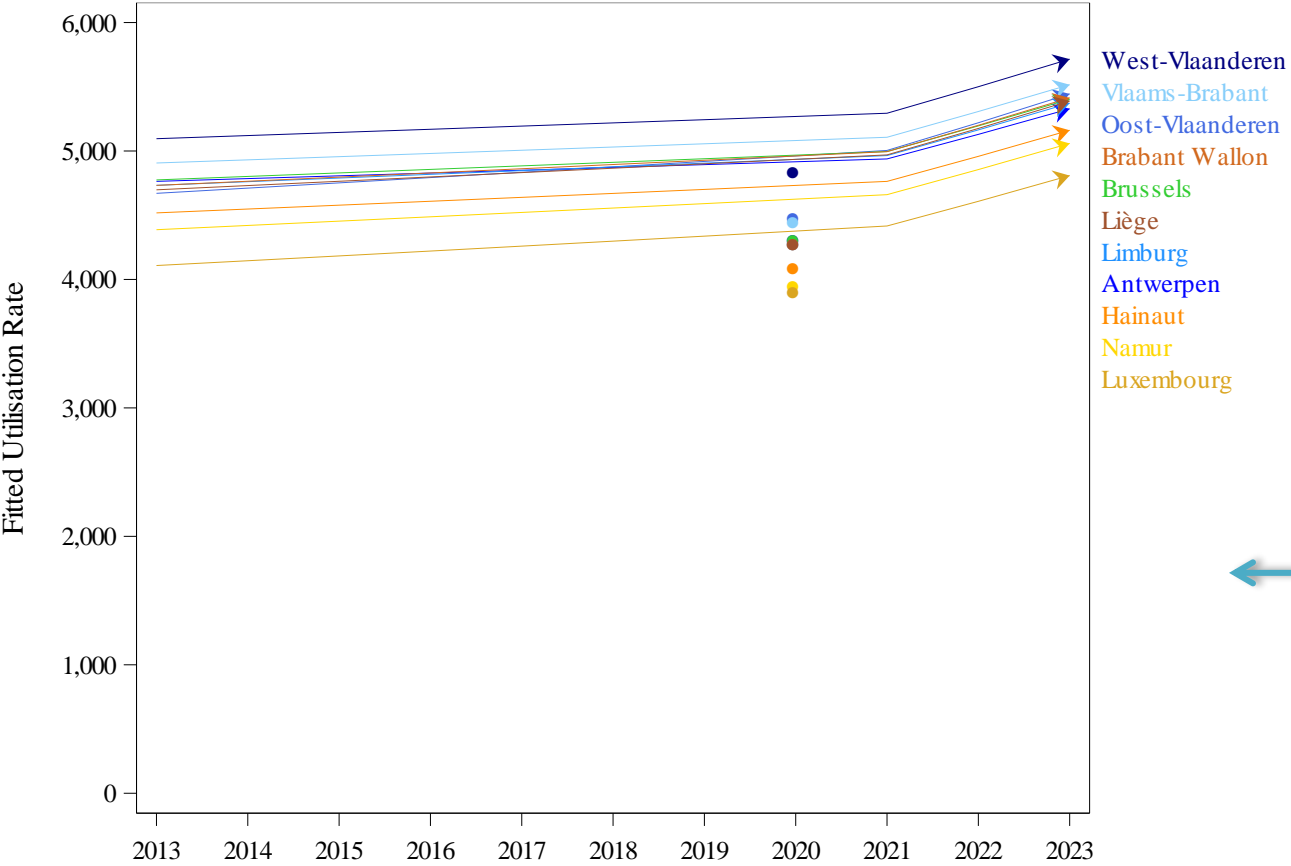
Trends in the usage rates, by province and region

This table reports the standardised **usage rates** for the last year analysed (2023), as well as the average **rates of increase**, by province, by region and in total, for the entire period (2013-2023), for the last years (2021-2023) and for the period preceding the last years (2013-2021)

In order to find out whether the trend in the last years differs from that in the years before, a linear mixed model was fitted in two steps. In the first step a change in trend on the national level is tested. If this test is significant, in a second step, the model tests whether the difference in trend is significant for each province, region and at the national level. The data of 2020 are excluded from the models.

The significance of the test for a change in trend is reported in the Structural break column : \* P-value ≤ 0.05 / \*\* P-value ≤ 0.01 / \*\*\* P-value ≤ 0.001 and NS for a non-significant result.

‘NA’ is shown where the nomenclature codes selected for the analysis have not been used for the entire last period or when the statistical tests cannot be evaluated.



Regression lines per province showing a possibly different slope for the last years (2021-2023) compared to the years before (2013-2021).

Data of 2020 was excluded from this analysis, but is indicated on the graph for information.

Trend break assessment model by province – Regression lines

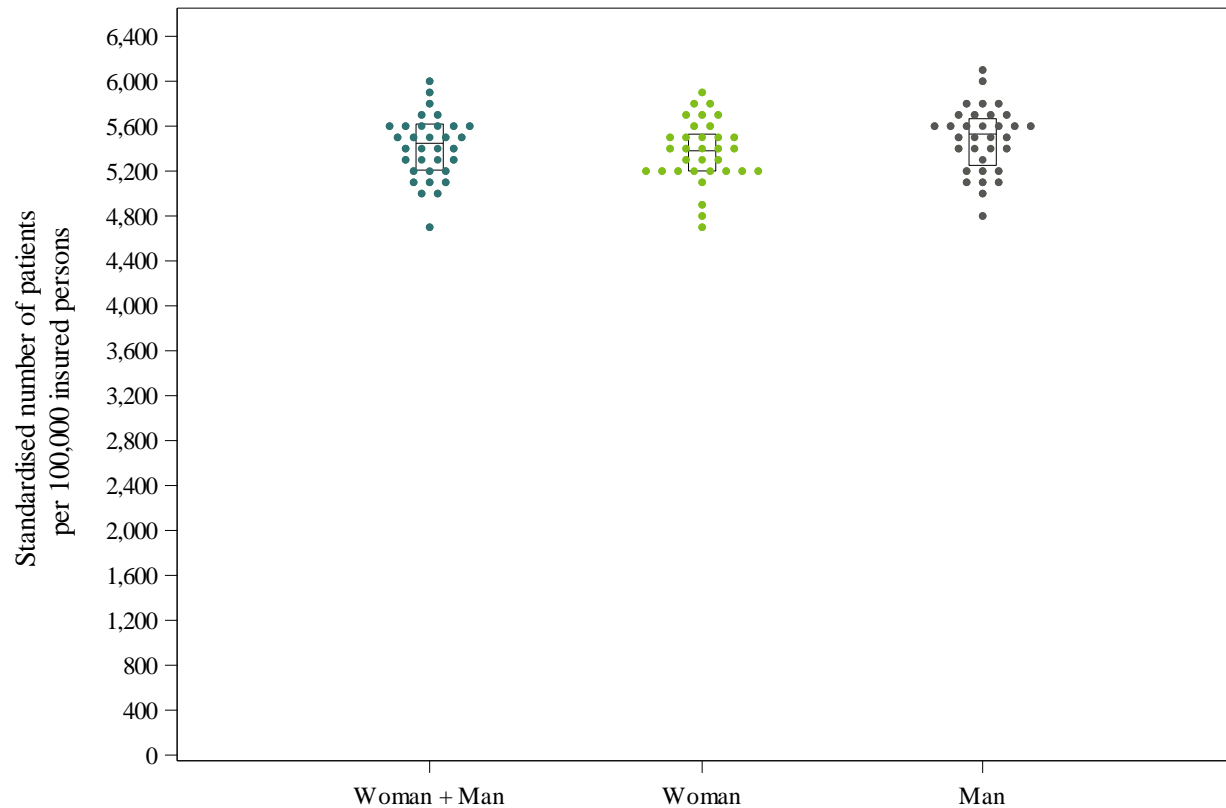
## F. Geographical variations in standardised usage rates

	TOTAL
<i>Estimated number of patients per year</i>	<b>624.751</b>
<b>Coefficient of Variation (2023)</b>	<b>5,23</b>
<b>Max/Min Ratio* of the standardised usage rates (by region)</b>	<b>1,04</b>
<b>Max/Min Ratio* of the standardised usage rates (by district*)</b>	<b>1,28</b>

<b>Coefficient of Variation (2021-2023)</b>	<b>6,28</b>
<b>Coefficient of Variation (2013-2015)</b>	<b>6,33</b>
<i>Statistically significant difference? (<math>p \leq 0.05</math>)</i>	<i>No</i>

\* An 'NA' result indicates a ratio which cannot be calculated, i.e. the minimum value = zero (cf. B. Standardised usage rate by sex and age)



A **dot plot** is a distribution chart, which is useful for highlighting groups in the data, gaps in the distribution and outliers. Here, each dot represents the usage rate of a district\*, for its entire population or broken down by sex.

The rates are rounded to the nearest unit, ten, hundred, etc., depending on the value of the maximum rate, in order to better group the values.

The graph also shows a box with the 25<sup>th</sup>, 50<sup>th</sup> and 75<sup>th</sup> percentiles of the non-rounded standardised usage rates for all patients. The bottom line of the box represents the 25<sup>th</sup> percentile, while the upper line represents the 75<sup>th</sup> percentile. The line inside the box represents the 50<sup>th</sup> percentile.

'Dot plot' showing standardised usage rates by district\*, by sex



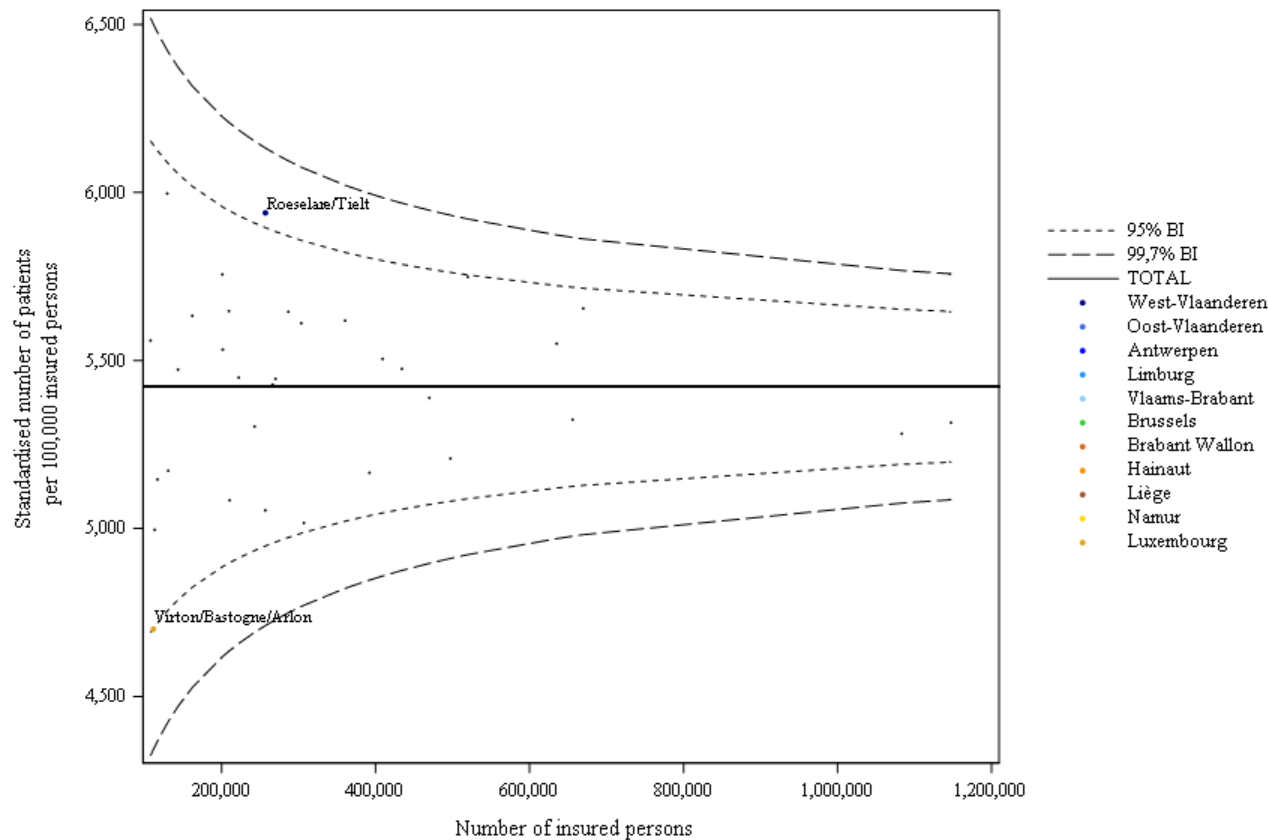
Map showing distribution of standardised usage rates, by district\*

\* Districts marked with \* or + are grouped together within the same province. see page 12, Standardisation

On this map of Belgium, thin lines show the boundaries of the districts, while thick lines show the provincial borders. The districts\* are coloured using a colour scale based on the level of usage rate in the district\* compared to the Belgian national rate (overall rate). This ratio is expressed as a percentage: e.g. 0% if the district\* rate is equal to the overall rate, 20% if the rate is 20% above the overall rate, and -20% if the rate is 20% below the overall rate. The percentages are calculated using the standardised rates of the last year analysed, and are displayed in bands of 20%. The following colour coding applies:

Colour	Category
Red	More than 50%
Orange-red	Between 30% and 50%
Orange	Between 10% and 30%
Yellow	Between - 10% and 10%
Light green	Between -30% and -10%
Green	Between -50% and - 30%
Dark green	Less than -50%
White	Not used

N.B.: The interpretation of this map is to be done in parallel with the graph in funnel plot (next page).



In this graph, the standardised usage rate in a district\* is positioned versus the size of its population. Besides the dots representing the districts\*, 95% and 99.7% **confidence intervals** are also shown on the graph. These are dependent of the size of the districts\*. The thicker horizontal line shows the national standardised usage rate. The outlier districts\* are identified as those districts\* that fall outside the 99.7% confidence intervals, the zone between the 95% and 99.7% confidence intervals being considered as “warning zone”.

N.B.: The interpretation of this graph is to be done in parallel with the map of the distribution of usage rates (previous page).

**‘Funnel plot’ showing the standardised usage rates by district\* by the number of insured persons**



## G. Standardised healthcare expenditure borne by the insurance

	TOTAL
<i>Number of services per year</i>	<b>1.397.948</b>
<i>Annual expenditure (€)</i>	<b>91.320.838</b>
<i>Average cost per patient (€)</i>	<b>146,17</b>
<i>Average cost per insured<sup>1</sup> (€)</i>	<b>7,93</b>
<b>Max/Min Ratio* of expenditure per insured (by region)</b>	<b>1,24</b>
<b>Max/Min Ratio* of expenditure per insured (by district*)</b>	<b>1,57</b>

\* An 'NA' result indicates a ratio which cannot be calculated, i.e. the minimum value = zero (cf. B. Standardised usage rate by sex and age)

<sup>1</sup> Reminder: Expenditure is based on the insured selected for the analysis (see section 2.E, Specific selection criteria)

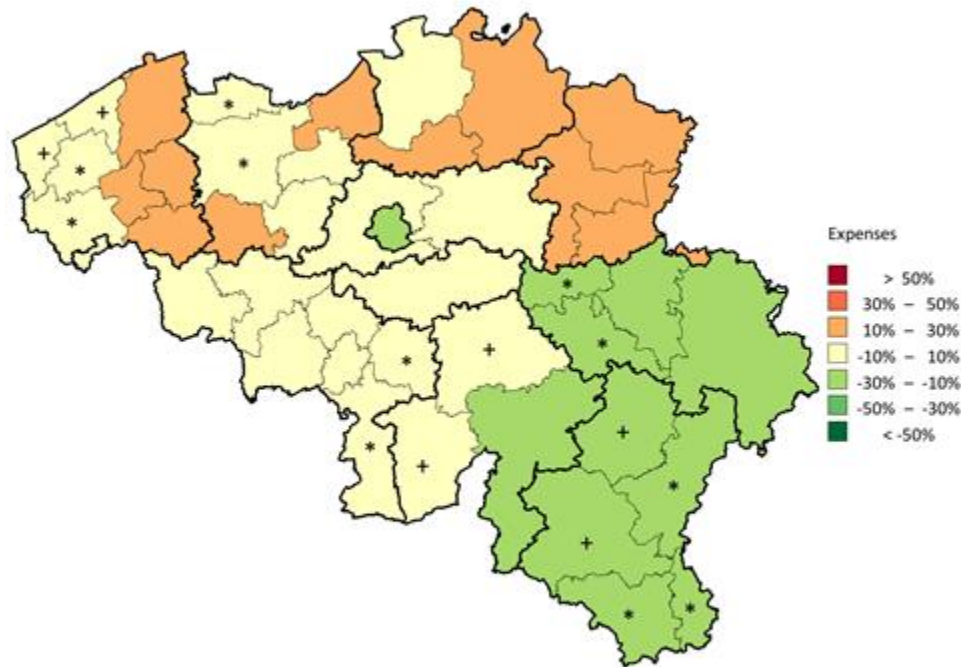
		Standardised expenditure (per insured <sup>1</sup> )	Relative difference compared to total
Provinces	West Flanders	8,67 €	9,33%
	East Flanders	8,57 €	8,07%
	Antwerp	8,5 €	7,19%
	Limburg	9,12 €	15,01%
	Flemish Brabant	8,02 €	1,13%
	Brussels	6,92 €	-12,74%
	Walloon Brabant	7,59 €	-4,29%
	Hainaut	7,81 €	-1,51%
	Liège	5,94 €	-25,09%
	Namur	7,56 €	-4,67%
	Luxembourg	5,9 €	-25,60%
	Regions	Flanders	8,55 €
Brussels		6,92 €	-12,74%
Wallonia		7,06 €	-10,97%
<b>TOTAL</b>		<b>7,93 €</b>	

Regional and provincial distribution of standardised expenditure (2023)

<sup>1</sup> Reminder: Expenditure is based on the insured selected for the analysis (see section 2.E, Specific selection criteria)

## Trends in expenditure, by service and by nomenclature code

Nomenclature	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Average annual growth rate
301151-301162	0,00	0,00	0,00	0,00	0,00	45,91	46,92	47,74	49,14	49,98	54,41	3,45%
301173-301184	0,00	0,00	0,00	0,00	0,00	47,58	49,18	49,73	50,20	50,22	56,55	3,51%
301195-301206	0,00	0,00	0,00	0,00	0,00	73,06	74,40	76,23	77,93	79,47	86,17	3,36%
301210-301221	0,00	0,00	0,00	0,00	0,00	74,55	76,43	78,22	79,98	81,47	88,74	3,55%
304850-304861	28,86	29,25	29,22	29,19	29,37	32,32	33,08	33,62	35,16	35,42	40,08	3,34%
304872-304883	20,68	20,95	20,93	20,78	20,74	21,94	22,48	23,02	23,41	24,21	25,95	2,30%
304894-304905	29,91	30,57	30,75	30,67	30,54	33,36	34,58	34,79	36,31	36,37	39,42	2,80%
304916-304920	21,89	22,53	22,68	22,31	22,02	23,62	24,47	24,50	24,73	25,41	27,13	2,17%
304975-304986	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	35,20	38,18	8,46%
304990-305001	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	35,74	39,00	9,11%
312410-312421	142,55	144,16	143,74	143,93	144,98	146,91	147,37	149,23	150,05	152,14	159,56	1,13%
312432-312443	131,12	132,64	132,48	132,88	133,87	135,85	136,25	137,53	138,92	141,34	148,77	1,27%
317214-317225	174,84	175,23	176,85	177,10	178,53	180,37	184,71	185,39	191,21	183,35	199,25	1,32%
317236-317240	72,28	73,94	74,77	74,25	74,77	75,28	75,17	76,62	76,04	75,96	80,53	1,09%
317251-317262	90,10	91,36	91,44	91,76	92,05	93,90	94,23	94,28	95,90	96,36	102,17	1,27%
317376-317380	196,66	184,20	205,69	207,72	202,30	204,86	188,33	224,87	154,97	164,70	205,56	0,44%
317391-317402	93,58	96,34	90,39	88,13	92,94	86,32	90,42	87,22	94,20	88,77	103,62	1,02%
371151-371162	0,00	0,00	0,00	0,00	0,00	55,32	55,86	57,21	57,78	58,42	58,00	0,95%
371195-371206	0,00	0,00	0,00	0,00	0,00	112,91	114,21	116,19	117,88	119,21	125,59	2,15%
374850-374861	35,68	36,23	36,29	36,29	36,67	39,64	40,43	40,83	41,96	41,99	41,87	1,61%
374872-374883	25,23	25,62	25,66	25,66	26,12	27,36	27,93	28,34	28,52	29,20	30,87	2,04%
374975-374986	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	41,99	44,82	6,73%



Map showing distribution of standardised expenditure, by district\* (per insured person)

\* Districts marked with \* or + are grouped together within the same province. see page 12, Standardisation

On this map of Belgium, thin lines show the boundaries of the districts, while thick lines show the provincial borders. The districts\* are coloured using a colour scale based on the level of expenditure per insured in the district\* compared to Belgian national (overall) expenditure per insured. This ratio is expressed as a percentage: e.g. 0% if expenditure in the district\* is equal to the overall expenditure, 20% if it is 20% higher, and -20% if it is 20% lower. The percentages are calculated using the standardised expenditure of the last year analysed and are displayed in bands of 20%. The following colour coding applies:

Colour	Category
Dark Red	More than 50%
Red	Between 30% and 50%
Orange	Between 10% and 30%
Yellow	Between - 10% and 10%
Light Green	Between -30% and -10%
Green	Between -50% and - 30%
Dark Green	Less than -50%
White	No expenditure

Standardised expenditure per patient in 2023 and occurrences of practice per patient in 2022 (see Annex B), by demographic category

	Estimated std. expenditure per patient		Occurrence per year (Services)	Occurrence per year (Days)	Occurrence per day (Services)
	(€)	Tot. Relative Diff. (%)			
<b>TOTAL</b>	<b>146,17</b>		<b>2,23</b>	<b>1,19</b>	<b>1,87</b>
<b>Sex</b>					
Men	141,42	-3,25%	2,24	1,20	1,87
Women	151,30	3,51%	2,23	1,18	1,88
<b>Reimbursement scheme</b>					
General	144,90	-0,87%	2,19	1,18	1,85
Preferential	152,67	4,45%	2,42	1,24	1,95
<b>Region</b>					
Flanders	155,53	6,40%	2,25	1,18	1,91
Brussels	130,27	-10,88%	2,07	1,23	1,68
Wallonia	133,10	-8,94%	2,25	1,21	1,86
<b>Age</b>					
00-04	98,92	-32,33%	1,52	1,02	1,48
05-09	81,63	-44,15%	1,65	1,17	1,41
10-14	113,46	-22,38%	2,01	1,25	1,61
15-19	422,03	188,73%	3,20	1,08	2,95
20-24	413,49	182,88%	2,94	1,06	2,76
25-29	330,77	126,29%	2,36	1,07	2,21
30-34	267,22	82,81%	1,95	1,06	1,83
35-39	218,25	49,31%	1,68	1,06	1,58
40-44	187,77	28,46%	1,56	1,07	1,46
45-49	158,62	8,52%	1,57	1,07	1,47
50-54	104,85	-28,27%	2,22	1,18	1,88
55-59	101,40	-30,63%	2,22	1,22	1,83
60-64	98,07	-32,91%	2,20	1,22	1,81
65-69	96,12	-34,24%	2,20	1,23	1,79
70-74	94,27	-35,51%	2,17	1,22	1,77
75-79	95,23	-34,85%	2,21	1,23	1,80
80-84	92,07	-37,01%	2,16	1,22	1,77
85-89	93,64	-35,94%	2,21	1,23	1,80
90-94	93,43	-36,08%	2,21	1,22	1,82
95+	84,03	-42,51%	2,12	1,21	1,75

## 4. KEY DATA SUMMARY

		TOTAL	
<b>PROVIDERS &amp; PRESCRIBERS</b>			
Main healthcare providers:	Dentists	63,15%	
Main prescribers:	Not applicable	-	
<b>USAGE RATE</b>			
	Number of services per year	1.397.948	
	Average occurrence per patient per day (services)	1,87	
	Average occurrence per patient per year (days)	1,19	
	Total average occurrence	2,23	
	Estimated number of patients (per year)	624.751	
	Standardised usage rate (per 100 000 insured persons)	5.423	
	Percentage of outpatient care	98,82%	
<b>POPULATION</b>			
	% of the selected population compared to the total number of insured people	100,00%	
	Median age of patients	57 years	
	Max/min ratio <sup>1</sup> of the median age (by district*)	1,05	
	Percentage of women (patients)	50,61%	
	Ratio Preferential rate/General rate (patients)	1,02	
<b>TRENDS</b>			
	Trend <sup>2</sup> (2013-2023)	1,49%	***
	Trend <sup>3</sup> (2013-2021)	0,99%	***
	Trend <sup>3</sup> (2021-2023)	3,50%	
<b>GEOGRAPHICAL VARIATIONS</b>			
	Coefficient of variation <sup>4</sup> (2013-2015)	6,33	NS
	Coefficient of variation <sup>4</sup> (2021-2023)	6,28	
	Max/min Ratio <sup>1</sup> of usage rate (per 100 000 insured persons, by region)	1,04	
	Max/min Ratio <sup>1</sup> of usage rate (per 100 000 insured persons, by district*)	1,28	
<b>DIRECT EXPENDITURE</b>			
	Annual expenditure	91.320.838 €	
	Average annual expenditure per insured <sup>5</sup>	7,93 €	
	Max/Min Ratio <sup>1</sup> of expenditure per insured (by region)	1,24	
	Max/Min Ratio <sup>1</sup> of expenditure per insured (by district*)	1,57	
	Average annual expenditure per patient	146,17 €	
<b>CODING VARIATIONS &amp; PRACTICE ALTERNATIVES</b>			
	Variations in practice coding <sup>6</sup> (by province)	Yes	***
	Variations in the choice of practice alternatives <sup>6</sup> (by province)	Yes	***

<sup>1</sup> An 'NA' result indicates a ratio, which cannot be calculated, i.e. the minimum value equals zero.

<sup>2</sup> The test indicates whether the observed slope is statistically significantly different from 0%.

<sup>3</sup> The test indicates whether the break between the two periods is statistically significant.

<sup>4</sup> The test compares the coefficients of variation for the two periods and indicates whether the difference is statistically significant.

<sup>5</sup> Expenditure is based on the insured people selected.

<sup>6</sup> The test indicates whether the practice variation between provinces is statistically significant

## 5. APPENDICES

### A. Analysis of variance (ANOVA), except Brussels

Statistical significance of the differences observed in 2023		
<i>By region?</i>	Yes	**
<i>By sex?</i>	No	NS
<i>By reimbursement scheme?</i>	Yes	*
<i>By sex and per region?</i>	No	NS
<i>By reimbursement scheme and per region?</i>	No	NS
<i>By sex and per reimbursement scheme?</i>	No	NS
<i>By sex and reimbursement scheme and per region?</i>	No	NS

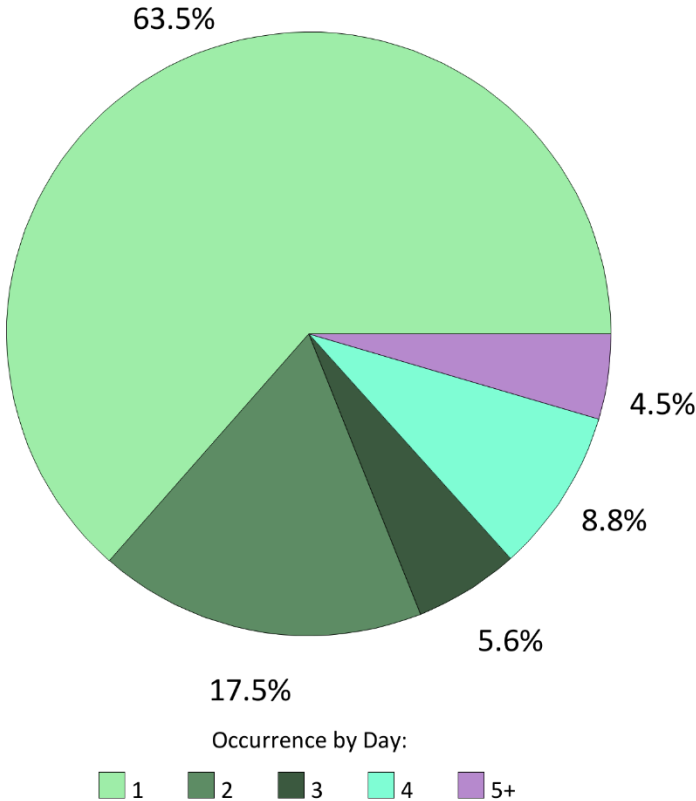
In order to be able to assess the significance of the observed differences, a linear mixed ANOVA model was fitted to the data of all districts\* of the Walloon and Flemish regions, after standardising for age. The model has region, sex and reimbursement scheme as fixed effects and also contains all two-way and three-way interactions between these effects.

In order to interpret the model correctly, first the three-way interaction should be evaluated, followed by the two-way interactions and finally by the main effects. If the three-way interaction is significant, the interpretation of the model should be done at this level only and the two-way interactions and main effects should not be interpreted. If the three-way interaction is not significant, the two-way interactions are evaluated. Every main effects that appears in a significant interaction should be interpreted at the level of the interaction and not at the level of that main effect. Main effects can only be interpreted directly if they don't appear in a significant interaction.

The **asterisks** represent the level of statistical significance of the tests: \* P-value  $\leq$  0,05 / \*\* P-value  $\leq$  0,01 / \*\*\* P-value  $\leq$  0,001 or NS for a non-significant result.

B. Frequency of practice occurrences (per patient)

Average number of services per day per patient : 1,87



Distribution of patient days by occurrence of practice per day (2022)

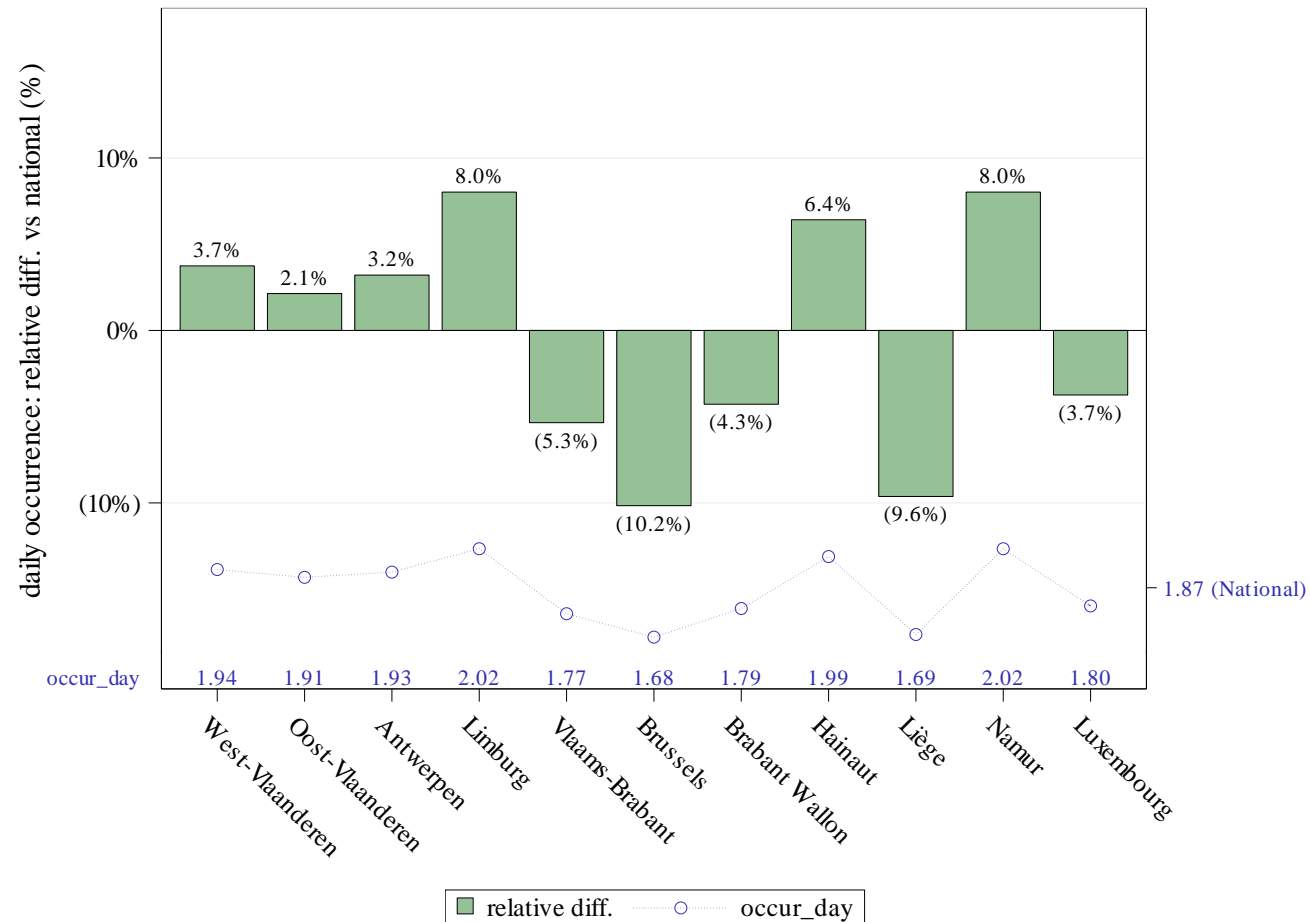
Sometimes several codes (similar or different) relating to the same practice are charged on the same day for the same patient. This may be due, among other things, to an anatomical effect, which may lead, depending on the organ concerned, to performing the same practice **bilaterally**, thus causing an occurrence of 2 services on the same day.

This pie chart shows the distribution of patient days according to the number of services performed on the same day for the same patient.

These frequency analyses of occurrences are carried out over the year **2022** using the following databases: Documents P, ADH and SHA.

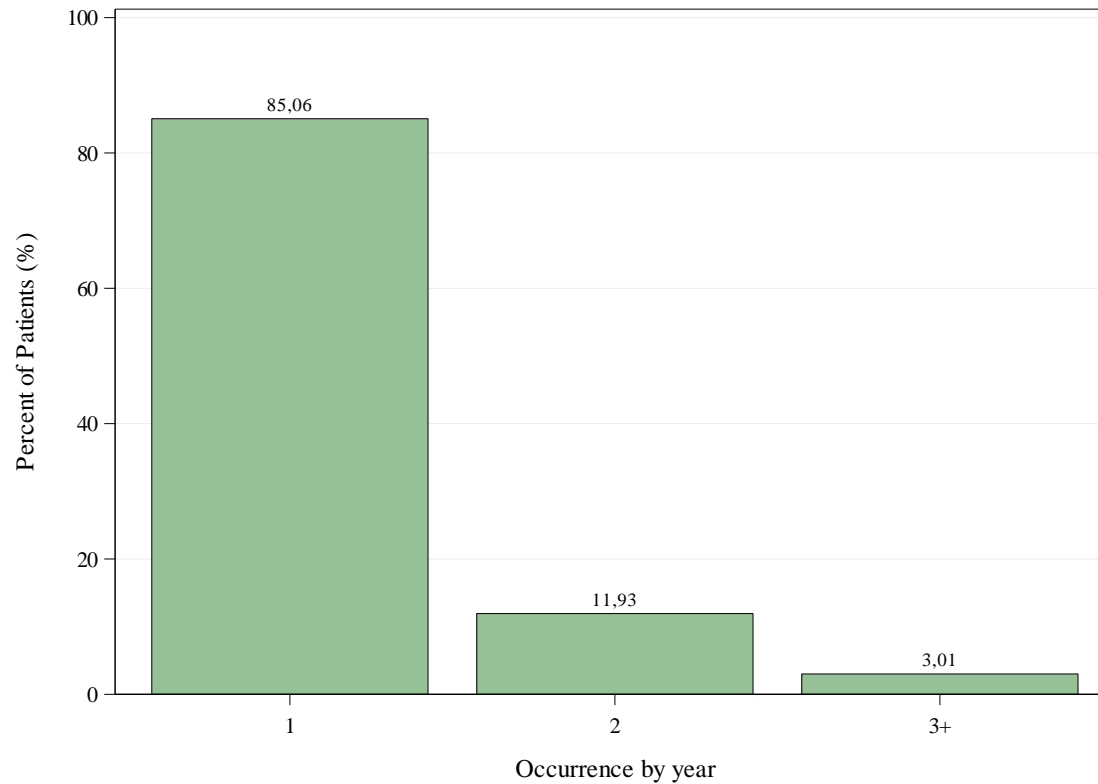
Values « **n.a.** » are indicated if the data were not available at the time of this report.





Average number of services per day per patient by province and variation in relation to the national average (2022)

Average number of days per patient over the year : 1,19

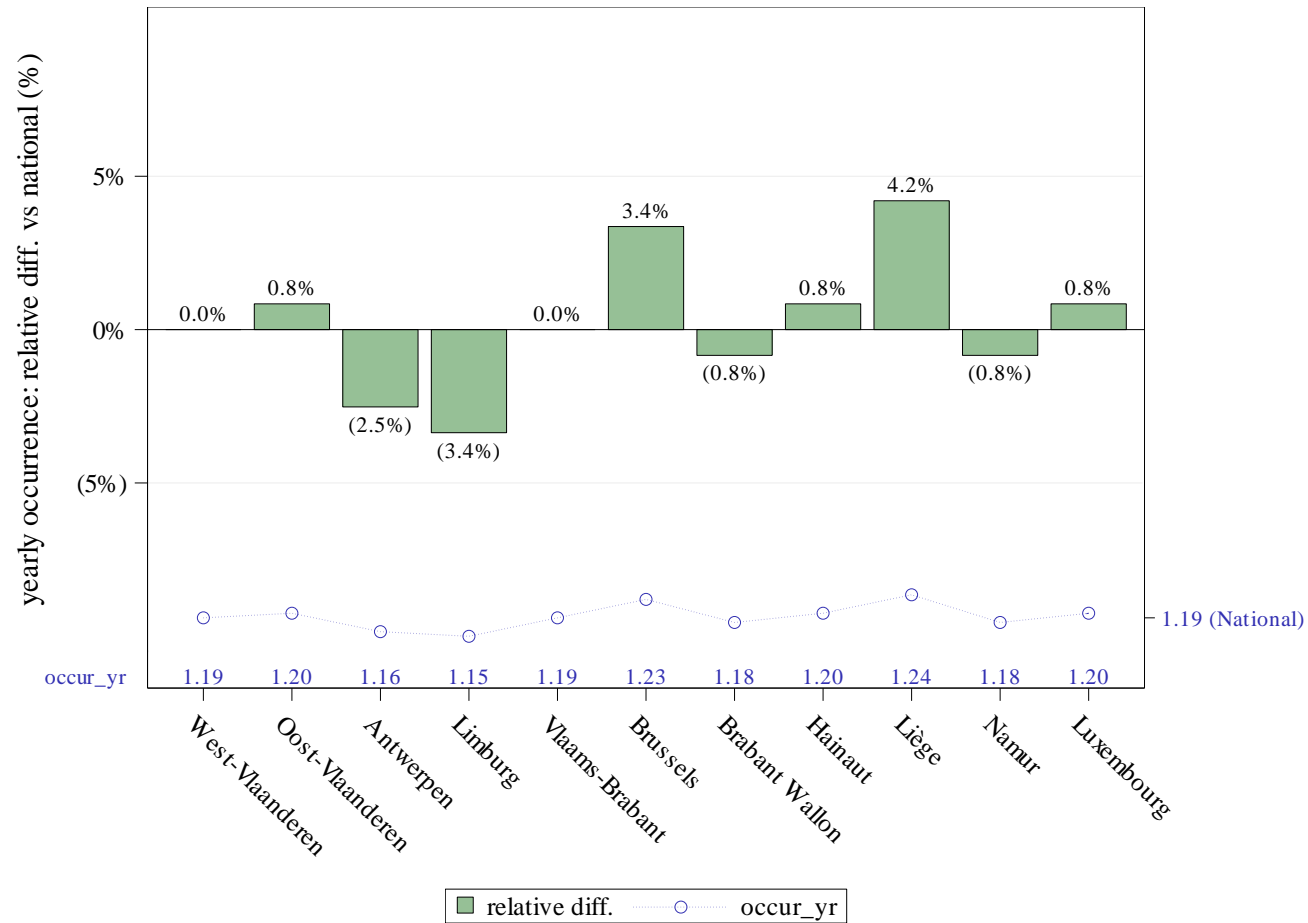


Distribution of patients by occurrence of practice over the year (2022)

After taking into account the occurrence per day, it is also possible for one or more services of the same practice to be charged on several different days for the same patient during the same year.

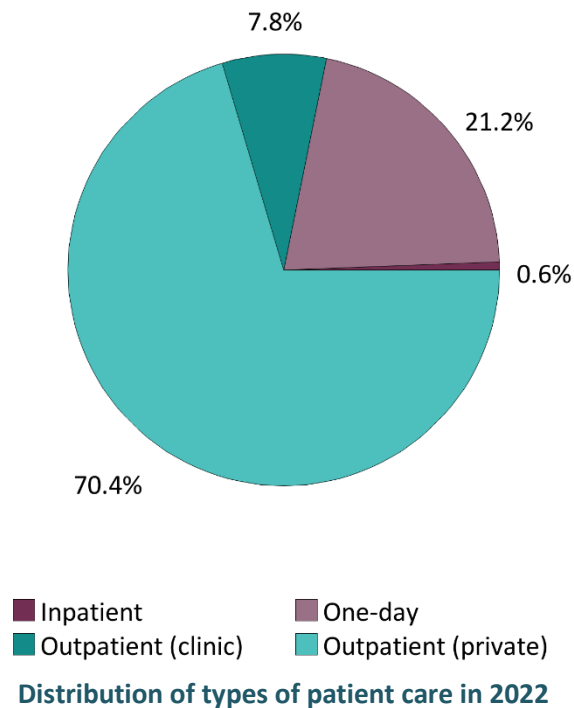
This histogram shows the distribution of patients by the occurrence of the practice over the year (which does not include the occurrence per day).

The year **2022** was taken into account to calculate the occurrence of the services (from the following databases: Documents P, ADH and SHA).



Average number of days per patient over the year by province and variation in relation to the national average (2022)

C. Types of patient care

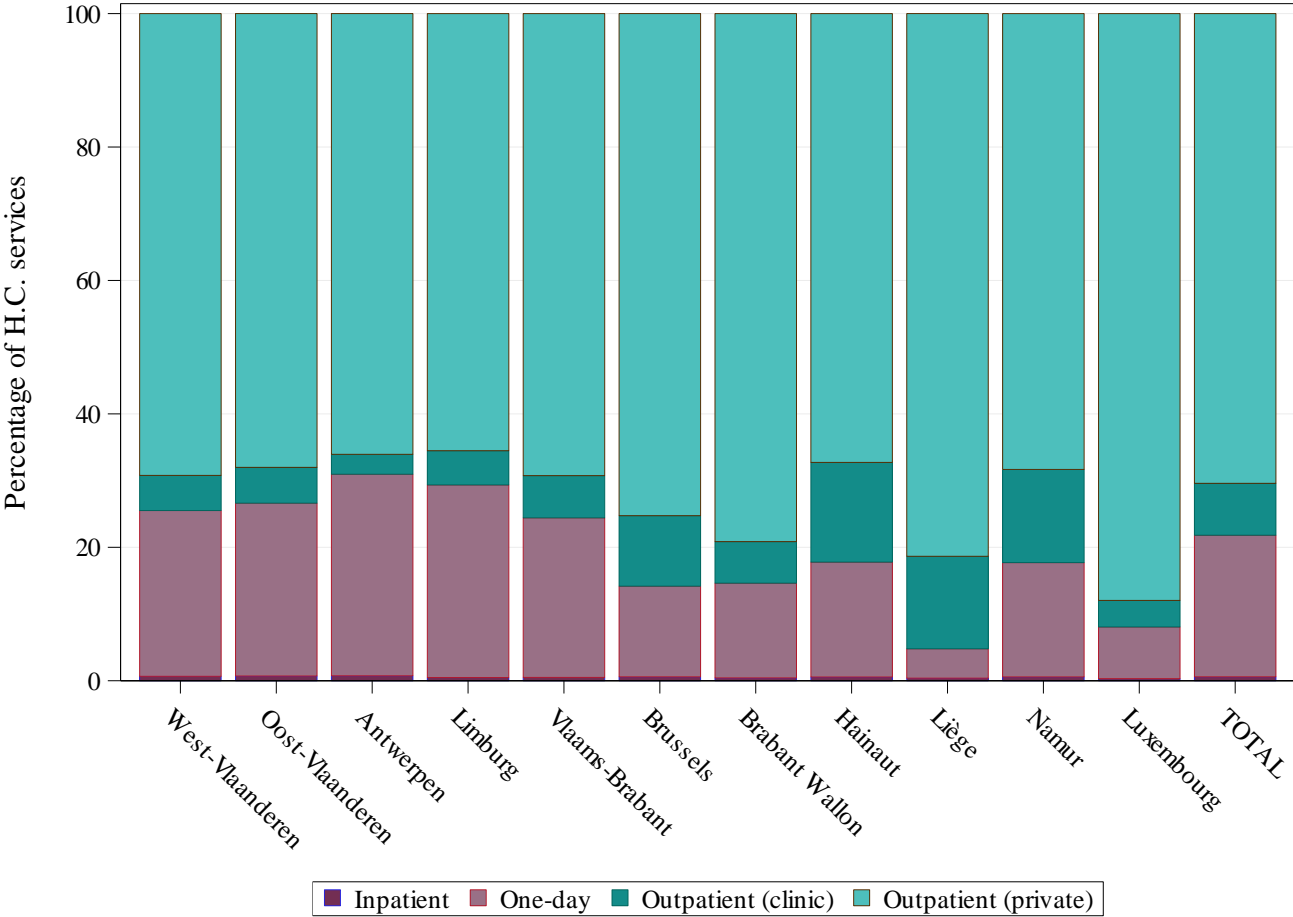


Care Settings	
Outpatient (private)	70,4%
Outpatient (polyclinic)	7,8%
(Day) Hospital	21,2%
Hospital (stay)	0,6%

In addition to the chapter on the rate of outpatient care (see p.18), the analysis of types of patient care can be refined by identifying the outpatient (private and polyclinic) and inpatient (day or standard hospitalisation) sub-sectors.

These analyses are carried out over the year 2022 using the following databases: Documents P, ADH and SHA.

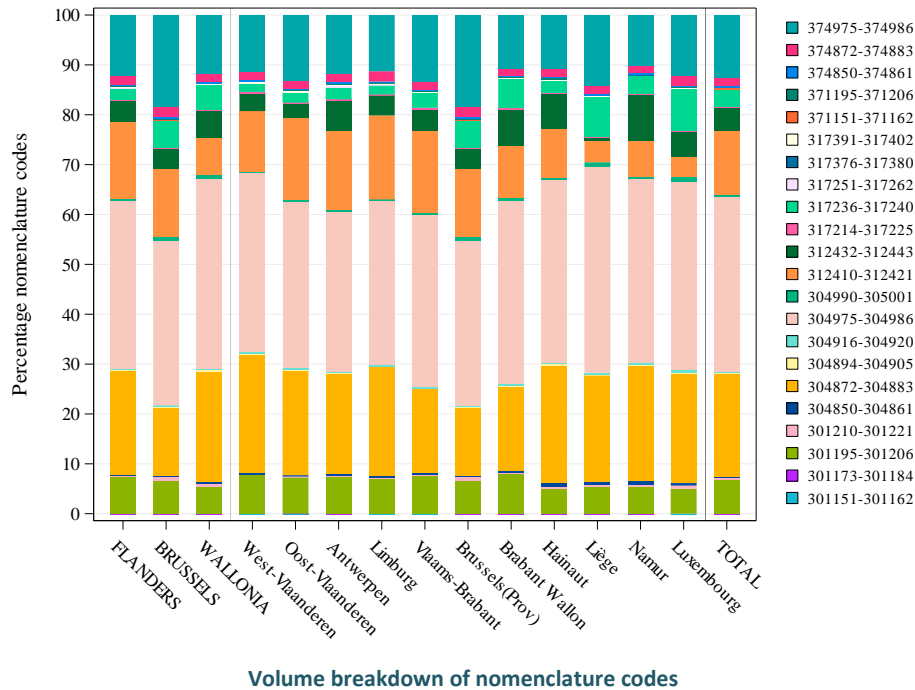
Values « n.a. » are indicated if the data were not available at the time of this report.



Distribution of types of patient care by province (2022)

D. Coding variations and practice alternatives

➔ Variations in coding:



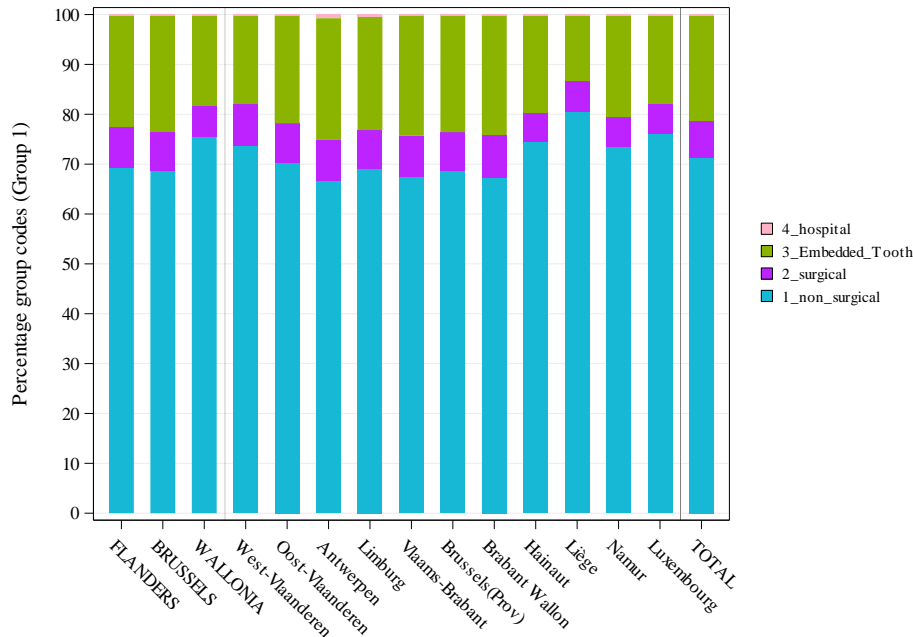
[Due to the large number of nomenclature codes selected for this analysis, we cannot include them in the legend here. We therefore invite you to read the details concerning them on page 4 of this report.]

Significance	By region	By province
Use of Nomenclature codes <sup>1</sup>	***	***

<sup>1</sup> The calculation of significance is carried out here by comparing the geographical differences in the use of the different nomenclature codes to code the practice.

The asterisks represent the level of statistical significance of Chi-square test: \* P-value ≤ 0,05 / \*\* P-value ≤ 0,01 / \*\*\* P-value ≤ 0,001. NS and NA respectively indicate that the variations are not significant or not applicable.

➔ Variations in practice alternatives:



Breakdown of choice for practice alternatives

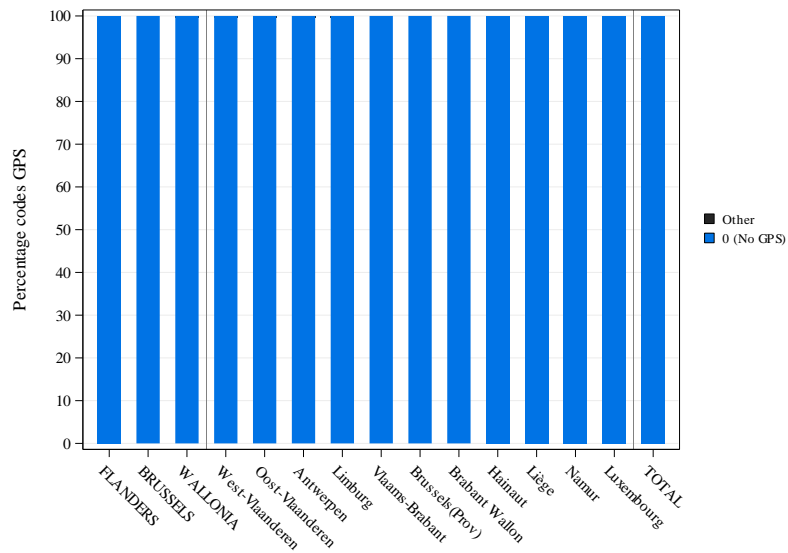
Combined codes	Groupings
301151-301162	1_non_surgical
301173-301184	1_non_surgical
301195-301206	2_surgical
301210-301221	2_surgical
304850-304861	1_non_surgical
304872-304883	1_non_surgical
304894-304905	1_non_surgical
304916-304920	1_non_surgical
304975-304986	1_non_surgical
304990-305001	1_non_surgical
312410-312421	3_Embedded_Tooth
312432-312443	3_Embedded_Tooth
317214-317225	4_hospital
317236-317240	3_Embedded_Tooth
317251-317262	4_hospital
317376-317380	4_hospital
317391-317402	4_hospital
371151-371162	1_non_surgical
371195-371206	2_surgical
374850-374861	1_non_surgical
374872-374883	1_non_surgical
374975-374986	1_non_surgical

Significance	By region	By province
Choice of Practice alternatives	***	***



According to the nature of the practice and the analytical tools available, it may be possible to identify and define alternatives for carrying out the practice. In this case, the nomenclature codes defined for the analysis of the practice are grouped together with the aim of analysing whether or not the choices of these alternatives are homogeneous across the territory. The calculation of significance displayed in the table is carried out by comparing these groups of codes with each other.

## → Variation in the use of Global Payment with Standardisation (GPS) :



Pseudocodes	Label
-------------	-------

Breakdown by volume of pseudocodes of GPS

Significance	By region	By province
Use of Global Payment with Standardisation <sup>1</sup>	NS	***

<sup>1</sup> The calculation of significance is carried out here by comparing the use of Global Payment with Standardisation as a whole compared to the non-use of these packages.