

# Interdisciplinarity & Primary care

PRIMARY CARE STUDY  
DAY & 45TH  
ANNIVERSARY OF THE  
SENTINEL GENERAL  
PRACTITIONERS  
NETWORK

**OCTOBER  
15  
2024**

9:30AM-5:00PM

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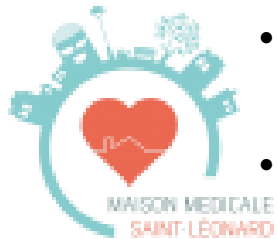


# Conflicts of interest

(Where I am talking from...)

## General practitioner

- Part time
- Multidisciplinary primary care center



- GPs+ nurses+physioT+Social Worker+receptionnist+administrative staff (~=25 HC workers)
- Capitation fee: 3000 common patients
  - INAMI: « Maison médicale »
- Part-Time (6/10 ETP)



- Affiliated to FMM-CSSF
  - Self management, less professional hierarchy

- Regional certification « Association Santé Intégrée »
- Pluridisciplinarity, community health, Health Observatory



## Academic



- Collaboration between GP and secondary care
- Configuration of GP practice
- Collaboration between GP and nurse in primary care

- Interdisciplinary Primary Care Chair



- NEWDEAL for General Practice



- *Sciensano*
  - RAG
  - Support Committee Sentinel GP

# Key messages

- A continuum of collaboration between disciplines
- « We don't need to collaborate on every problem with the same intensity »
- Primary care in Belgium: Diversity of practice, fragmentation, weak interprofessional collaboration
- Trends to more collaboration between Primary care Professionals
- Persistent and significant obstacles at professional, organisational and system level

# Definition: primary care

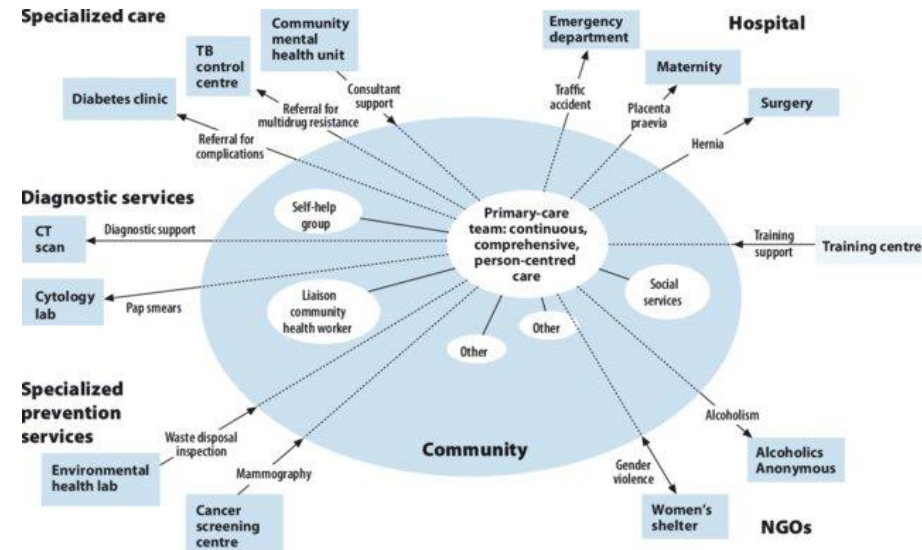
- Unique combination of 5 Key functions

- **Accessibility**
  - **Source of confusion**
- Coordination
- Comprehensiveness
- Continuity
- Communitary



Barbara Starfield USA 1932-2011

=> Multidisciplinarity in essence!



WHO 2008

# Primary care in Belgium: fragmented...

## Centered on GP

- Negotiated autonomy for other PC professionals
  - Access via prescription
  - Weak delegation

## Practice Configuration of primary care professionals

- Monoprofessional
- Self-employed
- Fee-for service

## Sectorialization

- Mother and child health
- Family planning
- School Medecine
- Occupational health
  - ...

## With weak integration

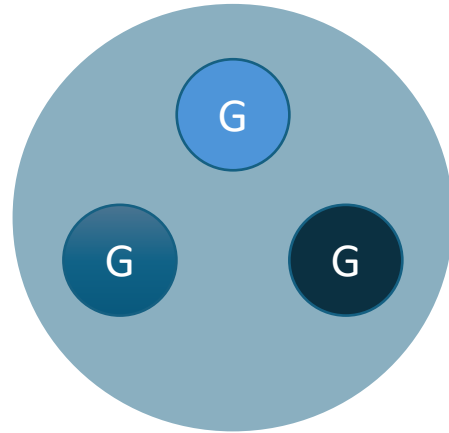
- ...while they deal with the same population
- ...and rely on the same resources (part time GP) and

# Definition: Interdisciplinarity?

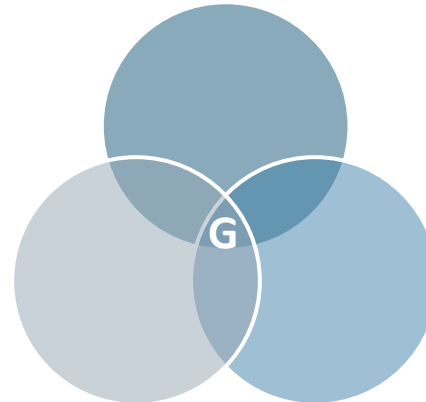
(Parallel)  
Disciplinary



Multidisciplinarity  
*(Fr: pluridisciplinarité)*



Interdisciplinarity



Transdisciplinarity



# Definition: Interdisciplinarity?

(Parallel)  
Disciplinary

Multidisciplinarity  
*(Fr: pluridisciplinarité)*

Interdisciplinarity

Transdisciplinarity

Parallel

MultiD

InterD

TransD

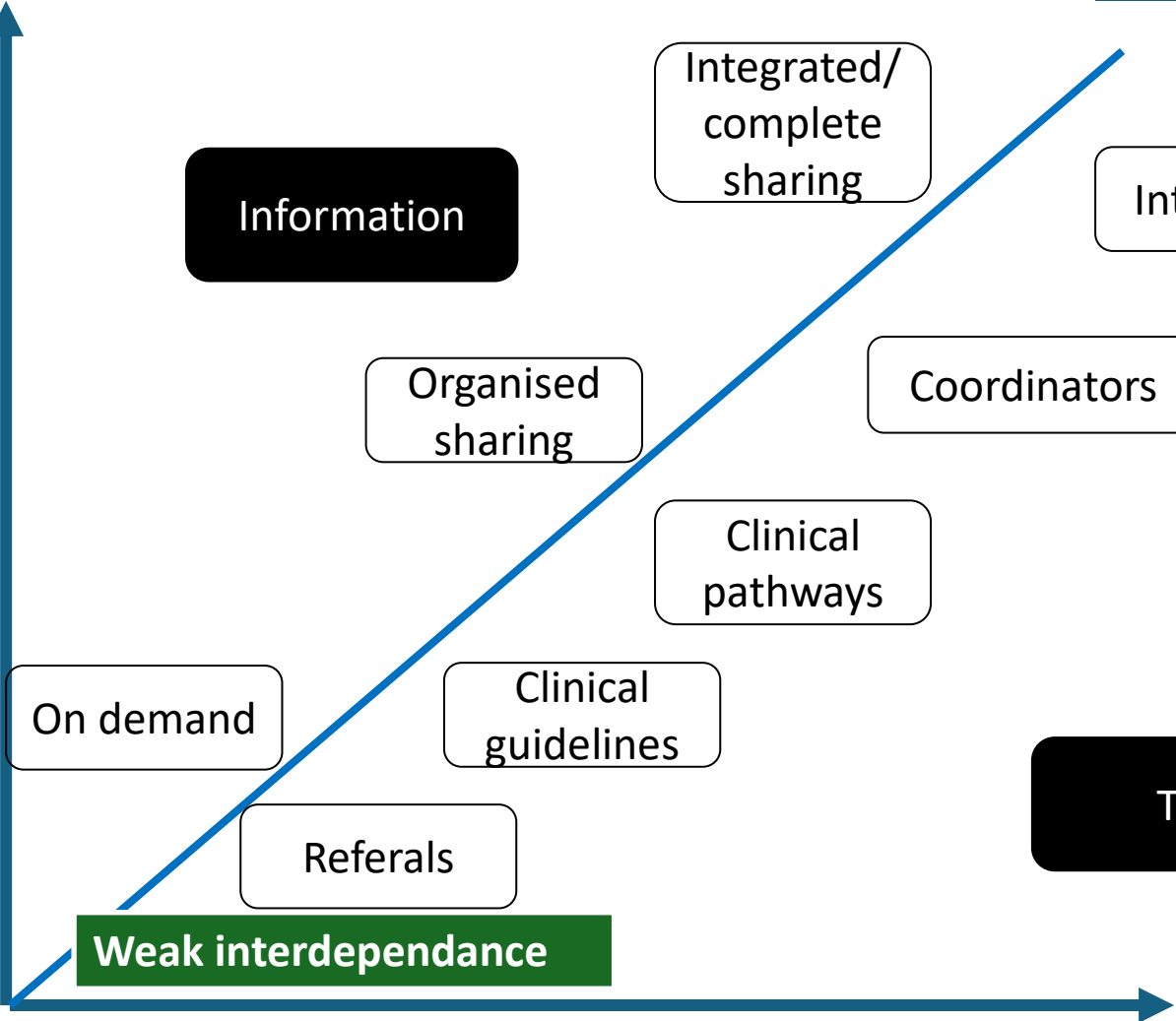
Strong interdependence

Integration

### Situation topology

- According to complexity and uncertainty
- And interdependence between actors
- Which influence
  - Information sharing process
  - Task allocation

- >> Complexity >> +



Weak interdependence

Fragmentation

- >> Uncertainty >> +

Task

Integrated

Coordinators

Clinical pathways

Organised sharing

Integrated/complete sharing

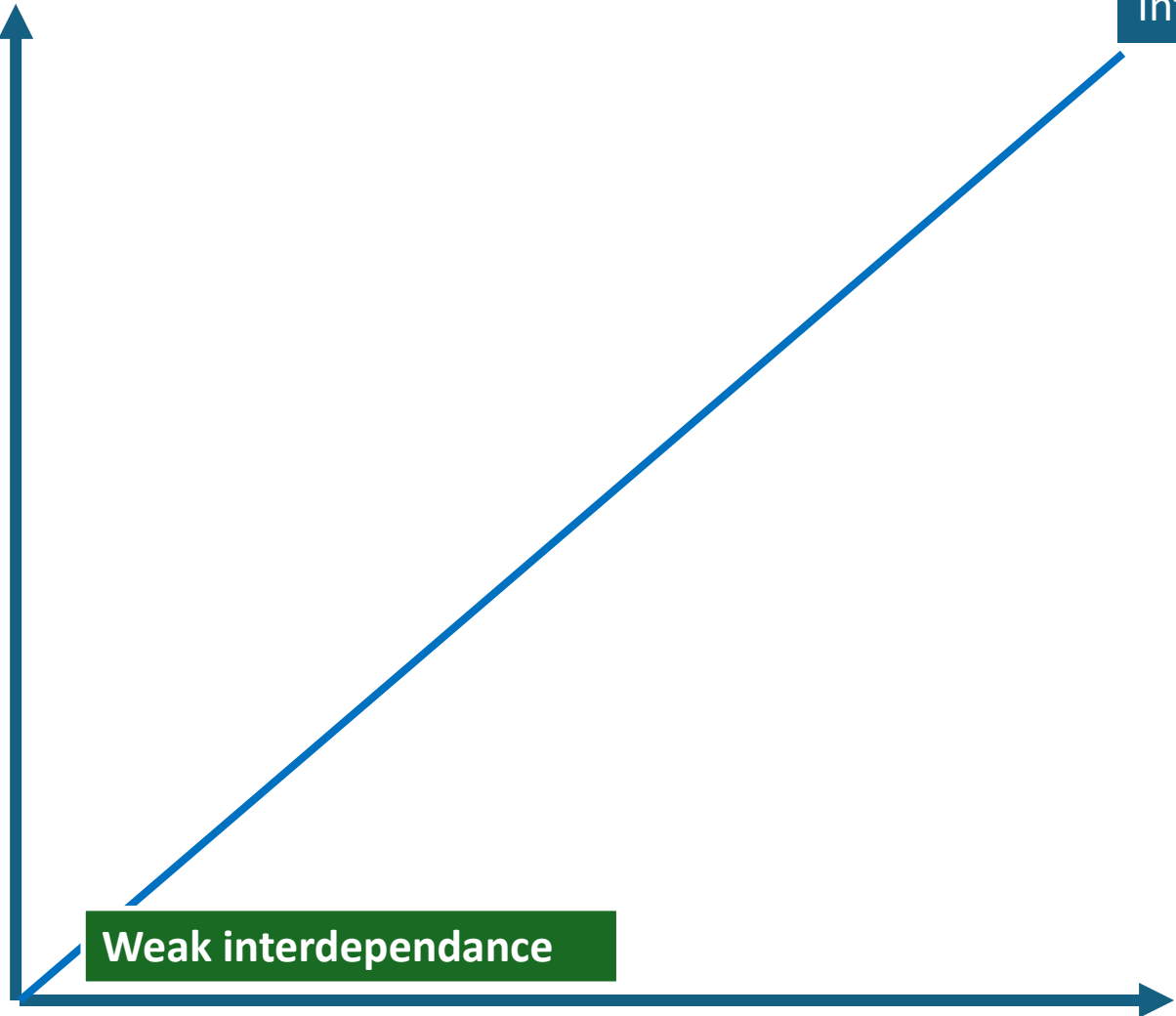
Information





Fragmentation

- >> Complexity >> +



- >> Uncertainty >> +

Integration

Parallel

MultiD

InterD

TransD

Strong interdependence

Integration

Palliative care

We don't need to collaborate on every problem with the same intensity.

- >> Complexity >> +

Moderate Complex situations

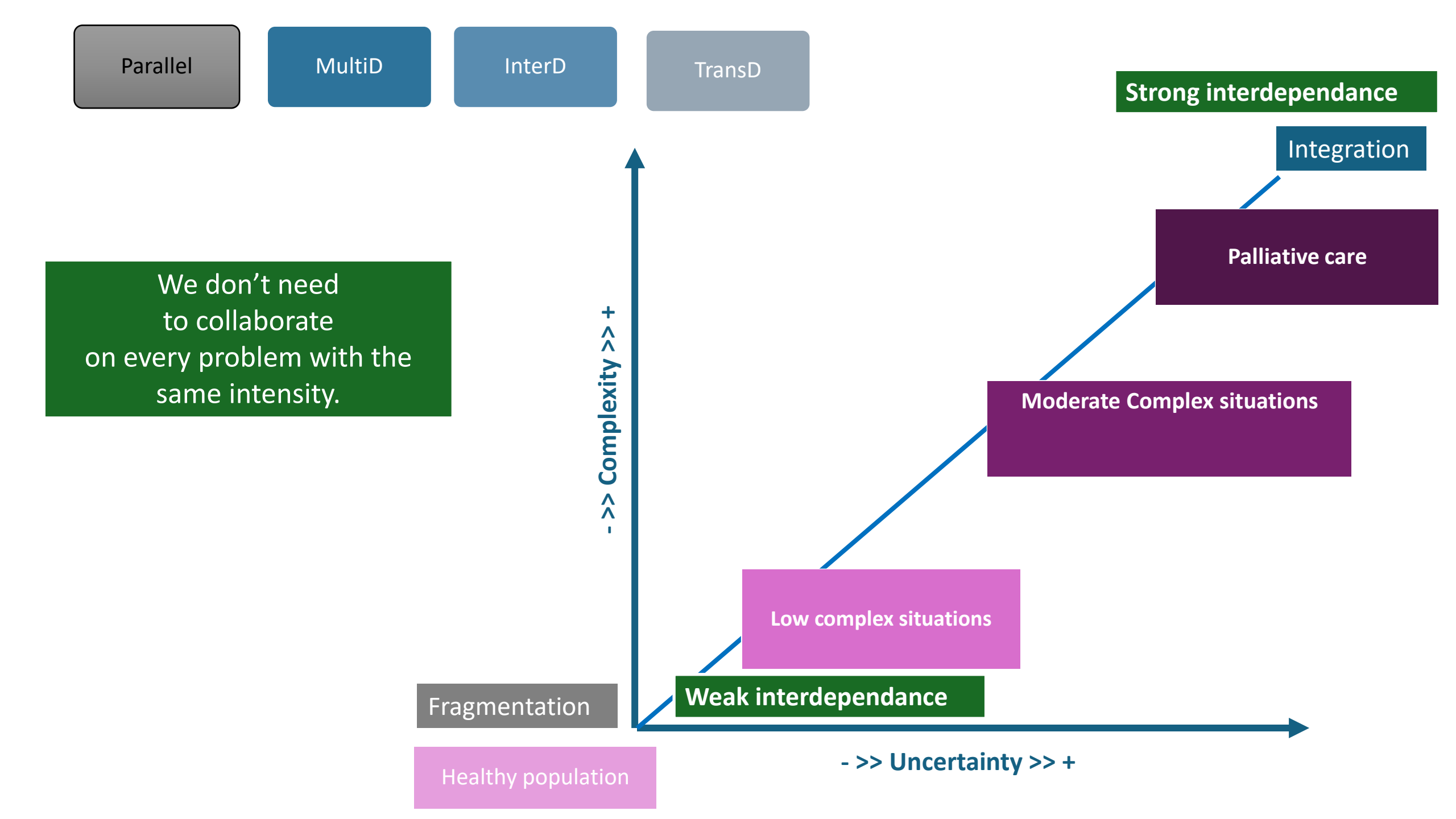
Low complex situations

Fragmentation

Weak interdependence

Healthy population

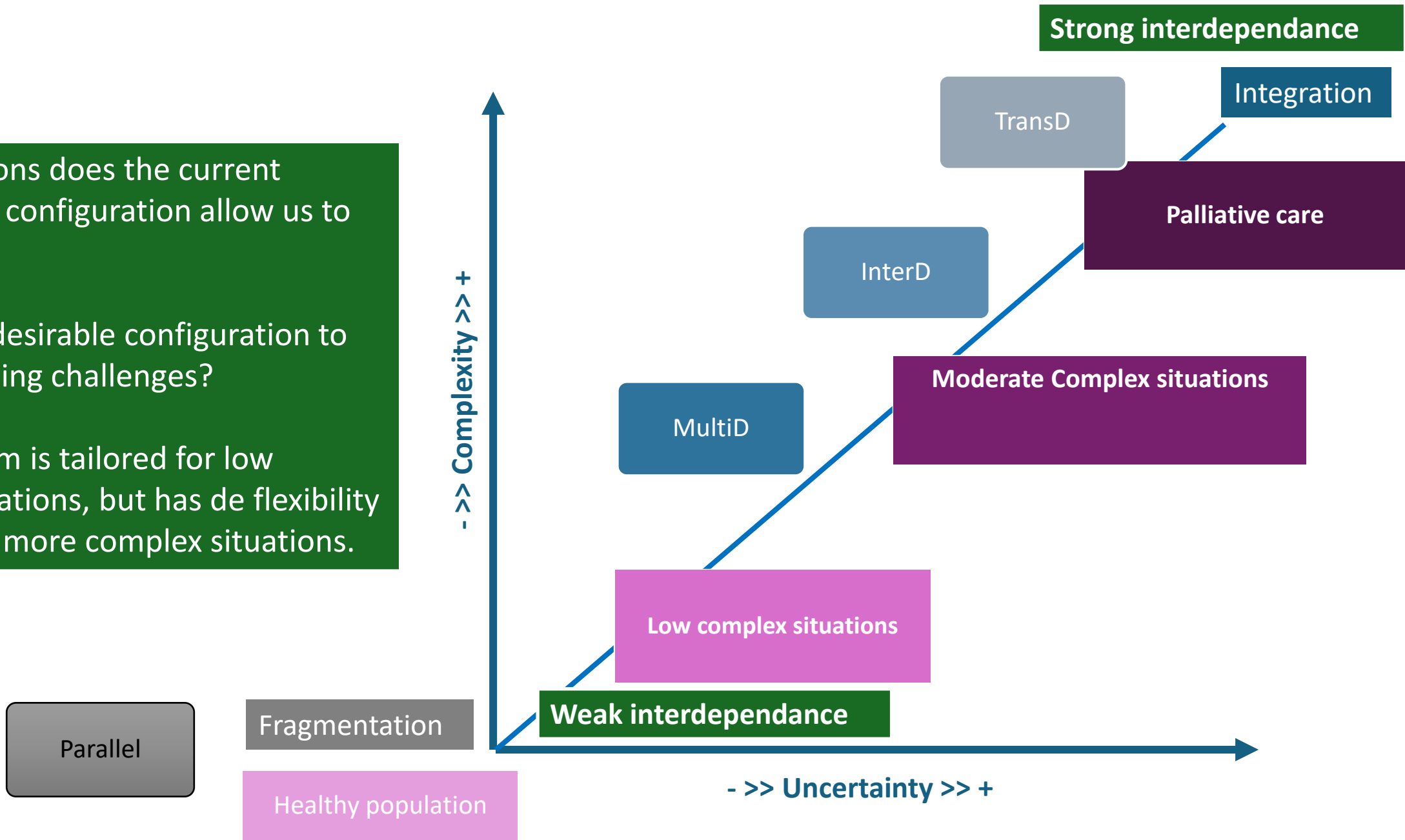
- >> Uncertainty >> +



What situations does the current primary care configuration allow us to address?

What is the desirable configuration to face the coming challenges?

Our PC system is tailored for low complex situations, but has de flexibility to cope with more complex situations.



A yellow paper airplane is shown in a dynamic, mid-flight pose against a dark grey background. The airplane is tilted upwards and to the right, with its wings and tail clearly visible. The text "Evolution and trends" is overlaid in white, centered horizontally across the middle of the image.

# Evolution and trends

# GP practice configuration



The choice is left to professionals; private initiatives



Wide variety of GP practice configuration



Wide variety of professional integration

## No exhaustive register...

- ND Survey (2023)
  - 1852 participants
  - ~40 ans
  - Practice configuration
    - **41% group practice,**
    - 23% solo practice
    - 18% multidisciplinary group practice FFS
    - 12% multidisciplinary group practice capitation
- Mean 3 GPs

### Tableau 3.1 Médecins souhaitant changer de type de lieu de travail

Nombre de médecins : 2.640

De \ À	Cabinet individuel	Cabinet de groupe de médecins généralistes	Cabinet de groupe multidisciplinaire	Maison médicale	Hôpital	Autre	Total	% de MG par type de lieu de travail
Cabinet individuel		161	69	13	7	50	300	40%
Cabinet de groupe de médecins généralistes	21		188	45	9	61	324	27%
Cabinet de groupe multidisciplinaire	6	14		14	5	14	53	15%
Maison médicale au forfait	7	15	21		8	18	69	27%
Maison médicale au forfait	4	2	1		1	4	12	22%
Hôpital	0	2	3	1		1	7	54%
Autre	0	3	3	1	0	2	9	53%
<b>Total</b>	<b>38</b>	<b>197</b>	<b>285</b>	<b>74</b>	<b>30</b>	<b>150</b>	<b>774</b>	<b>29%</b>

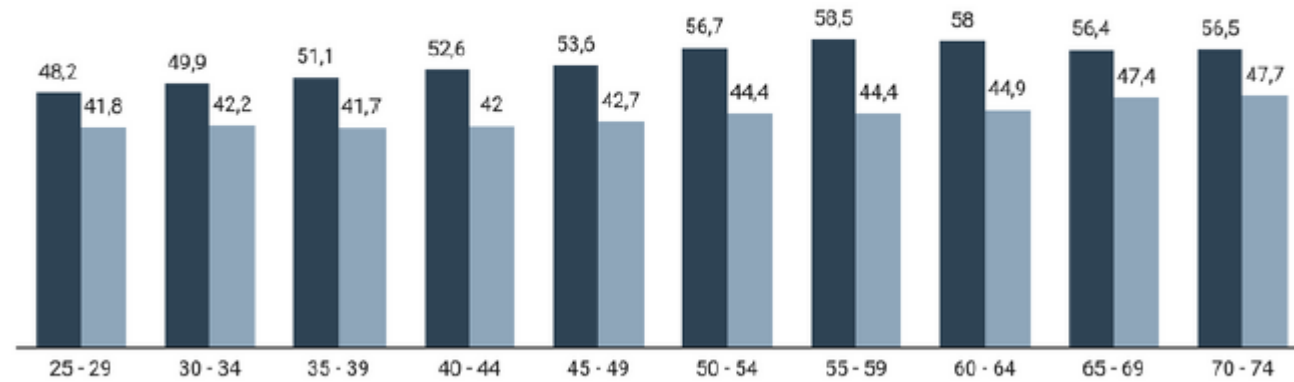
Source: IM Associates - Créé avec Datawrapper

# Towards group practice

**Graphique 2.2 Temps de travail effectif par rapport au temps de travail idéal**

Nombre d'heures moyen par semaine par groupe d'âge

■ Temps de travail effectif ■ Temps de travail idéal



Source: IM Associates • Créé avec Datwrapper

# Towards ~~multi~~*inter*disciplinarity in GP practice

Table 7: future personnel

	Receptionist	Nurse	Psychologist	Physio-therapist	Social worker	Other
Practices with ≥1 (%) Median n (median fte)	27.4%	35.7%	27.8%	11.4%	19.8%	12.6%
Solo	26.8%	21.6%	13.8%	8.0%	10.3%	8.0%
Network	42.4%	34.8%	31.8%	9.1%	12.1%	18.2%
Group	34.5%	50.7%	33.6%	12.1%	21.0%	12.1%
Multidisciplinary fee-for-service	22.4%	39.6%	32.5%	14.7%	16.2%	17.8%
Multidisciplinary capitation	9.2%	10.5%	28.9%	13.7%	23.0%	15.1%
Practice with ≥1000 GMDs/DMGs	31.1%	44.9%	35.2%	14.7%	27.1%	16.0%

Best scenario, in comparison to statu quo	Frrquenc e
Task delegation and <b>reduced weekly working time</b>	80,1%
Task delegation And <b>longer consultation time</b>	74,5%
Task delegation <b>And more patients and more incomes</b>	72,4%
Task delegation et <b>reduced working time, less patients and less incomes</b>	41,9%
Task delegation And shorter consultation and less incomes	34,3%



# OECD 2020

- “**Developing new models of people-centred primary health care based on teams and networks** is both a matter of striving for better health outcomes and an economic necessity:
  - **From a population health perspective**, people-centred primary health care models based on teams and networks are expected to better meet population health needs by offering both medical and social services (Borgermans et al., 2018[99]). They have a higher capacity than traditional solo-practices to meet patient needs by offering a broad range of health care and social services. This is particularly important for people who have several risk factors or are suffering from more than one chronic condition.
  - **From an economic perspective**, people-centred primary health care models based on teams and networks are found to offer economies of scale (Mousquès, 2011[100]). Integrating the primary health care workforce within a single organisation lowers transaction costs and reduces the health production cost because of shared use of inputs, such as equipment, human resources, and ICT.”



# OECD 2020

- “These new models of organisation should be more widely adopted to move away from the traditional and reactive solo-practice model. While there is no one-size-fits-all model of organisation, an integrated model of primary health care often meets the following four characteristics:
  - **Multi-disciplinary or inter-professional practices** with a **various mix of primary health care professionals**
  - **Comprehensive health services in the community**
  - **Population health management**, generally based on **risk stratification** using sophisticated IT systems
  - **Engagement of patients** in shared decision making



# Towards interdisciplinarity in education

- More opportunities to learn from/with each others (Professions)
  - Initial curriculum
  - Continuous Training

# Barriers to multidisciplinary in Primary care in Belgium

- Freedom of choice for the patients
  - Difficulties to build a « team » since the professionals combination changes for nearly every patient (><capitation)
- Sharing information
  - No common medical files
  - Weak interoperability between professional, between sectors inside primary care
- Task allocation
  - Few multidisciplinary clinical guidelines
  - Professional threat felt by the one above the pyramid



# Barriers to ~~multi~~*inter*disciplinarity in Primary care in Belgium



- Professional hierarchy
- Interprofessional and interpersonal confidence
- No financial incentives for concertation/coordination
- Financial competition (fee-for-service)
- ...

- Karam M, Macq J, Duchesnes C, Crismer A, Belche JL. Interprofessional collaboration between general practitioners and primary care nurses in Belgium: a participatory action research. *J Interprof Care*. 2022 May-Jun;36(3):380-389

# Barriers to interdisciplinarity in GP practice

Human resources

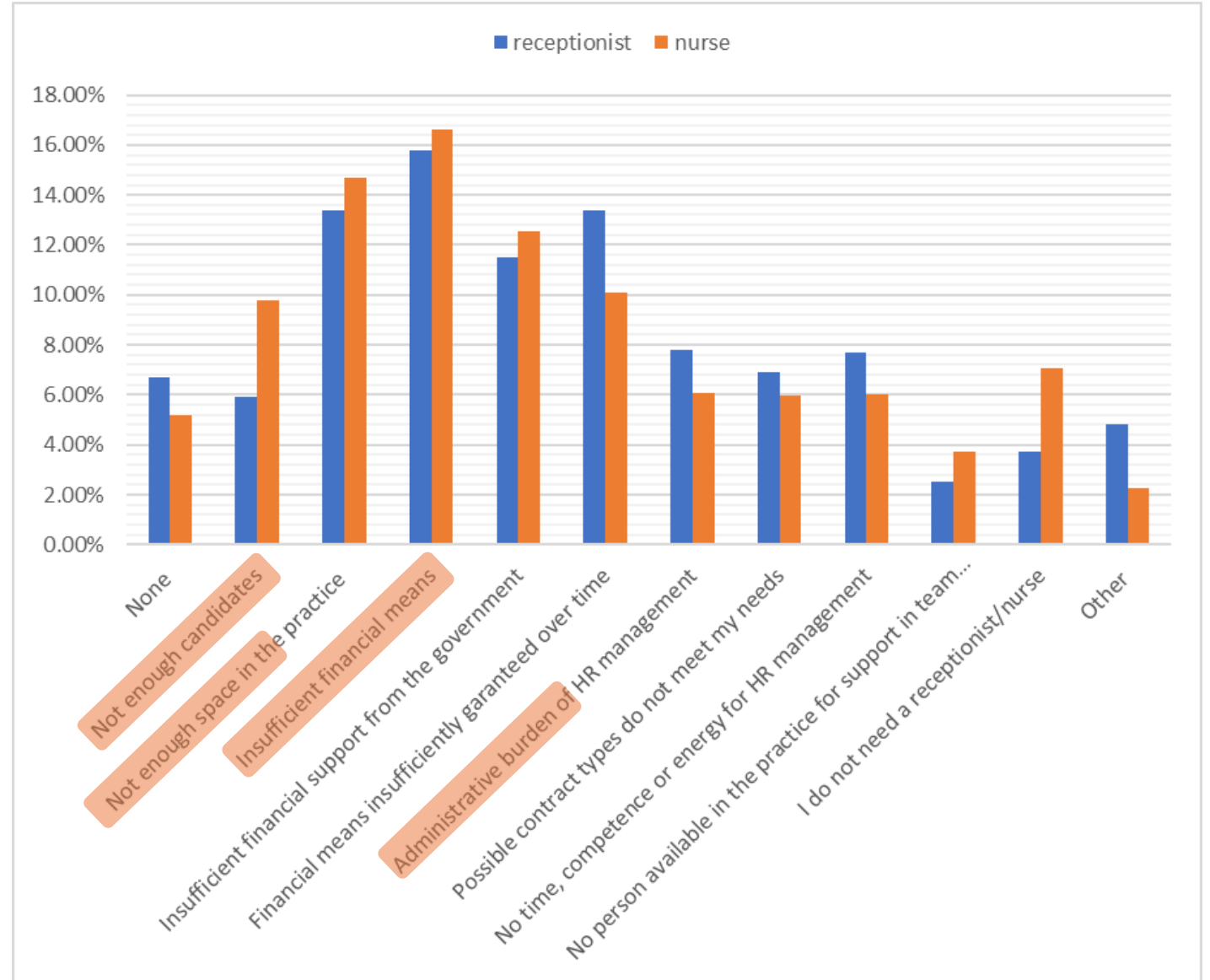
Financial means

Administrative burden

Logistic problems

...

NEWDEAL SURVEY 2023



# Key messages

Thank you for your  
attention!  
jlbelche@uliege.be

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- Primary care in Belgium: Diversity of practice, fragmentation, weak interprofessional collaboration
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