

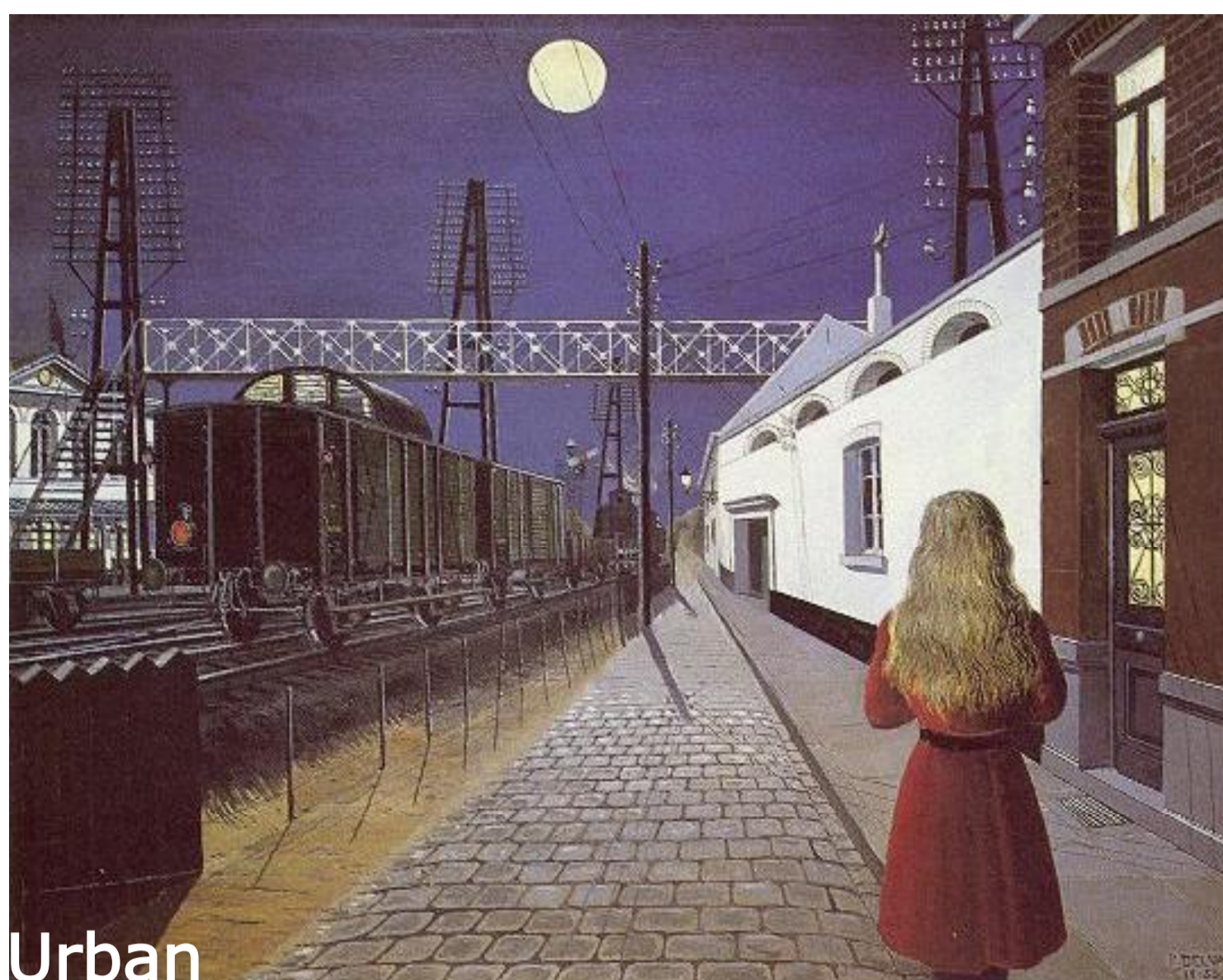


Quick look at a busy Monday in General Practice in Belgium

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A GP



Urban



In his own practice

Introduction

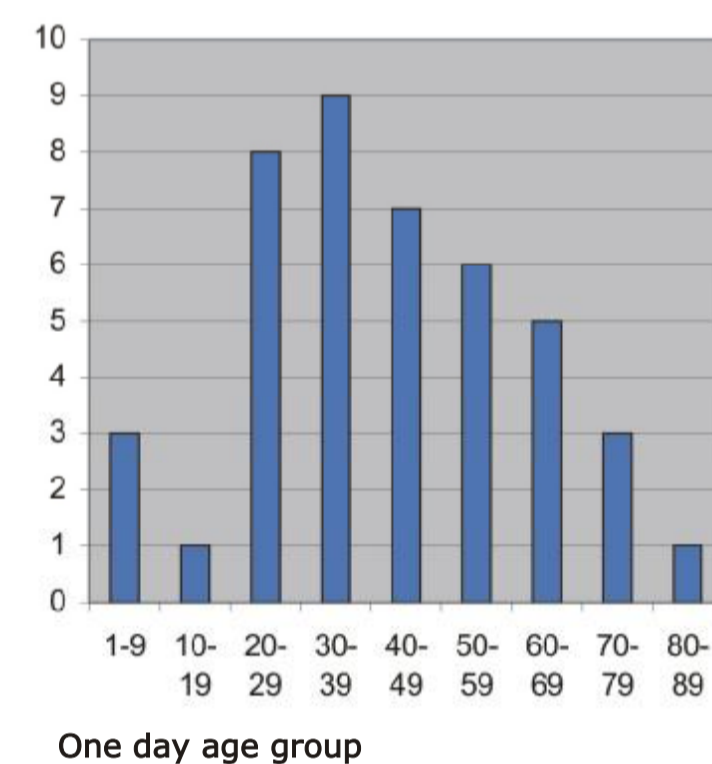
Health system in Belgium is a non system system. Hospital based health care are hyper developed. A&E services are the open door of the hospital. People are free to consult any doctor, GP, A&E service or specialist. Teaching medicine is specialist minded and only recently the speciality in GP/FM has been introduced. GP are working on fee for service in an unregulated market. Solo practice 90%. Computer literacy of GP is very low. Mean age of working GPs is 45 and young doctor are not willing to work as GP. They are more specialist than GPs. GPs have a liberal economic status like in France and in the States. Patients are reimbursed on a 75% basis on each contact with healthcare provider without limit. Payment by third party is authorised for low cost patient. (3 months delay for reimbursement of bulk-billing)). I am working since 31 years in the suburbs of Charleroi, a city at the south-west of Belgium, near the French border, in a former carbon mine post industrial urban destroyed environment. Unemployed people are more than 20%, more for the women. Violence and addiction are common. I am in solo practice with a vocational training assistant, a secretary part time and my wife for general management and account. Work load: 50 to 60 hours/week. On call once a month and once each two months in week-ends. 10.000 contacts/year. 70% fees in bulk-billing.

Methods

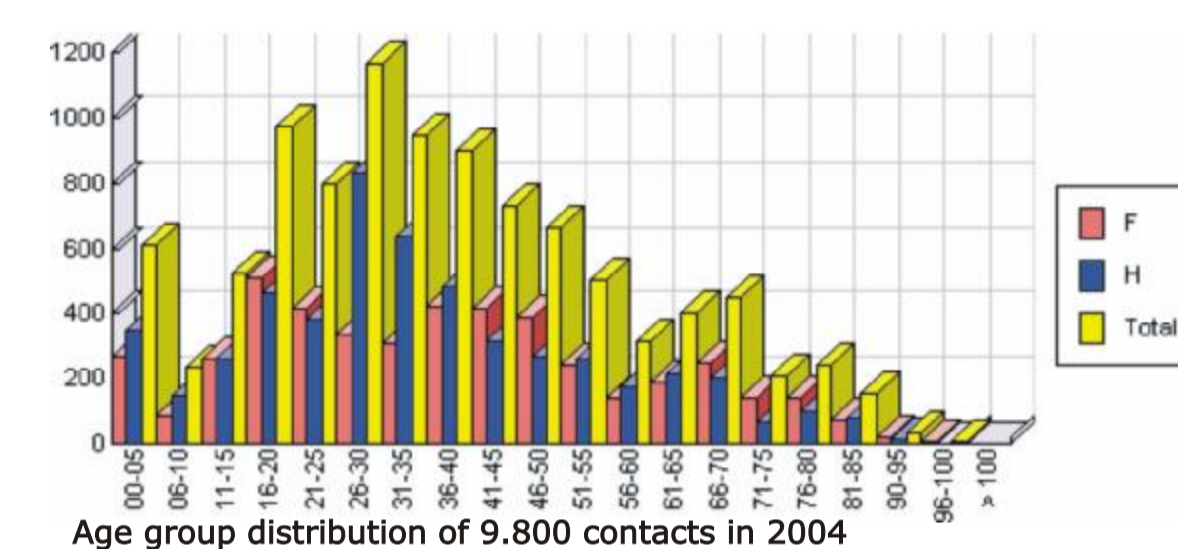
As a researcher and trainee in GP/FM I use ICPC (in French) in my daily practice in a paper-light system. (half paper, half computer). The poster presents, through a synoptic table, a quick look at all the contacts in my practice on Monday 11, July 2005. Place and hour of contact, Age, Sex, Ethnic origin, Problem status (old/new) Reason for Encounter, Working hypothesis or diagnosis. The last ones coded by ICPC-2. As a "normal" reader is not considered to be fluent in ICPC codes, the poster is accompanied by a little leaflet containing the ICPC-2 code short list and a short text in English describing each contact with all the explanation of the coding process. Intend of the poster is triple. Show work load of a Belgian GP, demonstrate the ability of ICPC in data classification and structure for epidemiological purpose in GP/FM, and develop a training tool for ICPC lecture.

Time	INIT	Sex	Age	Stoos	Cult Belg	old/new	Pr	RFE	App
1 8 h 00	G J	M	49	2002	Be	o	U85	L86	
2 8 h 15	R L	M	48	1995	It	n	A90	A27	
3 8 h 30	R J	F	69	1936	Be	o	R02	P02	R98
4 8 h 45	F M	F	72	1976	Be	n	L03	A03	U70
5 9 h 00	D J	M	47	2001	Be	o	A67	A67	
6 9 h 15	R M	F	52		It	o	A04	T82	
7 9 h 30	D L	M	50		It	o	I 03	I 86	
8 9 h 45	P F	M	32		Be	n	A05	Z15	
9 10 h 00	A S	F	39		Tr	o	R99	R99	
10 10 h 15	M M	M	7 m		Ma	n	R07	R74	
11 10 h 30	T J	M	73		Be	o	A80	A91	
12 10 h 45	J L	M	1		Ma	n	D44	A68	
13 11 h 00	L J	M	2		Ma	n	D44	A68	
14 11 h 15	K D	M	58		Ma	o	R02	R95	
15 11 h 30	D M	F	69		Be	o	K21	K88	
16 11 h 45	A A	M	45		Ma	n	D20	D63	
17 12 h 00	M I	F	21		Be	n	U11	U70	
18 12 h 15	B P	M	33		Be	o	P50	P19	
19 12 h 30	L J	F	57		Be	o	P50	P16	
20 12 h 45	N G	M	49		It	o	P29	P73	
21 13 h 00	V I	F	28		Be	o	P50	P19	
22 14 h 00	Home visit	B G	F	79	Be	o	R63	R96	
23 16 h 00	F A	F	57		Be	o	P50	P76	
24 16 h 15	D G	M	20		It	o	P50	P19	
25 16 h 30	D L	M	28		It	o	P02	P76	
26 16 h 45	F K	M	30		Ma	o	P50	P19	
27 17 h 00	L M	F	24		Be	n	A44	A08	
28 17 h 15	B T	M	32		It	o	R02	R95	
29 17 h 30	L C	M	28		Be	o	L02	L84	
30 17 h 45	D T	M	34		Be	o	A05	Z15	
31 18 h 00	E H	M	48		Ma	n	A04	D72	
32 18 h 15	E S	F	31		Ma	n	S02	S93	
33 18 h 30	V F	F	27		Be	n	L03	X84	
34 18 h 45	N A	M	35		Ma	n	A05	R74	
35 19 h 00	K J	M	32		Be	o	P50	P19	
36 19 h 15	S M	M	27		Ma	o	T07	T82	
37 19 h 30	P G	F	49		Ma	o	D03	D64	
38 19 h 45	Y Y	F	19		Tu	o	N01	N01	
39 20 h 00	G B	M	83		It	o	S81	S81	
40 20 h 15	C O	F	85		Be	o	K50	K78	
41 20 h 30	S L	F	59		It	o	T60	T90	
42 20 h 45	M R	M	41		Be	n	K31	K86	
43 21 h 00	M E	M	65		Be	o	R02	R95	
44 21 h 15	L J	M	61		Be	n	A04	T82	
							A03	R75	

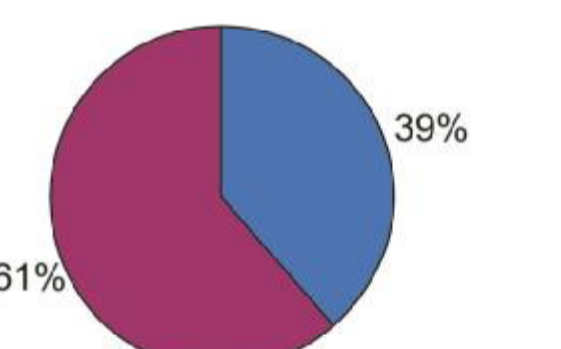
44 patients seen in one day (one home visit). Meeting time, initial, sex, age, cultural background (Belgian, Italian, Moroccan, Turk), problem status (old/new), ICPC coded reason for encounter and diagnosis. One day data and comparison with 2004 data of the same practice are presented in the graphs.



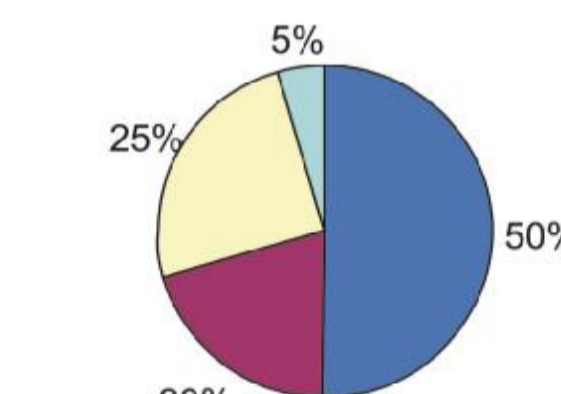
One day age group



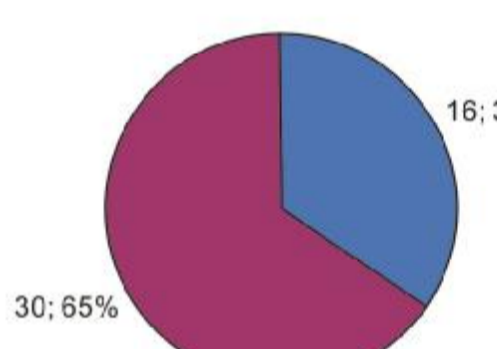
Age group distribution of 9,800 contacts in 2004



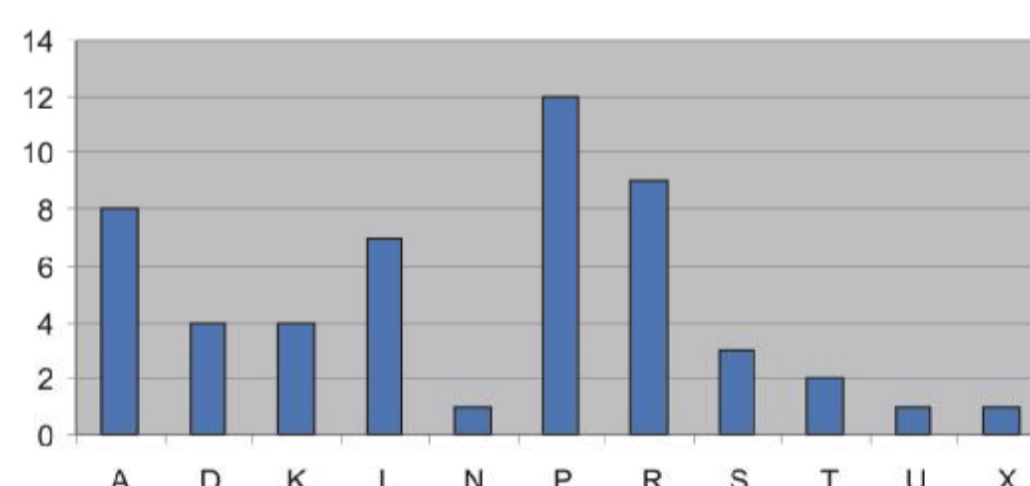
Women 39% Men 61% One day



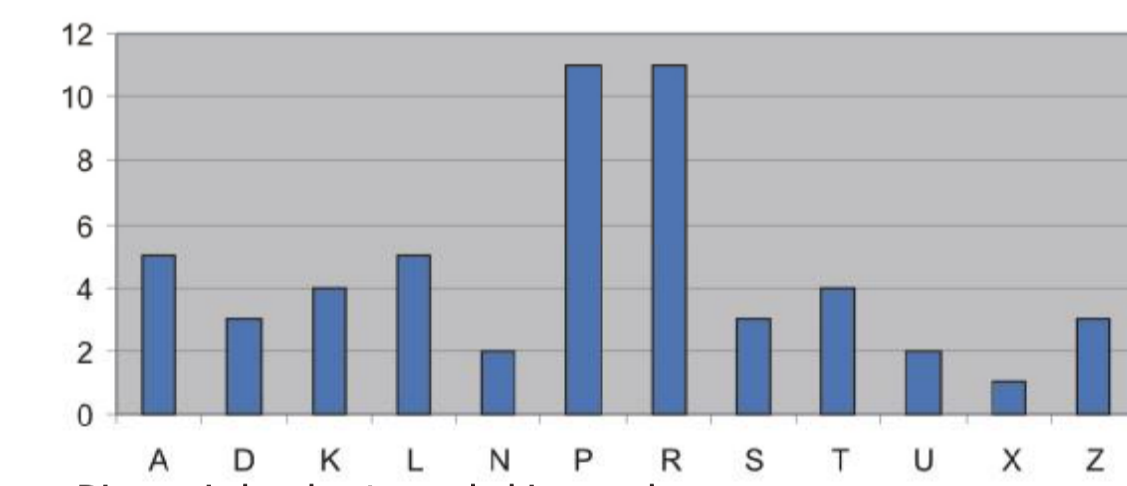
Cultural background of the patients met in one day



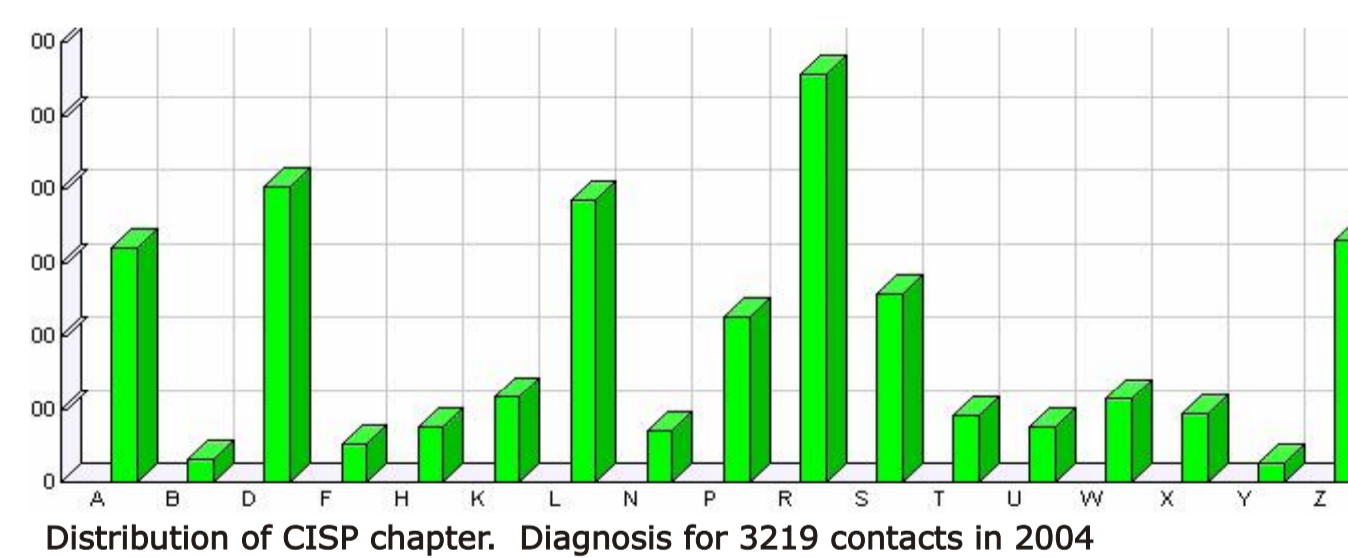
One day new (16) versus old (30) problems



Reason for encounter coded by chapter in one day.



Diagnosis by chapter coded in one day



Distribution of CISP chapter. Diagnosis for 3219 contacts in 2004

Discussion

A busy day. 44 patients in one day. Only one home visit for a 73 year old lady at 14h. Home visit are usually 10% of the job. It's lot for only one doctor. My assistant (vocational training) was absent. Happily I had a secretary but this is not the case for most of GPs. Appointments are scheduled each 15 minutes but time distribution could be very different. From one minute to half our, depending on the clinical difficulties and the emotional load. Some people needs to cry and crying needs time. Monday, the first day of the week. More men than women. Men mostly between 20 and 50 (working population) Sick leaves renewal could explain that. But in this city, 25% of men and more than 30% of women are unemployed. Nevertheless, Monday distribution of contacts fits with the annual one. GP deals with the whole spectrum of the life. Problem solving for a 7 months baby and ten minutes later for a 73 years old men is typical of the GP practice. Some patients are known since 30 years and 65% of the presenting problems are old one. Patients of Belgian origin are only 50%. Since the 50ies people from many countries have immigrate to work in the carbon mines.

Main RFE are in chapter P and R. Main is P50 : request for prescription of psychoactive drugs. Chapter R is usually the main one in all the enquiries in GP/FM. Here shortness of breath is the main complaint corresponding in respiratory tract infection in young male, mostly smokers (of tobacco, cannabis, heroin or cocaine). Main diagnosis are also in chapter P with P19 (drug abuse) at the top, one P72 (schizophrenia), one P73 (affective psychosis) and 2 depressions (P76). R chapter is also well represented with 4 R95 (COBP) and several IVRS. The whole day give a good idea of the generality, the complexity and the globality of GP/FM. One move from skin cut (S18) to schizophrenia (P72), from obesity (T82) to low back pain (L03) and from drug addiction (P19) to preventive activities (A98).

For more insight in the ICPC rubric's titles, please do refer to the ICPC desk copy at the bottom of this poster.

Web site : <http://www.globalfamilydoctor.com/wicc>