
CONFERENCE ABSTRACT

How to improve the capacity of general practitioners? – a Flemish approach

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“Barely any region left with freely accessible primary health care in Flanders.” This is one of the many newspaper headlines that was recently published to emphasize the fact that more and more general practitioners refuse to take in new patients, because they run out of capacity to provide patients with proper health care. Where does it go wrong?

Accessibilty to general practitioners is a hot topic for the Flemish policymakers. An aging population and an increase of mental health problems asks a lot from the general practitioners, as well as the shift of tasks from hospitals towards primary health care and the growing attention for prevention. However, is there a real shortage in general practitioners? Looking abroad learns that the number of general practitioners might not be the major cause of the capacity problem, but that the true bottleneck might lie in the way of organizing primary health care capacity and accessibility. Embedded in a landscape of health care where general practitioners mostly work on a self-employed base, and the fragmented governmental structure in Belgium as an extra obstacle makes this a major challenge for the near future.

A dialogue between policy makers from all Belgian governments was opened to create a common approach: each government will take actions within their own authorities. The Flemish government worked out a plan to counter this massive challenge in primary health care through different initiatives, in cooperation with representatives of the general practitioners on the field, local authorities and umbrella organizations.

Flanders commits itself by installing three major fundaments which can create change in the way general practitioners are organized: a first step is to create an accurate and up-to-date database of the current available general practitioners health care services compared with the local care need; in parallel the funding of general practitioners will be expanded in a way which stimulates interdisciplinary collaboration and optimizes health care capacity; on top of that the Flemish government is experimenting with new forms of primary care practices in which integrated care is the keystone and which are supported by local authorities and in close connection with welfare services.

These projects described above are in full development. On the working field more and more general practitioners are willing to put their shoulders under these initiatives to create solid solutions for the future.

The international audience of this lecture might recognize similar issues they encounter in their own countries and will be able to see similarities and differences compared to the Flemish context. By drawing these parallels one can have a broader view on the approach of improving health care capacity and accessibility.

These Flemish projects will be brought together with the initiatives from the other Belgian governments at a roundtable discussion to align all the initiatives on primary health care capacity and create a future proof primary health care capacity in Belgium.