

- 1.1. Volume of outpatient activity done by “conventioned” physicians (i.e. physicians acceding to the agreement on national tariffs) (% of outpatient consultations/contacts with practising physicians) (A-8);
 Volume of outpatient activity done by “conventioned” dentists (i.e. dentists acceding to the agreement on national tariffs) (% of outpatient consultations/contacts with practising dentists) (A-9)

1.1.1. *Documentation sheet*

<p>Description</p>	<p>Primary indicators</p> <p>A-8 Volume of outpatient activity done by “conventioned” physicians (i.e. physicians acceding to the agreement on national tariffs) (% of outpatient consultations/contacts with practising physicians)</p> <p>A-9 Volume of outpatient activity done by “conventioned” dentists (i.e. dentists acceding to the agreement on national tariffs) (% of outpatient consultations/contacts with practising dentists)</p> <p>Secondary indicators</p> <p>Number of practising conventioned physicians</p> <p>Number of practising conventioned dentists</p>
<p>Calculation</p>	<p>Numerator: Number of physical contacts/consultations with conventioned practitioners</p> <p>Denominator: Number of physical contacts/consultations with conventioned and non-conventioned practitioners</p> <p>A-8 – Physicians are identified using their professional and qualification code (see technical definition)</p> <p>A-9 – Dentists are identified using their professional and qualification code (see technical definition)</p>
<p>Rationale</p>	<p>Belgium has made a commitment to universal health coverage (UHC), i.e. everyone should be able to obtain the health services that they need, of high quality, without risk of financial hardship in doing so.^{1,2} Ensuring affordable access to healthcare is at the heart of universal health coverage, and was reaffirmed numerous times as main objective of the Belgian healthcare system.¹</p> <p>Under the auspices of RIZIV-INAMI, representatives of the practitioners and sickness funds negotiate official fees (and reimbursements) for healthcare services which are then fixed in “agreements” (for physicians and dentists) and “conventions” (for all other healthcare providers).² Practitioners who subscribe to the agreement are called “conventioned” practitioners. Practitioners who do not subscribe to it, or who only subscribe to it for some parts of the day or week, are allowed to charge more than the convention tariff (fee supplements). Patients have freedom of choice and generally receive the same reimbursement irrespective of the convention status of the practitioner (with some exceptions such as physiotherapy).</p>

Adherence to the official fees improves price transparency, gives the patient price certainty (*sécurité tarifaire / tariefzekerheid*), and contributes to affordable access. Hence, the share of activity provided by conventioned practitioners (physicians or dentists) at the official tariff is considered an indicator of financial accessibility of healthcare.³

Data source IMA-AIM data and IMA-AIM report on Volume of activity by convention status.³

Technical definitions **Physicians** are identified as follows:

Medical specialty	Professional code	Qualification code
Physicians / Artsen / Médecins		
General practitioners / Huisartsen / Médecins généralistes	10 to 19	003 and 004
Anaesthetists / Anesthesisten / Anesthésistes	10 to 19	100 to 137
Surgeons / Heelkundigen / Chirurgen	10 to 19	140 to 166
Neurosurgeons / Neurochirurgen / Neurochirurgiens	10 to 19	170 to 179
Geriatricians / Geriaters / Gériatres	10 to 19	180 to 184
Specialists in neurosurgery and neuropsychiatry / Specialisten in neurochirurgie en neuropsychiatrie / Spécialistes en neurochirurgie et neuropsychiatrie	10 to 19	192 to 195
Plastic surgeons / Plastische chirurgen / Chirurgen plastiques	10 to 19	210 to 222
Gynaecologists / Gynaecologen / Gynécologues	10 to 19	340 to 369
Ophthalmologists / Oogartsen (oftalmologen) / Ophthalmologues	10 to 19	370 to 397
Ear, nose and throat specialists / Keel-, neus en oorartsen (otorinolaryngologen) / Spécialistes en oto-rhino-laryngologie	10 to 19	410 to 422
Urologists / Urologen / Urologues	10 to 19	450,454, 455, 459
orthopaedic surgeons / Orthopedisch chirurgen / Chirurgen orthopédiques	10 to 19	480 to 496
Stomatologists / Stomatologen / Stomatologues	10 to 19	520 to 521
Dermatologists / Specialisten huid- en geslachtsziekten(dermatovenereologen) / Dermatologues	10 to 19	550 to 569
Internal medicine / Inwendig geneeskundigen / Spécialistes en médecine interne	10 to 19	573 to 598
Pneumologists / Longspecialisten (pneumologen) / Pneumologues	10 to 19	620 to 638
Gastroenterologists / Maag-darm specialisten (gastro-enterologen) / gastroentérologues	10 to 19	650 to 659
Oncologists / Medische oncologen / Oncologues	10 to 19	660
paediatricians / Kinderartsen/ Pédiatres	10 to 19	689 to 699

Cardiologists / Cardiologen / Cardiologues	10 to 19	730 to 739
Neuropsychiatrists / Neuropsychiaters / Neuropsychiatres	10 to 19	760 to 764
Neurologists / Neurologen / Neurologues	10 to 19	770 to 779
Psychiatrists / Psychiaters / Psychiatres	10 to 19	780 to 784
Rheumatologists / Reumatologen / Rhumatologues	10 to 19	790 to 799
Specialists in critical care / Specialisten in acute geneeskunde / Spécialistes en médecine aiguë	10 to 19	800
Physical medicine and rehabilitation specialists / Specialisten in fysische geneeskunde en revalidatie / Spécialistes en médecine physique et revalidation	10 to 19	830 to 839
Anatomical pathologist / Specialisten in pathologische anatomie / Anatomopathologues	10 to 19	870
Radiologists / Radiologen / Radiologues	10 to 19	930 to 939
Radiation therapists / Specialisten in radiotherapie / Spécialistes en radiothérapie	10 to 19	960 to 965
nuclear medicine therapists / Nucleair geneeskundigen / Spécialistes en médecine nucléaire	10 to 19	970 to 997
Dentists / Tandartsen / dentistes		
General dentists / Algemene tandartsen / Dentistes générales	30 to 39	001, 002, 003, 004
Orthodontists / Orthodontisten / Orthodontistes	30 to 39	007
Periodontist / Parodontologen/ Parodontologues	30 to 39	006
Stomatologists / Stomatologen / Médecins stomatologues	30 to 39	005

Outpatient activity is defined as follows:

- For general practitioners, the following nomenclature codes: 101010, 101032, 101054, 101076, 103110, 103132, 103213, 103235, 103412, 10343434, 103913, 104112, 104215, 104230, 104252, 104355, 104510, 104650
- For medical specialists, the following nomenclature codes: 101275, 101290, 102012, 102034, 102071, 102093, 102115, 102130, 102152, 102174, 102196, 102211, 102255, 102270, 102292, 102314, 102336, 102351, 102373, 102535, 102550, 102572, 102594, 102616, 102631, 102653, 102675, 102690, 102712, 102734, 102756, 102815, 102830, 102874, 102896, 102911, 102955, 102970, 103073, 103250, 103456, 103471, 460670, 460795
- For dentists, nomenclature codes of article 5: a contact is equal to (at least) 1 article 5 code per patient per day per dentist

Practitioners are defined as “active” if they have 500 or more consultations/contacts per year

Region is defined by place of residence of the patient

International comparability	/
Limitations	<p>Non-conventioned (or partially conventioned) practitioners are allowed to charge fee supplements, but do not necessarily do so. By looking at the distinction between conventioned and non-conventioned (or partially conventioned) practitioners, we assess price insecurity, lack of transparency and the risk of being charged fee supplements without evaluating whether or not fee supplements were actually charged.</p> <p>Only a selection of outpatient activity, based on nomenclature codes (see technical definition), was taken into account, mainly physical consultations and contacts. Teleconsultation (which increased strongly since the COVID-19 pandemic) and other outpatient activity, such as activity in medical houses (i.e. 4.44% of beneficiaries in 2020⁴) were not taken into account, leading to an underestimation of accessibility of GP care. Also inpatient care was not considered.</p>
Dimension	Accessibility
Related indicators	<p>A-2 Out-of-pocket (OOP) payments (% of current expenditure on health)</p> <p>A-3 Out-of-pocket (OOP) medical spending (% of final household consumption)</p> <p>A-4 Households facing catastrophic out-of-pocket payments (% of respondents, HBS)</p> <p>A-5 Out-of-pocket (OOP) payments for hospital care (% of total hospital care expenditures)</p> <p>A-6 People with self-reported unmet needs for medical examination due to financial reasons (% of respondents, EU-SILC)</p> <p>A-7 People with self-reported unmet needs for dental examination due to financial reasons (% of respondents, EU-SILC)</p>
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1.1.2. Results A-8 – Volume of outpatient activity done by “conventioned” physicians

Number of conventioned GPs and medical specialists

Table 1 shows that there were 16 098 **general practitioners (GPs)** in 2021 of whom 10 914 (67.8%) were considered to be active, i.e. have 500 or more outpatient consultations per year. Among GPs who were conventioned, the share of active GPs was lower, 66.4% versus 79.2% among non-conventioned GPs. It is not surprising that there were much more non-active practitioners among conventioned practitioners, given that in absence of an explicit renunciation of the agreement, practitioners are considered to be

conventioned. Overall, about 88.9% of the GPs were conventioned, decreasing to 87.1% among active GPs. While the number of GPs over time increased, there was a decline in the number of non-conventioned GPs, leading to an increasing share of conventioned GPs over time. Table 2 indicates that the convention rate was higher among female GPs and decreased with age (experience). Surprisingly, a higher share of non-conventioned GPs was found in the lowest activity quartile.

With regard to **medical specialists**, Table 1 shows that there were 25 504 practitioners in 2021 of whom 14 304 (56.1%) were considered to be active, i.e. have 500 or more outpatient consultations per year. Similarly as for GPs, the share of active practitioners was markedly lower among specialists who were conventioned, 44.3% versus 85.7% among non-conventioned (or partially conventioned) practitioners. This means that more than half of the conventioned medical specialists had no real outpatient activity, compared to less than 15% among non-conventioned (or partially conventioned) specialists. About 71.5% of the medical specialists were conventioned, while this share decreased to 56.4% among active practitioners. The share of

conventioned practitioners was relatively stable over time, but convention rates differed substantially by medical specialty.³ Table 3 indicates that the convention rate was higher among female practitioners and decreased with age (experience) and with activity volume. Hence lower convention rates were found among older practitioners and among practitioners with a higher number of consultations.

In 2018, active GPs accounted for 99.4% of the consultations, and active medical specialists for 97.6% of the consultations.³

Table 1 – Number of practitioners and active practitioners (>500 outpatient consultations) by convention status (years 2012, 2015, 2018, 2021)

		2012			2015			2018			2021		
		Practitioners	Active practitioners	% Active	Practitioners	Active practitioners	% Active	Practitioners	Active practitioners	% Active	Practitioners	Active practitioners	% Active
General Practitioners	Total	14 105	10 469	74.2%	14 325	10 593	73.9%	14 948	10 735	71.8%	16 098	10 914	67.8%
	Conventioned	11 858	8 568	72.3%	12 246	8 762	71.5%	12 892	9 060	70.3%	14 319	9 505	66.4%
	Partially or Non-conventioned	2 247	1 901	84.6%	2 079	1 831	88.1%	2 056	1 675	81.5%	1 779	1 409	79.2%
	% Conventioned	84.1%	81.8%		85.5%	82.7%		86.2%	84.4%		88.9%	87.1%	
All medical specialists	Total	23 755	12 626	53.2%	22 123	13 116	59.3%	24 731	13 795	55.8%	25 504	14 304	56.1%
	Conventioned	16 944	7 152	42.2%	15 882	7 286	45.9%	17 507	7 816	44.6%	18 232	8 072	44.3%
	Partially or Non-conventioned	6 811	5 474	80.4%	6 241	5 830	93.4%	7 224	5 979	82.8%	7 272	6 232	85.7%
	% Conventioned	71.3%	56.6%		71.8%	55.6%		70.8%	56.7%		71.5%	56.4%	

Source: IMA-AIM

Table 2 – Convention rate of active GPs (>500 outpatient consultations) by subgroup based on sociodemographic characteristics and volume of activity (2021)

		Conventioned	Partially conventioned	Non-conventioned
Sex	Male	85.0	1.2	13.8
	Female	89.6	0.8	9.6
Age	Less than 35 years	95.4	0.5	4.1
	35 – 44 years	88.9	1.4	9.7
	45 – 54 years	86.1	0.9	13.1
	55 – 64 years	83.1	1.3	15.6
	More than 65 years	82.6	1.0	16.4
Volume of activity	Lowest quartile	82.8	1.4	15.9
	Quartile 2	87.7	1.0	11.4
	Quartile 3	89.9	0.8	9.3
	Highest quartile	88.0	1.0	11.0

Source: IMA-AIM

Volume of outpatient activity by convention status (primary indicator) – rates in Belgium

The classic calculation method of the convention rate, based on headcounts, gives a biased assessment of the possibility to consult a conventioned practitioner and the corresponding price transparency and price certainty, for at least two reasons: (1) an important number of practitioners does not have real outpatient activity and these inactive practitioners are more likely to be conventioned, and, (2) the convention rate can differ substantially by volume of activity. Therefore, an indicator of convention status weighted by volume of activity can provide a more relevant perspective on access to outpatient care at the officially agreed tariffs.

Table 4 and Figure 1 provide information on the volume of outpatient activity by convention status. The results indicate that the share of activity by conventioned GPs has increased from 83.1% in 2012 to 87.3% in 2021. This can at least partly be explained by an increase in the attractiveness of the profession and the working conditions.³ The activity share of partially conventioned practitioners fluctuated around 1%, while non-conventioned

Table 3 – Convention rate of active medical specialists (>500 outpatient consultations) by subgroup based on sociodemographic characteristics and volume of activity (2021)

		Conventioned	Partially conventioned	Non-conventioned
Sex	Male	54.5	10.8	34.6
	Female	58.6	9.2	32.1
Age	Less than 35 years	71.1	7.3	21.6
	35 – 44 years	60.7	10.2	29.1
	45 – 54 years	54.5	11.1	34.4
	55 – 64 years	50.0	10.9	39.1
	More than 65 years	53.2	7.5	39.3
Volume of activity	Lowest quartile	76.0	7.2	16.8
	Quartile 2	65.0	10.2	24.9
	Quartile 3	49.9	11.8	38.2
	Highest quartile	34.9	11.1	54.0

Source: IMA-AIM

GPs had an activity share of 11.8% in 2021, down from 15.8% in 2012. The activity share of conventioned GPs in 2021 was in line with the convention rate of active GPs (see above, Table 1).

The activity share of conventioned and non-conventioned medical specialists fluctuated between 43% and 45%, but where the share of conventioned practitioners showed a small declining trend, the activity share of non-conventioned practitioners has gradually increased over time. The share of partially conventioned specialists covered the remaining part, decreasing from 12.3% in 2012 to 11.1% in 2021. For medical specialists the discrepancy between the different methods of defining the convention rate is striking: 71.5% of all medical specialists were conventioned in 2021 (see Table 1), the convention rate decreased to 56.4% when considering only active practitioners (see Table 1) and further fell to 44.0% when weighted by volume of outpatient activity (see Table 4). From the opposite perspective, 43.6% of the active medical specialists were non-conventioned or partially conventioned in 2021, but they provided 56.0% of all consultations.

There was important variation by speciality around the average activity share of conventioned practitioners as visualized in Figure 1 for 2021, and further detailed in Table 4 for all studied years. The convention rate weighted by activity ranged in 2021 from as low as 11.1% for dermatologists to as high as 91.1% for oncologists, with other specialties in between, such as

ophthalmologists (16.9%), gynaecologists (21.3%), urologists (35.8%), cardiologists (58.3%), paediatricians (70.7%). For 11 of the 27 considered medical specialties, less than 50% of the consultations were performed by a conventioned practitioner.

Figure 1 – Share in outpatient activity of active practitioners (>500 outpatient consultations) by convention status, subdivision by region and specialty (2021)

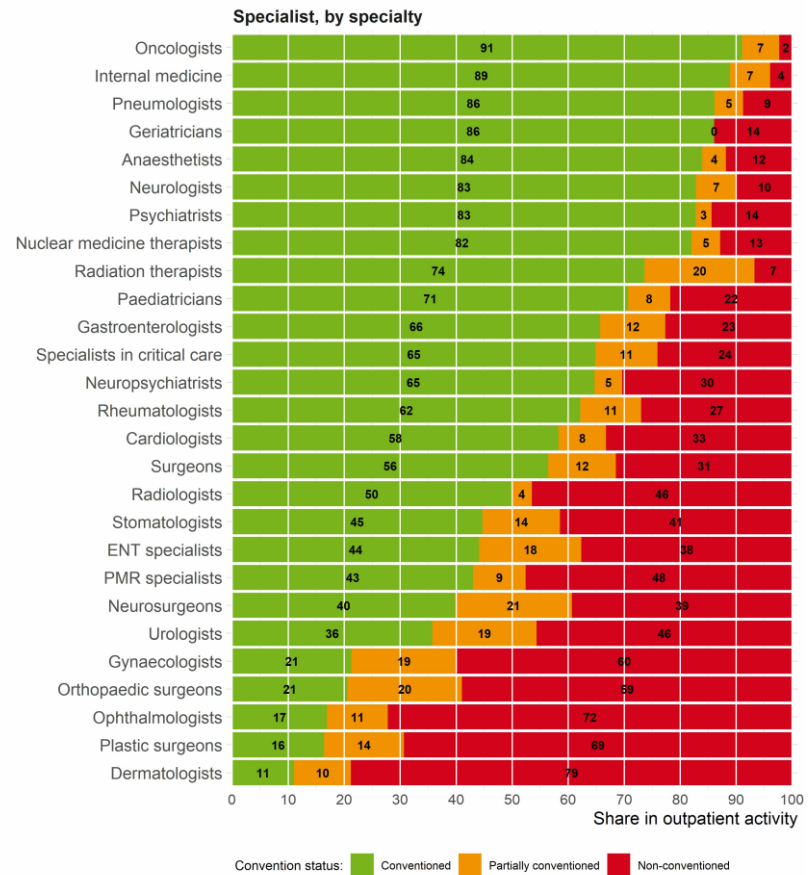
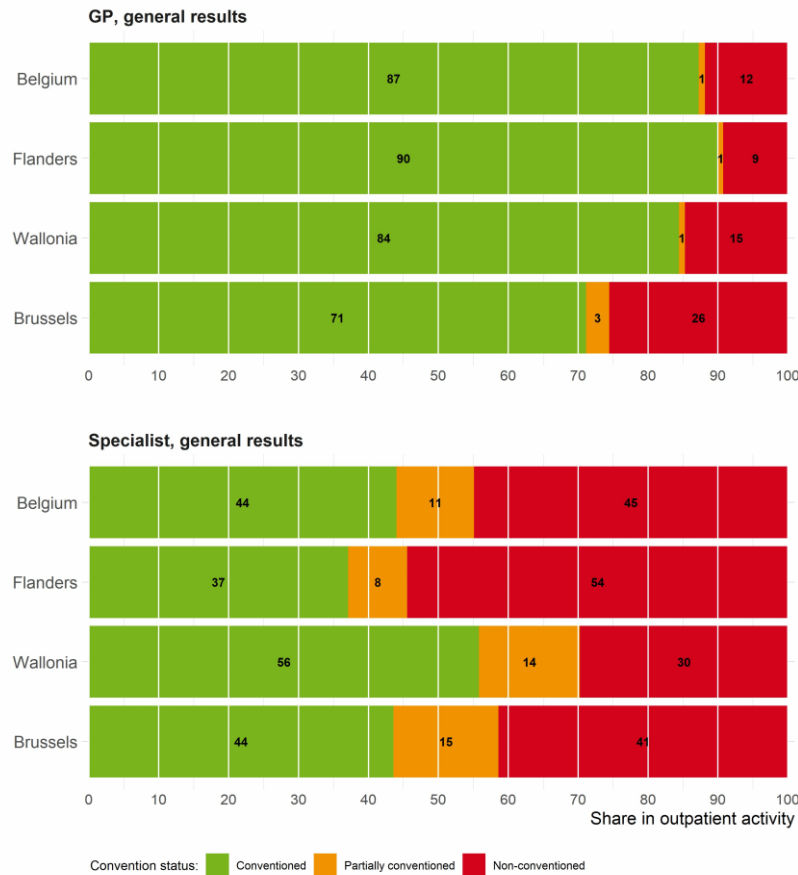


Table 4 – Share in outpatient activity of active practitioners (>500 outpatient consultations) by convention status (years 2012, 2015, 2018, 2021)

		2012	2015	2018	2021
General Practitioners	Conventioned	83.1	84.0	85.1	87.3
	Partially conventioned	1.1	1.1	0.9	0.9
	Non-conventioned	15.8	14.8	14.0	11.8
All medical specialists	Conventioned	44.6	44.0	44.2	44.0
	Partially conventioned	12.3	12.8	11.0	11.1
	Non-conventioned	43.1	43.2	44.7	44.8
<i>Anaesthetists</i>	Conventioned	74.3	75.5	83.5	84.0
	Partially conventioned	7.3	6.6	4.6	4.2
	Non-conventioned	18.5	17.9	11.9	11.8
<i>Dermatologists</i>	Conventioned	13.4	10.5	11.2	11.1
	Partially conventioned	11.4	12.6	11.1	10.2
	Non-conventioned	75.2	76.9	77.7	78.8
<i>Plastic surgeons</i>	Conventioned	15.8	13.8	16.3	16.4
	Partially conventioned	11.0	9.3	12.2	14.3
	Non-conventioned	73.2	76.9	71.5	69.3
<i>Ophthalmologists</i>	Conventioned	24.1	20.3	17.6	16.9
	Partially conventioned	11.6	12.2	10.2	10.9
	Non-conventioned	64.3	67.6	72.2	72.2
<i>Gynaecologists</i>	Conventioned	19.7	19.2	20.4	21.3
	Partially conventioned	18.2	18.8	17.4	18.8
	Non-conventioned	62.1	62.0	62.2	60.0
<i>Orthopaedic surgeons</i>	Conventioned	33.0	27.2	23.5	20.6
	Partially conventioned	18.9	20.8	20.3	20.4
	Non-conventioned	48.1	52.0	56.1	59.0
<i>Stomatologists</i>	Conventioned	41.6	39.5	46.2	44.7
	Partially conventioned	11.9	13.8	9.9	13.9
	Non-conventioned	46.5	46.6	43.9	41.5
<i>Urologists</i>	Conventioned	40.1	36.3	39.6	35.8
	Partially conventioned	20.0	21.4	15.8	18.6
	Non-conventioned	39.9	42.3	44.6	45.6
<i>Ear, nose and throat specialists</i>	Conventioned	41.8	42.2	43.3	44.1
	Partially conventioned	22.5	22.1	19.7	18.2

		2012	2015	2018	2021
	Non-conventioned	35.7	35.6	37.0	37.6
<i>Neurosurgeons</i>	Conventioned	38.6	38.3	39.7	39.8
	Partially conventioned	21.4	21.6	19.0	20.8
	Non-conventioned	39.9	40.1	41.3	39.3
<i>Physical medicine and rehabilitation specialists</i>	Conventioned	48.9	45.9	45.6	43.1
	Partially conventioned	11.6	11.1	9.7	9.4
	Non-conventioned	39.5	43.0	44.7	47.6
<i>Radiologists</i>	Conventioned	50.7	54.7	51.4	49.9
	Partially conventioned	4.1	5.0	4.0	3.7
	Non-conventioned	45.2	40.3	44.6	46.5
<i>Surgeons</i>	Conventioned	52.5	53.9	54.4	56.5
	Partially conventioned	11.8	11.6	11.9	12.1
	Non-conventioned	35.7	34.4	33.7	31.5
<i>Cardiologists</i>	Conventioned	66.7	65.8	61.1	58.3
	Partially conventioned	8.0	9.2	8.8	8.5
	Non-conventioned	25.3	25.1	30.2	33.2
<i>Neuropsychiatrists</i>	Conventioned	48.9	55.2	62.7	64.7
	Partially conventioned	19.9	18.2	7.2	4.9
	Non-conventioned	31.2	26.6	30.1	30.4
<i>Rheumatologists</i>	Conventioned	49.1	53.1	60.5	62.2
	Partially conventioned	20.1	20.3	11.3	10.9
	Non-conventioned	30.8	26.7	28.2	27.0
<i>Gastroenterologists</i>	Conventioned	65.3	63.5	63.5	65.7
	Partially conventioned	13.4	14.0	11.1	11.7
	Non-conventioned	21.3	22.5	25.3	22.6
<i>Paediatricians</i>	Conventioned	74.8	72.3	72.0	70.7
	Partially conventioned	7.8	8.2	7.4	7.5
	Non-conventioned	17.5	19.6	20.6	21.8
<i>Radiation therapists</i>	Conventioned	77.5	78.1	79.7	73.6
	Partially conventioned	15.9	15.8	14.5	19.7
	Non-conventioned	6.7	6.0	5.8	6.7
<i>Psychiatrists</i>	Conventioned	81.0	77.8	80.9	82.8
	Partially conventioned	9.5	9.1	2.2	2.8

		2012	2015	2018	2021
	Non-conventioned	9.5	13.0	16.9	14.4
<i>Neurologists</i>	Conventioned	77.5	78.4	81.7	82.8
	Partially conventioned	8.0	9.0	6.8	7.3
	Non-conventioned	14.4	12.6	11.5	9.9
<i>Nuclear medicine therapists</i>	Conventioned	82.2	81.2	85.4	82.1
	Partially conventioned	10.0	10.0	6.0	5.1
	Non-conventioned	7.8	8.8	8.6	12.9
<i>Oncologists</i>	Conventioned	85.2	86.5	89.9	91.1
	Partially conventioned	10.2	10.4	7.7	6.6
	Non-conventioned	4.6	3.1	2.4	2.3
<i>Pneumologists</i>	Conventioned	83.4	85.2	86.5	86.1
	Partially conventioned	7.1	6.1	4.5	5.1
	Non-conventioned	9.5	8.7	9.0	8.7
<i>Internal medicine</i>	Conventioned	83.5	85.4	88.4	88.9
	Partially conventioned	9.1	8.9	6.7	7.2
	Non-conventioned	7.4	5.8	4.8	3.9
<i>Geriatricians</i>	Conventioned	92.0	89.4	83.8	86.1
	Partially conventioned	0.0	0.0	5.4	0.0
	Non-conventioned	8.0	10.6	10.8	13.9
<i>Specialists in critical care</i>	Conventioned	33.0	46.7	78.0	64.9
	Partially conventioned	0.0	0.0	0.0	11.1
	Non-conventioned	67.0	53.3	22.0	24.1

Source: IMA-AIM

Volume of outpatient activity by convention status (primary indicator) – analysis by region and socioeconomic status

Based on the place of residence of the patient, the volume of outpatient activity by convention status of GPs and medical specialists can be further subdivided by region.

The results in Figure 1 and Table 5 indicate that the convention rate, weighted by activity, of GPs was higher in 2021 in Flanders (90.1%) than in Wallonia (84.4%) and was substantially lower in Brussels (71.2%). Caution is needed, however, as Brussels has a higher density of medical houses that offer affordable access to GP care and which were not accounted for in these convention rates.

The results in Figure 1 and Table 6 paint a different picture regarding the convention rate, weighted by activity, of medical specialists in 2021. It was in line with the average Belgian rate in Brussels (43.6%), higher in Wallonia

(55.8%) and lower in Flanders (37.1%). In addition, the share of partially conventioned practitioners was markedly higher in Brussels and in Wallonia compared to Flanders, resulting in an activity share of non-conventioned medical specialists that was almost twice as high in Flanders than in Wallonia.

According to Table 5 and Table 6, beneficiaries of increased reimbursement were more likely to consult a conventioned practitioner in 2021 (89.2% versus 86.5% for GPs and 43.6% versus 52.8% for medical specialists). However, also in this vulnerable group, more than 1 in 3 specialist consultations and 1 in 10 GP consultations were performed by a non-conventioned practitioner.

Impact of COVID-19 pandemic

There are no data to assess the impact of COVID-19.

Table 5 – Share in outpatient activity of active GPs (>500 outpatient consultations) by convention status, subdivided by region and socioeconomic status of the patient (2021)

		Conventioned	Partially conventioned	Non-conventioned
Belgium		87.3	0.9	11.8
Region	Flanders	90.1	0.7	9.2
	Wallonia	84.4	0.9	14.7
	Brussels	71.2	3.3	25.5
Socioeconomic status	Increased reimbursement	89.2	0.8	9.9
	No increased reimbursement	86.5	0.9	12.5

Source: IMA-AIM

Table 6 – Share in outpatient activity of active medical specialists (>500 outpatient consultations) by convention status, subdivided by region and socioeconomic status of the patient (2021)

		Conventioned	Partially conventioned	Non-conventioned
Belgium		44.0	11.1	44.8
Region	Flanders	37.1	8.4	54.4
	Wallonia	55.8	14.4	29.7
	Brussels	43.6	15.0	41.4
Socioeconomic status	Increased reimbursement	52.8	12.1	35.1
	No increased reimbursement	41.6	10.9	47.6

Source: IMA-AIM

Key points

- A convention rate based on headcounts gives a biased assessment of the possibility to consult a conventioned practitioner and the corresponding price transparency and price certainty, because (1) there is an important number of practitioners without real outpatient activity and these inactive practitioners are more likely to be conventioned, and (2) the convention rate can differ substantially by volume of activity. Therefore, an indicator of convention status weighted by volume of activity provides a more relevant perspective on access to outpatient care at the officially agreed tariffs.
- The share of activity by conventioned GPs was high and further increased from 83.1% in 2012 to 87.3% in 2021. The activity share of partially conventioned practitioners fluctuated around 1%, while non-conventioned GPs had an activity share of 11.8% in 2021, down from 15.8% in 2021. The activity share of conventioned GPs in 2021 was in line with the convention rate of active GPs (87.1% in 2021) and slightly lower than the convention rate of all GPs (88.9% in 2021).
- The convention rate, weighted by activity, of GPs was higher in 2021 in Flanders (90.1%) than in Wallonia (84.4%) and was substantially lower in Brussels (71.2%). 10% of GP consultations of beneficiaries of increased reimbursement were performed by a non-conventioned practitioner.
- Less than half of the consultations of medical specialists were performed by conventioned medical specialists, with a small declining trend over time. There is a large discrepancy between the different methods of defining the convention rate, with 71.5% of all medical specialists being conventioned in 2021, decreasing to 56.4% among active practitioners and further declining to 44.0% when weighted by volume of outpatient activity.
- Convention rates, weighted by activity, vary between medical specialties, ranging in 2021 from as low as 11.1% for dermatologists to as high as 91.1% for oncologists, with other specialties in between, such as ophthalmologists (16.9%),

gynaecologists (21.3%), urologists (35.8%), cardiologists (58.3%) and paediatricians (70.7%). For 11 of the 27 considered medical specialties, less than 50% of the consultations were performed by a conventioned practitioner.

- **The convention rate, weighted by activity, for medical specialists was around the average in Brussels (43.6%), above average in Wallonia (55.8%) and below average in Flanders (37.1%). More than 1 in 3 of specialist consultations of beneficiaries of increased reimbursement were performed by a non-conventioned practitioner.**

1.1.3. Results A-9 – Volume of outpatient activity done by “conventioned” dentists

Number of conventioned dentists

Table 7 shows that there were 10 476 **dentists** in 2021 of whom 7 240 (69.1%) were considered to be active, i.e. have 500 or more outpatient patient contacts per year. Among dentists who were conventioned, the share of active dentists was low, 42.2% versus 93.9% among non-conventioned dentists. It is not surprising that there were much more non-active practitioners among conventioned practitioners, given that in absence of an explicit renunciation of the agreement, practitioners are considered to be conventioned. Less than half of the dentists was conventioned in 2021 (48.0%), a share that fell to 29.3% in the subgroup of active dentists. Put differently, less than 1 in 3 active dentists was conventioned in 2021. Over

time, there has been an decrease in active conventioned dentists and an increase in partially or non-conventioned dentists.

Table 8 indicates that the convention rate in 2021 was lower among female dentists and increased with age (experience), the opposite of what was found for GPs and medical specialists. Convention rates also varied with activity volume, in particularly in the categories conventioned and partially conventioned, with lower convention rates among dentists with a higher number of contacts. Hence, lower convention rates were found among younger dentists and dentists with a higher number of contacts.

Table 7 – Number of dentists and active dentists (>500 outpatient contacts) by convention status (years 2012, 2015, 2018, 2021)

		2012			2015			2018			2021		
		Practitioners	Active practitioners	% Active	Practitioners	Active practitioners	% Active	Practitioners	Active practitioners	% Active	Practitioners	Active practitioners	% Active
Dentists	Total	8 586	6 796	79.2%	9 340	7 090	75.9%	9 516	7 203	75.7%	10 476	7 240	69.1%
	Conventioned	3 943	2 407	61.0%	3 619	2 974	82.2%	4 125	2 057	49.9%	5 024	2 121	42.2%
	Partially or Non-conventioned	4 643	4 389	94.5%	5 721	4 116	71.9%	5 391	5 146	95.5%	5 452	5 119	93.9%
	% Conventioned	45.9%	35.4%		38.7%	41.9%		43.3%	28.6%		48.0%	29.3%	

Source: IMA-AIM

Volume of outpatient activity by convention status (primary indicator) – rates in Belgium

As for GPs and medical specialists, we also conclude for dentists that (1) an important number of practitioners does not have real outpatient activity and these inactive dentists are much more likely to be conventioned, and (2) the convention rate differs by volume of activity. Therefore, an indicator of convention status weighted by volume of activity can provide a more relevant perspective on access to outpatient dental care at the officially agreed tariffs, compared to convention rates based on headcounts.

Table 9 and Figure 2 provide information on the volume of outpatient dental activity by convention status. The results indicate that the share of activity by conventioned dentists has declined from 34.3% in 2012 to 26.3% in 2021, with a particularly large decrease between 2015 and 2018. In addition, the share of activity by partially conventioned dentists has also declined over time from 29.1% in 2012 to 19.9% in 2021. Hence activity by non-conventioned dentists has strongly increased and accounted for more than half of all patients contacts in 2021. Compared to the convention rates based on headcounts (see Table 7), i.e. 48.0% among all dentists in 2021 and 29.3% among active dentists, the convention rate based on outpatient activity further fell to 26.3%. This implies that only 1 in 4 patient contacts was performed by a conventioned dentist.

There was outspoken variation by specialty around the average activity share of conventioned dentists as visualized in Figure 2 for 2021, and further detailed in Table 9 for all studied years. The convention rate, weighted by activity, ranged in 2021 from as low as 1.1% for orthodontists, 1.9% for periodontists, 29.1% for general dentists, and up to 72.5% for stomatologists. Over time the convention rates for orthodontists and periodontists have decreased up to a point that it becomes difficult if not impossible to find a conventioned orthodontist or periodontist, with the majority of these practitioners being non-conventioned. Also for general dentists, the activity share of conventioned and partially conventioned has decreased over time so that in 2021 almost half of the patient contacts was performed by non-conventioned practitioners, an increase of 60% compared to 2012. Stomatologists were the only subspeciality where convention rates, weighted by activity, have increased over time and were above 50%.

Table 8 – Convention rate of active dentists (>500 outpatient contacts) by subgroup based on sociodemographic characteristics and volume of activity (2021)

		Conventioned	Partially conventioned	Non-conventioned
Sex	Male	34.6	18.8	46.6
	Female	24.5	17.2	58.2
Age	Less than 35 years	23.8	15.6	60.7
	35 – 44 years	26.8	11.4	61.8
	45 – 54 years	28.3	15.5	56.2
	55 – 64 years	31.0	23.9	45.1
	More than 65 years	41.9	20.7	37.4
Volume of activity	Lowest quartile	34.6	13.8	51.6
	Quartile 2	30.1	17.3	52.6
	Quartile 3	28.2	19.7	52.1
	Highest quartile	24.4	20.9	54.7

Source: IMA-AIM

Volume of outpatient activity by convention status (primary indicator) – analysis by region and socioeconomic status

Based on the place of residence of the patient, the volume of outpatient dental activity by convention status was further subdivided by region.

The results in Figure 2 and Table 10 indicate that the convention rate, weighted by activity, of dentists was in 2021 substantially lower in Flanders (16.6%) than in Wallonia (40.4%) and in Brussels (45.5%). In Flanders, the number of contacts by non-conventioned dentists was almost 4 times the level of activity by conventioned dentists, while in Wallonia both activity shares were of the same magnitude and in Brussels, the activity share of conventioned dentists still exceeded the share of non-conventioned dentists. According to Table 10, beneficiaries of increased reimbursement were twice as likely to consult a conventioned practitioner in 2021 (22.9% versus 43.6%). However, also in this vulnerable group, more than 1 in 3 contacts with dentists were performed by a non-conventioned practitioner.

Impact of COVID-19 pandemic

There are no data to assess the impact of COVID-19.

Figure 2 – Share in outpatient activity of active dentists (>500 outpatient contacts) by convention status, subdivision by region and specialty (2021)

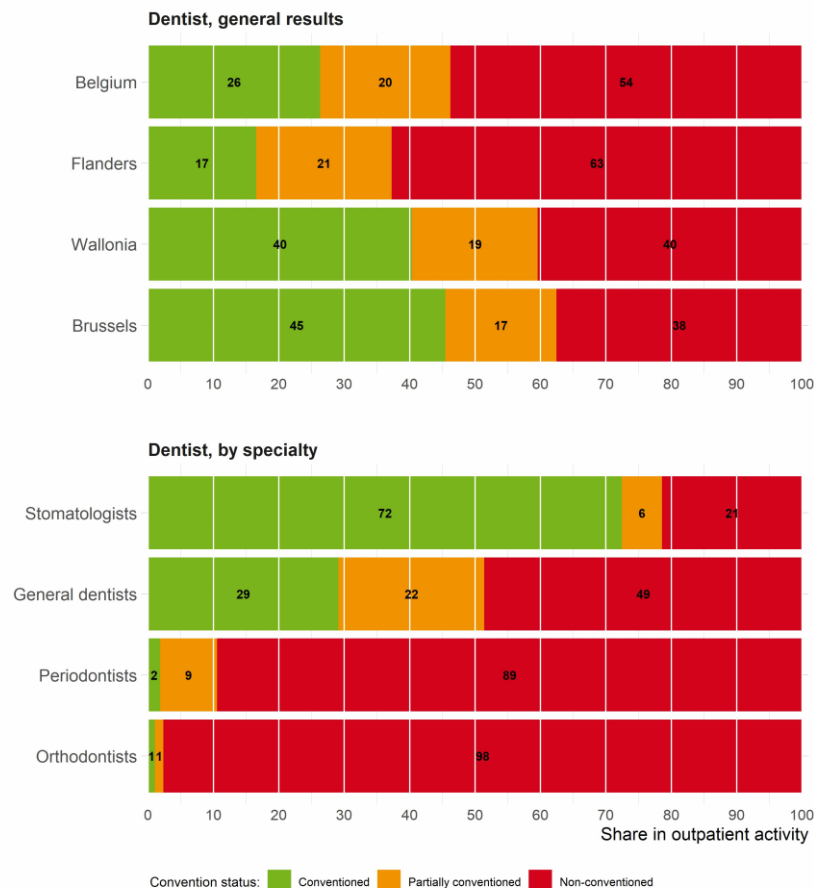


Table 9 – Share in outpatient activity of active dentists (>500 outpatient contacts) by convention status (years 2012, 2015, 2018, 2021)

		2012	2015	2018	2021
All dentists	Conventioned	34.3	35.5	26.8	26.3
	Partially conventioned	29.1	20.3	24.1	19.9
	Non-conventioned	36.6	44.2	49.2	53.8
<i>General dentists</i>	Conventioned	37.5	38.8	29.4	29.1
	Partially conventioned	32.1	22.5	27.0	22.3
	Non-conventioned	30.4	38.7	43.6	48.6
<i>Orthodontists</i>	Conventioned	4.8	3.2	2.2	1.1
	Partially conventioned	2.9	0.6	0.5	1.3
	Non-conventioned	92.3	96.3	97.3	97.6
<i>Periodontists</i>	Conventioned	7.9	11.2	6.4	1.9
	Partially conventioned	12.2	8.9	7.3	8.7
	Non-conventioned	79.9	79.9	86.3	89.4
<i>Stomatologists</i>	Conventioned	64.3	58.2	57.2	72.5
	Partially conventioned	5.1	7.6	6.8	6.1
	Non-conventioned	30.5	34.3	36.0	21.4

Source: IMA-AIM

Table 10 – Share in outpatient activity of active dentists (>500 outpatient contacts) by convention status, subdivided by region and socioeconomic status of the patient (2021)

		Conventioned	Partially conventioned	Non-conventioned
Belgium		26.3	19.9	53.8
Region	Flanders	16.6	20.7	62.7
	Wallonia	40.4	19.2	40.4
	Brussels	45.5	17.0	37.5
Socioeconomic status	Increased reimbursement	43.6	21.4	35.0
	No increased reimbursement	22.9	19.6	57.5

Source: IMA-AIM

Key points

- A convention rate based on headcounts gives a biased assessment of the possibility to consult a conventioned dentist and the corresponding price transparency and price certainty, because (1) there is an important number of practitioners without real outpatient activity and these inactive practitioners are more likely to be conventioned, and (2) the convention rate can differ substantially by volume of activity. Therefore, an indicator of convention status weighted by volume of activity provides a more relevant perspective on access to outpatient dental care at the officially agreed tariffs.
- The share of activity by conventioned dentists has declined from 34.3% in 2012 to 26.3% in 2021, with a large decrease between 2015 and 2018. Hence, only 1 in 4 patient contacts was performed by a conventioned dentist. Activity by non-conventioned dentists has strongly increased and accounted for more than half of all patient contacts in 2021.
- Compared to the convention rates based on headcounts, i.e. 48.0% among all dentists in 2021 and 29.3% among active dentists, the convention rate based on outpatient activity further fell to 26.3%.
- The convention rate, weighted by activity, ranged in 2021 from as low as 1.1% for orthodontists, 1.9% for periodontists, 29.1% for general dentists, up to 72.5% for stomatologists. Over time the convention rates for orthodontists and periodontists have decreased up to a point that it becomes difficult if not impossible to find a conventioned orthodontist or periodontist. Also for general dentists, the activity share of conventioned dentists has decreased over time so that in 2021 almost half of the patient contacts was performed by non-conventioned practitioners, an increase of 60% compared to 2012.
- The convention rate of dentists, weighted by activity, was in 2021 substantially lower in Flanders (16.6%) than in Wallonia (40.4%) and in Brussels (45.5%). In Flanders, the number of contacts by

non-conventioned dentists was almost 4 times the level of activity by conventioned dentists.

- Beneficiaries of increased reimbursement were twice as likely to consult a conventioned practitioner in 2021 (22.9% versus 43.6%). However, also in this vulnerable group, more than 1 in 3 contacts with dentists were performed by a non-conventioned practitioner.

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