The federal database of healthcare professionals.

Objectives

The law of the 29th of January 2003 (BM: 26.02.03) creates the federal database of the healthcare professionals. Are considered as healthcare professionals all disciplines defined by the Royal Decree No 48 (BM: 14.11.1967 last modification 19.11.2002).

The first objective of this database is to collect the data needed by the commission of planning. This commission is responsible to determine the number of new professionals (doctors, dentists, physiotherapists) who will have an access to the 'INAMI' reimbursement.

This database, here called register, must also allow the execution of regulatory missions by the administrations. The register should lead to an administrative simplification of the steps taken by the healthcare professionals.

Finally the register should become a way of improvement of the communication with and between the healthcare professionals.

Therefore a large number of data has to be collected. For type of data are taken into consideration:

1. Identification data of the practitioner (professional and personal)
2. Data relative to his approval
3. Data relative to his socio-professional situation
4. Data voluntarily placed at disposal by the practitioner and relating to him

The first 3 types of data requires the collaboration of several institutions: the National Register, the 'INAMI', the ONSS, the ONSSAPL, the INASTI, the ONP, the FPS Public Health, the Orders, the OSSOM, the hospitals and the old people’s home.

Methodology

The needs, expectations and constraints of the healthcare professionals facing the data voluntary given by the practitioner were studied using the group focus method.

This technique indicates a group discussion structured in different phases and according a very precise script defined by a moderator in collaboration with the team responsible for an application development (website, software, ...) the group is made by different persons selected according to representativeness criteria's.

This method also allows underlining the convergences, divergences or contradictions between the wishes of the customers (the users) and the constraints generated by the implementation of the healthcare professionals register.

This is a qualitative method with a direct involvement of the users into the decision making process.

The analysed users groups are healthcare professionals whose data are already partially or totally inserted into the register.

Those professionals are the following

- General practitioners
- Specialist practitioners
- Dentists
- Physiotherapists
- Nurses

The following users have also been taken into account: the public and the scientific world.

Operational planning:

- May 2004: Focus Group 1: French speaking General practitioners
  Focus Group 2: French speaking Specialist practitioners
- June 2004: Focus Group 3: French speaking dentists
- August 2004: Focus Group 4: French speaking public
  Focus Group 5: Dutch speaking public
  Focus Group 6: Dutch speaking General practitioners
- Sept 2004: Focus Group 7: Bilingual physiotherapists
Results

1) Analyze of the healthcare professional datable users

The other groups of potential customer (database users) can be classified into two separate groups. On the one hand the customers having ongoing activities and on the other hand the potential future customers having activities that are not directly concerned by the creation of the register.

The current potential customers
- the ‘INAMI’ : National Institute for health and disability insurance
- National council of dentistry
- National council of nursing
- Professional associations
- Representative institutions for healthcare professionals such as unions
- Circles of doctors
- ‘GLEM’ local groups for medical evaluation
- Institutions responsible for the patient care (hospitals, day hospital, old people’s home, etc)
- Patient associations
- Registers such as the cancer register

The future potential customer
The ‘healthcare professionals register’ is a reference database. Its objective is to offer a large variety of services to the healthcare professionals such as:
- Care Net allows the data transfer to the insurances
- The authorities responsible for the electronic identity card
- The online billing of the ‘tiers-payant’
- The electronic medical receipt

2) Analyze of the data voluntary given by the practitioner

Those data are used to complete the information already hold by the administrations such as the Public Health, the ‘INAMI’, ...

They can be classified as follows:
- Personal identification data
- Professional qualification data
- Characterization data of the practice

Personal identification data
The data already included in the register could be supplied with the following items:
- Mailing language
- Marital status
- Phone, fax, Mobile, email
- Webpage

Professional qualification data
The data already included in the register could be supplied with the following items:
- Use of a non-conventional practice (homeopathy, osteopathy)
- Fields of scientific research
- Other trainings
- Only for physiotherapists: their field of specialization. The goal is to define the relation type between the physiotherapist and his customer.

Characterization data of the practice

The data already included in the register could be supplied with the following items:
- The individual, group or non clinical practice
- Professional (s) address (es)
- Professional phone, fax, mobile, email
- Schedules
- Access type of the consult: free or upon appointment
- Residential visit
- Conventional or not
- Consult language
- Other professional activities

The access to the data voluntary given by the practitioner is subjected to the will of the practitioner himself. The type of access can be determined according to data type and the quality of the requestor.

3) Further needed functions

- Interactivity functions between the healthcare professionals and the register
  - Automatic warning when a modification occurs in the data recorded by the administration
  - Automatic alert when the data have to be updated by the practitioner
  - Data consultations statistics for each practitioner. These statistics will give an idea of the quality of the requestor as well as the frequency of the medical consults.
  - Multi criteria search engine

- Interactivity functions between the healthcare professionals and the following administrations
  - National Order of the doctors
  - National Council of dentistry
  - National Council of physiotherapy
  - Local medical commission
  - The ‘INAMI’

The goal of these functions would be the administrative simplification of the relations between the healthcare professionals and the authorities.

A link with the SAM card and the CARE NET system could be implemented in order to increase the interactivity and the protection of the access to the database.

- Interactivity function with other websites
  - Link with the sites organizing the emergency services
  - Link with the websites organizing the guards
  - Links with scientific websites such as the guidelines
  - Links with the official websites of the other administrations
  - Links to the professional webpage of the practitioner

- Information function
  - Towards the public
    - Definition of the terms used in the register to define, on the one had, the professional titles and qualifications and, on the other hand, the concepts used to define the activities of the healthcare professionals.
  - Towards the healthcare professionals
    - Highlighting of the data origin and the last update date
    - Highlighting of the legal framework where the register develop its activities
    - Data regarding the practice (feminisation, population pyramid, territorial repartition into the health sector, activities repartition for the hospital and the ambulatory sectors.
- Data on analyze of the migratory flows of the healthcare professionals
- Data on the retirement of the practitioners according to their field of activity.

Those different functions should be transformed into a report available for the healthcare professionals. The definition of the terms should be related to a web page where would appear each term according to the field of activity.

4) Data collection

Data should be collected via a questionnaire. This questionnaire would be sent by mail. Practitioners would be asked to reply directly via the website of the register. Using a password would allow to access the register.

This questionnaire would include 4 files:
- An identification file
- A file with the professional qualifications
- A file with the description of the activity
- A file with the recording into the search engine of the healthcare professionals.

The first 3 files would have three sub-files:
- An explanatory leaflet regarding the data that are already in the register and the access rights concerning those data and defined by the Law of the 29th January 2003 (BM: 26.02.03)
- A central part containing each registered data and each data to be registered
- A part dedicated to the enlargement of the access rights to each of those data regarding the Law of the 29th January 2003 (BM: 26.02.03). This access right is granted by the practitioner and can be defined according to the type of data and the type of requestor.

Remarks: in the following table
CL Consultation Language
NCP Non conventional practice
1) Possible content of the future search engine used by the public

<table>
<thead>
<tr>
<th>Healthcare Institution</th>
<th>Search by</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>An old people’s home</td>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>A convalescent home</td>
<td>Town</td>
<td></td>
</tr>
<tr>
<td>A day hospital for older people</td>
<td>Service type</td>
<td></td>
</tr>
<tr>
<td>A hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General practitioner</th>
<th>Search by:</th>
<th>The type of result depends on the access right delivered by the practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Town</td>
<td></td>
</tr>
<tr>
<td>Advanced search</td>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>'Conventionned'</td>
<td>CL</td>
<td></td>
</tr>
<tr>
<td>NPC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialist practitioner</th>
<th>Search by:</th>
<th>The type of result depends on the access right delivered by the practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Town</td>
<td></td>
</tr>
<tr>
<td>Advanced search</td>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>'Conventionned'</td>
<td>CL</td>
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<tr>
<td>NPC</td>
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<td></td>
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<tr>
<th>Dentist</th>
<th>Search by:</th>
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<tr>
<td>Name</td>
<td>Town</td>
<td></td>
</tr>
<tr>
<td>Advanced search</td>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>'Conventionned'</td>
<td>CL</td>
<td></td>
</tr>
<tr>
<td>NPC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physiotherapist</th>
<th>Search by:</th>
<th>The type of result depends on the access right delivered by the practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Town</td>
<td></td>
</tr>
<tr>
<td>Advanced search</td>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>'Conventionned'</td>
<td>CL</td>
<td></td>
</tr>
<tr>
<td>NPC</td>
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</tbody>
</table>

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<tr>
<th>Nurse</th>
<th>Search by:</th>
<th>The type of result depends on the access right delivered by the practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Town</td>
<td></td>
</tr>
<tr>
<td>Advanced search</td>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>'Conventionned'</td>
<td>CL</td>
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</tr>
<tr>
<td>NPC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2) Possible content of the future search engine for the healthcare professionals

<table>
<thead>
<tr>
<th>Emergency Service</th>
<th>List of the emergency phone numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guard Service</td>
<td>List with the websites organizing chemistry and general practitioner guards</td>
</tr>
</tbody>
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<tr>
<td>---------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Healthcare Institution | - An old people’s home  
| | - A convalescent home  
| | - A day hospital for older people  
| | - A hospital  
| | - A clinic  
| | - Other  |
| Search by | Name  
| | Town  
| | Service type  |
| Result | The type of result depends on the access right delivered by the practitioner |
| General practitioner | Search by:  
| | Name  
| | Town  
| | Advanced search  
| | Gender  
| | ‘Conventionned’  
| | CL  
| | NPC  |
| Specialist practitioner | Search by:  
| | Name  
| | Town  
| | Advanced search  
| | Gender  
| | ‘Conventionned’  
| | CL  
| | NPC  |
| Dentist | Search by:  
| | Name  
| | Town  
| | Advanced search  
| | Gender  
| | ‘Conventionned’  
| | CL  
| | NPC  |
| Physiotherapist | Search by:  
| | Name  
| | Town  
| | Advanced search  
| | Gender  
| | ‘Conventionned’  
| | CL  
| | NPC  |
| Nurse | Search by:  
| | Name  
| | Town  
| | Advanced search  
| | Gender  
| | ‘Conventionned’  
| | CL  
<p>| | NPC  |
| The type of result depends on the access right delivered by the practitioner |</p>
<table>
<thead>
<tr>
<th>A form</th>
<th>Approval</th>
<th>Accreditation</th>
<th>Internship</th>
<th>Revert to the medical website dedicated to the forms depending on the user’s professional code.</th>
<th>Result depend on the type of requestor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Personal data verification</td>
<td>Data + date of the last and the next update</td>
<td></td>
<td></td>
<td>Result depends on the personal code of the practitioner</td>
</tr>
<tr>
<td></td>
<td>Information concerning the demography of the healthcare professionals</td>
<td>Medicine Dentistry</td>
<td>Physiotherapy Nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Links with official websites</td>
<td>Address list of the partners having an access right to the database.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Conclusion**

The law of 29th of January 2003 (MB: 26.02.03) does not mention the obligation to register data of the practitioner. A program underlining the various possibilities of such a tool has to be implemented.

Indeed the enlarging possibilities of the communication resources between en with the healthcare professionals have to be approached in this program.

Moreover a “Register” commission should be created in order to supervise the creation and the respect of the below detailed procedures.

She should also make sure that there are no abusive uses of the database.

The following uses are considered as abusive:
- To contravene the law of the 8th of December 1992 related to the protection of private life
- To use illegally a professional or academic title
- To try to legitimate the illegal exercise of medicine, dentistry or nursery
- To divert the below mentioned information procedure and use in a commercial or advertising goal

The procedure needed by the public, the scientific world, the administration and the healthcare professionals to use the database should be the following:
- Updating procedure of the data given by the administrations
- Updating procedure of the data voluntary given by the practitioners
- Procedure of use of the data that have been aggregated or that are anonymous
- Mailing procedures toward a specific group beyond the healthcare professionals with the goal to inform, gather the knowledge, continue the training or make a scientific inquiry.