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Conference Abstract

An integrated comprehensive needs-based capitation system to enhance quality of primary care

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Abstract

Purpose: To improve the capitation system which was linked with the utilization patterns in the fee-for-service system by developing a needs-based capitation system with its own budget and needs-based distribution.

Context: There are actually more than 120 integrated community health care centres (CHCs) in Belgium, in which 2,5% of the Belgian population is taken care of. Since 1982, apart from the fee-for-service system, a new financing system for PHC was created: the integrated capitation. We make a vertical historical analysis of this payment system, focusing on the key-features of PHC.

The capitation was based on a calculation of the average spending for a citizen in primary health care in the fee-for-service system in the framework of the National Institute for Health- and Disability Insurance (NIHDI). In contrast to the fee-for-service system there was no cost sharing by the patient in the capitation system. A study by the Federal Knowledge Centre for Health Care in 2008 revealed that the capitated system led to a high degree of accessibility, especially for vulnerable groups, there was no risk selection, patients in the capitated system used less resources in the secondary care, less medications and the quality of care was at least as good or better than in the fee-for-service system. The weakness of the system, however, was its link with the fee-for-service, as changes in utilization patterns in the fee-for-service influence the resources available in the capitated system.

State of the art: In 2013, the system was changed into a system with its own budget and with a needs-based distribution of resources between the CHCs. In order to implement this, annually a "photograph" is made of the populations on the list of the different CHCs describing the "needs-variables" of that population (demographic, social -economic, morbidity and contextual variables). Based on this data, the money is distributed and each CHC receives a specific "capitation" for the patients on the list.

Statements for debate: Developing appropriate systems for payment of PHC is a challenge. The integrated needs-based mixed capitation system has the advantage to stimulate prevention, health promotion and self-reliance of the people, moreover as there is a global payment for all disciplines, there is an incentive task shifting and subsidiary. Finally, the fact that the payment is needs-based prevents risk selection. The comprehensiveness of the system stimulates a global approach to a broad range of problems, avoiding the fragmentation and disease-orientation of e.g. fee-for-performance systems. Further long-term assessment in relation to outcome-indicators is needed.

Keywords:

capitation-fee, needs-based, alternative financing

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