imec

ehealthmonitor 2019

GENERAL PRACTITIONERS

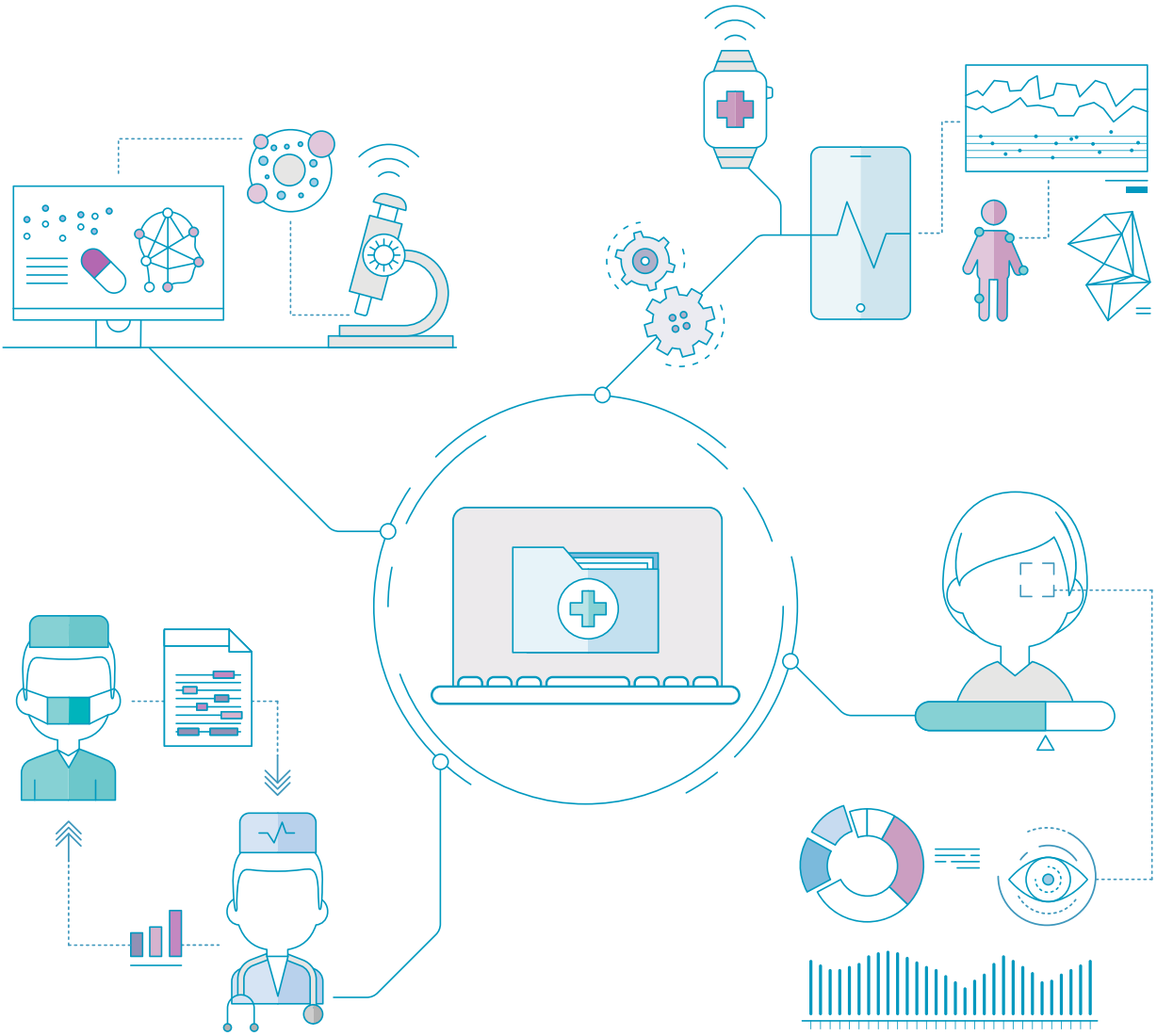

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TABLE OF CONTENTS

LIST OF GRAPHS

CHAPTER 01: SOCIO-DEMO

CHAPTER 02: EHEALTH SERVICES

CHAPTER 03: EXCHANGE OF HEALTH DATA AMONGST HEALTHCARE PROFESSONALS

CHAPTER 04: ONLINE COMMUNICATION WITH PATIENTS

CHAPTER 05: SELF MANAGEMENT AND ONLINE TREATMENT

INTRODUCTION

The eHealthmonitor 2019 is a two-phased mixed-methods study (structured survey and focus group interviews). It was assigned by the federal and regional Belgian governments, and RIZIV/INAMI, and executed by imec and imec-SMIT-VUB in collaboration with WeLL.

The eHealthmonitor 2019 offers insight in the use of and experience with different eHealth services and digital applications in Belgian healthcare. Data was collected via **online questionnaires** (October-December 2019) from **six target groups**: General Practitioners (N=849), Specialists (N=941), Pharmacists (N=692), Nurses (N=1095), Nursing Assistants (N=118) and Citizens (N=5046). **It is important to keep in mind that the data was collected previous to the COVID-19 sanitary crisis.**

This report describes the **survey results** for the group of **general practitioners**. All other reports, including a more detailed methodological section and the executive summary of all results (in French and Dutch), can be retrieved via **www.ehealthmonitor.be**. Before we present the results a short overview of the followed methodological procedure for all surveys is described.

QUESTIONNAIRE DEVELOPMENT AND DATA COLLECTION

The final questionnaires were iteratively developed with feedback from experts and representatives of the target group, with a focus on current use and experiences with the available eHealth services. This resulted in **6 different questionnaires** with comparable questions where relevant. **All questions focused on the experience of health care professionals and citizens in the past year (October 2018-September 2019) and our results therefore reflect the situation before the COVID19 sanitary crisis.**

We **recruited participants via several approaches**. The cabinet of the federal and regional health ministers and the RIZIV/INAMI communicated through their different channels and sent out a press release that was picked up by specialized press. Also, an invitation to participate was sent to all Belgian health professionals via the eHealthBox. Furthermore, we mobilized the help of many regional and federal health organizations, such as our project partners, unions, professional associations and interest groups to spread the questionnaires to their members. We want to thank them for their efforts. Citizens were reached through commercial panels such as imec.Maakdatmee and Bilendi Belgium.

DATA CLEANING AND ANALYSIS

Partially completed surveys were not systematically removed during **data cleaning**. Only respondents with unusual and/or inconsistent responses were removed by verifying open questions. Thus, the **N for each particular question is provided** under the table/graph, showing lower response rates for some of the items.

The **obtained sample** of each target group of healthcare professionals was **compared to the national statistics of healthcare practitioners 2019**[1] for representativeness by region, age and sex. For the **citizens** the obtained sample was compared to the **statistics of the Belgian population** for representativeness by region, age, sex and education level[2]. For each profession, as well as for the citizens, detailed information of the samples demographics is provided at the start of each report. In addition, disclaimers are added to the reports where the percentages of groups in our sample do not accurately represent the size of this group in society.

The **quantitative data was analyzed** using SPSS Statistics version 26. Due to the sample sizes, very small differences often still reached statistical significance[3]. The findings presented represent the **total sample** and cover the **Belgian trends** and attitudes. However, **when distinctive regional variations** are noticed these are **pointed out**.

1 Steinberg, P. (2019). Jaarstatistieken met betrekking tot de beoefenaars van gezondheidszorgberoepen in België. Cel Planning van het Aanbod van de Gezondheidszorgberoepen

2 Statbel (Algemene Directie Statistiek – Statistics Belgium). Kerncijfers Belgische bevolking 2019. FOD Economie, KMO, Middenstand en Energie.

3 Lantz, B. (2013). The large sample size fallacy. Scandinavian journal of caring sciences, 27(2), 487-492.

For each target group the **most relevant open-ended questions** with regards to the services (e.g. services with lowest usage, services with highest dissatisfaction) and the feedback question at the end of the survey were analyzed. All selected questions were first coded inductively (open coding) using MAXQDA 2020. When no new information was detected and saturation was reached, these codes were categorized. These categories where then used to complete focused coding of the rest of the data. The **main categories are reported**.

Recruiting exclusively via a digital questionnaire might limit the external validity of the results. The findings provide an **indication** of the trends, barriers and possibilities with regard to eHealth in Belgium for people of the target groups **who are already active online**. Therefore, the results presented in this report are limited to our sample and do not represent all segments of the entire Belgian population.

KEY CONCEPTS AND DEFINITIONS

This section provides an overview of the **key concepts and definitions** that are used throughout the report.

The definition of eHealth by the European Commission was adopted for the eHealthmonitor 2019, namely *"... tools and services that use information and communication technologies (ICTs) to improve prevention, diagnosis, treatment, monitoring and management of health and lifestyle*[1]*"*. This definition is understood and applied in a broad sense to avoid a too restrictive scope, which could be unwanted to evaluate and monitor evolution over time.

AI / Artificial intelligence. A system which can, to a certain degree, feel, observe and think like human beings and which can act in a rational way. For example, artificial intelligence is used in self-driving cars or in health care to offer support with decisions regarding medical treatment (e.g. wound care).

Digital applications. The total offer of apps, programs or digital devices that can be used to comply with the care needs of a patient. These can be provided by the public sector or the private sector.

eAttest. eHealth service that allows the electronic forwarding of certificates of a rendered service to the patient's health insurance fund in the context of cash payments.

eFact. eHealth service providing an electronic invoice for the third-party payer.

e-vax. eHealth service that allows the ordering of vaccinations. Currently this eHealth service is only available in Wallonia and Brussels.

EvidenceLinker. eHealth service that consists of an electronic file support system which offers relevant clinical guidelines during a consultation.

Government health portal (official national or regional health portal). A secured website/application, provided by the federal or the regional government, that stores and makes personal health data accessible to healthcare professionals involved in the patient's care. For instance, Mijngezondheid/Masanté, MyHealthViewer, CoZo, Vlaams Ziekenhuis Netwerk, Réseau Santé Bruxellois/Brussels Gezondheidsnetwerk and Réseau Santé Wallon.

Health portal. A secured website/application where patients can consult the health data that is made accessible to them.

Medical house. A multidisciplinary medical practice that has an agreement with a public health insurance and receives a fixed amount per patient. This is also known as a '*wijkgezondheidscentrum*' or an '*Association de Santé Intégrée (ASI)*'.

MyCareNet. eHealth service that allows an electronic request or electronic extension of authorizations for medication from Chapter IV.

MyHandicap. eHealth service that allows the electronic request of recognition of a handicap.

Private health portal. A secured website/application, provided by a healthcare professional/health care institution (e.g. hospital, doctor's practice, nursing service) or another private partner (e.g. a company), that stores and makes personal health data accessible to healthcare professionals involved in the patient's care.

Recip-e. eHealth service that allows to create and digitally share electronic medication prescriptions.

SumEHR. A concise summary of the medical record of the patient with the GP.

1 European Commisson. eHealth: digital health and care [Web page] (2019) [cited 22 June 2020]. Available from: https://ec.europa.eu/health/ehealth/overview_en

Teleconsult. A medical consultation held by telecommunication, for example patients asking medical questions via a website or email.

Telemonitoring. A method that allows healthcare professionals to monitor patients remotely. A patient measures a health parameter (e.g. blood pressure, blood sugar level) with a measuring instrument, sensor or another device, possibly stores these parameters digitally and possibly shares them with a healthcare professional. Furthermore, telemonitoring allows healthcare professionals to ask additional questions to the patient in a digital way.

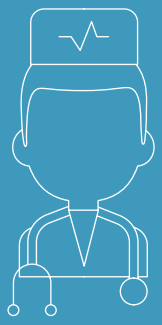
Wearable. A portable, digital device that can be worn on the body or on/in clothing (except smartphone) to measure personal information, store this information digitally and possibly send it via the internet (e.g. a smartwatch).

UPPAD. eHealth service that allows the consultation of administrative information which the government has about you as a medical professional.

Vaccinnet. eHealth service that allows the ordering and distribution of vaccinations and is linked to a registration system for vaccinations. Currently this eHealth service is only available in Flanders.

CHAPTER 01

SOCIO-DEMO



SOCIO-DEMO OF OUR SAMPLE

The table below provides an overview of the **socio-demographic characteristics** of the General Practitioners (GPs) included in our **sample**. The percentages between brackets reflect the percentages in the **Belgian population**[1].

	Belgium	Flanders	Wallonia	Brussels
REGION (N=732)		N=387	N=246	N=99
		52,9% (56,6%)	33,6% (33,5%)	13,5% (9,9%)
AGE (N=742)				
< 25 years	0,1% (0,0%)	0,0%	0,4%	0,0%
25-34 years	22,8% (16,2%)	23,3%	22,8%	21,2%
35-44 years	15,8% (12,3%)	18,1%	15,0%	9,1%
45-54 years	18,2% (15,9%)	19,1%	17,9%	15,2%
55-64 years	28,7% (26,0%)	27,1%	29,3%	33,3%
65+ years	14,3% (29,6%)	12,4%	14,6%	21,2%
LANGUAGE (N=849)				
Dutch	54,8%	99,5%	0,0%	11,8%
French	45,2%	0,5%	100,0%	88,2%
SEX (N=742)				
Female	41,8% (42,4%)	42,6%	39,0%	45,4%
Male	58,2% (57,6%)	57,4%	61,0%	53,5%
Other	0.1%	0.0%	0.0%	0.1%
FUNCTION (N=884)				
GP in training	7,8% (12,1%)	5,7%	11,8%	6,4%
GP	92,2% (87,9%)	94,3%	88,2%	93,6%
WORK EXPERIENCE AS GP (N=678)				
0-4 years	9,9%	11,0%	8,3%	9,7%
5-9 years	11,1%	11,5%	8,8%	15,1%
10-14 years	10,7%	12,1%	10,6%	5,4%
15-19 years	8,4%	9,6%	7,8%	5,4%
20-24 years	7,9%	8,8%	6,5%	7,5%
25-29 years	9,0%	8,2%	11,5%	6,5%
30-34 years	13,2%	13,7%	11,5%	15,1%
35-39 years	15,9%	13,2%	19,8%	17,2%
40-44 years	11,0%	9,3%	12,0%	15,1%
45-49 years	2,7%	2,5%	2,8%	3,2%
50-54 years	0,1%	0,0%	0,5%	0,0%
55+ years	0,1%	0,3%	0,0%	0,0%

1 Steinberg, P. (2019). Jaarstatistieken met betrekking tot de beoefenaars van gezondheidszorgberoepen in België. Cel Planning van het Aanbod van de Gezondheidszorgberoepen.

TYPE OF WORKPLACE (N=736)				
Individual practice	35,1%	32,6%	37,4%	39,4%
Individual practice with assistant	6,1%	2,1%	12,6%	6,1%
Group practice	24,7%	35,7%	11,4%	15,2%
Group practice with assistant	16,3%	17,6%	15,4%	13,1%
Multidisciplinary medical center	4,0%	3,9%	4,1%	4,0%
Medical house	14,2%	8,8%	18,3%	25,3%
Other	3,7%	1,8%	5,7%	6,1%

Compared to the Belgian population:

- GPs in **Flanders** are **slightly underrepresented**, and GPs in **Brussels** are **slightly overrepresented**
- GPs **under the age of 35** are s**lightly overrepresented** and GPs **over the age of 65** are **underrepresented**[2]
- **GPs in training** are **underrepresented**

2 The percentages in the reference statistics (Steinberg, 2019) reflect the number of GPs that are allowed to practice their profession. However, in the eHealthmonitor 2019 we only included GPs who are still actively working as a GP, which might explain the big difference in the 65+ category.

CHAPTER 02

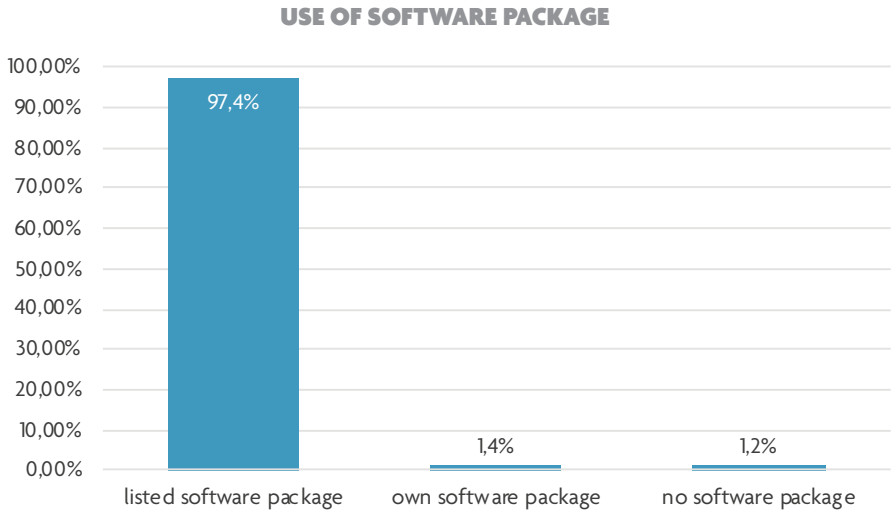
EHEALTH SERVICES

EHEALTH SERVICES

In this part of the report we will focus on the use of a **software package** to manage patient files, the **use of eHealth services**, the **level of satisfaction** with the use of eHealth services and the **general attitude** of GPs towards the **use of digital applications** in their professional life.

1. MANAGING PATIENT FILES

Almost all GPs in our sample (98,8%) used a **software package** to manage the patient file. 97,4% used one of the listed software packages and 1,4% used an own software package. Only 1,2% of GPs did not use a software package. Our results showed that in in all regions the use of a listed software package was over 90%.



Graph 1. Which software package, also called Electronic Medical Record (EMR) do you use to digitally register, process and keep patient data? (Multiple choices are possible) (N=732)

2. USE OF EHEALTH SERVICES

GPs were asked for each of the **eHealth services provided by the government**, that are available to their profession, to indicate whether they used this service in the past year (October 2018 – September 2019).

Our results show that the **most used** eHealth services are:

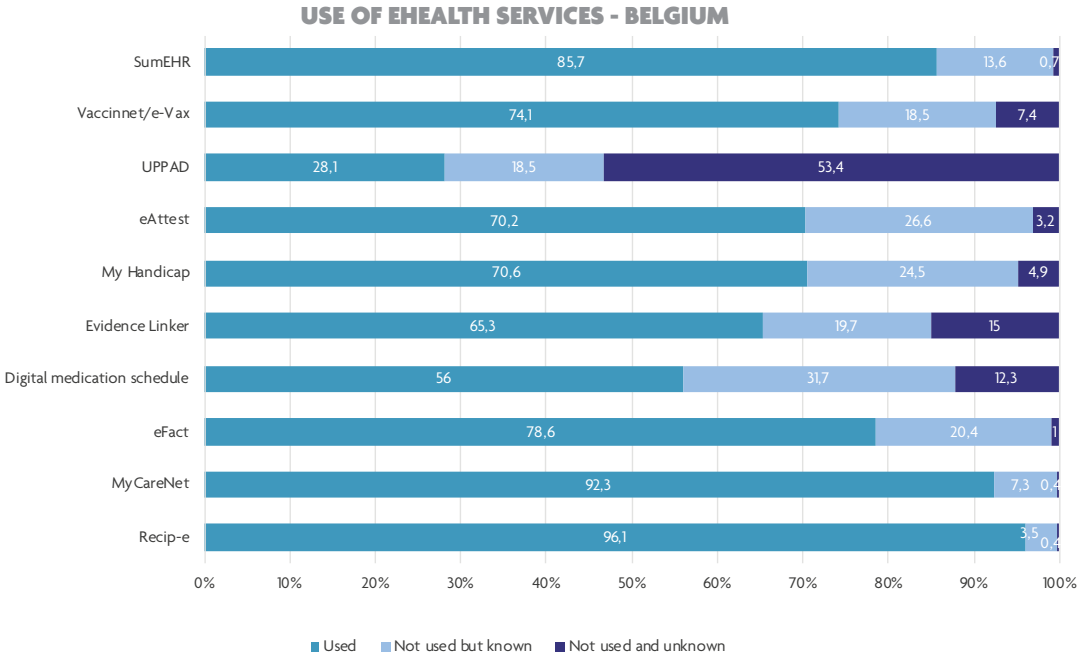
- Recip-e (96,1%)
- MyCarenet (92,3%)
- SumEHR (85,7%)
- eFact (78,6%)
- E-vax/Vaccinnet (74,1%)

The **least used** eHealth services are:

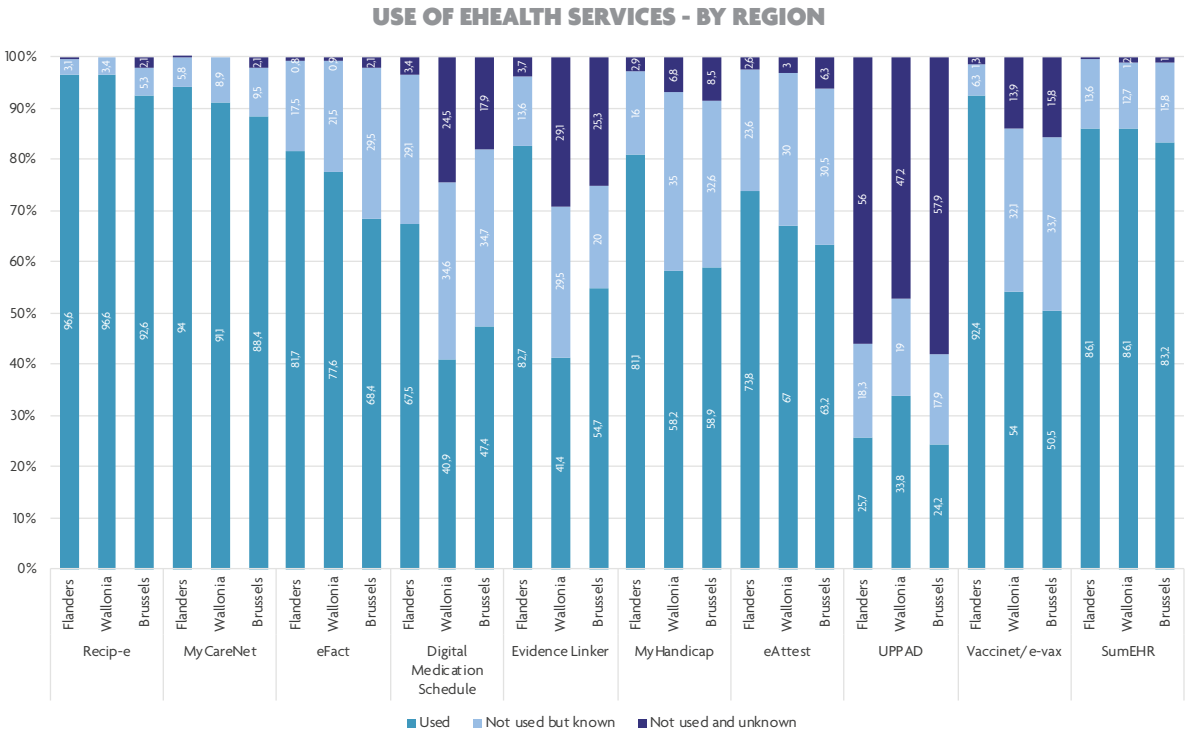
- Digital Medication Schedule (31,7%)
- eAttest (26,5%)
- MyHandicap (24,5%)

Further exploration of these results showed regional differences in the use of certain eHealth services:

- A higher percentage of GPs in Flanders used:
  - Vaccinet/e-vax (92,4%)
  - MyHandicap (81,1%)
  - Evidence Linker (82,7%)
  - Digital Medication Schedule (67,5%)
- A higher percentage of GPs in Wallonia used UPPAD (33,8%)



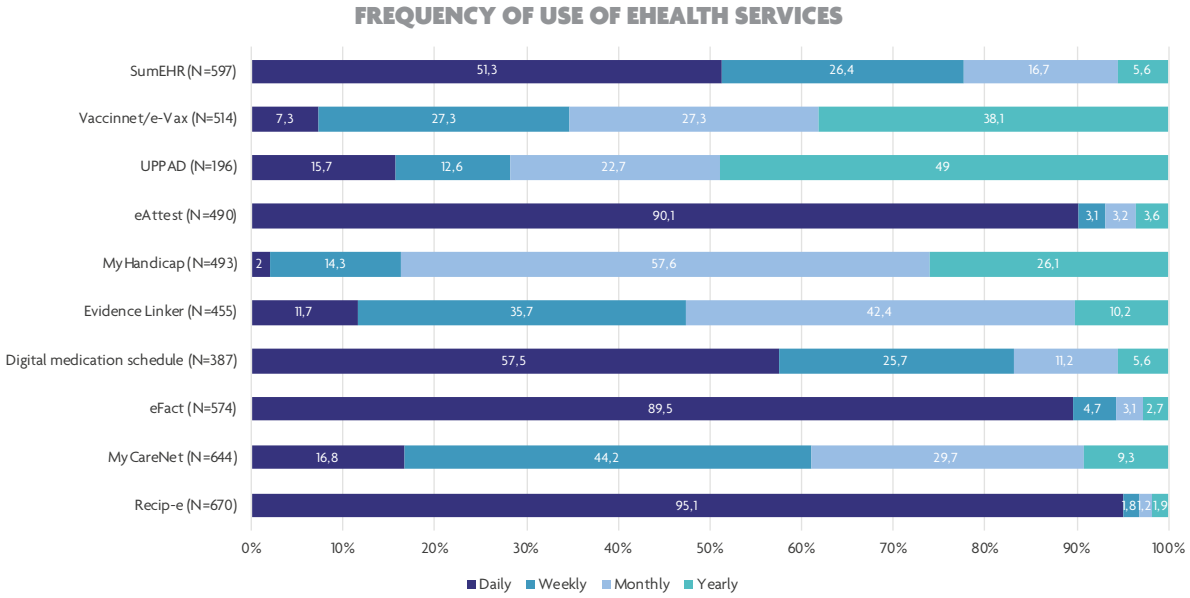
Graph 2. Do you use the following eHealth services? (N=714)



Graph 3. Do you use the following eHealth services? (N=714)

For each of the eHealth services GPs used, they were asked to indicate the frequency of use. The eHealth services with the **highest frequency of use** are:

- Recip-e (95,1% of GPs used it daily)
- eAttest (90,1% of GPs used it daily)
- eFact (89,5% of GPs used it daily)



Graph 4. How often do you use the following eHealth services? (N is provided per eHealth service)

Exploration with other variables showed that the use of eHealth services varied across **age** categories.

		I use it	Don't use it, but have heard of it	I haven't heard of it
EHEALTH SERVICE	**AGE**			
SumEHR	25-34	89,0%	11,0%	0,0%
	35-44	90,4%	8,7%	0,9%
	45-54	90,0%	9,2%	0,8%
	55-64	82,5%	16,0%	1,5%
	65 and up	75,8%	24,2%	0,0%
Vaccinnet/e-Vax	25-34	81,0%	14,1%	4,9%
	35-44	87,0%	7,8%	5,2%
	45-54	79,2%	16,2%	4,6%
	55-64	64,6%	24,8%	10,7%
	65 and up	60,6%	28,3%	11,1%
UPPAD	25-34	9,8%	12,3%	77,9%
	35-44	29,6%	9,6%	60,9%
	45-54	30,0%	17,7%	52,3%
	55-64	37,4%	23,3%	39,3%
	65 and up	35,4%	29,3%	35,4%
eAttest	25-34	69,3%	25,8%	4,9%
	35-44	73,9%	24,3%	1,7%
	45-54	76,9%	17,7%	5,4%
	55-64	73,3%	24,8%	1,9%
	65 and up	51,5%	46,5%	2,0%
MyHandicap	25-34	73,6%	18,4%	8,0%
	35-44	74,8%	21,7%	3,5%
	45-54	76,2%	18,5%	5,4%
	55-64	68,9%	26,7%	4,4%
	65 and up	57,6%	40,4%	2,0%
Evidence Linker	25-34	71,8%	15,3%	12,9%
	35-44	78,3%	9,6%	12,2%
	45-54	65,4%	17,7%	16,9%
	55-64	61,2%	23,8%	15,0%
	65 and up	48,5%	33,3%	18,2%
MyCareNet	25-34	93,3%	6,7%	0,0%
	35-44	94,8%	4,3%	0,9%
	45-54	96,9%	3,1%	0,0%
	55-64	92,2%	7,3%	0,5%
	65 and up	81,8%	17,2%	1,0%
Recip-e	25-34	99,4%	0,6%	0,0%
	35-44	95,7%	3,5%	0,9%
	45-54	98,5%	0,8%	0,8%
	55-64	95,1%	4,4%	0,5%
	65 and up	89,9%	10,1%	0,0%

Table 1. Do you use the following eHealth services? *The age category <25 was omitted from this table as n = 1 (N=714)

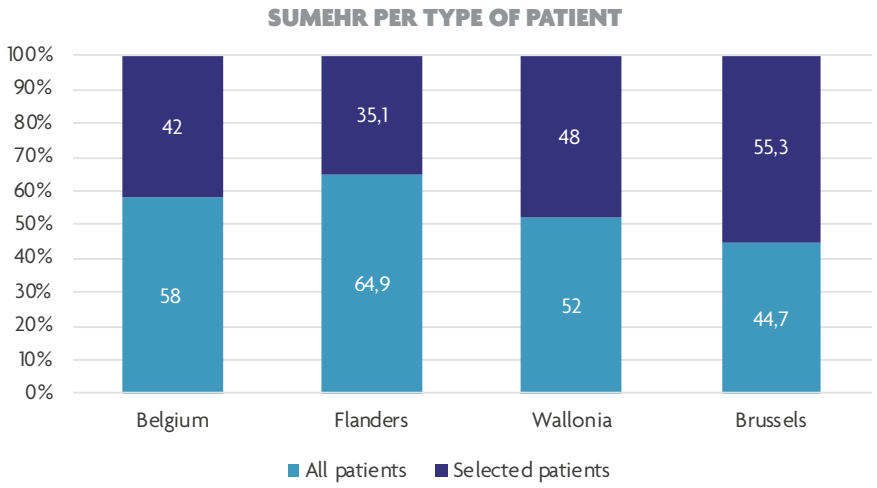
Gender only has a relationship with the use of UPPAD.

UPPAD	I use it	Don't use it, but have heard of it	Haven't heard of it
SEX			
Male	34,5%	19,5%	46,0%
Female	19,5%	16,8%	63,8%

Table 2. Do you use the following eHealth services: UPPAD (N=713)

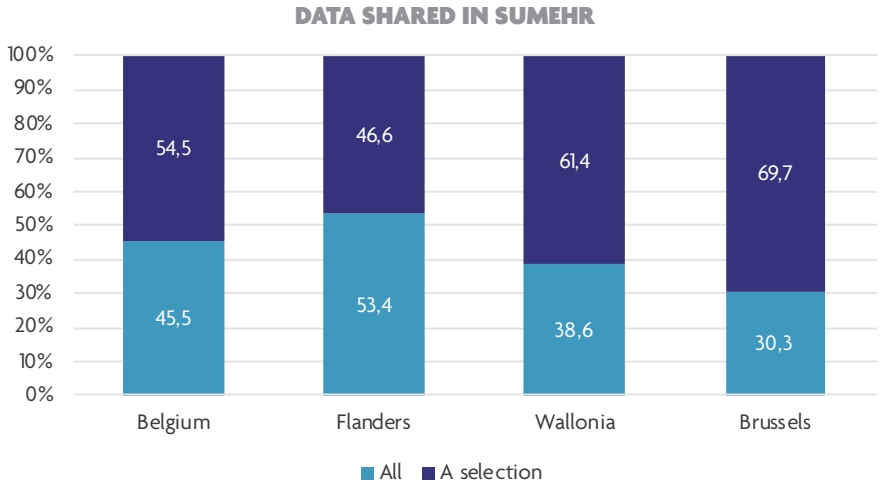
A. ADDITIONAL INFORMATION REGARDING THE USE OF SUMEHR

The majority of GPs in our sample (58%) shared a SumEHR for **all** patients. Our results showed that a higher percentage of GPs in Flanders (64,9%) shared the SumEHR for all patients



Graph 5. For which patients do you share a SumEHR? (Multiple choice possible) (N=602)

When sharing a SumEhr, 45,5% of those GPs shared **all** the data that are **automatically retrieved from their Electronic Medical Record (EMR)**. More than half of GPs (54,5%) made a selection of data from the EMR when sharing a SumEHR. Our results showed that a higher percentage of GPs in Flanders (53,4%) shared all data.



Graph 6. When sharing a SumEHR, what data do you share? (N=602)

B. QUALITATIVE FEEDBACK ON THE USE OF EHEALTH SERVICES

The reasons for not using an eHealth service were analyzed for each of the eHealth services with the **lowest rate of usage**.

DIGITAL MEDICATION SCHEDULE

1. Issues with the use of eHealth services

- Technical issues

  GPs indicated that the service was not available or compatible with their software package.

  > "Resp. 21. "Niet mogelijk in EMD-pakket."
  >
  > "Resp. 201. "PAS ENCORE ACCESSIBLE AVEC MEDISPRING."

  Additionally, GPs noted that the eHealth service and/or the system did not always work properly and that they experienced problems with the stability of the system.

  > Resp. 285. "HET WERKT NIET ZOALS HET HOORT."
  >
  > Resp. 292. "Grootste ergernis is de instabiliteit van de huidige systemen / servers."

- Collaboration with pharmacists

  GPs experienced frustration when collaborating with pharmacists on the Digital Medication Schedule. According to the GPs, this was mainly due to the ability of pharmacists to overwrite information without them knowing what has been changed or without having a backup of the original schedule.

  > Resp. 95. "Uitwisseling met apotheek loopt totaal mank, mijn gegevens worden overschreven zonder dat ik een back-up heb van het schema net voor het overschrijven."

- User friendliness

  GPs found the use of the eHealth service too complex and not user-friendly

  > Resp. 253. "Niet handig in gebruik."

2. Lack of knowledge

GPs mentioned that they did not know the eHealth service or the added value of the service.

> Resp. 229. "De quoi s'agit il?"
>
> Resp. 162. "Ik ken de voordelen onvoldoende."

MYHANDICAP

1. Issues with the use of eHealth services

- Technical issues

  GPs indicated that the service is not available or compatible with their software package and that the service/system does not always work properly.

  > Resp. 12. "Mon DMI ne le supporte pas encore."
  >
  > Resp. 108. "Jamais su le faire avec medispring..."
  >
  > Resp. 206. "Functie werk niet (goed)."

- User friendliness

  GPs stated that the service is complicated to use

  > Resp. 133. "EMPLOI TRES COMPLIQUE."

2. Lack of knowledge

GPs indicated that they did not know that this was possible. Also, they stated that they did not know how to use this service.

> Resp. 49. "Wist niet dat dit kon."
>
> Resp. 98. "JE NE SAIS PAS COMMENT FAIRE."

EATTEST

1. Use of the service

GPs explained that administrative staff is in charge of this type of work and some rarely charge a fee for service. Furthermore, there were GPs that were going to use it in the future.

> Resp. 223. "Je vais l'utiliser."
>
> Resp 262. "Je l'ai essayé et commencerai en 2020."

2. Questions, thoughts and feelings towards eHealth service

There was an uneasiness with the lack of transparency and questions regarding the added value of the service.

> Resp. 33. "Voel mij onzeker, schrik voor technische problemen en onduidelijkheden."
>
> Resp. 141. "Weinig transparantie."
>
> Resp. 20. "J'utilise eFact pour tout le monde, au grand contentement de tous, moi y compris, et cela ne change RIEN pour la mutuelle, alors, pourquoi avoir pondu eAttest."

3. INTEREST IN THE USE OF EHEALTH SERVICES

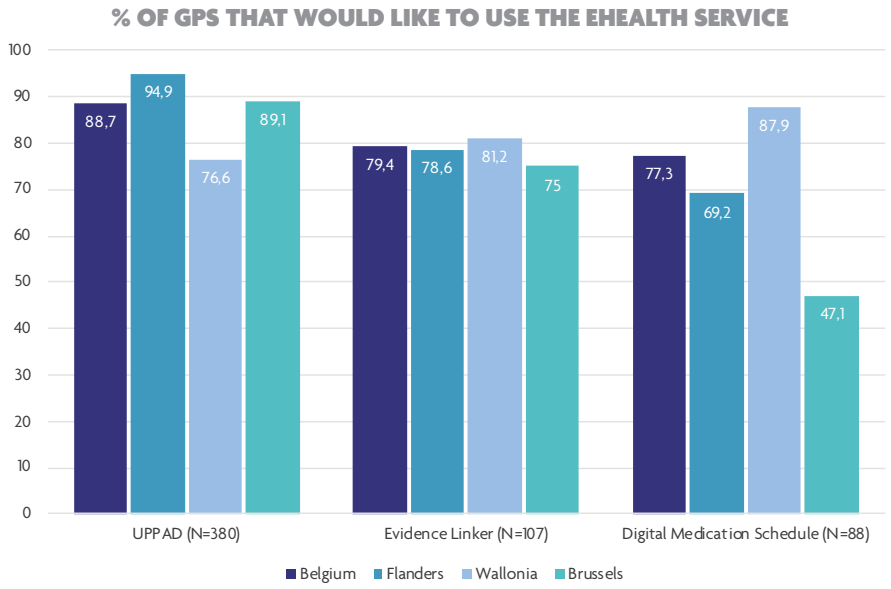
For the eHealth services GPs did not use in the past year (October 2018 - September 2019) they were asked to indicate whether they have heard of the service or not.

Our results showed that the **least known** eHealth services are:

- UPPAD (52,4% of GPs had not heard of it)
- Evidence Linker (15,0% of GPs had not heard of it)
- Digital Medication Schedule (12,3% of GPs had not heard of it)

For those eHealth services GPs had not heard of, they were asked whether **they would like to use them**. For each of the three least known eHealth services (UPPAD, Evidence Linker and Digital Medication Schedule) **more than three out of four GPs** in our sample indicated that they would like to use them. However, our results showed some regional differences in the level of interest amongst GPs:

- A higher percentage of GPs in Flanders (94,9%) and Brussels (89,1%) would like to use UPPAD
- A higher percentage of GPs in Wallonia (87,9%) would like to use the Digital Medication Schedule. Less than half of the GPs in Brussels (47,1%) seem interested in the use of the Digital Medication Schedule.



Graph 7. You indicated that you never heard of this eHealth service. Can you please indicate per service if you would like to use it? (N is provided per service)

4. SATISFACTION WITH EHEALTH SERVICES

For those eHealth services GPs had used in the past year (October 2018 – September 2019), they were asked to indicate how satisfied they were with the use of the service.

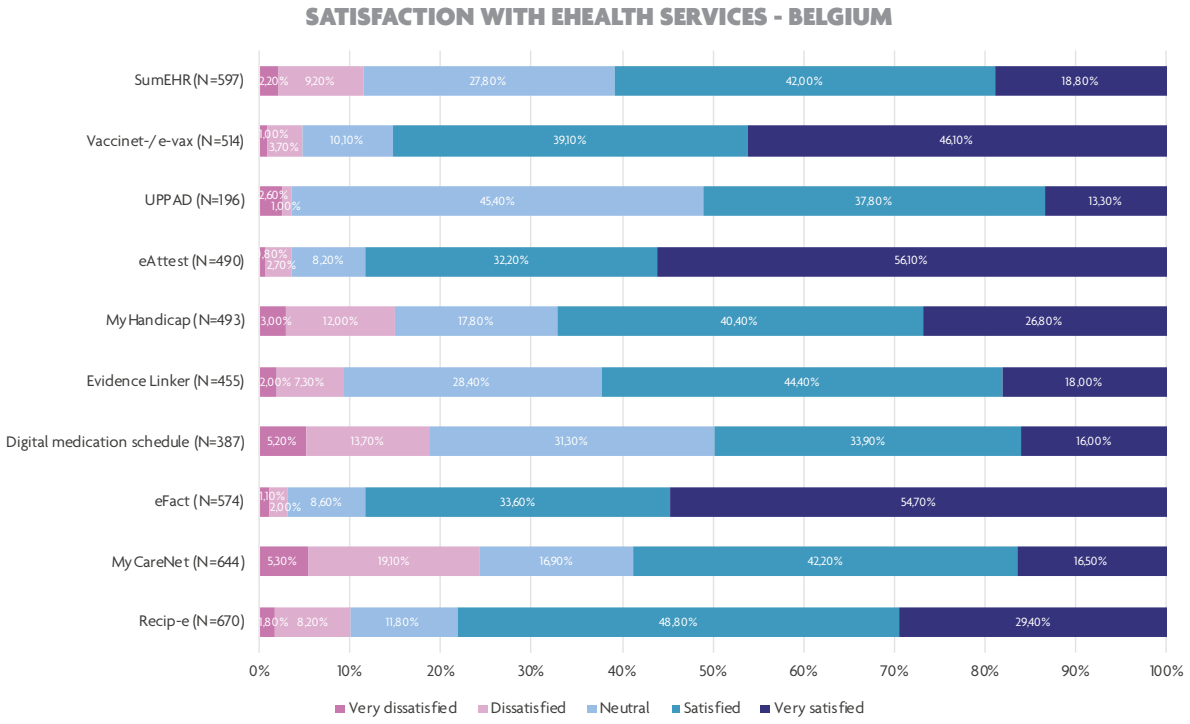
Our results showed that for all eHealth services, except the Digital Medication Schedule, more than half of the GPs in our sample are **(very) satisfied** with the use of the service.

The eHealth services with the **highest rate of satisfaction** are:

- eAttest (88,3% of GPs were (very) satisfied)
- eFact (88,3% of GPs were (very) satisfied)
- e-vax/Vaccinet (85,2% of GPs were (very) satisfied)

The eHealth services with the **highest rate of dissatisfaction** are:

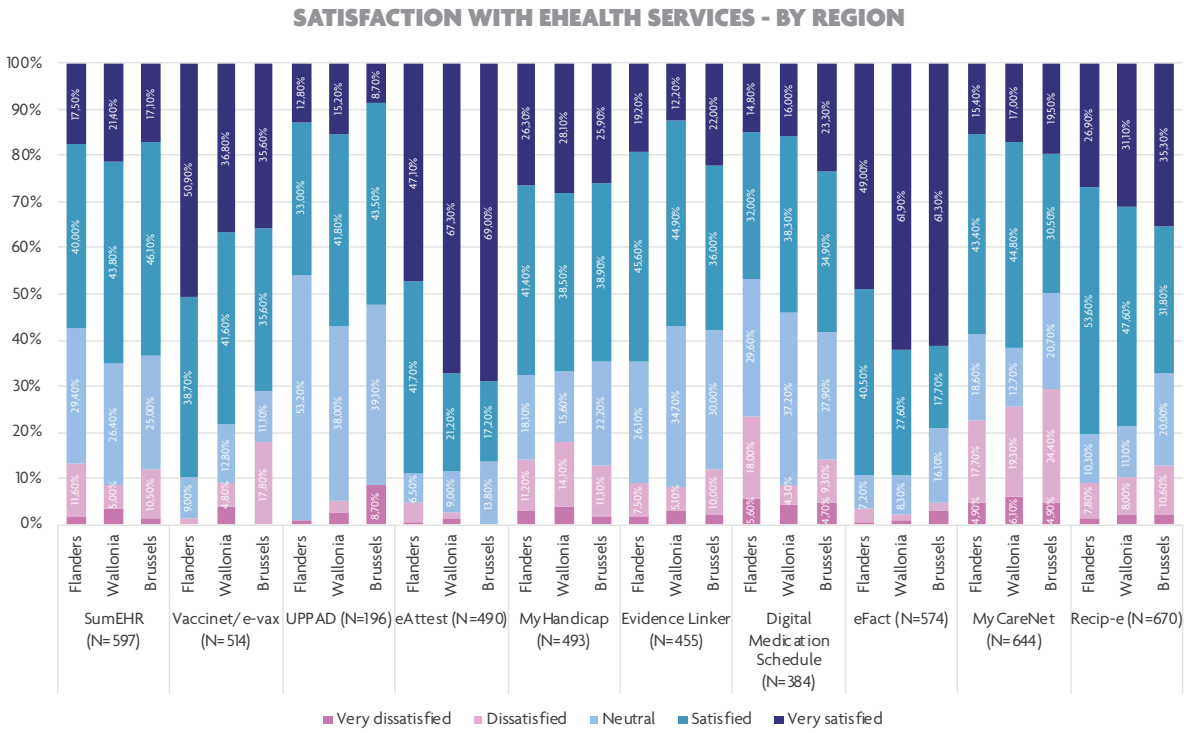
- MyCareNet (24,2% of GPs were (very) dissatisfied)
- Digital Medication Schedule (18,9% of GPs were (very) dissatisfied)
- MyHandicap (15% of GPs were (very) dissatisfied
- SumEHR (11,4% of GPs were (very) dissatisfied)



Graph 8. How satisfied are you with the following eHealth services? (N is provided per eHealth service)

Further exploration of these results showed **regional differences** in the satisfaction with the Digital Medication Schedule and e-vax/Vaccinet.

- A higher percentage of GPs in Brussels (58,2%) and Wallonia (54,3%) were (very) satisfied with the use of the Digital Medication Schedule, whereas a higher percentage of GPs in Flanders (23,6%) were (very) dissatisfied
- A higher percentage of GPs in Flanders (89,6%) were (very) satisfied with the use of Vaccinet/e-Vax, whereas a higher percentage of GPs in Brussels (17,8%) were (very) dissatisfied



Graph 9. How satisfied are you with the following eHealth services? (N is provided per eHealth service)

Exploration with other variables showed that for a number of eHealth services, the level of **satisfaction** varied across **age** categories.

EHEALTH SERVICE	AGE	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
SumEHR (N=596)	25-34	0,0%	7,0%	17,6%	57,0%	18,3%
	35-44	2,0%	12,0%	26,0%	46,0%	14,0%
	45-54	2,7%	17,1%	34,2%	29,7%	16,2%
	55-64	3,6%	5,3%	34,3%	33,7%	23,1%
	65 and up	2,7%	6,8%	25,7%	45,9%	18,9%
Vaccinnet/e-Vax (N=514)	25-34	0,8%	2,3%	14,8%	43,0%	39,1%
	35-44	0,0%	1,0%	5,2%	39,6%	54,2%
	45-54	0,0%	3,1%	12,4%	39,2%	45,4%
	55-64	3,0%	3,8%	8,3%	32,3%	52,6%
	65 and up	0,0%	11,9%	8,5%	45,8%	33,9%
Digital medication Schedule (N=386)	25-34	2,5%	14,8%	18,5%	38,3%	25,9%
	35-44	9,8%	18,0%	24,6%	37,7%	9,8%
	45-54	4,2%	15,5%	42,3%	26,8%	11,3%
	55-64	5,8%	13,2%	33,9%	33,1%	14,0%
	65 and up	3,8%	5,8%	38,5%	34,6%	17,3%
Recip-e (N=669)	25-34	0,0%	3,8%	7,0%	48,7%	40,5%
	35-44	0,9%	13,2%	8,5%	50,0%	27,4%
	45-54	4,9%	9,0%	9,8%	50,0%	26,2%
	55-64	2,1%	8,7%	19,0%	45,6%	24,6%
	65 and up	1,1%	8,0%	11,4%	53,4%	26,1%

Table 3. How satisfied are you with the following eHealth services? *The age category <25 was omitted from this table as n = 1 (N is provided per eHealth service)

A. QUALITATIVE FEEDBACK OF EHEALTHSERVICES WITH THE HIGHEST DISSATISFACTION RATE

The reasons for **dissatisfaction** were analyzed for some of the eHealth services with the highest rate of dissatisfaction.

DIGITAL MEDICATION SCHEDULE

The main cause of dissatisfaction was the **collaboration** and the difficulties that this caused the GPs (e.g. schedules would be adapted or changed without knowing who made the changes). In general, the GPs expressed a frustration towards **interference of pharmacists** in the schedule.

> Resp. 218. "Onduidelijk wie welke informatie toevoegt of veranderd."
>
> Resp. 118. "Modifications intrusives non demandées du schéma de base dans mon logiciel."
>
> Resp. 229. "Medicatieschema's delen met apotheek loopt heel vaak fout."
>
> Resp. 249. "Apothekers wijzigen het juiste schema, daarbij ontstaan zware fouten."

MYHANDICAP

The issues mentioned were related to **technical problems** (e.g. documents not readable, service not compatible with new software program) and a **need for feedback** in the process cycle (e.g. confirmation of received information).

> Resp. 230. "Envoi des rapports en annexe ne sont pas lisibles."
>
> Resp. 91. "Krijg nooit te weten als informatie aangekomen is, leesbevestiging is wel aangevraagt."

SUMEHR

- Technical issues

  GPs mentioned that the SumEHR **does not work properly** in certain software packages. Additionally, the software packages are **not always compatible**.

  > Resp. 107. "Pas encore bien au point via medispring."
  >
  > Resp. 32. "Het merendeel van de sumEHRs die ik download bevat fouten omdat deze klaarblijkelijk niet goed zijn opgesteld door de software van de maker. "

- User friendliness

  The GPs mentioned different aspects of the SumEHR that related to the **user friendliness** of the service (e.g. that the layout of the SumEHR is not transparent, the content of the SumEHR is often not complete or empty).

  > Resp. 123. "Lay-out is niet overzichtelijk."
  >
  > Resp. 193. "De inhoud van de sumEHR is vaak "inhoudloos."
  >
  > Resp. 220. "Therapeutische ATCD verschijnen niet in de SumEHR, is dus onvolledig."

B. GENERAL QUALITATIVE FEEDBACK REGARDING THE USE OF EHEALTH SERVICES

Some GPs mentioned that giving a yearly monetary incentive to support the use of eHealth services was not effective, because it does not necessarily mean **'quality'**. Nevertheless, there were also opinions voiced about the **lack of remuneration** for the **time** spent using eHealth services.

> Resp. 110. "De premie mist haar doel..."
>
> Resp. 41. "Véél te weinig vergoed voor de tijd die we hiervoor nodig hebben."

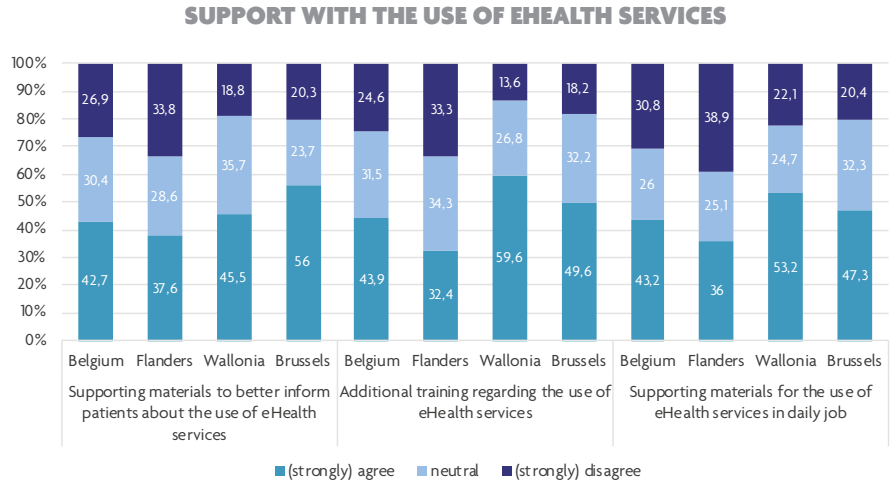
5. NEED FOR SUPPORT WITH THE USE OF EHEALTH SERVICES

Around 40% of GPs in our sample indicated the need for additional training and supporting materials for the use of eHealth services:

- 43,9% of GPs would like **additional training** regarding the use of eHealth services
- 43,2% of GP would like supporting materials for the **use of eHealth services in their daily job**
- 42,7% of GPs would like supporting materials to better **inform patients** about the use of eHealth services

Our results showed regional differences in the need for support with the use of eHealth services:

- A higher percentage of GPs in Brussels (56%) indicated the need for supporting materials to better **inform patients** about the use of eHealth services
- A higher percentage of GPs in Wallonia (59,6%) and Brussels (49,5%) indicated the need for **additional training** regarding the use of eHealth services
- A higher percentage of GPs in Wallonia (53,2%) indicated the need for supporting materials for the **use of eHealth services in their daily job**



Graph 10. To what extent do you agree or disagree with following statements regarding support in using eHealth services in your professional life? (N=698)

Answers to the above statements were provided on a 5-point Likert-scale from completely disagree (1) to completely agree (5). These three statements formed a reliable scale, with Cronbach's alpha higher than .75 for all healthcare professions. Higher scores therefore indicate a higher need for support with the use of eHealth services. The answers were recategorized into three levels, based on the average score for the three statements:

- An average score of 2.4 or lower indicated a **low need for support** with the use of eHealth services.
- An average score between 2.5 and 3.5 indicated a m**edium need for support** with the use of eHealth services.
- An average score of 3.6 or higher indicated a **high need for support** with the use of eHealth services.

Our results showed that the majority of GPs in our sample (78,8%) fall into the medium or high need for support category.

NEED FOR SUPPORT	Low need	Medium need	High need
	21,2%	38,1%	40,7%

Exploration with other variables showed that for a number of eHealth services, the **use** of the service varied according to the **need for support** with the use of eHealth services.

		I use it	Don't use it, but have heard of it	I haven't heard of it
EHEALTH SERVICE	**NEED FOR SUPPORT**			
Digital Medication Schedule	Low need	66,0%	26,5%	7,5%
	Medium need	56,1%	34,5%	9,5%
	High need	50,0%	31,9%	18,1%
Evidence Linker	Low need	75,5%	17,7%	6,8%
	Medium need	70,8%	17,4%	11,7%
	High need	54,6%	22,7%	22,7%
MyHandicap	Low need	78,2%	17,0%	4,8%
	Medium need	73,1%	24,6%	2,3%
	High need	64,5%	27,7%	7,8%
eAttest	Low need	74,8%	23,1%	2,0%
	Medium need	73,5%	25,0%	1,5%
	High need	66,0%	28,4%	5,7%
Vaccinnet/e-vax	Low need	85,0%	10,9%	4,1%
	Medium need	78,0%	15,2%	6,8%
	High need	63,8%	26,2%	9,9%

Table 4. Use of eHealth services (N=693)

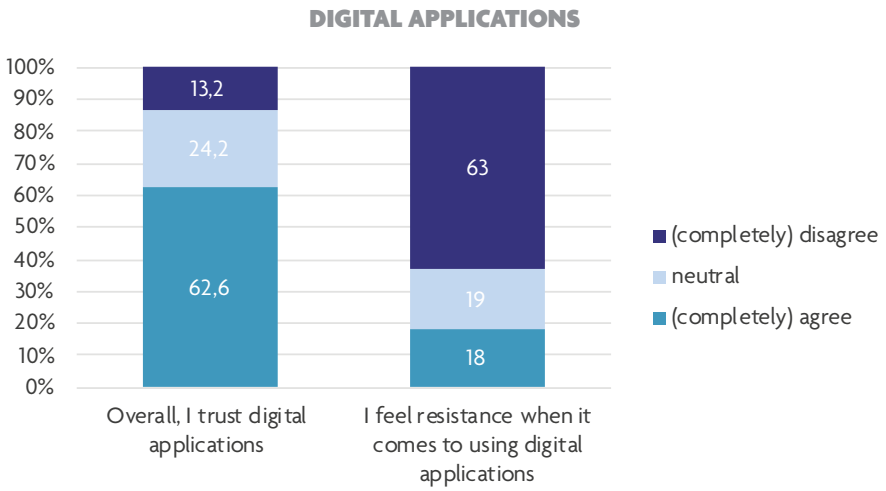
Only for Vaccinnet/e-vax significant differences in the **level of satisfaction** with the use of the eHealth service were found.

Vaccinnet/e-vax	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
NEED FOR SUPPORT					
Low need	1,6%	2,4%	8,8%	34,4%	52,8%
Medium need	0,0%	3,4%	7,3%	41,7%	47,6%
High need	1,7%	5,0%	14,4%	39,4%	39,4%

Table 5. How satisfied are you with the following eHealth services? Vaccinnet/e-vax (N=511)

6. GENERAL ATTITUDE TOWARDS THE USE OF DIGITAL APPLICATIONS

GPs were asked for their opinion regarding the use of digital applications in their professional life. The majority of GPs in our sample (62,6%) indicated they **trust** digital applications. 17,9% of GPs indicated to feel a certain degree of **resistance** when it comes to using digital applications.



Graph 11. To what extent do you agree or disagree with following statements regarding your use of digital applications in your professional life? (N=690)

Exploration with other variables showed that **resistance towards the use of digital applications** varied for different levels of **need for support** with the use of eHealth services and **age**. **Trust** in digital applications also varied for different **age** groups.

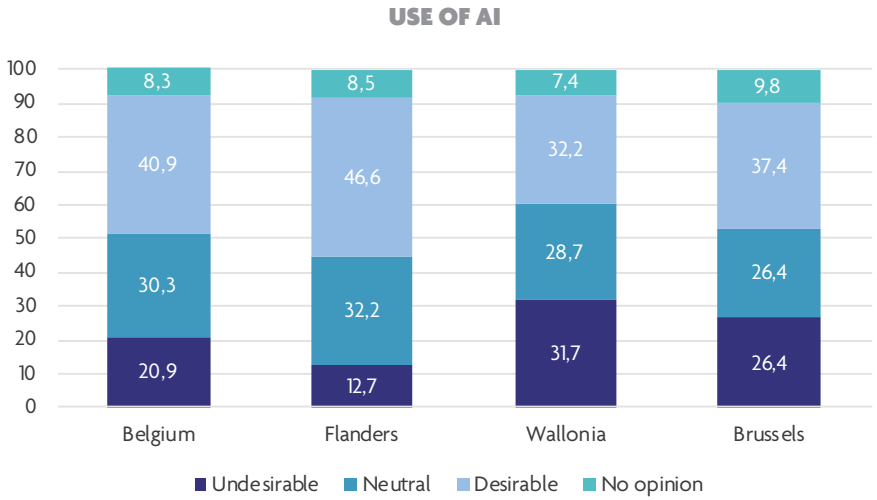
	Completely disagree	Disagree	Neutral	Agree	Completely agree
NEED FOR SUPPORT					
Low need	28,2%	45,0%	10,1%	11,4%	5,4%
Medium need	13,5%	48,5%	20,8%	13,8%	3,5%
High need	14,6%	44,1%	22,1%	17,1%	2,1%

Table 6. To what extent do you agree or disagree with following statements regarding your use of digital applications in your professional life? (N=690)

		Completely disagree	Disagree	Neutral	Agree	Completely agree
STATEMENT	**AGE**					
I feel resistance when it comes to using digital applications	25-34	17,9%	55,1%	15,4%	9,6%	1,9%
	35-44	17,9%	48,1%	17,0%	14,2%	2,8%
	45-54	16,9%	41,9%	18,5%	19,4%	3,2%
	55-64	16,5%	43,2%	20,9%	14,6%	4,9%
	65 and up	16,5%	39,2%	23,7%	17,5%	3,1%
Overall, I trust digital applications	25-34	0,6%	8,3%	16,0%	63,5%	11,5%
	35-44	1,9%	8,5%	23,6%	53,8%	12,3%
	45-54	3,2%	12,9%	25,8%	42,7%	15,3%
	55-64	4,4%	12,6%	26,2%	47,6%	9,2%
	65 and up	3,1%	8,2%	32,0%	49,5%	7,2%

Table 7. To what extent do you agree or disagree with following statements regarding your use of digital applications in your professional life? (N=690) *The age category <25 was omitted from this table as n = 1

40,9% of GPs found the use of digital tools in decision making, that use **AI** to make suggestions, **desirable**. 30,3% was neutral and 20,9% felt it was **undesirable**. 8,3% of the GPs had no opinion on this matter. Our results showed that a higher percentage of GPs in Flanders (46,6%) find the use of AI desirable.



Graph 12. What is your opinion on using digital tools in decision making that use AI to make suggestions (e.g. referring a patient, selecting the best medication)? (N=690)

Exploration with other variables showed that **attitude towards AI** varied with **age** and **gender**.

	Desirable	Neutral	Undesirable	I have no opinion on this matter
AGE				
25-34	45,5%	28,8%	20,5%	5,1%
35-44	39,6%	32,1%	24,5%	3,8%
45-54	31,5%	33,1%	21,8%	13,7%
55-64	40,8%	31,1%	18,9%	9,2%
65 and up	45,4%	25,8%	19,6%	9,3%

Table 8. What is your opinion on using digital tools in decision making that use AI to make suggestions (e.g. referring a patient, selecting the best medication) (N = 689)? *The age category <25 was omitted from this table as n = 1

	Desirable	Neutral	Undesirable	I have no opinion on this matter
SEX				
Male	46,0%	28,4%	18,1%	7,5%
Female	33,3%	33,0%	24,4%	9,3%

Table 9. What is your opinion on using digital tools in decision making that use AI to make suggestions (e.g. referring a patient, selecting the best medication)? (N=689) *The gender category 'Other' was omitted from this table as n = 1.

7. KEY FINDINGS

MANAGING PATIENT FILES

98,8% of the GPs in our sample used a software package to manage the patient file.

USE OF EHEALTH SERVICES

The **most used** ehealth services are:

- Recip-e (96,1%)
- oMyCarenet (92,3%)
- SumEHR (85,7%)
- eFact (78,6%)
- Vaccinnet/E-vax (74,1%)

The **least used** ehealth services are:

- Digital Medication Schedule (31,7%)
- eAttest (26,5%)
- MyHandicap (24,5%)

The eHealth services with the **highest frequency of use** are:

- Recip-e (95,1% of GPs used it daily)
- eAttest (90,1% of GPs used it daily)
- eFact (89,5% of GPs used it daily)

The **least known** ehealth services are:

- UPPAD (52,4% of GPs had not heard of it)
- Evidence Linker (15,0% of GPs had not heard of it)
- Digital Medication Schedule (12,3% of GPs had not heard of it)

For each of these services more than three out of four GPs indicated that they would like to use them.

SATISFACTION WITH EHEALTH SERVICES

For all eHealth services, except the Digital Medication Schedule, more than half of the GPs in our sample were (very) satisfied with the use of the service.

- Ehealth services with the **highest rate of satisfaction:**
  - eAttest (88,3% of GPs were (very) satisfied)
  - eFact (88,3% of GPs were (very) satisfied)
  - Vaccinet/E-vax (85,2% of GPs were (very) satisfied)
- Ehealth services with the **highest rate of dissatisfaction:**
  - MyCareNet (24,2% of GPs were (very) dissatisfied)
  - Digital Medication Schedule (18,9% of GPs were (very) dissatisfied)
  - MyHandicap (15% of GPs were (very) dissatisfied
  - SumEHR (11,4% of GPs were (very) dissatisfied)

NEED FOR SUPPORT WITH THE USE OF EHEALTH SERVICES:

Around 40% of GPs in our sample indicated the need for support with the use of eHealth services:

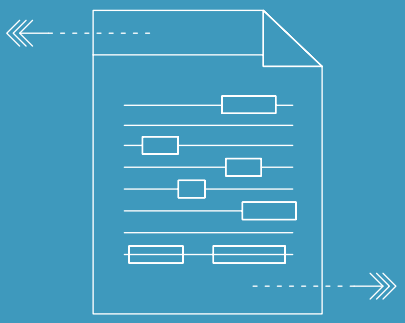
- **Additional training** regarding the use of ehealth services (43,9%)
- Supporting materials for the **use of ehealth services in their daily job** (43,2%)
- Supporting materials to better **inform patients** about the use of ehealth services (42,7%)

GENERAL ATTITUDE TOWARDS THE USE OF DIGITAL APPLICATIONS:

- The majority of GPs (62,6%) **trust** digital applications
- 17,9% of GPs feel **resistance** with the use of digital applications
- 40,9% of GPs found the use of digital tools in decision making, that use **AI** to make suggestions, **desirable**

CHAPTER 03

EXCHANGE OF HEALTH DATA AMONGST HEALTHCARE PROFESSIONALS



EXCHANGE OF HEALTH DATA AMONGST HEALTHCARE PROFESSIONALS

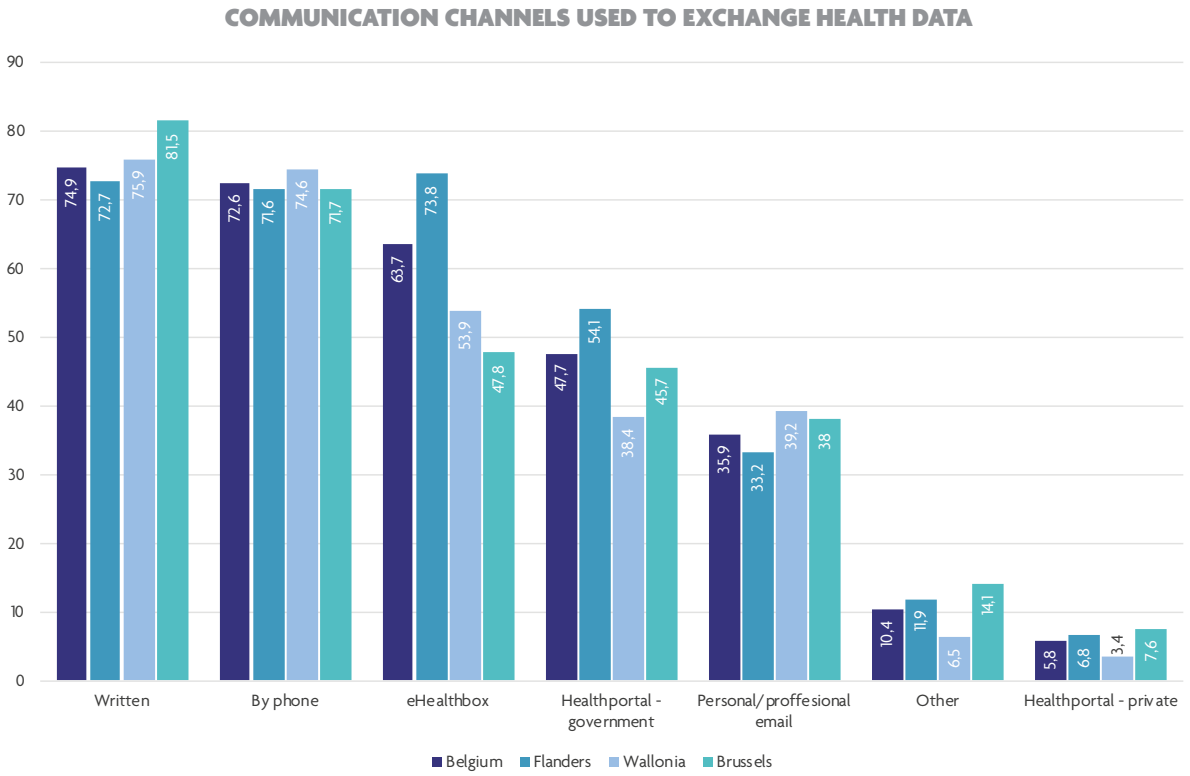
In this part of the report we will focus on the communication channels GPs use to **exchange health data** with other healthcare professionals and/or healthcare institutions and their **satisfaction** with the offer of **digital communication channels** that are available for their profession.

1. COMMUNICATION CHANNELS USED TO EXCHANGE HEALTH DATA

In general, the GPs in our sample mostly exchanged health data with other healthcare professionals via **written communication (paper)** (74,9%), by **phone** (72,6%) and via the **eHealthbox** (63,7%).

Our results showed some regional differences in the use of certain communication channels to exchange health data:

- A higher percentage of GPs in Brussels (81,5%) used **written communication (paper)**
- A higher percentage of GPs in Flanders (73,8%) used the **eHealthbox**
- A lower percentage of GPs in Wallonia (38,4%) used a **government health portal**



Graph 13. How do you exchange health data with other health care professionals/health care institutions? (Multiple choices possible) (N=694)

Exploration with other variables showed that the **communication channels** GPs used to exchange health data with other healthcare professionals varied between levels of **need for support** with the use of eHealth services and age.

	Phone	Written	eHealthbox	Personal/ professional email address	Government health portal	Private health portal	Other
NEED FOR SUPPORT							
Low need	73,2%	74,5%	68,5%	37,6%	49,7%	9,4%	8,7%
Medium need	72,2%	74,9%	68,8%	38,0%	48,7%	5,3%	12,9%
High need	72,7%	75,2%	56,4%	33,0%	45,7%	4,3%	8,9%

Table 10. How do you exchange health data with other health care professionals/health care institutions? (N=694)

	Phone	Written	eHealthbox	Personal/ professional email address	Government health portal	Private health portal	Other
AGE							
25-34	86,6%	74,5%	69,4%	45,9%	56,1%	7,6%	14,0%
35-44	69,2%	80,4%	76,6%	40,2%	47,7%	4,7%	7,5%
45-54	66,9%	72,6%	66,1%	32,3%	53,2%	6,5%	11,3%
55-64	67,5%	73,3%	59,2%	30,1%	45,1%	3,9%	7,8%
65 and up	72,7%	76,8%	46,5%	32,3%	32,3%	7,1%	12,1%

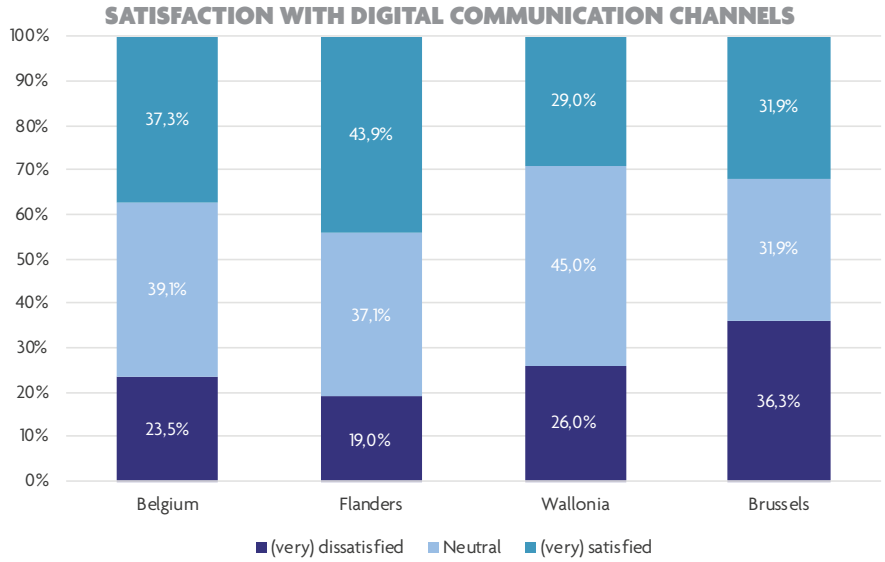
Table 11. How do you exchange health data with other health care professionals/health care institutions?(N=693) *Age category <25 was omitted from this table as n = 1.

2. SATISFACTION WITH DIGITAL COMMUNICATION CHANNELS

Less than 40% of GPs in our sample were **(very) satisfied** with the offer of digital communication channels that are available for their profession.

Our results showed regional differences in the satisfaction with the offer of digital communication channels that are available to GPs:

- A higher percentage of GPs in Flanders (43,9%) were (very) satisfied with the offer of digital communication channels
- A higher percentage of GPs in Brussels (36,3%) were (very) dissatisfied with the offer of digital communication channels



Graph 14. How satisfied are you with the offer of digital communication channels that are available for your profession? (N=691)

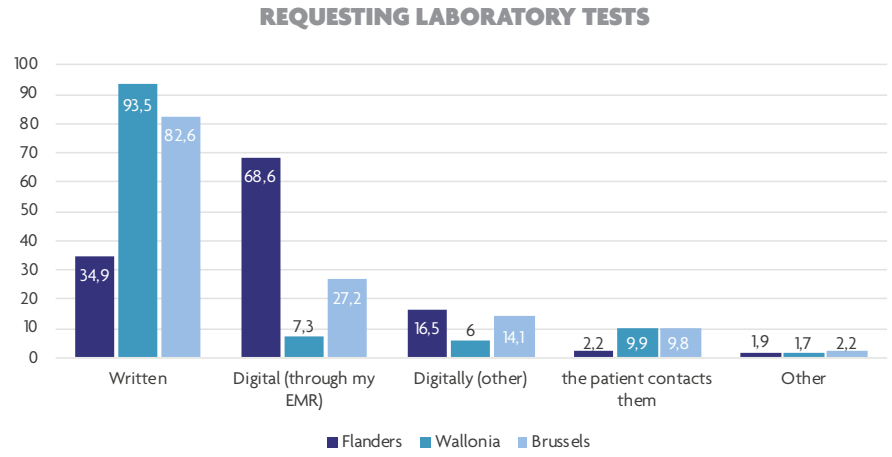
3. REQUESTING ACTIVITIES FROM OTHER HEALTHCARE PROFESSIONALS

In general, GPs mostly used **written communication (paper)** for a number of specific actions and requests.

	Phone	Written	Digitally (through EMR)	Digitally (other)	The patient contacts them	Other
ACTIVITY						
Requesting laboratory tests	N/A*	60,8%	42,7%	12,7%	5,8%	1,9%
Assigning a task to another healthcare provider	N/A*	89,7%	13,3%	1,6%	24,4%	5,6%
Referral to a specialist	40,6%	92,4%	15,9%	2,3%	37,8%	3,0%
Requesting medical imaging	N/A*	94,8%	8,7%	1,6%	22,3%	4,9%

Table 12. How do you execute each of these activities? (Multiple choices possible) (N=694)*For these requests, communication by phone is not authorized. Therefore, this option was not provided in the questionnaire of the eHealthmonitor 2019.

Our results showed that GPs in Flanders mainly used their Electronic Medical Record (EMR) to request laboratory tests (68,8%).



Graph 15. How do you execute each of these activities? (Multiple choices possible) (N=694)

Exploration with other variables showed that the c**ommunication channels** used by GPs to request laboratory tests varied depending on their **level of need for support** with the use of eHealth services and **age**.

	Written	Digital (software package)	Digital (other)	The patient contacts them	Other
NEED FOR SUPPORT					
Low need	47,0%	58,4%	14,8%	3,4%	1,3%
Medium need	60,5%	43,7%	14,8%	4,6%	1,5%
High need	68,4%	33,3%	9,6%	8,2%	2,5%

Table 13. How do you request laboratory tests? (Multiple choices possible) (N=694)

	Written	Digital (software package)	Digital (other)	The patient contacts them	Other
AGE					
25-34	52,2%	47,8%	17,8%	4,5%	1,3%
35-44	45,8%	50,5%	13,1%	5,6%	1,9%
45-54	58,1%	46,8%	14,5%	4,8%	4,0%
55-64	68,0%	40,3%	6,8%	7,8%	1,0%
65 and up	78,8%	26,3%	14,1%	5,1%	2,0%

Table 14. How do you request laboratory tests? (Multiple choices possible) (N=693) *Age category <25 was omitted from this table as n = 1

4. KEY FINDINGS

COMMUNICATION CHANNELS USED TO EXCHANGE HEALTH DATA

The 3 **most used mediums to exchange health data** with other health care professionals are:

- Written communication (paper) (74,9%)
- Phone (72,6%)
- The eHealthbox (63,7%)

SATISFACTION WITH DIGITAL COMMUNICATION CHANNELS

Less than 40% of GPs in our sample were **(very) satisfied** with the offer of digital communication channels that are available for their profession.

REQUESTING ACTIVITIES FROM OTHER HEALTHCARE PROFESSIONALS

Written communication (paper) is the most used medium for a number of specific actions:

- Requesting medical imaging (94,8%)
- Referral to specialists (92,4%)
- Assigning tasks to another healthcare professional (89,7%)
- Requesting laboratory tests (60,8%)

CHAPTER 04

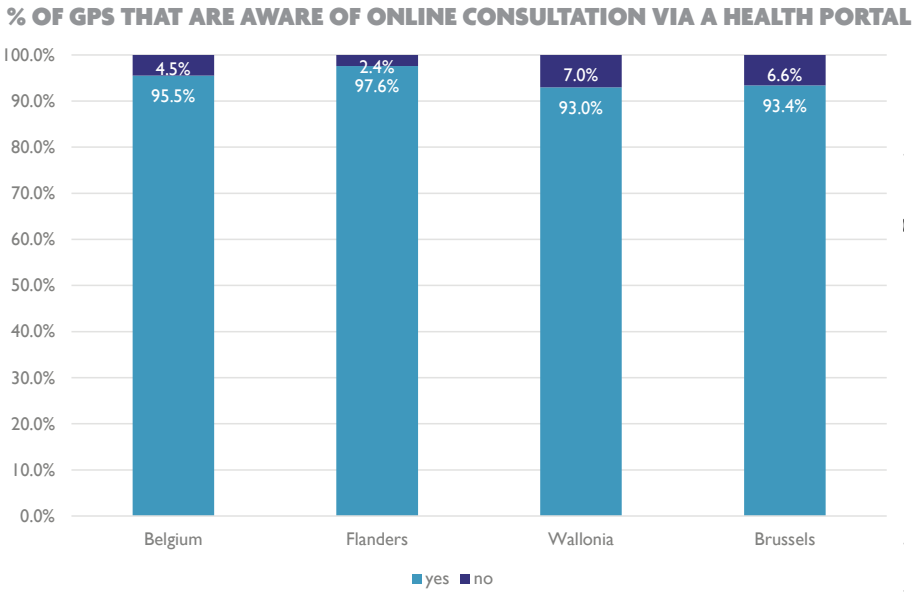
ONLINE COMMUNICATION WITH PATIENTS

ONLINE COMMUNICATION WITH PATIENTS

In this part of the report we will focus on different forms of online communication between GPs and patients. First, we will discuss the results regarding **online consultation** and the use of **health portals**. Secondly, we will provide an insight on the attitude of GPs towards **online communication** with patients (e.g. making appointments online, requesting repeat prescriptions online, asking questions online).

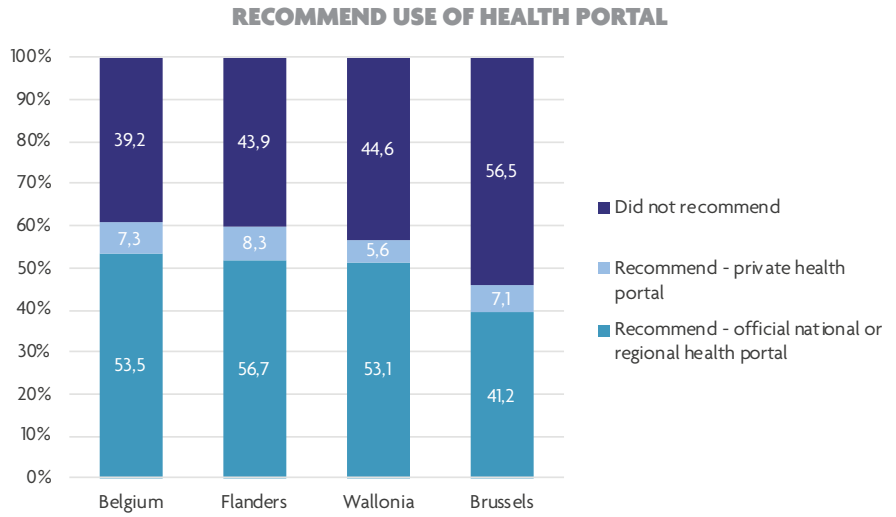
1. ONLINE CONSULTATION

Patients can use a health portal to consult the personal health data that their GP made available for online consultation. Almost all GPs in our sample (95,5%) were **aware** that patients can view their personal health data online via a health portal.



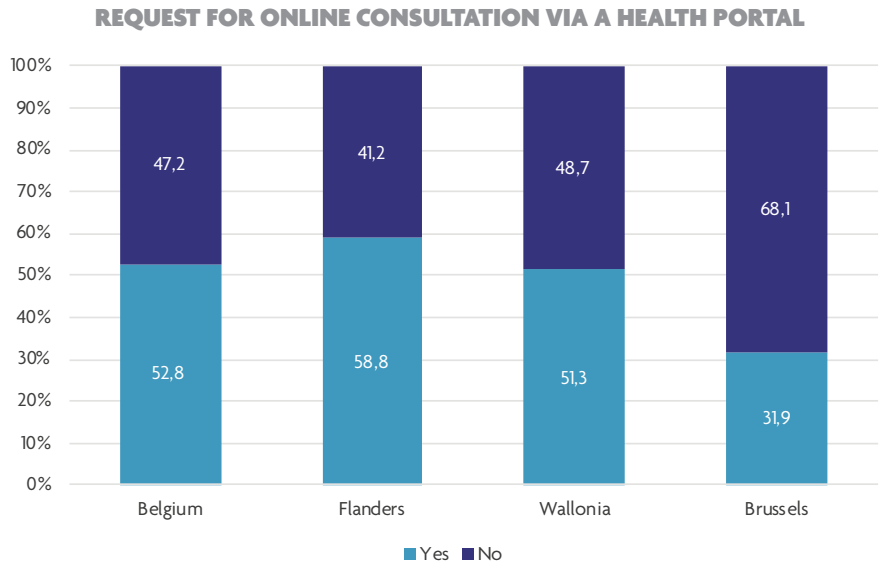
Graph 16. Did you know, before answering this questionnaire, that patients can view their personal health data through a health portal? (N=688)

On average, more than 60% of GPs **recommended** one or more of their patients to use a health portal to consult their personal health data: 53,5% recommended the use of an **official national or regional health portal** and 7,3% recommended the use of a **private health portal**. Recommendation rates were the highest in Flanders (65%) and Wallonia (58,7%).



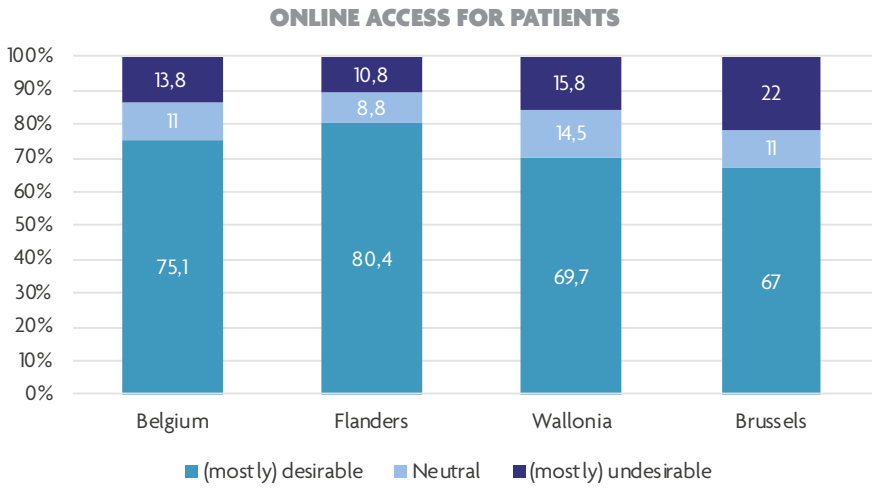
Graph 17. IIn the past year (October 2018 - September 2019), did you recommend to one or more of your patients to use a health portal to consult their personal health data online? (Multiple choices possible) (N=688)

52,8% of GPs had one or more patients **asking** them to consult their personal health data through a health portal. Our results showed that a lower percentage of GPs in Brussels (31,9%) had one or more patients requesting them to consult their personal health data through a health portal.



Graph 18. In the past year (October 2018 - September 2019), has one or more of your patients asked you to consult their personal health data through a health portal? (N=688)

75,1% of GPs in our sample find it **(mostly) desirable** that patients have online access to their personal health data through a health portal. 13,8% find it (mostly) undesirable, and 11,0% is neutral. Our results showed that a higher percentage of GPs in Flanders (80,4%) find online access for patients (mostly) desirable and a higher percentage of GPs in Brussels (22%) finds it (mosty) undesirable.



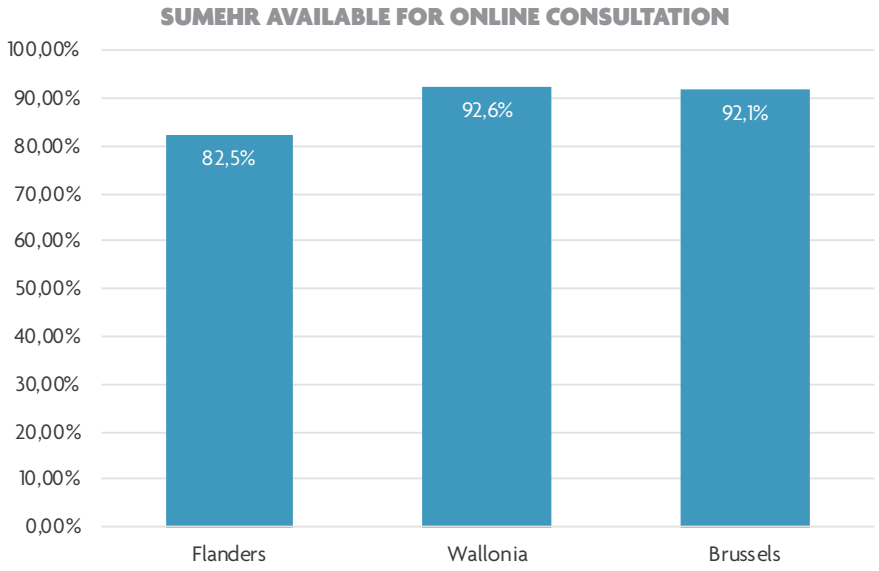
Graph 19. What is your opinion on patients consulting their personal health data, kept by a healthcare professional, online through a health portal? (N=688)

A. ADDITIONAL INFORMATION REGARDING THE HEALTH DATA THAT GPS MAKE ACCESSIBLE FOR ONLINE CONSULTATION

GPs were asked to indicate which health data they made accessible to patients for online consultation:

- Electronic summary of vaccinations (89,9%)
- SumEHR (86,6%)
- Digital Medication Schedule (69,3%)
- Information regarding population screenings (e.g. colon cancer, cervical cancer, breast cancer) (68,56%)
- Electronic summary of the child record with organizations like Kind& Gezin or ONE[1] (31,0%)

As there are regional differences in the health data that GPs can make accessible to their patients for online consultation, only the proportion of GPs that made the SumEHR available for online consultation could be compared between the different regions. Our results showed that a higher percentage of GPs in Wallonia (92,6%) and Brussels (92,1%) made the SumEHR available for online consultation.



Graph 20. What personal health data do you make accessible to your patients? (N=577)

1 ONE currently does not offer the possibility to consult the electronic summary of the child record online.

2. RESPONSIBILITIES HEALTH PORTAL AWARENESS

GPs were asked to indicate who they found mainly responsible for a number of tasks regarding the use and awareness of health portals.

Our results showed that GPs believe the **government** is the main responsible party to:

- **Inform** patients about the **existence** of a health portal with their personal health data
- **Explain** patients how to **consult** their personal health data through this health portal
- **Ensure** that patients **use** this health portal to consult their personal health data

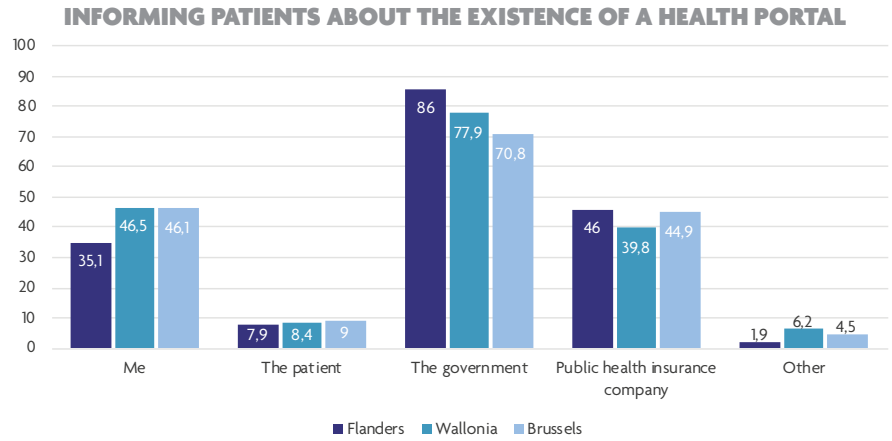
GPs consider **themselves** as the main responsible party to ensure that patients **understand** the health-related information that is available on this health portal.

TASK	Me	The patient	The government	The public health insurance company	Other
Informing patients about the existence of a health portal with their personal health data	40,3%	8,2%	81,3%	43,8%	3,7%
Explaining patients how they can consult their personal health data on this health portal	23,5%	8,5%	79,6%	47,4%	5,1%
Ensuring that patients understand the health-related information on this health portal	69,4%	10,4%	35,3%	21,3%	5,1%
Ensuring that patients use this health portal to consult their personal health data	32,3%	27,6%	58,1%	36,0%	6,5%

Table 15. According to you, who is mainly responsible for the following tasks? (Multiple choices possible) (N=680)

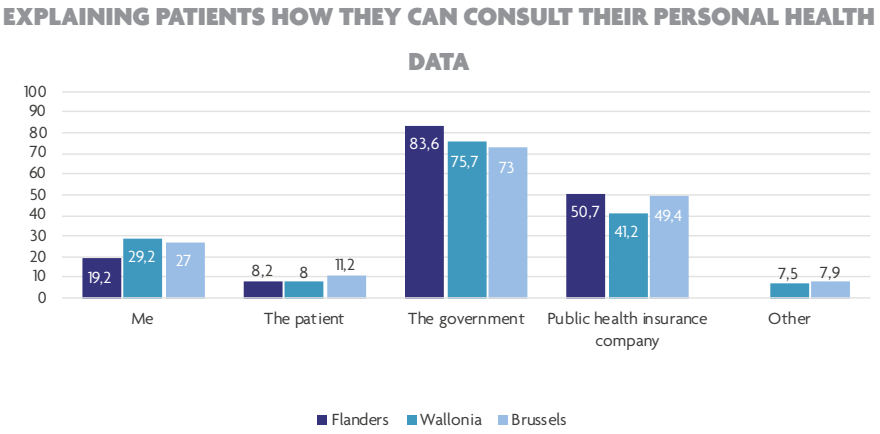
Our results showed regional differences for three of the four items:

- **Informing patients about the existence of a health portal with their personal health data.** In Flanders a higher percentage of GPs (86%) selected the government as the main responsible party, and a lower percentage selected themselves.



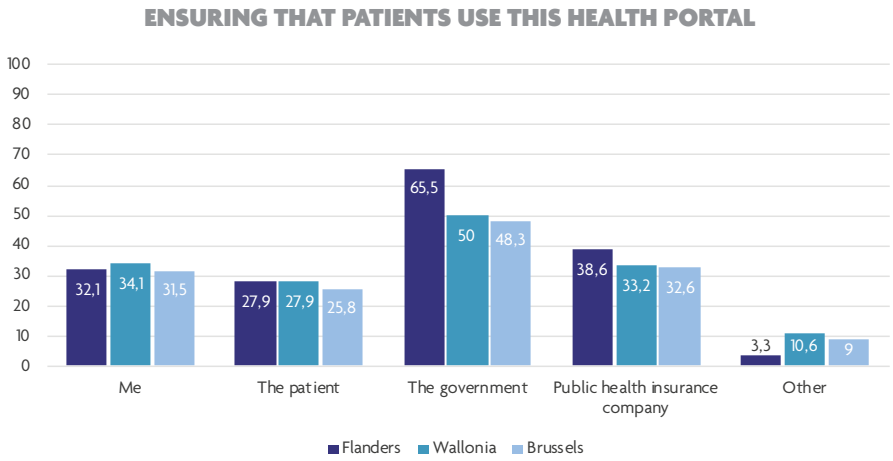
Graph 21. According to you, who is most responsible for informing patients about the existence of a health portal with their personal health data? (Multiple choices possible) (N=680)

- **Explaining patients how they can consult their personal health data on this health portal.** In Flanders a higher percentage of GPs (83,6%) selected the government as the main responsible party, and a lower percentage selected themselves.



Graph 22. According to you, who is mainly responsible for explaining patients how they can consult their personal health data on this health portal? (Multiple choices possible) (N=680)

- **Ensuring that patients use this health portal to consult their personal health data**. In Flanders a higher percentage of GPs (65,5%) selected the government as the main responsible party.



Graph 23. According to you, who is mainly responsible to ensure patients use this health portal to consult their personal health data? (Multiple choices possible) (N=680)

Further exploration with other variables revealed that **need for support** with the use of eHealth services, **age** and **gender** have an impact on the **perceived responsibilities**.

TASK	NEED FOR SUPPORT	Me	The patient	The government	The public health insurance company	Other
Informing patients about the existence of a health portal with their personal health data	Low need	32,4%	9,0%	81,4%	38,6%	5,5%
	Medium need	35,5%	6,6%	82,6%	41,7%	3,5%
	High need	48,9%	9,4%	80,1%	48,6%	2,9%
Explaining patients how they can consult their personal health data on this health portal	Low need	15,2%	9,7%	77,9%	42,1%	6,2%
	Medium need	21,6%	7,7%	81,1%	45,6%	5,4%
	High need	29,7%	8,7%	79,0%	51,8%	4,3%
Ensuring that patients understand the health-related information on this health portal	Low need	70,3%	11,7%	28,3%	15,9%	6,9%
	Medium need	65,3%	12,0%	35,1%	19,3%	5,8%
	High need	72,8%	8,3%	39,1%	26,1%	3,6%
Ensuring that patients use this health portal to consult their personal health data	Low need	29,0%	32,4%	53,8%	30,3%	7,6%
	Medium need	29,3%	26,6%	59,1%	33,2%	7,7%
	High need	36,6%	26,1%	59,4%	41,7%	4,7%

Table 16. According to you, who is mainly responsible for the following tasks? (Multiple choices possible) (N=680)

TASK	AGE	Me	The patient	The government	The public health insurance company	Other
Informing patients about the existence of a health portal with their personal health data	25-34	42,2%	8,4%	89,0%	54,5%	5,2%
	35-44	41,9%	5,7%	91,4%	46,7%	1,0%
	45-54	36,9%	12,3%	82,0%	48,4%	4,9%
	55-64	38,6%	6,9%	76,2%	38,6%	3,5%
	65 and up	42,7%	7,3%	67,7%	28,1%	3,1%
Explaining patients how they can consult their personal health data on this health portal	25-34	25,3%	11,7%	86,4%	55,8%	5,8%
	35-44	24,8%	8,6%	89,5%	52,4%	2,9%
	45-54	20,5%	9,8%	78,7%	53,3%	8,2%
	55-64	20,8%	6,4%	74,3%	43,1%	4,5%
	65 and up	29,2%	6,3%	69,8%	29,2%	4,2%
Ensuring that patients understand the health-related information on this health portal	25-34	81,8%	13,0%	29,2%	18,2%	5,2%
	35-44	75,2%	9,5%	36,2%	17,1%	5,7%
	45-54	65,6%	12,3%	36,1%	28,7%	7,4%
	55-64	61,9%	9,9%	38,1%	22,8%	4,0%
	65 and up	63,5%	6,3%	37,5%	18,8%	4,2%
Ensuring that patients use this health portal to consult their personal health data	25-34	31,2%	40,3%	58,4%	41,6%	6,5%
	35-44	35,2%	30,5%	64,8%	38,1%	5,7%
	45-54	27,9%	27,0%	59,8%	45,9%	8,2%
	55-64	31,2%	23,8%	57,4%	30,7%	4,5%
	65 and up	37,5%	13,5%	50,0%	24,0%	9,4%

Table 17. According to you, who is mainly responsible for the following tasks? (Multiple choices possible) (N=679) *Age category <25 was omitted from analyses as n = 1

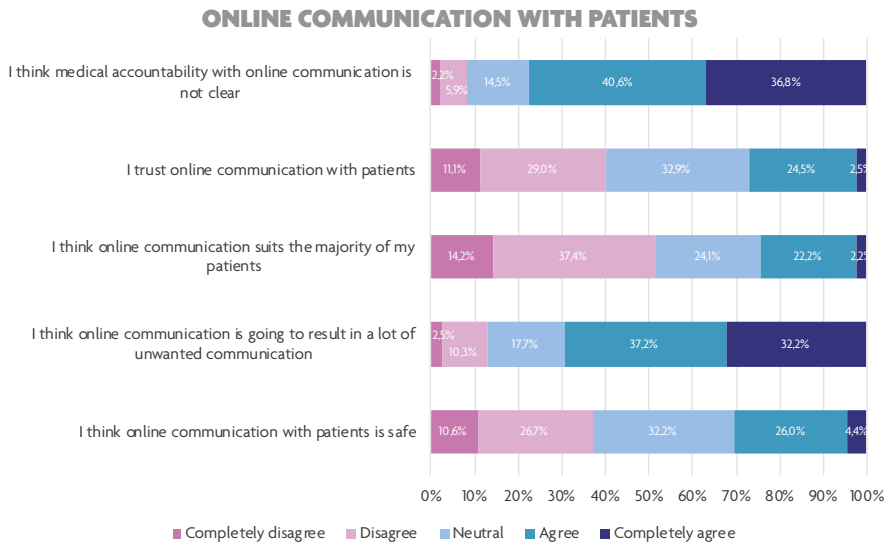
TASK	SEX	Me	The patient	The government	The public health insurance company	Other
Informing patients about the existence of a health portal with their personal health data	Male	39,4%	9,2%	75,8%	42,7%	3,8%
	Female	41,3%	6,6%	89,2%	45,5%	3,5%
Explaining patients how they can consult their personal health data on this health portal	Male	24,9%	9,7%	73,5%	45,5%	5,3%
	Female	21,3%	7,0%	88,1%	49,7%	4,9%
Ensuring that patients understand the health-related information on this health portal	Male	67,2%	12,0%	35,1%	23,2%	4,6%
	Female	72,4%	8,4%	35,7%	18,9%	5,9%
Ensuring that patients use this health portal to consult their personal health data	Male	32,6%	24,7%	58,5%	35,4%	5,9%
	Female	31,5%	31,8%	57,7%	37,1%	7,3%

Table 18. According to you, who is mainly responsible for the following tasks? (Multiple choices possible) (N=679) * Gender category 'Other' was omitted from analyses as n = 1.

3. ATTITUDE TOWARDS ONLINE COMMUNICATION WITH PATIENTS

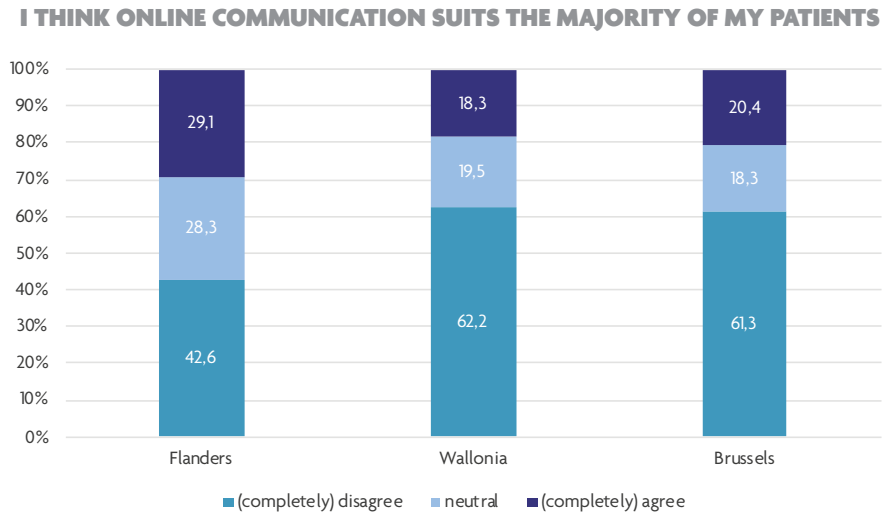
GPs were asked their opinion on a number of statements regarding **online communication** with patients. Our results showed some **potential concerns** regarding online communication with patients:

- More than three out of four GPs in our sample (77,4%) believe that **medical accountability** with online communication is unclear
- The majority of GPs (69,4%) think that online communication is going to result in **a lot of unwanted communication**
- About half of the GPs (51,6%) believe that online communication **does not suit the majority of their patients**
- 40,1% of GPs do not **trust** online communication with patients
- Over one in three GPs (37,3%) do not think online communication with patients is **safe**



Graph 24. To what extent do you agree or disagree with following statements regarding online communication with patients (e.g. making appointments online, requesting repeat prescription online and asking questions online)? (N=677)

Our results showed that a higher percentage of GPs in Wallonia (62,2%) and Brussels (61,3%) do not believe that online communication suits most of their patients.



Graph 25. To what extent do you agree or disagree with following statements regarding online communication with patients (e.g. making appointments online, requesting repeat prescription online and asking questions online)? (N=677)

4. KEY FINDINGS

ONLINE CONSULTATION

- Almost all GPs in our sample (95,5%) were **aware** that patients can view their personal health data via a health portal.
- More than 60% of GPs have **recommended** one or more of their patients to use a health portal to consult their personal health data
- 52,8% of GPs had one or more patients **asking** them to consult their personal health data through a health portal
- Over 75% of GPs find it **(mostly) desirable** that patients have access to their personal health data online via a health portal

RESPONSIBILITIES HEALTH PORTAL AWARENESS

GPs believe the **government** is the main responsible party to:

- **Inform** patients of the **existence** of a health portal with their personal health data
- **Explain** patients how to **consult** their personal health data through this health portal
- **Ensure** that patients **use** this health portal to consult their personal health data

GPs consider **themselves** as the main responsible party to ensure that patients **understand** the health-related information that is available on this health portal.

ATTITUDE TOWARDS ONLINE COMMUNICATION WITH PATIENTS

Potential **concerns** regarding online communication with patients:

- More than three out of four GPs in our sample (77,4%) believe that **medical accountability** with online communication is unclear
- The majority of GPs (69,4%) think that online communication is going to result in **a lot of unwanted communication**
- Over half of the GPs (51,6%) believe that online communication **does not suit the majority of their patients**
- 40,1% of GPs do not **trust** online communication with patients
- Over one in three GPs (37,3%) do not think online communication with patients is **safe**

CHAPTER 05

SELF MANAGEMENT AND ONLINE TREATMENT

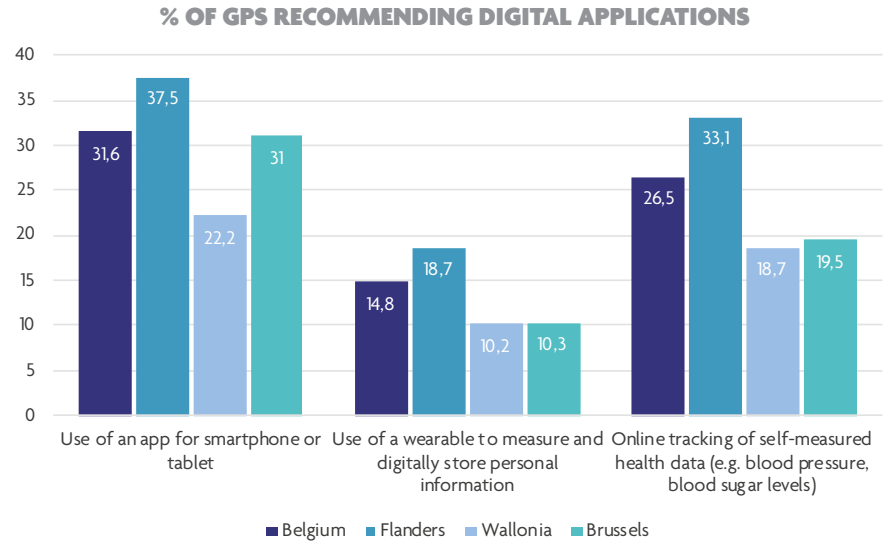
SELF MANAGEMENT AND ONLINE TREATMENT

In this part of the report we will focus on the use of **digital applications for health purposes** and the attitude of GPs towards the future use of **teleconsults** and **telemonitoring**.

1. USE OF DIGITAL APPLICATIONS FOR HEALTH PURPOSES

A minority of GPs in our sample recommended the use of digital applications for health purposes. The use of a **health-related app for smartphone or tablet** (31,6%) and **online tracking of self-measured health data** (26,5%) were recommended more frequently than the use of a **wearable** (14,8%).

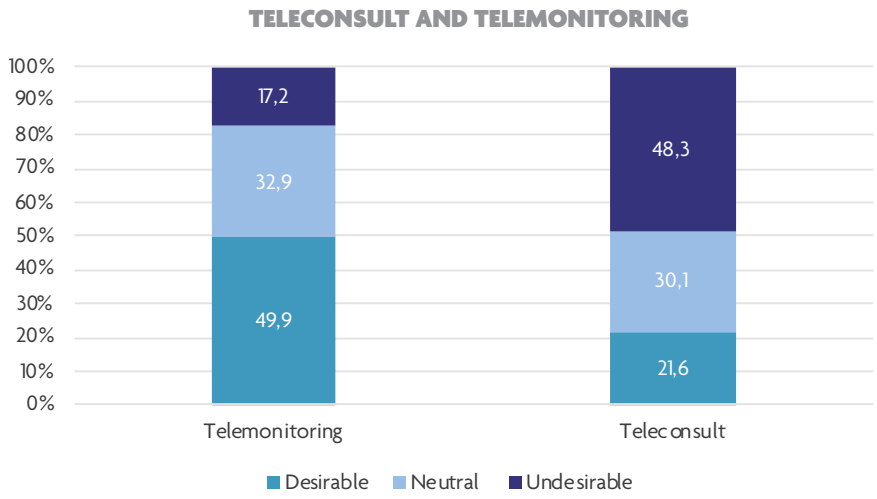
Our results showed that a higher percentage of GPs in Flanders recommended the use of a digital tool for health purposes.



Graph 26. In the past year (October 2018 - September 2019), have you recommended your patients to use the following options regarding their health? (N=675)

2. FUTURE USE OF TELECONSULTS AND TELEMONITORING

GPs were asked their opinion regarding the future use of teleconsults and telemonitoring. Our results showed that GPs in our sample tend to be **more positive** towards the future use of **telemonitoring**. About half of the GPs (49,9%) find the future use of telemonitoring desirable, compared to only 21,6% of GPs who find the future use of teleconsults **desirable**.



Graph 27. What do you think about using teleconsult/telemonitoring in the future? (N=675)

Further exploration of these results showed a relationship with **need for support** with the use of eHealth services, **age** and **attitude towards telemonitoring**.

Telemonitoring	Desirable	Neutral	Undesirable
NEED FOR SUPPORT			
Low need	46,2%	33,1%	20,7%
Medium need	44,6%	38,8%	16,7%
High need	57,0%	27,2%	15,8%

Table 19. What do you think about using telemonitoring in the future? (N=675)

Telemonitoring	Desirable	Neutral	Undesirable
AGE			
25-34	55,2%	25,3%	19,5%
35-44	60,6%	24,0%	15,4%
45-54	42,1%	33,9%	24,0%
55-64	48,7%	36,2%	15,1%
65 and up	42,7%	46,9%	10,4%

Table 20. What do you think about using telemonitoring in the future? (N=674) *Category >25 was omitted from analysis as n = 1

Further exploration also revealed a relationship between **gender** and the **attitude towards teleconsultation**.

Teleconsult	Desirable	Neutral	Undesirable
SEX			
Male	26,7%	30,8%	42,6%
Female	14,8%	29,2%	56,0%

Table 21. What do you think about using teleconsulting in the future? (N=674) *Gender category 'Other' was omitted from analysis as n = 1..

3. KEY FINDINGS

USE OF DIGITAL APPLICATIONS FOR HEALTH PURPOSES

A minority of GPs in our sample **recommended** the use of digital applications for health purposes:

- A **health-related app** for smartphone or tablet (31,6%)
- **Online tracking** of self-measured health data (26,5%)
- The use of a **wearable** (14,8%)

FUTURE USE OF TELECONSULTS AND TELEMONITORING

A larger proportion of GPs find the future use of **telemonitoring** (49,9%) desirable compared to the future use of **teleconsults** (21,6%).

imec.**ehealth**monitor