



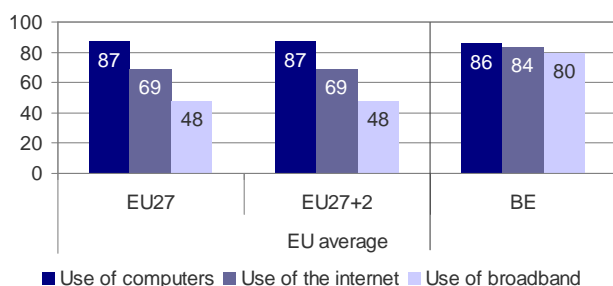
Benchmarking ICT use among General Practitioners in Europe 2007

Country Profile: Belgium

Key findings: eHealth among GPs in Belgium¹

Belgium is among the advanced average eHealth performers in the EU27. This concerns both the availability of ICT infrastructure (computer, Internet) and the use of ICT for different eHealth-related purposes.

In terms of infrastructure, 86% of the Belgian GP practices use a computer, which puts the country on a par with its European neighbours. A similar situation can be found in relation to Internet connections: currently 84% of the Belgian GP practices have such a connection. In Belgium, broadband represents the most common form of access to the Internet with 80% of GP practices resorting to broadband connections.



ICT Infrastructure in Belgian GP practices

Base: All GPs. **Indicators:** R4, C1, C2 (cf. annex for more information), % values. **Source:** empirica, Pilot on eHealth Indicators, 2007.

Electronic patient data storage is common in Belgium. At least one type of individual data is stored in 84% of GP practices. Belgium scores slightly above the EU27 average use rates for all data types under observation.

A computer is available in the consultation room of 76% of the Belgian GP practices, it is actually used for consultation with

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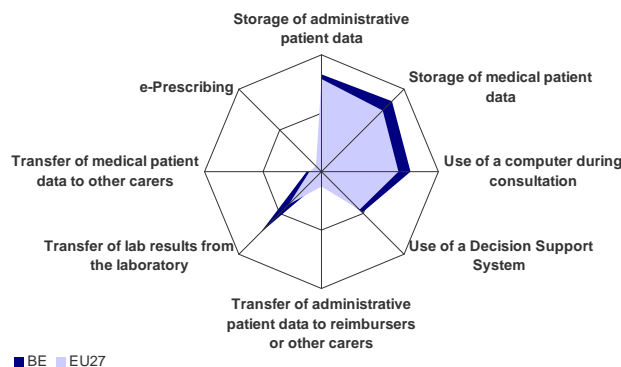
the patients in 63% of the practices. 57% of the Belgian GP practices make use of Decision Support Systems either for diagnosis of prescription purposes (50% on average in the EU27).

In Belgium the electronic exchange of patient data via the Internet or other dedicated networks corresponds to European averages. The transfer of laboratory results in particular however is quite advanced: 73% of the GP practices use a network to receive results from laboratories. This is far more than the EU27 average of 40%. 13% of the Belgian GPs exchange data with other medical carers, a figure which stays close to the EU27 average.

ePrescribing is used by 2% of GP practices in Belgium. ePrescribing can be regarded as a reality in only three Member States: Denmark, the Netherlands and Sweden. Apart from these countries adoption levels are never higher than 5%. ePrescriptions are only at the beginning of their development across Europe.

13% of the Belgian GPs use networks to exchange administrative patient data with other carers, as compared to the average rate of 10% attained across the EU27 Member States. With only 3% of the GP practices exchanging administrative patient data with reimbursers, Belgium scores far below the EU average of 15%. Frontrunner countries in this regard are Denmark, the Netherlands and the United Kingdom, but even here not more than one out of two GP practices uses this feature.

eHealth Use by GPs in Belgium



Indicators: Compound indicators of eHealth use (cf. annex for more information), % values. **Source:** empirica, Pilot on eHealth Indicators, 2007.

ICT Infrastructure in GP Practices

An appropriate ICT infrastructure in the GP practice lays the ground for different eHealth use cases (such as storage of patient data, its electronic exchange etc.). It is therefore the baseline from which a European GP can start his or her professional activities in the eHealth domain.

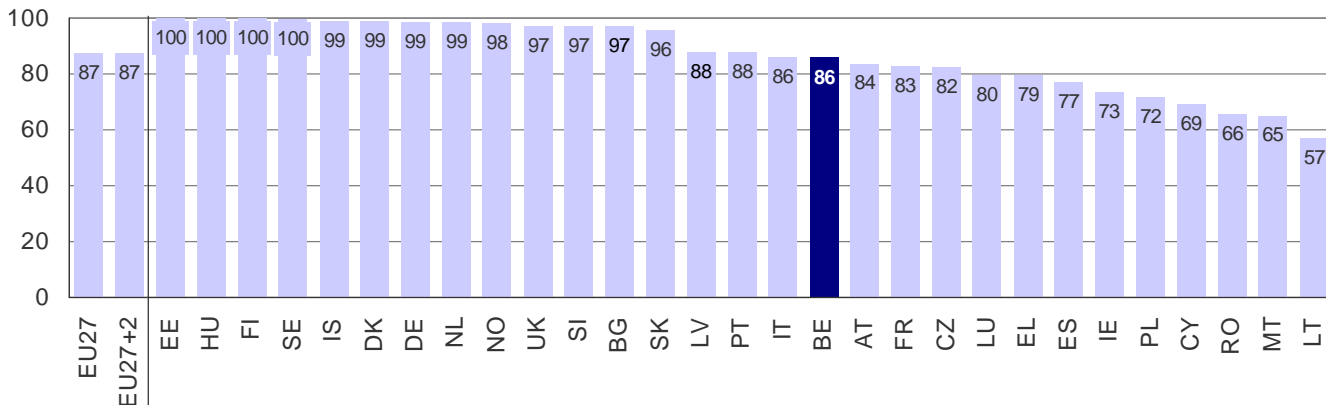
ICT infrastructure as understood here entails

- the availability of one or more computers in the practice;
- a connection with the Internet; and
- the availability of a broadband connection.

Use of computers

86% of GP practices in Belgium are equipped with one or more PCs. This result is close to the EU27 average and puts Austria on a par with 8 other EU countries where computer availability rates of 80 - 90% are reached. All in all 24 countries show a penetration rate of more than 75%, a fact that clearly indicates that computers have arrived in EU GP practices. Computers are becoming more and more an essential and unquestioned part of practice fixtures.

Use of Computers in GP Practices in Belgium



Base: All GPs. **Indicator:** R4 (cf. annex for more information), % values. **Source:** empirica, Pilot on eHealth Indicators, 2007.

Use of the Internet and broadband

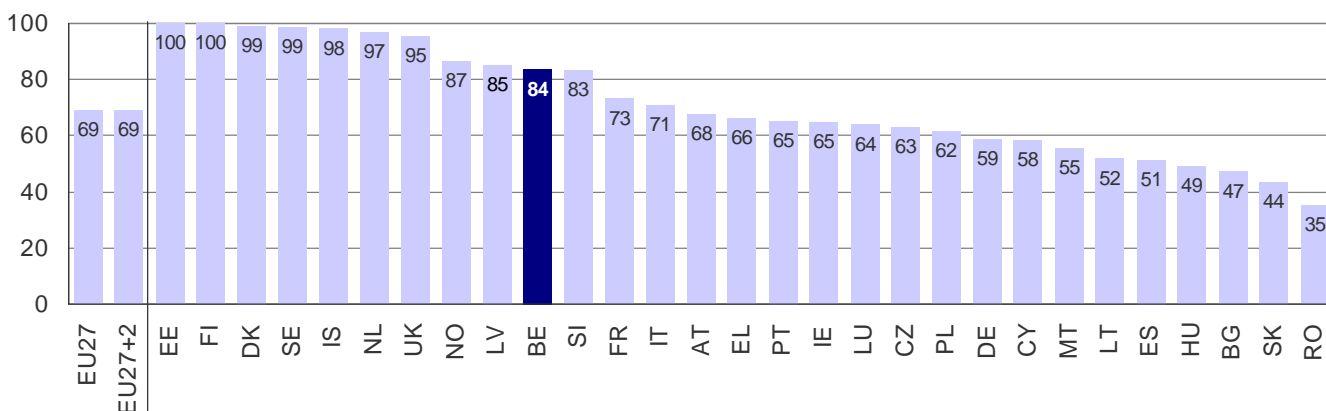
An Internet connection can be found in 84% of the Belgian GP practices.

Belgium is part of a group where Internet availability rates clearly exceed the EU average (69%). It is also remarkable that once a practice is equipped with a computer, it is highly likely that it will connect to the Internet as well. Only 2% of the Belgian GP practices have a computer without being connected to the Internet. A connection to the Internet or any other dedicated network is a prerequisite for all those eHealth applica-

tions that are based on data transmission or information retrieval.

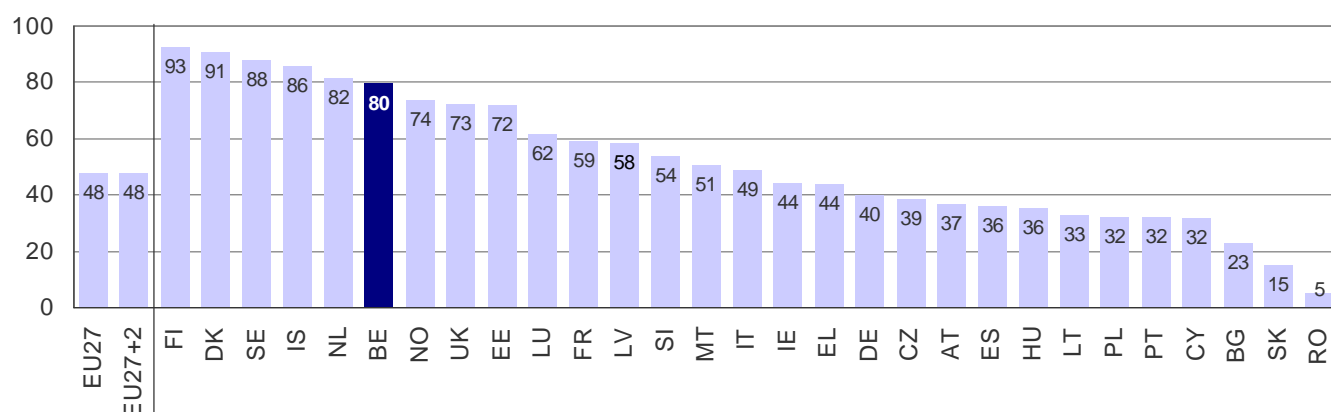
With 84% of the Austrian GP practices being equipped with an Internet connection, Austria comes very close to a group of frontrunner countries wherer Internet connections are nearly universal (95% and more of the practices being connected to the Internet).

Use of the Internet in GP Practices in Belgium



Base: All GPs. **Indicator:** C1 (cf. annex for more information), % values. **Source:** empirica, Pilot on eHealth Indicators, 2007.

Belgian GP Practices Using a Broadband Connection



Base: All GPs. **Indicator:** C2 (cf. annex for more information), % values. **Source:** empirica, Pilot on eHealth Indicators, 2007.

In Belgium, 80% of the practices dispose of a broadband connection. On the basis of this figure Belgium can be considered one of the six frontrunner countries in Europe. Belgium also positions itself clearly above the EU average of 48%. Other than in the case of computer and Internet use, differences regarding bandwidth remain high across EU27 Member States. Broadband availability rates vary between 93% and 5%.

Use of eHealth Applications

With about 87% of European GP practices having a computer and about 69% being connected to the Internet, the question is as to if and how this ICT infrastructure is used. The following sections deal with the use of ICT for different purposes in a GP practice's day-to-day business.

Electronic patient data storage

Electronic patient data storage is quite common in Belgium. At least one type of individual data is stored in 84% of GP practices.

Electronic data stored in Belgian GP practices relates most often to diagnosis (93%), medications (93%), basic medical parameters (91%) and lab results (96%). Symptoms / reasons for encounters, medical history, examinations and results, vital signs measurements, treatment outcomes are registered in between 80% and 90% of those GP practices that register electronic patient data.

Belgium scores slightly above the EU27 average use rates for all data types under observation, even in regard to the storage of treatment outcomes and radiological images which is a lot less common in the EU27 on average (65% and 34% versus 81% and 53% in Austria).

Electronic Patient Data Storage in Belgium:

Storage of Different Types of Individual Patient Data by GPs storing electronic medical patient data

	EU27	EU27+2	BE	BG	CZ	DK	DE	EE	EL	ES	FR	IE	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	NO
Diagnoses	90	91	93	97	89	93	99	94	74	89	89	79	85	93	58	65	88	99	80	96	88	73	77	69	89	94	81	97	94	100	100
Medications	90	90	93	93	88	99	93	86	71	94	91	95	95	90	50	8	95	99	80	97	84	55	85	36	43	85	96	95	98	100	99
Basic medical parameters	83	83	91	80	82	96	80	58	65	88	93	85	85	86	42	14	90	96	73	94	80	35	63	49	31	71	90	82	98	90	84
Lab results	79	80	96	83	58	99	78	58	64	81	77	82	75	76	42	17	52	91	66	95	79	53	59	63	20	26	98	97	96	93	98
Symptoms/reasons for encounters	77	77	89	94	70	97	67	59	68	82	92	80	64	86	42	28	88	96	70	96	82	46	73	32	33	60	96	95	92	98	95
Medical history	75	75	89	93	74	97	52	55	73	86	89	84	70	83	50	13	90	93	75	95	69	46	63	34	18	48	98	90	95	100	97
Examinations and results	75	75	87	86	62	95	56	51	64	81	81	68	82	67	42	20	60	93	66	95	76	55	67	58	15	35	98	76	88	92	98
Vital signs measurements	74	74	88	93	67	92	59	51	62	80	88	73	69	88	42	12	76	93	64	92	63	34	70	52	15	51	93	73	92	79	85
Treatment outcomes	65	66	81	78	68	96	52	46	62	76	66	53	58	71	50	26	62	92	58	94	77	49	52	25	14	47	88	78	77	76	91
Radiological images	34	35	53	50	20	98	15	47	42	55	65	23	5	29	42	2	43	70	34	43	49	40	29	12	8	10	95	34	30	87	54

Base: GPs storing electronic medical data. **Indicator:** A2 (cf. annex for more information), % values. **Source:** empirica, Pilot on eHealth Indicators, 2007.

Electronic exchange of patient data via the Internet or other dedicated networks

The electronic exchange of patient data via the Internet or other dedicated networks is quite common in Belgium. Already 73% of the GP practices use a network to receive results from laboratories. This figure clearly exceeds the European average of 40% and positions Belgium close to the frontrunner countries with regard to this indicator.

The other types of electronic exchange of medical patient data are far less common in Belgium. 13% of the Belgian GPs exchange medical patient data with other carers. This compares to an average rate for the exchange of medical data with other care providers that amounts to only 10% of the European GP practices.

Telemonitoring has not yet arrived on the scene neither in Belgium nor in the EU as a whole. In Austria only 1% of the GP practices offer telemonitoring services. This compares to the highest share in this regard that can be found in Sweden. Even

here only 9% of the GPs engage in telemonitoring. The only other countries where telemonitoring is used to some limited extent are the Netherlands and Iceland, with use rates of 3% each.

A similar pattern can be discovered with regard to the exchange of medical patient data across borders. Here again only 1% of Belgian GP practices report using this option. In this case the Netherlands show the highest use level with however still only 5% of practices taking part in cross-border transmissions of medical data. France, Cyprus, Malta, Denmark and Greece come in second with scores between 2% and 3%.

The low level of trans-border data sharing may be explained by the fact that the health care jurisdiction is explicitly under the jurisdiction of the individual Member States. Due to the differing health care systems in EU Member States, it is unsurprising that, with only very few exceptions, planned treatment is provided principally in the country of residence.

Electronic Exchange of Different Types of Medical Patient Data in Belgium

	EU27	EU27+2	BE	BG	CZ	DK	DE	EE	EL	ES	FR	IE	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	NO
Medical data with carers	10	11	13	3	6	74	4	1	4	13	5	2	7	3	0	3	0	2	7	26	12	2	8	2	0	1	55	13	26	17	35
Analytic results from labs	40	40	73	5	25	96	63	39	3	30	33	40	8	10	1	8	27	12	11	84	37	10	1	4	10	5	90	82	85	52	88
Telemonitoring	1	1	1	1	0	0	1	0	1	1	1	1	0	0	1	0	0	0	0	3	1	0	1	0	0	0	1	9	2	3	0
Medical data across borders	1	1	1	1	1	2	0	0	2	1	2	0	0	3	0	0	0	0	3	5	1	0	0	0	0	0	0	1	0	0	0

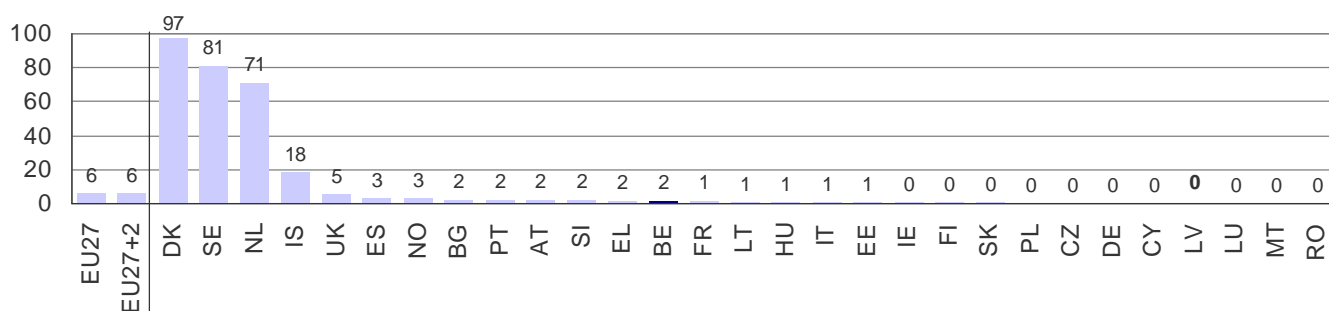
Base: All GPs. **Indicator:** D1 (cf. annex for more information), % values. **Source:** empirica, Pilot on eHealth Indicators, 2007.

ePrescribing

Electronic exchange of prescriptions, commonly referred to as ePrescribing, is practiced by 2% of GP practices in Belgium. A similar situation can be found in nearly all EU27 Member States as well as in Norway. There are only three EU Member

States where ePrescribing is a reality. These are Denmark, Sweden and the Netherlands. This shows clearly that ePrescribing has so far not arrived on the scene throughout Europe.

Use of ePrescribing by GPs in Belgium



Base: All GPs. **Indicator:** D1 (cf. annex for more information), % values. **Source:** empirica, Pilot on eHealth Indicators, 2007.

Coded data entry

Coded data entry in this context refers to the use of coding systems such as the ICD (the WHO's International Classification of Diseases) that allows to store a disease or diagnoses as a code rather than as a textual description. Use of coded data facilitates the further processing of the patient data, e.g. for billing purposes

29% of the Belgian GP practices use exclusively coded data entry, compared to 36% of the practices storing data only in un-coded form and about one third storing both coded and uncoded data. For the latter, a clear estimation of the coded/un-coded share is not possible.

In terms of data coding for EHRs, Belgium follows roughly the average European pattern. However, the storage of both coded and un-coded data only is slightly less prevalent compared to the average rate of 45%.

Use of data coding for EHRs by Belgian GPs

	EU27	EU27+2	BE	BG	CZ	DK	DE	EE	EL	ES	FR	IE	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	NO
Coded data only	21	21	29	22	6	19	19	35	20	35	6	10	22	10	25	68	2	6	14	37	11	30	18	24	25	36	2	10	24	41	14
Un-coded data only	30	30	36	27	56	31	33	5	58	26	66	50	26	64	25	8	60	5	39	13	55	25	23	26	34	24	26	29	5	5	18
Both coded and un-coded data	45	46	33	50	33	49	48	59	16	36	19	34	50	14	50	13	24	88	25	49	31	19	49	43	33	36	72	54	70	52	64

Base: GPs storing patient data. **Indicator:** A4 (cf. annex for more information), % values. **Source:** empirica, Pilot on eHealth Indicators, 2007.

Exchange of administrative patient data

Data transfer via networks concerns not only medical data, but can also be used for administrative purposes, i.e. for data exchanges between the GP practice and reimbursers or other care providers.

13% of the Belgian GPs use networks to exchange administrative patient data with other carers, compared to the average rate of 10% reached across the EU27 Member States.

Between the 27 EU members, shares differ between 0% (Latvia and Luxembourg) and Denmark (72%). With only 3% of the GP practices that exchange administrative patient data with reimbursers, Belgium scores quite far below the EU average of 15%. Frontrunner countries in this regard are Denmark, the Netherlands and the United Kingdom, but even here not more than one out of two GP practices uses this feature.

Exchange of Administrative Patient Data in Belgium

	EU27	EU27+2	BE	BG	CZ	DK	DE	EE	EL	ES	FR	IE	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	NO
Admin data with other carers	10	10	13	6	6	74	3	1	4	6	4	4	3	3	0	10	0	1	7	28	7	6	6	6	3	2	21	16	32	12	25
Admin data with reimbursers	15	15	3	10	13	48	4	5	3	2	26	15	1	3	0	21	0	5	3	45	19	23	5	2	14	4	8	8	43	1	19

Base: All GPs. **Indicator:** D1 (cf. annex for more information), % values. **Source:** empirica, Pilot on eHealth Indicators, 2007.

Data exchange and security

Data security is an important issue when sensitive, identifiable patient data is stored and transmitted electronically. There are a number of different techniques to make the handling of patient data secure, including password protection of the computer system and of transmitted files, encryption of transmitted files and e-mails as well as the use of e-signatures.

In Belgium, 97% of the GP practices have established a password protected access. High rates (on average 94%), are due to the fact that password protection can be achieved comparatively easy as it is basically available for all commercial computer operating systems. Password protection of transmitted files is used by 60% of the Belgian GP practices. Even though password protection of files is also technically available in many applications, only 57% of GPs in the EU27 use this technique.

64% of the Belgian GPs use encryption of transmitted files and e-mails and 22% use e-signatures. Concerning the use of encryption of transmitted files and e-mails Belgium scores above the average rate reached by the EU27.

Other than in the case of password protection, both encryption and the use of electronic signatures require a dedicated infrastructure, comprising software, an encryption key and a signature. This infrastructure must be present at both ends: on the side of the transmitting as well as the receiving party. This explains the relatively low usage rates in Belgium but also in most of the countries of the EU27. Frontrunners in regard to the usage of both methods are Denmark and Estonia.

GPs Use of Security Features in Belgium

	EU27	EU27+2	BE	BG	CZ	DK	DE	EE	EL	ES	FR	IE	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	NO
Password (PW) protected access	94	94	97	92	97	97	95	100	59	93	88	97	100	72	100	92	96	100	94	95	94	86	97	80	92	94	100	98	98	100	100
PW protection of transmitted files	57	57	60	77	65	71	63	76	40	56	39	59	70	41	100	45	54	57	47	62	60	63	62	62	64	69	56	27	58	83	59
Encryption of transmitted files	42	42	64	49	31	68	53	85	22	35	36	30	45	19	50	32	42	31	21	36	46	40	26	44	32	28	14	20	42	37	58
Use of e-signatures	19	19	22	68	49	93	7	58	15	24	16	11	40	13	0	12	12	7	9	28	12	11	5	12	20	19	16	41	10	43	48

Base: All GPs. **Indicator:** D4 (cf. annex for more information), % values. **Source:** empirica, Pilot on eHealth Indicators, 2007.

Computer use in consultation

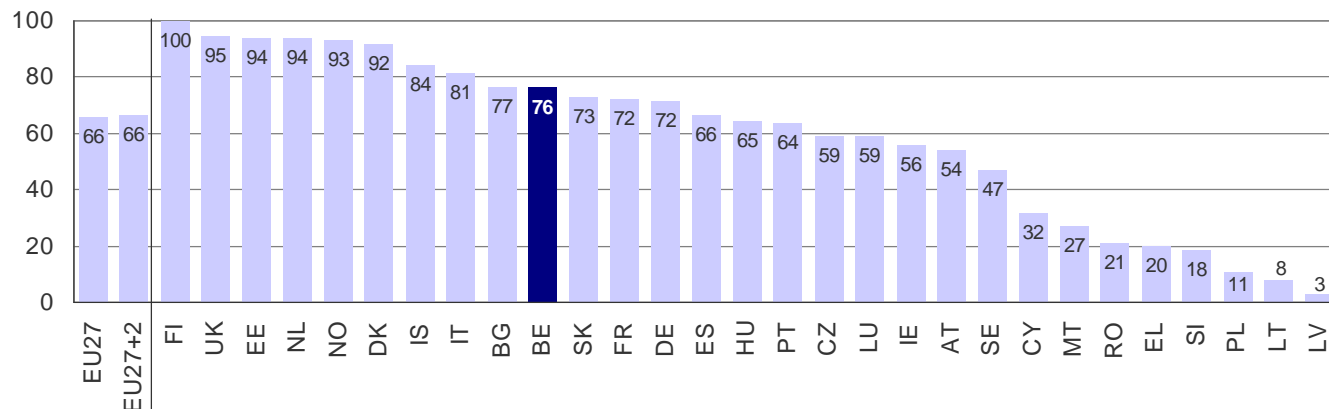
Apart from the storage and exchange of patient data, a computer can also be used in direct interaction with the patient, i.e. during the consultation in the practice. It can be used to display a patient's file to the practitioner, to provide supporting information when making treatment or medication decisions, but also for the explanation of medical issues to the patient, e.g. by means of a graph, photo or animation.

While 83% of the Belgian GP practices are equipped with a computer in the consultation room, 76% of the GPs actually use it for consultation purposes when the patient is present. This

reveals a very small "availability versus use gap". In other EU Member States the gap between computer availability and use for consultation purposes can be as high as 50% and more.

The results for the EU27 show a significant gap between frontrunners with more than 90% of GP practices using a computer (Finland, United Kingdom, Estonia the Netherlands and Denmark) and the countries following or lagging behind (less than 30%). With 76% Belgium is part of a group of solid average performers with usage rates varying between 70% and 85%.

Computer Use in Consultation with the Patient in Belgium



Base: All GPs. **Indicator:** B2 (cf. annex for more information), % values. **Source:** empirica, Pilot on eHealth Indicators, 2007.

Attitudes and Impacts

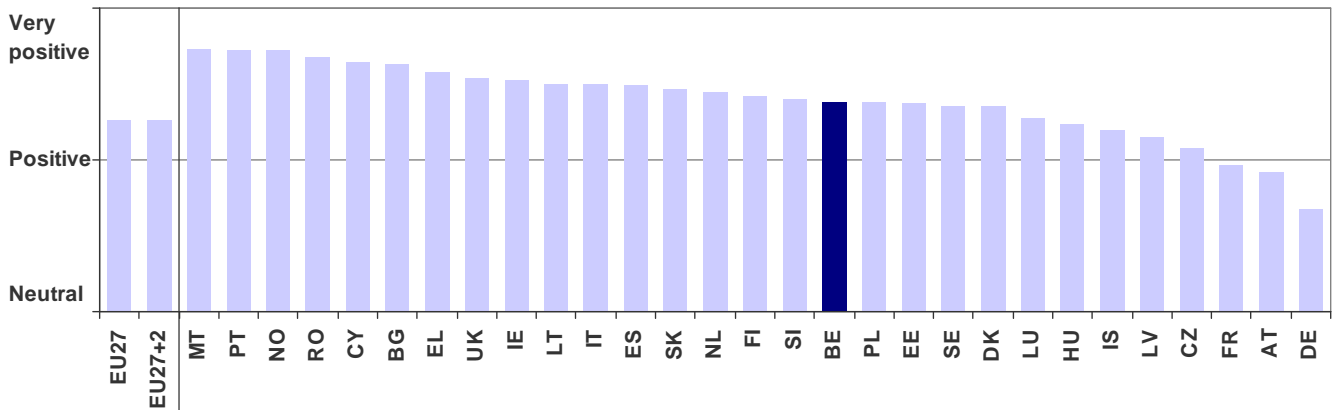
What role do ICTs play in the day-to-day work of a European General Practitioner? What is a GPs general attitude towards ICT and what facilitators and barriers towards a wider uptake of eHealth do they perceive? What are the impacts of eHealth?

GPs in the Belgium are quite positive when it comes to the question whether ICT really and tangibly improves the quality of health care services, as are basically all GPs in Europe. On a scale ranging from a very negative to a very positive attitude, Belgian GPs can be found somewhere between positive and very positive.

When looking at the other countries it is interesting to see that in none of the 29 countries under observation a negative attitude is prevalent.

This positive attitude seems to have nothing to do with whether a country is more of an eHealth laggard or a frontrunner. Those countries displaying an only moderately positive attitude (such as Germany, France and Austria) are all average eHealth performers. At the same time, GPs using eHealth and practising in countries that can be considered eHealth laggards (e.g. Greece, Cyprus or Romania) show an attitude that is more positive than the EU average. Since difference between the countries in relation to the perception of facilitators and barriers as well as eHealth impacts are only small, the following analysis focuses on the EU average results, reporting national deviations where they occur.

GPs General Attitude Towards ICT Use in Health Care in Belgium



Base: GPs using computers **Indicator:** F1 (cf. annex for more information), attitude scores. **Source:** empirica, Pilot on eHealth Indicators, 2007.

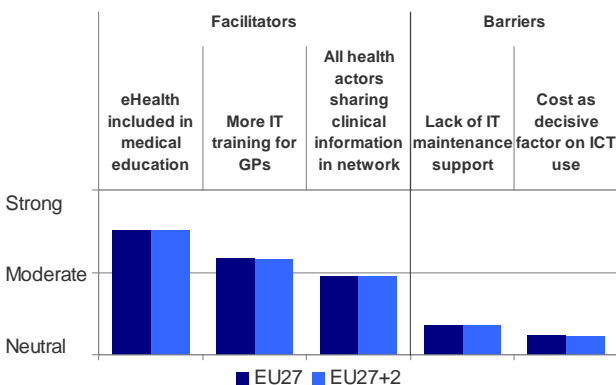
Perception of facilitators and barriers

The perception of facilitators and barriers by Belgian GPs is in line with the perception shown by a majority of GPs in the EU27.

Among factors that could facilitate the diffusion of eHealth, most European GPs would prefer if the issue were included in the curricula of medical education. The second most important facilitating factor is related to IT training provided to the GPs themselves. Thirdly, a better networking of all health actors in order to share clinical information is also regarded as beneficial by a majority of GPs.

As regards the electronic exchange of clinical information, GPs in Germany, Poland, Iceland and Norway are less positive about this than the European average, but still mostly agree to a certain extent. On the other hand, Greek, Lithuanian and Romanian GPs are considerably more positive on this issue than their European peers. In relation to IT training for GPs, practitioners in Denmark, Germany, Hungary and the Netherlands see this as a less important issue.

GPs Perception of Facilitators and Barriers in the EU27



Base: GPs using computers. **Indicator:** F1b (cf. annex for more information), agreement scores. **Source:** empirica, Pilot on eHealth Indicators, 2007.

When it comes to potential eHealth barriers, most practitioners seem — on average — to consider neither a lack of IT maintenance support nor cost as a factor that seriously ham-

pers their use of ICT. In some of the Eastern European Member States, GPs are however considerably more critical about both issues. A lack of IT maintenance support is seen as a barrier to eHealth — at least to a certain extent — by a majority. In these countries cost are conceived as a barrier to eHealth by a noticeably larger number of GPs than in the EU on average.

Noticeable deviations from these patterns can also be found in Greece, Spain and Ireland, here a majority of GPs somewhat agrees to the statement that a lack of IT support has a negative impact on eHealth use.

Perception of impacts

In Belgium the perception of eHealth impacts resembles the general layout found in the EU27. The general impact perceptions show quite a clear pattern: the GPs are most positive about the administrative impacts of ICT use in health care, namely impacts in relation to their personal or practice staff working processes.

When it comes to patient-related or medical impacts a more ambivalent picture emerges. For every GP being positive about those impacts, there is at least one other GP not perceiving any benefit.

This is for instance the case in relation to impact on the quality of diagnosis and treatment decisions: here about half of the GPs see positive impacts as compared to the other half seeing no impacts. This holds true for Belgium as well, where 55% of the GPs reported a positive influence, compared to the other half seeing no impacts. In case of doctor-patient relationship and the workload of the support staff — including nurses etc. — between 16% and 25% say that the impacts are actually negative, i.e. that the relationship to the patient has deteriorated or that the workload of the support staff has gone up. The latter could indicate that the brunt of additional effort created by ICT use is not borne by the GP but by the other workers in the practice. This is also not contradicted by the perceived improvement of working processes. For the practitioner this may be due to the fact that they are not burdened with additional work generated by ICT and for the rest of the practice staff improved working processes might mean that an overall increased workload is simply handled more efficiently. This effect is evident in Belgium as well, where over 60% of

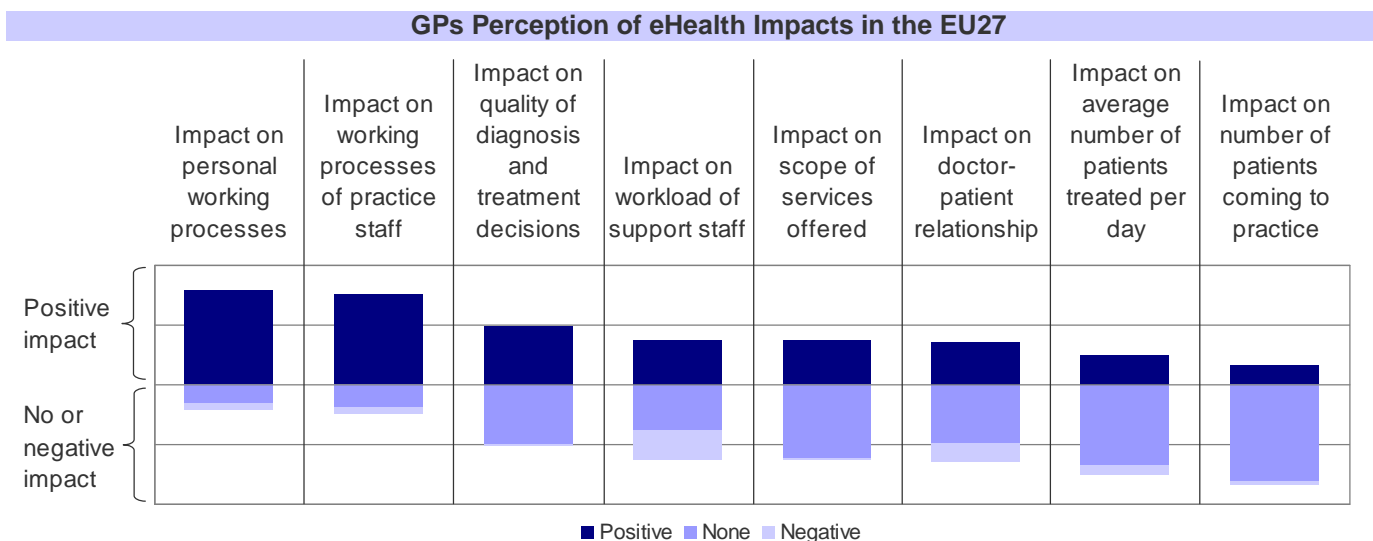
practitioners report improved working processes while at the same time 35% deplore increased workloads of the support staff.

About one-third of the practitioners in Europe state that the scope of services offered by the practice actually increased due to the use of IT systems and software. In Belgium this hold true for nearly half of the practitioners. It can be assumed that for those GPs IT is not just a tool to make existing — e.g. administrative — processes more efficient but to broaden the range of their activities.

The last two areas under observation here are the impact on the number of patients treated as well as on the number of patients coming to the practice. A majority of Belgian GPs did not experience any changes in the number of patients coming to the practice (76%) nor the number of patients treated per

day (73%) that could be related to the introduction of eHealth solutions. This goes in line with the general impression by European GPs, most of whom did not report any changes in the number of patients coming to the practice or being treated per day.

GPs from eHealth frontrunner countries tend to be somewhat more positive about impacts on personal and staff working processes and also about impacts on the quality of diagnosis and treatment decisions. They perceive a higher increase in the scope of services offered by their practice compared to their colleagues in the other countries. At the same time, negative impacts on the workload of the practice staff are deemed to be stronger.



Base: Users of electronic records, or access to health networks or electronic patient data exchange. **Indicator:** F1 (cf. annex for more information), attitude scores. **Source:** empirica, Pilot on eHealth Indicators, 2007.

Making Sense of eHealth Use Patterns in the Member States

Belgium is among the advanced average eHealth performers in the EU27. In terms of infrastructure, Belgium is on par with the EU27 average with regard to computer availability. Belgium scores above the European average when it comes to Internet connectivity and broadband connection. As regards the storage of patient data, the computer use in consultation, electronic patient data transfer and the use of decision support systems Belgian usage rates exceed the average rates of the EU27 as well.

Several ministries are responsible for the Belgian eHealth policy because of the country's federal system giving municipalities competence for health and welfare. The Ministry of Health and the Secretariat of State for Informatics are responsible for a national eHealth strategy. Legislation exists in areas of patient's rights, data protection and certification of patient record related software. The "Telematics Commission" was implemented in 2000 and issued recommendations for exchanging and sharing health information. The exchange is today only between hospitals and insurance funds via the SIS card scheme operating since 1998.

The introduction of a new card (the citizen eID) began in September 2004 and will be completed in 2009 to replace other cards. Then it will be possible for General Practitioners to get access to centrally stored information. Corresponding with the data presented here today almost all GPs store the patient data on their own. The "Health Telematics" law is under discussion since 2006 but has not been adopted yet.

Belgian policy strategies with eHealth relevance

Health telematics law is under discussion since 2006

Nevertheless there is already today a well developed electronic health infrastructure on the regional level which is available primarily for hospitals. Major eHealth developments are planned for the coming years. The "Summarised Electronic Health Record" (Sumehr) that is already available at the ambulatory care level is going to be implemented nationwide in all sectors and ePrescribing recently entered the pilot phase but has not an impact on the work of GPs yet.

ANNEXES

The Pilot on eHealth Indicators Study

The “Pilot on eHealth Indicators” study was carried out by empirica in association with IPSOS on behalf of the European Commission, Information Society and Media Directorate-General. The purpose of the present study was to measure the availability and use of ICT by primary care physicians in the EU27 and EEA countries, achieved by means of a survey of primary care physicians on their use of ICT for communicating with patients and between primary and secondary care and other eHealth agencies. Through this survey up-to-date information and data on eHealth developments was obtained. In addition 29 Country Briefs for each of the Member States, Norway and Iceland were developed.

The Final Report

The Final Report of the study puts together all the results from the General Practitioner survey, including many indicators not used for this Country Profile. It also contains an extensive analysis of data, drawing a coherent picture of ICT use among General Practitioners in Europe.

Indicators used

The Final Report contains an indicator annex listing all statistical indicators covered by the survey, including those used for this Country Profile. The indicator codes used in the footnotes of the graphs and tables (e.g. B2, C1 etc.) can be used to identify the corresponding indicator in the list.

Methodology Report

The survey

Data used for this Country Profile were collected by means of a survey of primary care physicians and their use of ICT with patients and between primary and secondary care and other health agencies.

The survey was carried out in all 27 Member States of the European Union and in Norway and Iceland. The fieldwork took place in the third quarter of 2007. It was coordinated by the German Ipsos branch Ipsos GmbH, Mölln and was conducted in cooperation with local partner institutes.

The survey was carried out in form of Computer-Aided Telephone Interviewing (C.A.T.I.). Exception is Malta where face-to-face interviews using P.A.P.I. methodology (Paper-and-Pencil Interviews) were conducted. In Sweden CATI interviews were used, until the sample was exhausted due to the specificities of the Swedish health system. The remaining interviews were accomplished through Computer-Aided Web-Interviews.

Universe/ Target Person and Sampling

The universe consisted of all General Practitioners in the respective countries. From the universe a random sample of practices / institutions with a quota on region and - where possible - private practice / institution was drawn. The target respondent within the practice / institution was selected via a random procedure if more than one GP were present. In total, 6,789 interviews were achieved. The sampling was done in a decentralised way and by each of the partner institutes.

Number of Interviews Conducted

	Country	Interviews
BE	Belgium	318
BG	Bulgaria	206
CZ	Czech Republic	304
DK	France	261
DE	Germany	253
EE	Estonia	150
EL	Greece	315
ES	Spain	325
FR	France	302
IE	Ireland	206
IT	Italy	290
CY	Cyprus	72
LV	Latvia	177
LT	Lithuania	263
LU	Luxembourg	63
HU	Hungary	251
MT	Malta	92
NL	Netherlands	258
AT	Austria	299
PL	Poland	351
PT	Portugal	284
RO	Romania	304
SI	Slovenia	103
SK	Slovakia	261
FI	Finland	250
SE	Sweden	267
UK	United Kingdom	257
IS	Iceland	103
NO	Norway	204
	Total	6.789

Weighting schemes

After the fieldwork, weighting coefficients were computed giving each country a weight according to its population size in the respective group of countries: EU27+2 (for all 29 countries surveyed), EU27 (all EU Member States).

More information

If you wish to be provided with more details, or to receive news and updates, please contact us at: [indeh \[at\] empirica \[dot\] com](mailto:indeh@empirica.com) or get in touch with us.



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