

Medical practice variations

Myocardial reperfusion (Adjusted)

Analysis of the distribution and evolution of medical practice in Belgium, in terms of volume and expenditure per insured
(analysis and trends by region, province and district), for the year **2022**



NIHDI – Healthcare Service – Directorate for Research, Development and Quality promotion

Appropriate care unit

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CONTENTS

CONTENTS	2
1. INTRODUCTION	3
2. SPECIFIC METHOD OF ANALYSIS	4
A. NIHDI NOMENCLATURE CODES SELECTED FOR ANALYSIS.....	4
B. PAST HISTORY OF NOMENCLATURE CODES	5
C. SOURCE OF DATA AND ANALYSIS PERIOD.....	6
D. SPECIFIC SELECTION CRITERIA	7
E. STANDARDISATION.....	7
3. RESULTS	8
A. NATIONAL STANDARDISED RATE OF USE.....	8
B. BREAKDOWN OF NOMENCLATURE CODES PROVIDED, BY VOLUME	9
C. SPECIALISATION OF HEALTHCARE PROVIDERS	10
D. SPECIALISATION OF PRESCRIBERS.....	11
E. STANDARDISED RATE OF USE BY SEX AND AGE GROUP	12
F. STANDARDISED RATE OF USE: HOSPITAL AND OUTPATIENT CARE	16
G. STANDARDISED RATE OF USE BY REIMBURSEMENT SCHEME	18
H. TRENDS IN STANDARDISED RATES OF USE	20
I. GEOGRAPHICAL VARIATIONS IN STANDARDISED RATES OF USE	24
J. STANDARDISED HEALTHCARE EXPENDITURE BORNE BY THE INSURANCE	29
4. KEY DATA SUMMARY	32
5. APPENDICES	33
A. ANALYSIS OF VARIANCE (ANOVA), EXCEPT BRUSSELS	33
B. FREQUENCY OF PRACTICE OCCURRENCES.....	34
C. PATIENT CARE SETTINGS.....	36
D. CODING VARIATIONS AND PRACTICE ALTERNATIVES.....	38

1. INTRODUCTION

The Appropriate Care Unit was set up within the NHDI's Directorate for Research, Development and Quality under NHDI's Administration Contract for 2016-2018¹. Article 35 of this contract refers to 'the setting up of an Appropriate Care Unit, aiming specifically to promote an integrated approach to the rational use of resources'. The Appropriate Care Unit has been up and running since the second quarter of 2017.

The tasks of the Unit were set out formally in the '2016-2017 Healthcare monitoring Action plan', published by NHDI on 18 July 2016². This plan lists around thirty measures designed to make healthcare provision more efficient, by encouraging appropriate practice and tackling unnecessary or inappropriate care.

The plan states that one of the tasks of the Appropriate Care Unit is to analyse the 'appropriateness of care', in order to identify unexplained variations in consumption patterns, identified after standardisation. Such variations can potentially point to non-optimal use of resources.

'Variations in medical practice' documents report on the analyses carried out in this framework. Each report focuses on a particular topic.

In this document, we present the figures and graphs relating to analyses³ of practice in the area of Myocardial reperfusion (Adjusted), and give the explanations necessary to understand these.

We have deliberately chosen not to attempt to interpret the figures, preferring to present the results to experts who are in a better position to do so. This document has nevertheless been made available to the public in order to provide objective, open input to discussions on this issue.

¹ (Institut national d'assurance maladie-invalidité, 2016)

² (Institut national d'assurance maladie-invalidité, 2016)

³ Readers interested in the methodology used in these quantitative analyses should consult the document entitled 'Variations in practice – Methodology'.

2. SPECIFIC METHOD OF ANALYSIS

A. NIHDI nomenclature codes selected for analysis

The NIHDI nomenclature codes selected for the analysis are listed below:

Outpatient	Inpatient	Rates	Expenes	Label	Creation	Deletion	Group N	Value
158070	159081	no	yes	Ensemble du matériel nécessaire à l'exécution d'une intervention coronaire percutanée sans stent.	01-07-2014	NBD	-	
158092	159003	no	yes	Ensemble du matériel nécessaire à l'exécution d'une intervention coronaire percutanée à avec placement d'un ou plusieurs stent(s).	01-07-2014	NBD	-	
159014	159025	no	yes	Ensemble du matériel nécessaire à l'exécution d'une intervention coronaire percutanée à avec placement exclusif d'un ou plusieurs drug eluting stent(s).	01-07-2014	NBD	-	
159036	159040	no	yes	Ensemble du matériel nécessaire à l'exécution d'une intervention coronaire percutanée à avec placement inclusif de deux ou plusieurs drug eluting stent(s) à prélevement endoscopique, avec prélevement endoscopique de la grande veine saphène.	01-07-2014	NBD	-	
159051	159062	no	yes	Ensemble du matériel de consommation et du matériel implantable utilisé pour la réalisation d'une intervention coronaire percutanée à avec placement endoscopique, avec prélevement endoscopique de l'artère coronaire droite.	01-07-2014	NBD	-	
159073	159084	no	yes	Ensemble du matériel de consommation et des implants utilisés lors de la réalisation d'une intervention coronaire percutanée à avec placement inclusif de la prestation 22964 de la nomenclature.	01-07-2014	NBD	-	
159095	159106	no	yes	Système de fermeture proximale temporaire pour la réalisation d'une intervention coronaire percutanée à avec placement inclusif de la prestation 22963-22964 de la nomenclature.	01-07-2014	NBD	-	
161270	161271	no	yes	Ensemble du matériel de consommation et du matériel implantable utilisé pour la réalisation d'une intervention coronaire percutanée à avec placement endoscopique, avec prélevement endoscopique de la grande veine saphène.	01-07-2014	NBD	-	
161272	161283	no	yes	Ensemble du matériel de consommation et du matériel implantable utilisé pour la réalisation d'une intervention coronaire percutanée à avec placement endoscopique, avec prélevement endoscopique de la grande veine saphène.	01-07-2014	NBD	-	
161284	161285	no	yes	Ensemble du matériel de consommation et du matériel implantable utilisé pour la réalisation d'une intervention coronaire percutanée à avec placement endoscopique, avec prélevement endoscopique de la grande veine saphène.	01-07-2014	NBD	-	
170056	170660	no	yes	Ensemble du matériel nécessaire à l'exécution d'une intervention coronaire percutanée à sans stent avec ou sans plusieurs drug eluting ballon(s).	01-04-2015	NBD	-	
229574	229585	yes	yes	Revascularisation récidivante à cœur battant réalisée à la grande veine mammaire interne, utilisant les deux artères mammaires ou l'implantation d'un stent dans une ou deux artères mammaires sous forme de pontage séquentiel.	01-07-1990	N25	N2250	
229581	229622	yes	yes	Revascularisation récidivante à cœur battant réalisée avec un graft arterial (mammaire, gastroduodénique ou arrière splénique), y compris le ou les éventuel(s).	01-09-1996	N25	N1890	
229633	229644	yes	yes	Revascularisation récidivante à cœur battant réalisée avec un graft arterial (mammaire, gastroduodénique ou arrière splénique), y compris le ou les éventuel(s).	01-04-2003	N25	N1890	
589013	589024	yes	yes	Dilatation endovasculaire percutanée avec ou sans placement de stent(s) sous contrôle d'imagerie médicale d'une séance et/ou exclusion d'une artère coronaire par dilatation et/ou exclusion d'une artère coronaire avec placement d'un stent(s) sous contrôle d'imagerie médicale de cathéters, ainsi que le matériel utilisé, à l'exécution du cathéter de dilatation et des sondes phonendoscopiques et de contrôle. Pour l'ensemble des artères coronaires.	01-01-1991	N51	I2215	
589035	589046	no	yes	Honoraires supplémentaires lors de la prestation 580013-580024 pour le traitement de minimum deux veines coronaires lors de l'occlusion d'une veule et/ou d'une veine diagonale et/ou d'une veine oblique et/ou d'une veine postérieure coronaire nos 3 à 9 (inclus) et/ou le tronc principal (segment d'artère coronaire nos 1 à 10 (inclus) et/ou le tronc circumflexe (segments d'artère coronaire nos 11 à 25 inclus) et/ou la veine saphène (segments d'artère coronaire nos 1 à 25 inclus) et/ou griffle de la veine saphène ou griffle arteriale (mammaire). Introduction percutanée sous contrôle d'imagerie médicale de cathéters, manipulation et/ou préparation de la veine saphène et/ou de l'artère, y compris à l'exécution des produits pharmaceutiques et de la canule. Pour les manipulations et/ou préparations pendant le traitement et les cathéters utilisés.	01-03-1991	N51	I608	
589153	589164	yes	yes	Supplément d'honoraires pour l'exécution d'une mesure d'Fraction Flow (FFR) lors de la réalisation d'une intervention coronaire percutanée à avec placement de deux ou plusieurs stents à l'occasion du traitement d'un multivessel disease soit des prestations 580013-580024 et 580013-580025, lorsque l'intervention est réalisée dans des périodes différentes au cours de la même période d'hospitalisation.	01-03-1991	N51	I450	
680352	680363	no	yes	Ensemble du matériel de consommation et des implants utilisés lors de la fixation de la grande veine saphène à l'aorte lors des prestations 229633 - 229644.	01-04-2011	30-06-2014	NBD	-
687271	687282	no	yes	Ensemble du matériel nécessaire à l'exécution d'une intervention coronaire percutanée à sans stent avec ou sans placement de la grande veine saphène.	01-07-2004	30-06-2014	NBD	-
687293	687304	no	yes	Système de fermeture proximale temporaire pour la réalisation d'une intervention coronaire percutanée à avec placement inclusif de la prestation 229633 - 229644, par voie endoscopique, avec prélevement endoscopique de la grande veine saphène.	01-07-2004	30-06-2014	NBD	-
687275	687286	no	yes	Ensemble du matériel nécessaire à l'exécution d'une intervention coronaire percutanée à avec placement inclusif de la grande veine saphène à l'occasion de la prestation 580013 - 580024.	01-11-2003	30-06-2014	NBD	-
687890	687901	no	yes	Ensemble du matériel nécessaire à l'exécution d'une intervention coronaire percutanée sans butée à l'occurrence de la grande veine saphène.	01-11-2003	30-06-2014	NBD	-
732373	732384	no	yes	Ensemble du matériel nécessaire à l'exécution d'une intervention coronaire percutanée à avec placement inclusif de la grande veine saphène à prélevement endoscopique, avec prélevement endoscopique du matériel implantable utilisé lors de la prestation 229574-229585, par voie endoscopique, avec prélevement endoscopique de la grande veine saphène.	01-03-2004	30-06-2014	NBD	-
732395	732406	no	yes	Ensemble du matériel nécessaire à l'exécution d'une intervention coronaire percutanée à avec placement inclusif de la grande veine saphène à prélevement endoscopique de la grande veine saphène.	01-03-2004	30-06-2014	NBD	-
732594	732605	no	yes	Ensemble du matériel nécessaire à l'exécution d'une intervention coronaire percutanée à avec placement inclusif de la grande veine saphène à prélevement endoscopique de la grande veine saphène.	01-03-2004	30-06-2014	NBD	-
732911	732922	no	yes	Ensemble du matériel de consommation et du matériel implantable utilisé pour la réalisation 229633 - 229644, par voie endoscopique, avec prélevement endoscopique de la grande veine saphène.	01-04-2005	30-06-2014	NBD	-



This table shows the NIHDI nomenclature codes selected for this analysis, stating whether or not they were included in the analyses of services and expenditure, and giving, for each one, a description, dates of creation and deletion, where appropriate, their N group (in the NIHDI nomenclature) and their value.

B. Past history of nomenclature codes

Outpatient	Inpatient	Date	Label
158970	158981	01-07-2014	Ensemble du matériel nécessaire à l'exécution d'une intervention coronaire percutanée sans tuteur à l'occasion de la prestation 589013 - 589024 de la nomenclature
158970	158981	01-06-2019	Ensemble du matériel nécessaire à l'exécution d'une intervention coronaire percutanée sans stent
158992	159003	01-07-2014	Ensemble du matériel nécessaire à l'exécution d'une intervention coronaire percutanée avec placement d'un ou plusieurs stent(s) à l'occasion de la prestation 589013 - 589024 de la nomenclature
158992	159003	01-06-2019	Ensemble du matériel nécessaire à l'exécution d'une intervention coronaire percutanée avec placement d'un ou plusieurs stent(s)
159014	159025	01-07-2014	Ensemble du matériel nécessaire à l'exécution d'une intervention coronaire percutanée avec placement d'un ou plusieurs drug eluting stent(s), en combinaison éventuelle avec un ou plusieurs bare metal stent(s), à l'occasion de la prestation 589013-589024 de la nomenclature pour les indications prévues à la condition de remboursement F-§05
159014	159025	01-06-2019	Ensemble du matériel nécessaire à l'exécution d'une intervention coronaire percutanée avec placement d'un ou plusieurs drug eluting stent(s)
159036	159040	01-07-2014	Ensemble du matériel nécessaire à l'exécution d'une intervention coronaire percutanée avec placement de deux ou plusieurs stents à l'occasion du traitement d'un multivessel disease soit lors des prestations 589013-589024 et 589035-589046 de la nomenclature, soit lors de deux prestations 589013-589024 de la nomenclature sur des journées différentes au cours de la même période d'hospitalisation
159036	159040	01-06-2019	Ensemble du matériel nécessaire à l'exécution d'une intervention coronaire percutanée avec placement exclusif de deux ou plusieurs drug eluting stents à l'occasion du traitement d'un multivessel disease
170656	170660	01-04-2015	Ensemble du matériel nécessaire à l'exécution d'une intervention coronaire percutanée sans tuteur avec un ou plusieurs drug eluting balloon(s), à l'occasion de la prestation 589013-589024 de la nomenclature
170656	170660	01-06-2019	Ensemble du matériel nécessaire à l'exécution d'une intervention coronaire percutanée sans stent avec un ou plusieurs drug eluting balloon(s)
229574	229585	01-03-2001	Revacularisation myocardique par anastomose à l'aide de l'artère mammaire interne, utilisant les deux artères mammaires ou l'implantation d'une artère mammaire sous forme de pontages séquentiels
229574	229585	01-12-2018	Revacularisation myocardique par anastomose à l'aide de l'artère mammaire interne, utilisant les deux artères mammaires ou l'implantation d'une artère mammaire sous forme de pontages séquentiels
589035	589046	01-06-2001	Honoraires supplémentaires lors de la prestation 589013- 589024 pour sténose(s) complémentaire(s) d'une artère coronaire, maximum par séance opératoire
589035	589046	01-01-2013	Honoraires supplémentaires lors de la prestation 589013-589024 pour le traitement de minimum deux vaisseaux coronaires à l'occasion d'une seule et même procédure, à savoir : l'artère coronaire droite (segments d'artère coronaire nos 1 à 4 inclus) et/ou le tronc principal (segment d'artère coronaire n° 5) et/ou l'artère coronaire gauche (segments d'artère coronaire nos 6 à 10 inclus) et/ou l'artère circumflexe (segments d'artère coronaire nos 11 à 15 inclus) et/ou greffe de la veine saphène ou greffe artérielle (mammaire).
680315	680326	01-04-2011	Ensemble du matériel nécessaire à l'exécution d'une intervention coronaire percutanée avec placement d'un ou plusieurs drug eluting stent(s) à l'occasion de la prestation 589013-589024 pour les indications prévues au § 11ter
680315	680326	01-01-2012	Ensemble du matériel nécessaire à l'exécution d'une intervention coronaire percutanée avec placement d'un ou plusieurs drug eluting stent(s), en combinaison éventuelle avec un ou plusieurs bare metal stent(s), à l'occasion de la prestation 589013-589024 pour les indications prévues au § 11ter
680352	680363	01-04-2011	Ensemble du matériel nécessaire à l'exécution d'une intervention coronaire percutanée avec placement de deux ou plusieurs stents à l'occasion des prestations 589013-589024 et 589035-589046
680352	680363	01-01-2013	Ensemble du matériel nécessaire à l'exécution d'une intervention coronaire percutanée avec placement de deux ou plusieurs stents à l'occasion du traitement d'un multivessel disease soit lors des prestations 589013-589024 et 589035-589046, soit lors de deux prestations 589013-589024 sur des journées différentes au cours de la même période d'hospitalisation



This table displays the historic evolution of the definitions of the NIHDI-nomenclature codes taken into account for this analysis, if modifications were implemented during the period 2012-2022.

C. Source of data and analysis period

The data used in the analyses have been taken from the following databases:

Document N	for the utilisation rate and amount of expenses of insured persons (who meet the selection criteria) whose age, sex, preferential regime and residence are known 2012-2022
Document P	for the utilisation rate and amount of expenses of insured persons (who meet the selection criteria) by type of medical specialities in 2022
Document P, SHA, ADH	for the practice occurrences and analysis of patient care settings in 2021
-	-

Analysis period	2012-2022
------------------------	-----------



'N Documents' are monthly data sent by the sickness funds to NIHDI, within three months. These data show the number of services provided, dates and the fees involved. Every six months, these data are compiled by the insurers, which also add data on patients: age, gender, social category and district of residence. N Documents, however, cannot be used to analyse the combinations of services received by individual patients.

'P Documents' are six-monthly data sent by the sickness funds to NIHDI, within four months. These data show the services provided, the service-provider, the prescriber, the place of provision of service, and the hospital where patients were treated. P Documents can be used to monitor medical consumption and pricing, but not (yet) to analyse services per patient.

'Documents SHA, ADH' are sent annually and within six months by the insurer-organisations to the NIHDI. They include all the services provided respectively in day admission and standard hospitalisation, in general hospitals per hospital stay.

D. Specific selection criteria

Several filters may have been applied to the data, so that only one section of the population is considered in the analyses. If so, the filters used are shown in the table below:

FILTERS APPLIED TO DATA	
Sex	women and men
Age	all
-	-

E. Standardisation

The data are standardised before analysis per year, based on age, sex and preferential regime per arrondissement, province and region (standardization based on population in 2022).

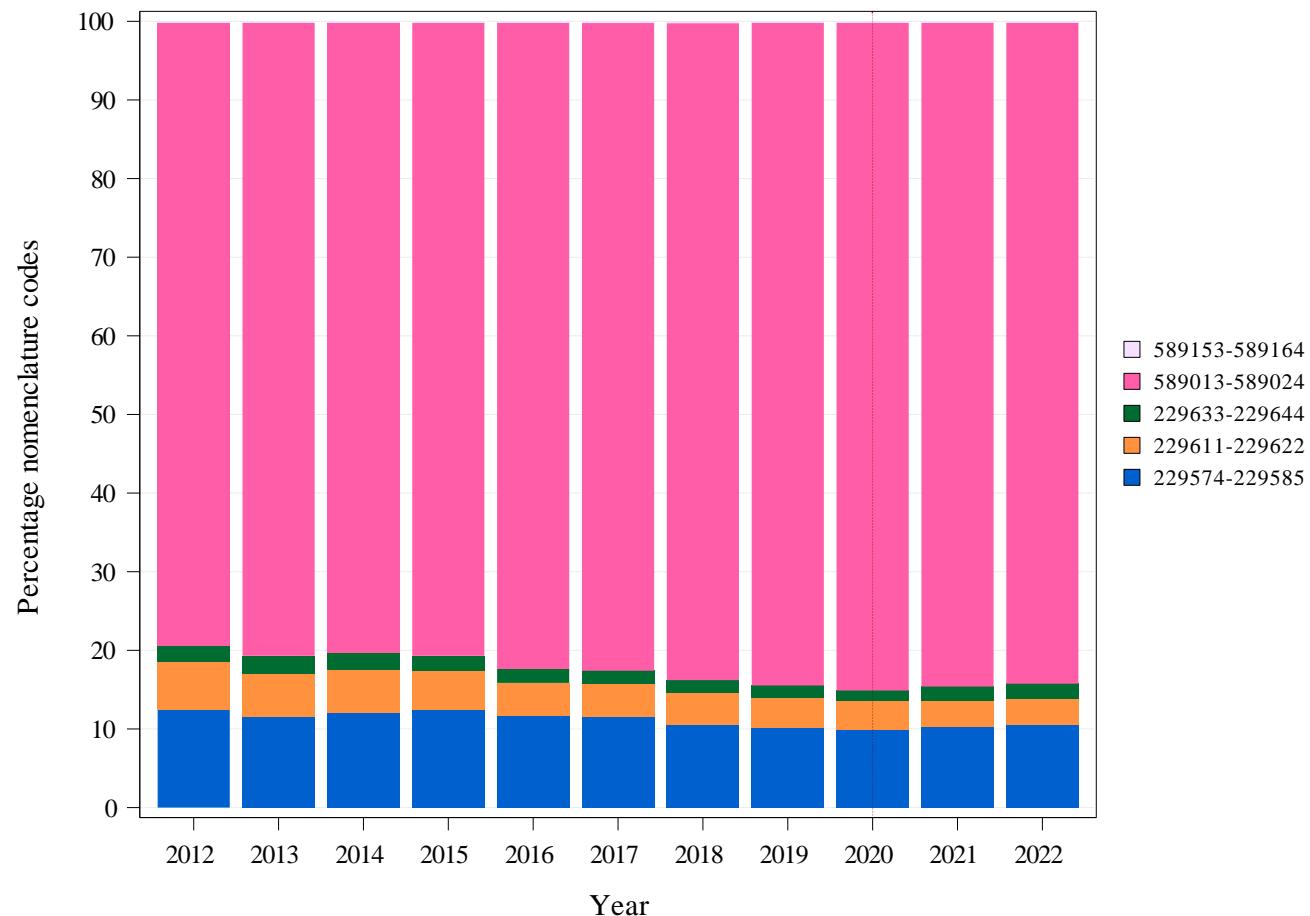
Standardisation renders populations comparable in relation to one or several criteria. If a difference is observed between these populations, we can therefore assume that it is not due to the criteria covered by the standardisation process.

3. RESULTS

A. National standardised rate of use

	TOTAL
Average number of interventions per year	31.876
Standardised rate of use per 100 000 insured persons	275

B. Breakdown of nomenclature codes provided, by volume



See page 4 for details about the NIHDI nomenclature codes selected for analysis.

Note : The year 2020 was highlighted by a vertical dashed line, in order to draw the attention on the impact of the COVID-19 crisis.

C. Specialisation of healthcare providers

Specialisation of the provider	Total providers	Concerned providers	% Providers	Median of H.C. services	Q3 of H.C. services	% Total H.C. services
Cardiology	1257	319	25%	69	125	83,95%
General surgery	1332	103	8%	45	68	16,01%
Other specialities	6835	7	0%	2	2	0,04%
Total	9424	429	5%	56	104	100,00%



This table shows the following non-standardised data, by medical specialities (figures for the year 2022):

- The number of service-providers per specialisation who have recorded at least one service (the figures are exceptionally extrapolated from a single semester if an * is indicated in the header, otherwise the full year is taken into account);
- The number of service-providers recording services under the nomenclature codes selected for this analysis;
- The service-providers for these codes as a percentage of the total number of service-providers recording provision of at least one service;
- The median number and third quartile of services per service-provider (recording provision under these codes);
- The service percentage, i.e. the number of services recorded for this specialisation as a percentage of total services provided.

D. Specialisation of prescribers

Specialisation of the prescriber	Total prescribers	Concerned prescribers	% Prescribers	Median of prescriptions	Q3 of prescriptions	% Prescriptions
Not applicable	0	0	0%	0	0	100,00%
Total	0	0	0%	0	0	100,00%



This table shows, in order, the following non-standardised data per specialities (figures for the year 2022):

- The number of prescribers who have prescribed at least one service (the figures are exceptionally extrapolated from a single semester if an * is indicated in the header, otherwise the full year is taken into account);
- The number of prescribers prescribing the nomenclature codes selected for this analysis;
- The prescribers prescribing these codes as a percentage of the number of prescribers prescribing at least one service;
- The median number and third quartile of services per prescriber (prescribing these codes);
- The percentage of services prescribed, i.e. the number of prescriptions issued for this specialisation as a percentage of total services prescribed.

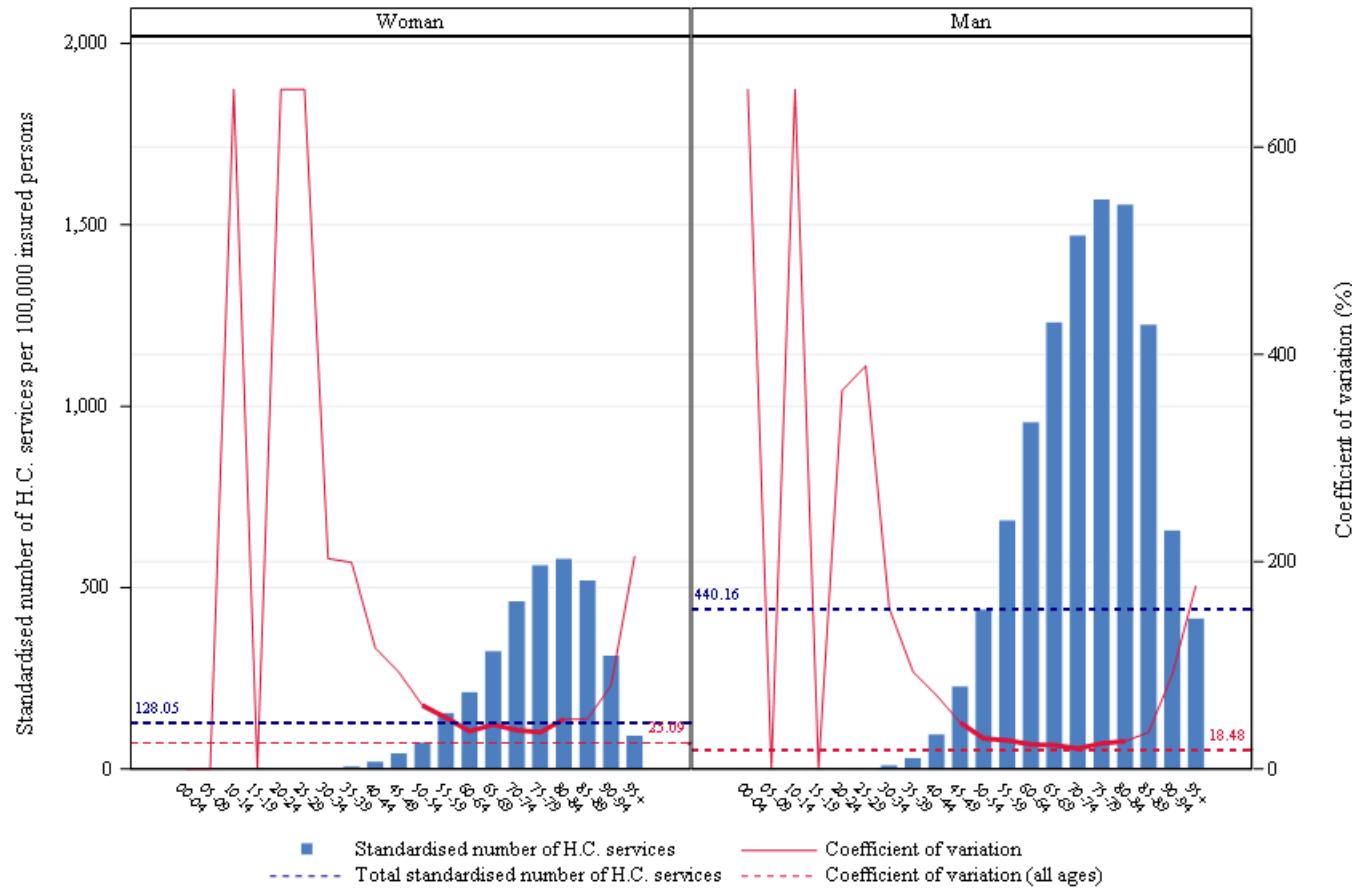
E. Standardised rate of use by sex and age group

	TOTAL
<i>Average number of interventions per year</i>	31.876
Median age (years)	69
Mean age (years)	68,63
Max/Min Ratio of the median age (by district)	1,12
Percentage of women	25,38%

Max/Min Ratio:

The max/min ratio measures the dispersion of values. It is calculated as the ratio of the maximum value found for the variable, in all districts, to the minimum value. If this minimum value is equal to zero, the max/min ratio cannot be calculated, and is reported as 'NA' ('not applicable').

Cardiology - Myocardial reperfusion (Adjusted)

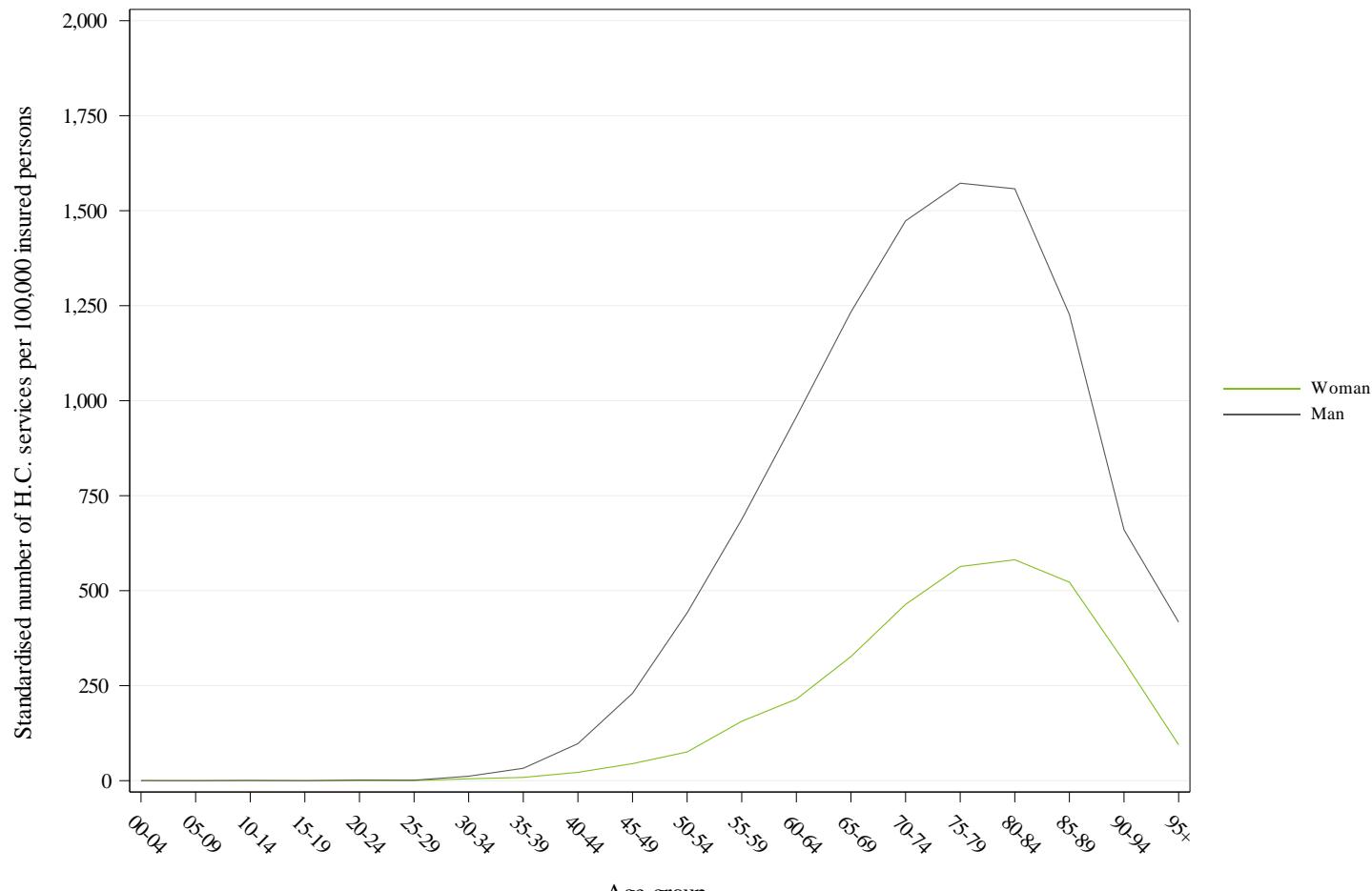


This figure is made up of bar charts for each sex. The **coefficient of variation**, shown by the red line, measures the relative dispersion of the standardised rates of use observed for each district, by age group and sex (standard deviation divided by the mean). This line is shown in bold for age groups where the coefficient of variation can be validly interpreted (i.e. for age groups in which there are sufficient insured persons per district to allow for a proper comparison).

The left-hand vertical axis of the graph represents the standardised rate of use, and the right-hand axis the coefficient of variation. The horizontal axis shows the age groups. The horizontal dotted lines show the total values of the standardised rates of use (in blue) and of the coefficient of variation (in red).

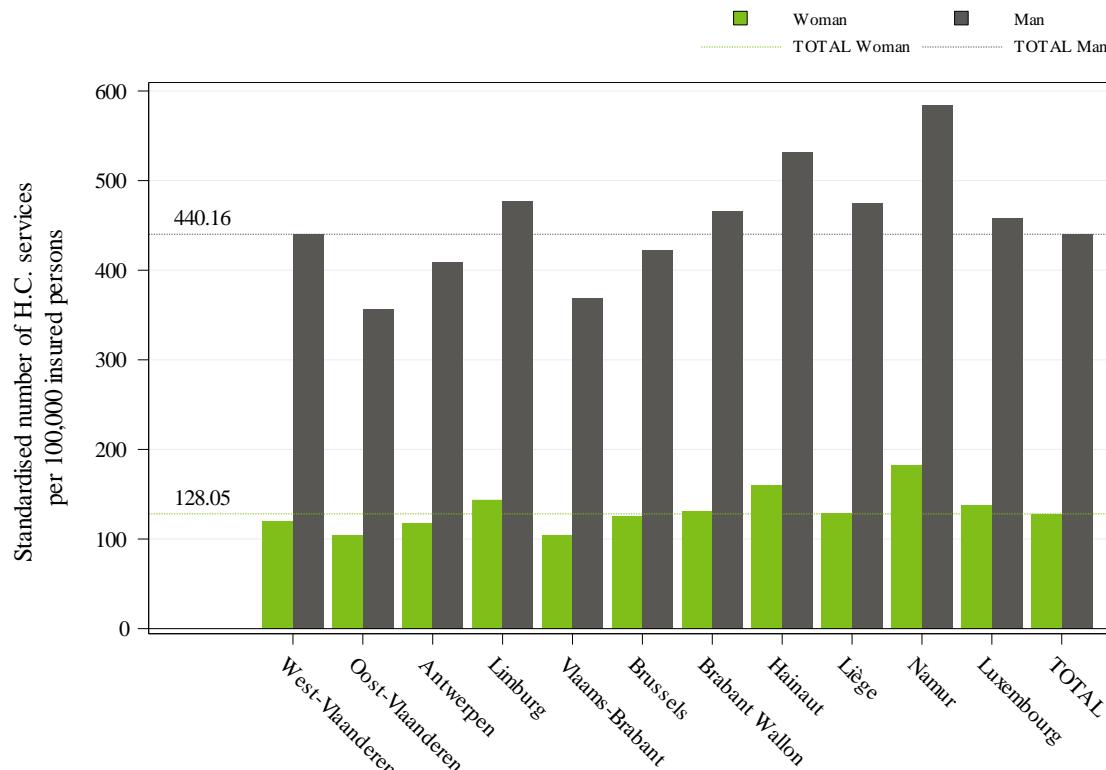
Standardised rate of use per 100 000 insured persons, and coefficient of variation for the districts, by age group and sex, for the year 2022

Cardiology - Myocardial reperfusion (Adjusted)



Comparison of the standardised rates of use by sex (per 100 000) in 2022

Cardiology - Myocardial reperfusion (Adjusted)

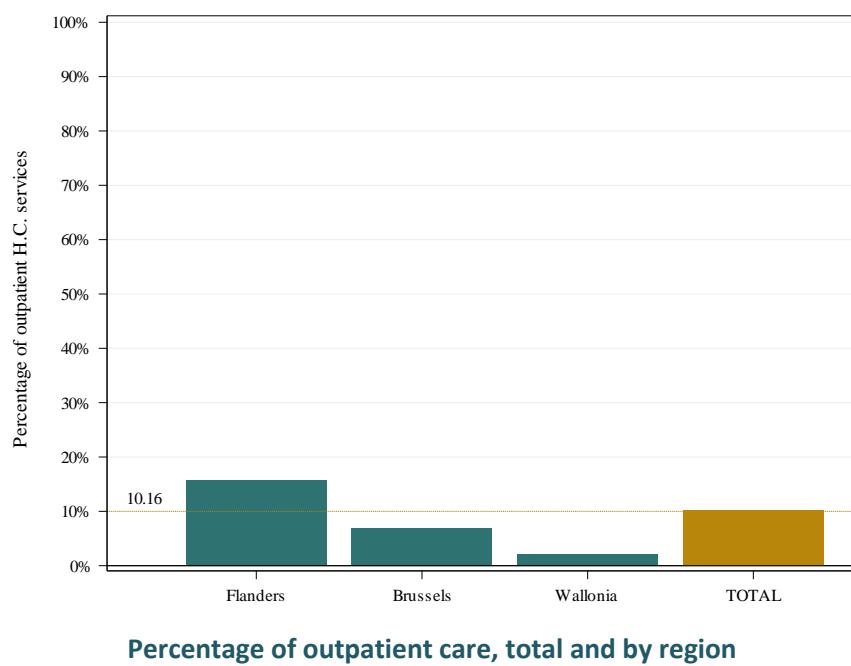


Standardised rate of use per 100 000 insured persons, by sex and by province for the year 2022

This histogram shows standardised rates of use by province and by sex. The grey bars show the rates for men, while the green bars show the rates for women, for each province. The grey and green broken lines show the total standardised rates of use, again grey for men, green for women.

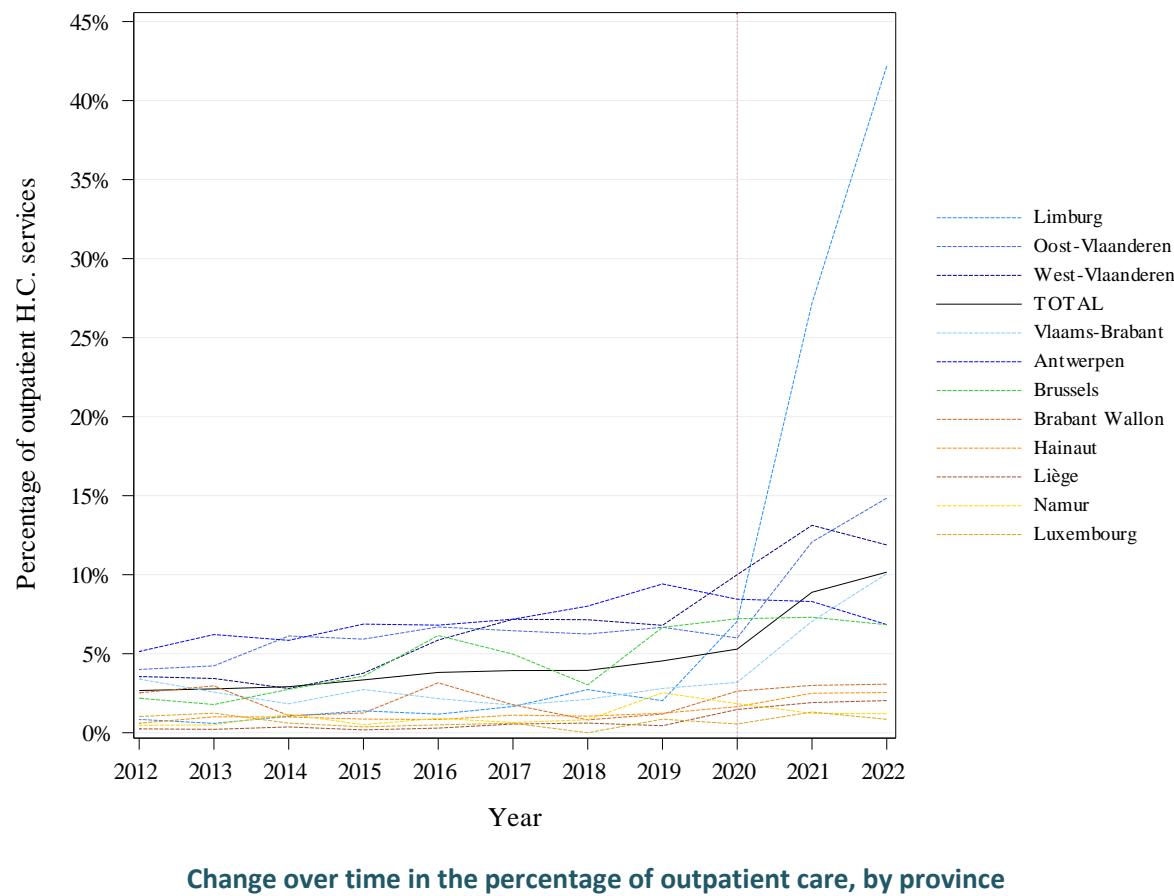
F. Standardised rate of use: hospital and outpatient care

	TOTAL
Average number of interventions per year	31.876
Percentage of out-patient care	10,16%
Max/min ratio of out-patient care percentage (by district)	NA (Min=0)



This graph shows the percentage of outpatient services (including hospital day admissions), i.e. the number of outpatient services provided as a percentage of total services (outpatient and hospital stays). Besides the bar per region, there is a bar for the entire Belgian population. A dotted line also shows this overall ratio.

Cardiology - Myocardial reperfusion (Adjusted)



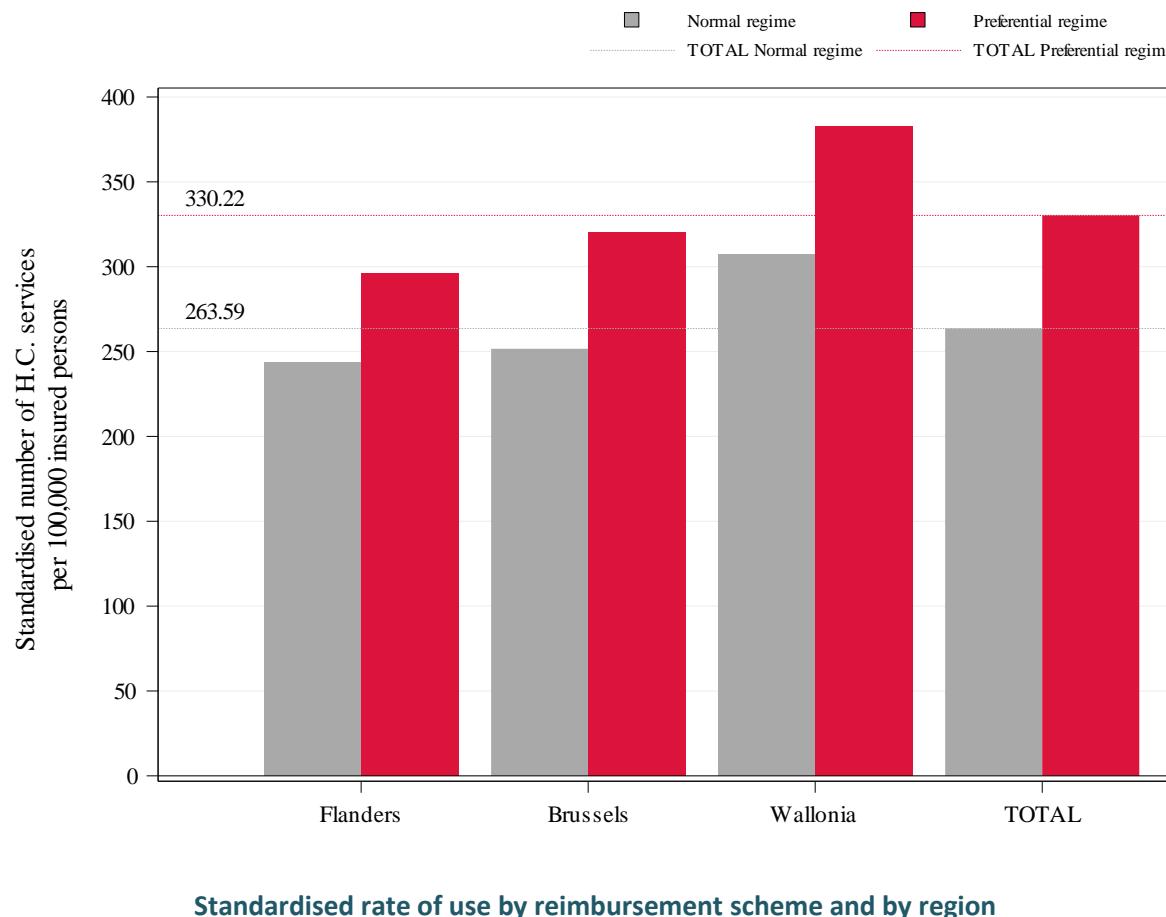
N.B.:

- The year 2020 was highlighted by a vertical dashed line, in order to draw the attention on the impact of the COVID-19 crisis
- A complementary document to this chapter, about the handling of patients per health care sector, is [enclosed in this report](#) (cf. p.36)

G. Standardised rate of use by reimbursement scheme

	TOTAL
<i>Average number of interventions per year</i>	31.876
Percentage provided under the preferential reimbursement scheme	24,01%
Standardised rate of use with preferential reimbursement scheme (per 100 000)	330
Standardised rate of use without preferential reimbursement scheme (per 100 000)	264
Ratio Preferential scheme /General scheme	1,25

Cardiology - Myocardial reperfusion (Adjusted)



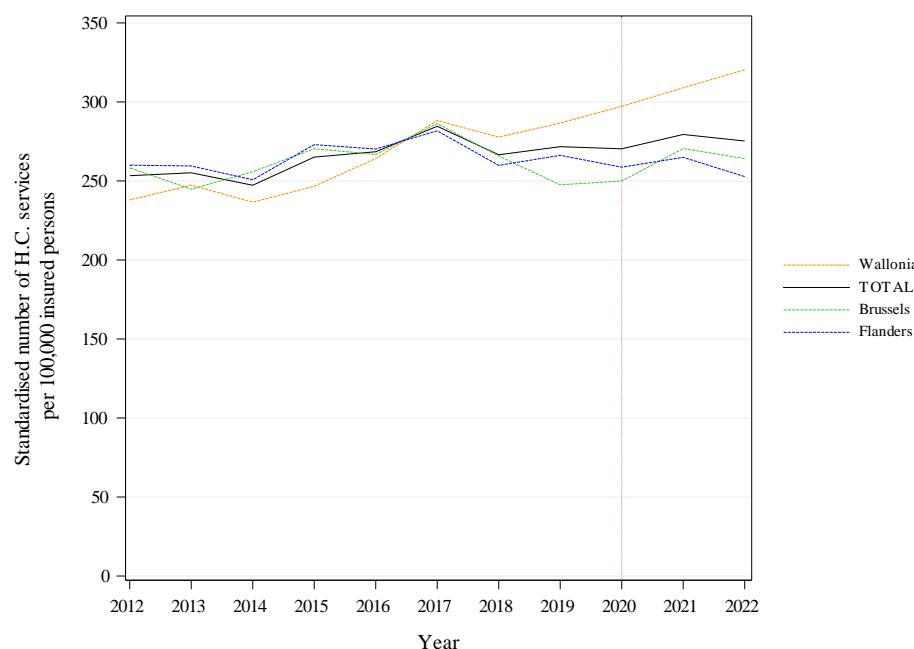
This graph shows the standardised rates of use with (in red) and without (in grey) the preferential reimbursement scheme, by region and in total. The red and grey dotted lines show the overall standardised rates of use, with and without the preferential reimbursement scheme, respectively.

H. Trends in standardised rates of use

	TOTAL	Statistical significance
Average number of interventions per year	31.876	
Trend (2012-2022)	0,83%	NS (1,30%)
Trend (2012-2019)	1,00%	NS
Trend (2019-2022)	0,44%	

These trends correspond to the average annual growth rate.

A non-significant statistical test indicates that the trend estimated by the model (in brackets) is stable, or that there is no break in the trend

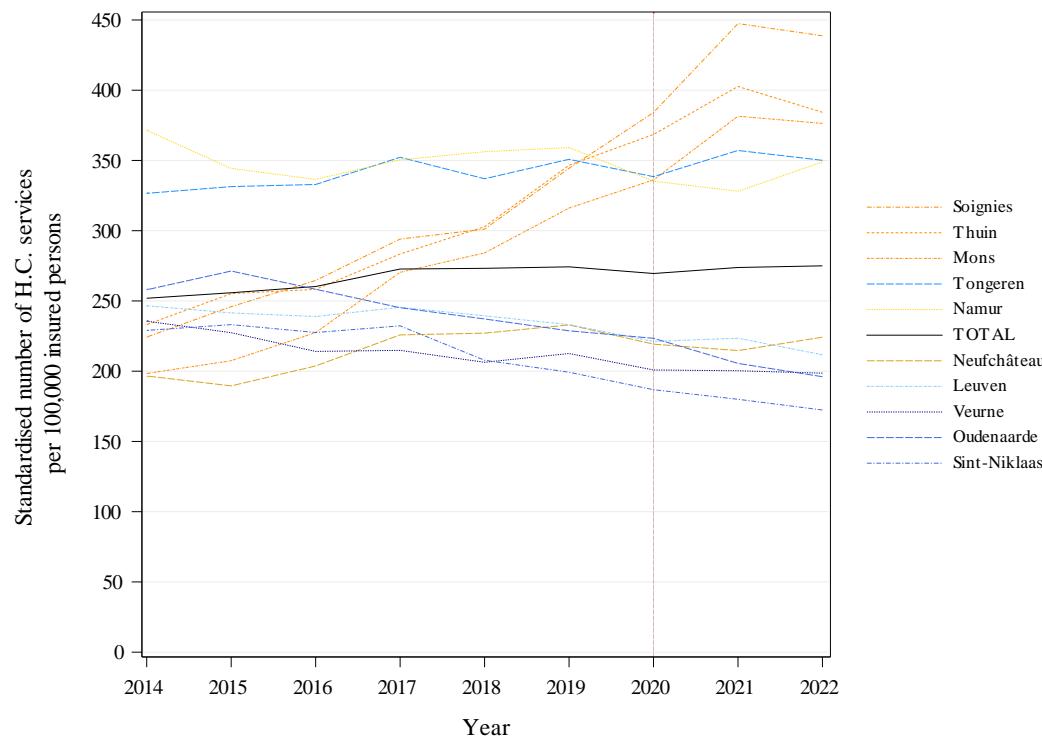


This graph shows a coloured curve for each region and a black curve for the entire Belgian population. The x-axis shows the years, and the y-axis shows the standardised rate of use per 100 000 insured persons.

Note : The year 2020 was highlighted by a vertical dashed line, in order to draw the attention on the impact of the COVID-19 crisis.

Trends in the standardised rate of use per 100 000 insured persons, by region

Cardiology - Myocardial reperfusion (Adjusted)



This graph shows a colored line for each district and a black line for the entire Belgian population. The x-axis shows the years, and the y-axis shows the standardised rate of use per 100 000 insured persons.



To better highlight changes over time, the rates shown are **rolling averages** of the rates for the three years preceding the year in question (including the year itself).

The graph only shows the five districts with the highest average rates and the five districts with the lowest average rates over the last 3 years studied.

Note : The year 2020 was highlighted by a vertical dashed line, in order to draw the attention on the impact of the COVID-19 crisis.

Cardiology - Myocardial reperfusion (Adjusted)

	Rate of use	Annual increase				Structural break
		2022 (per 10 ⁵ insured)	2012- 2022	2012- 2019	2019- 2022	
Provinces	West Flanders	270,14	1,47%	1,73%	0,84%	NA
	East Flanders	223,3	-1,00%	0,47%	-4,35%	NA
	Antwerp	253,73	-0,63%	0,26%	-2,67%	NA
	Limburg	301,48	0,05%	1,59%	-3,45%	NA
	Flemish Brabant	228,52	-1,32%	-2,84%	2,33%	NA
	Brussels	264,2	0,23%	-0,60%	2,19%	NA
	Walloon Brabant	290,26	2,56%	0,11%	8,51%	NA
	Hainaut	336,86	5,01%	6,25%	2,18%	NA
	Liège	292,98	2,58%	2,28%	3,30%	NA
	Namur	373,31	0,28%	-2,09%	6,02%	NA
	Luxembourg	289,73	2,32%	1,42%	4,47%	NA
Regions	Flanders	252,77	-0,28%	0,34%	-1,71%	NA
	Brussels	264,2	0,23%	-0,60%	2,19%	NA
	Wallonia	320,31	3,02%	2,69%	3,77%	NA
	TOTAL	275,26	0,83%	1,00%	0,44%	NS

Trends in the rates of use, by province and region

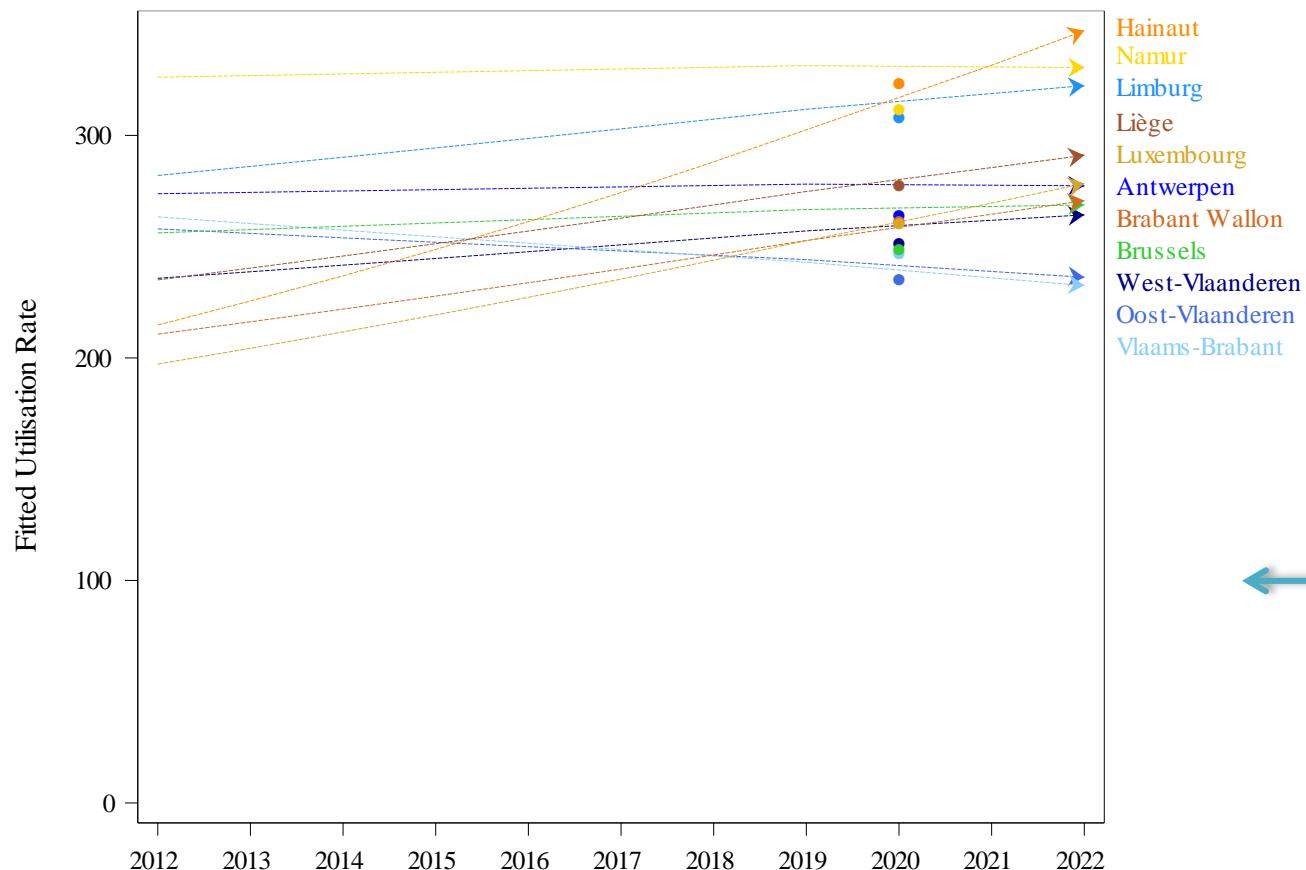
This table reports the standardised **rates of use** for the last year analysed (2022), as well as the average **rates of increase**, by province, by region and in total, for the entire period (2012-2022), for the last years (2019-2022) and for the period preceding the last years (2012-2019)

In order to find out whether the trend in the last years differs from that in the years before, a linear mixed model was fitted in two steps. In the first step a change in trend on the national level is tested. If this test is significant, in a second step, the model tests whether the difference in trend is significant for each province, region and at the national level. The data of 2020 are excluded from the models.

The significance of the test for a change in trend is reported in the Structural break column : * P-value ≤ 0.05 / ** P-value ≤ 0.01 / *** P-value ≤ 0.001 and NS for a non-significant result.

'NA' is shown where the nomenclature codes selected for the analysis have not been used for the entire last period or when the statistical tests cannot be evaluated.

Cardiology - Myocardial reperfusion (Adjusted)



Trend break assessment model by province – Regression lines

Regression lines per province showing a possibly different slope for the last years (2019-2022) compared to the years before (2012-2019).

Data of 2020 was excluded from this analysis, but is indicated on the graph for information.

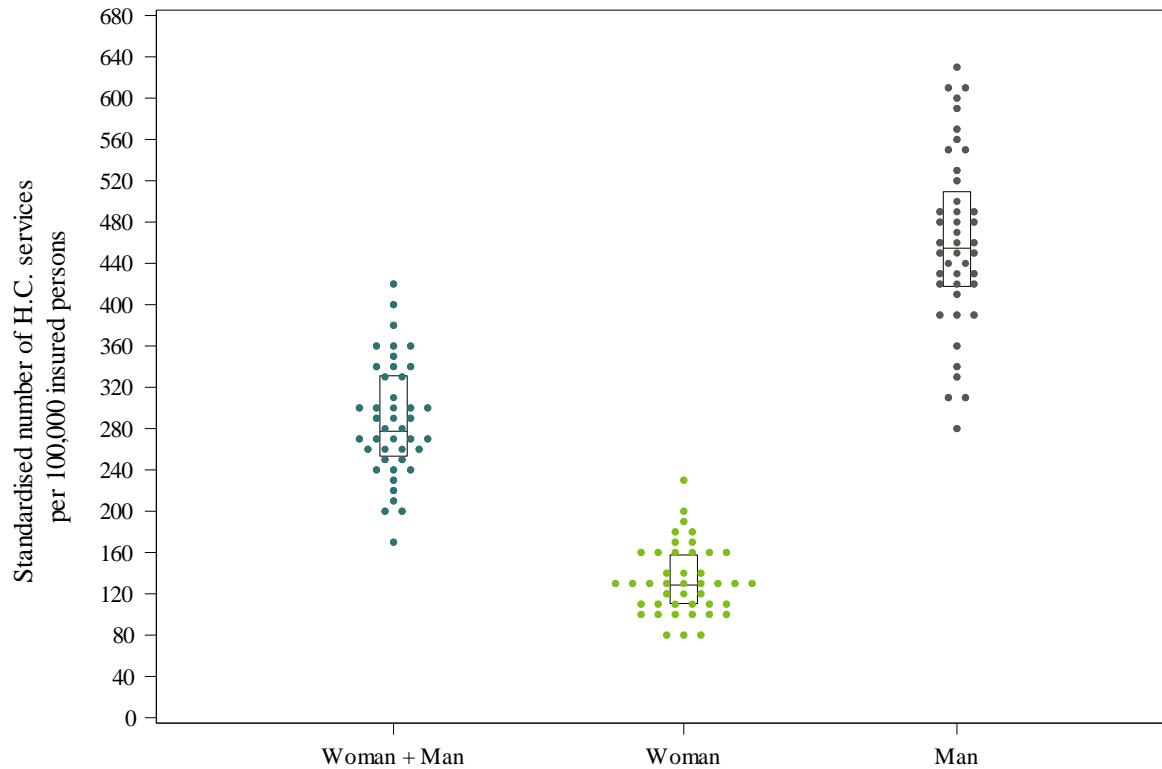
I. Geographical variations in standardised rates of use

	TOTAL
<i>Average number of interventions per year</i>	31.876
Coefficient of Variation (2022)	19,45
Max/Min Ratio* of the standardised rates of use (by region)	1,27
Max/Min Ratio* of the standardised rates of use (by district)	2,48

Coefficient of Variation (2020-2022)	19,08
Coefficient of Variation (2012-2014)	20,71
<i>Statistically significant difference? (p ≤ 0.05)</i>	No

* An 'NA' result indicates a ratio which cannot be calculated, i.e. the minimum value = zero (cf. E. Standardised rate of use by sex and age group)

Cardiology - Myocardial reperfusion (Adjusted)



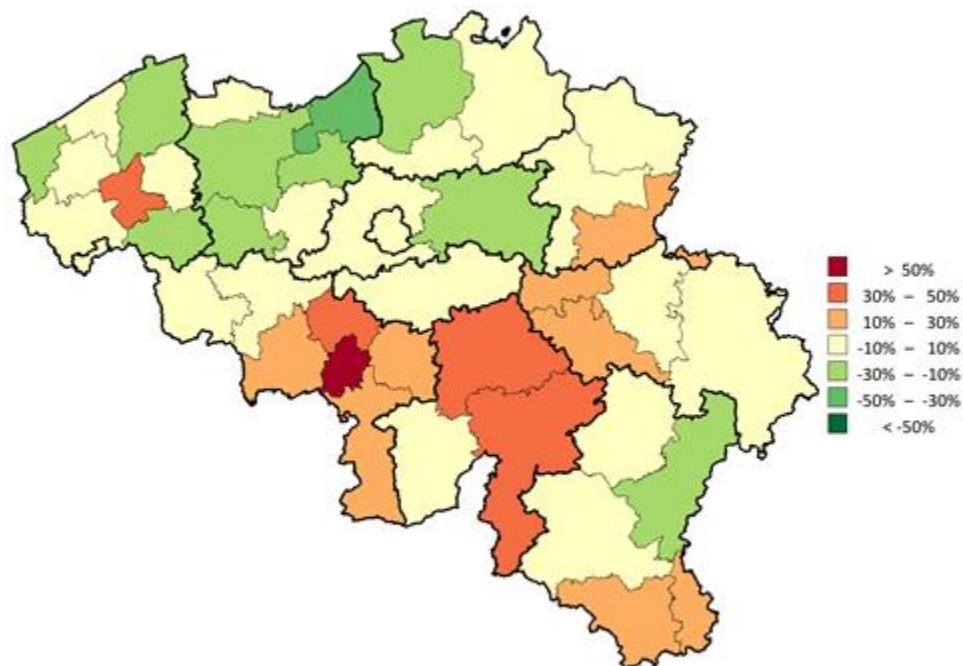
'Dot plot' showing standardised rates of use by district, by sex

A **dot plot** is a distribution chart, which is useful for highlighting groups in the data, gaps in the distribution and outliers. Here, each dot represents the rate of use of a district, for its entire population or broken down by sex.

The rates are rounded to the nearest unit, ten, hundred, etc., depending on the value of the maximum rate, in order to better group the values.

The graph also shows a box with the 25th, 50th and 75th percentiles of the non-rounded standardised rates of use for all patients. The bottom line of the box represents the 25th percentile, while the upper line represents the 75th percentile. The line inside the box represents the 50th percentile.

Cardiology - Myocardial reperfusion (Adjusted)



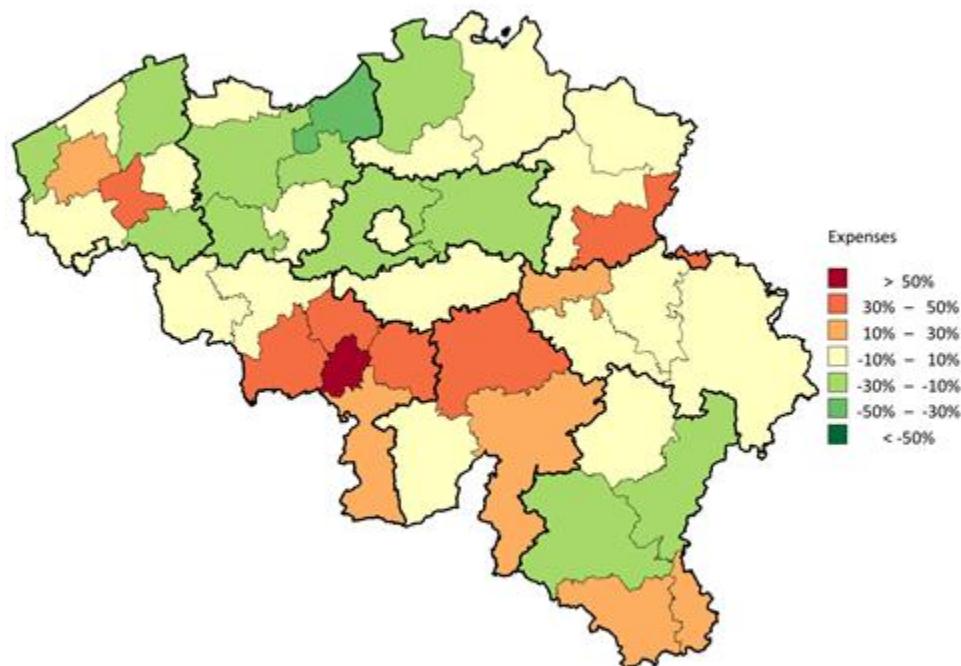
Map showing distribution of standardised rates of use, by district

On this map of Belgium, thin lines show the boundaries of the districts, while thick lines show the provincial borders. The districts are coloured using a colour scale based on the level of rate of use in the district compared to the Belgian national rate (overall rate). This ratio is expressed as a percentage: e.g. 0% if the district rate is equal to the overall rate, 20% if the rate is 20% above the overall rate, and -20% if the rate is 20% below the overall rate. The percentages are calculated using the standardised rates of the last year analysed, and are displayed in bands of 20%. The following colour coding applies:

Colour	Category
Dark Red	More than 50%
Orange	Between 30% and 50%
Yellow	Between 10% and 30%
Light Green	Between -10% and 10%
Darkest Green	Between -30% and -10%
Medium Green	Between -50% and -30%
Dark Green	Less than -50%
White	Not used

N.B.: The interpretation of this map is to be done in parallel with [the graph in funnel plot \(p.28\)](#)

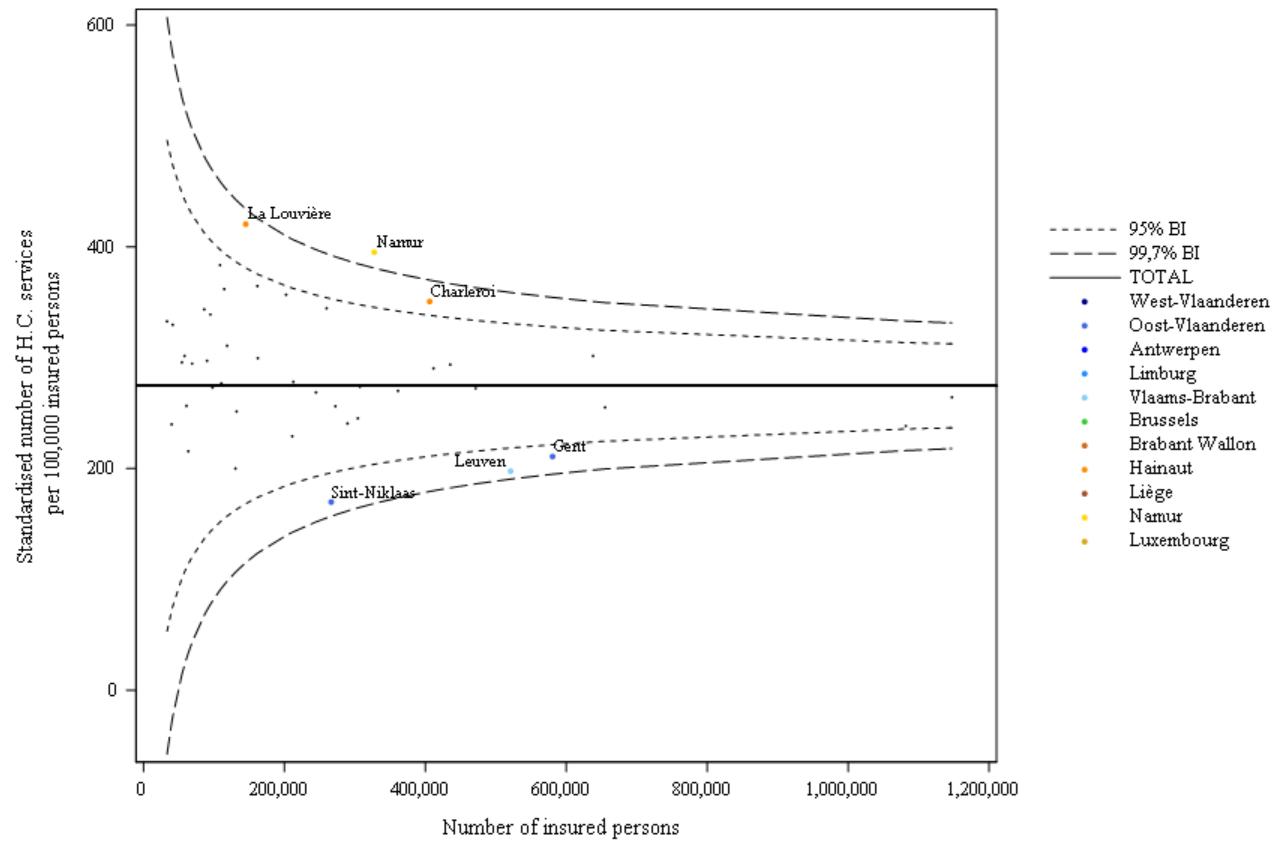
Cardiology - Myocardial reperfusion (Adjusted)



Map showing distribution of standardised expenditure, by district

On this map of Belgium, thin lines show the boundaries of the districts, while thick lines show the provincial borders. The districts are coloured using a colour scale based on the level of expenditure in the district compared to Belgian national (overall) expenditure. This ratio is expressed as a percentage: e.g. 0% if expenditure in the district is equal to the overall expenditure, 20% if it is 20% higher, and -20% if it is 20% lower. The percentages are calculated using the standardised expenditure of the last year analysed and are displayed in bands of 20%. The following colour coding applies:

Colour	Category
Red	More than 50%
Orange	Between 30% and 50%
Light Orange	Between 10% and 30%
Yellow	Between -10% and 10%
Light Green	Between -30% and -10%
Dark Green	Between -50% and -30%
Black	Less than -50%
White	No expenditure



'Funnel plot' showing the standardised rates of use by district,
by the number of insured persons

In this graph, the standardised rate of use in a district is positioned versus the size of its population. Besides the dots representing the districts, 95% and 99.7% **confidence intervals** are also shown on the graph. These are dependent of the size of the districts. The thicker horizontal line shows the national standardised rate of use. The outlier districts are identified as those districts that fall outside the 99.7% confidence intervals, the zone between the 95% and 99.7% confidence intervals being considered as "warning zone".

N.B.: The interpretation of this graph is to be done in parallel with the [map of the distribution of rates of use \(p.26\)](#)

J. Standardised healthcare expenditure borne by the insurance

	TOTAL
Average number of interventions per year	31.876
Average annual expenditure (€)	101.973.111
Average cost per intervention (€)	3199,06
Average annual expenditure per insured (€)	8,81
Max/Min Ratio* of expenditure per insured (by region)	1,27
Max/Min Ratio* of expenditure per insured (by district)	2,55

* An 'NA' result indicates a ratio which cannot be calculated, i.e. the minimum value = zero (cf. E. Standardised rate of use by sex and age group)

		Standardised expenditure (per insured)
Provinces	West Flanders	8,78 €
Regions	East Flanders	7 €
Provinces	Antwerp	7,98 €
Regions	Limburg	10,13 €
Provinces	Flemish Brabant	7,11 €
Regions	Brussels	8,44 €
Provinces	Walloon Brabant	9,55 €
Regions	Hainaut	11,2 €
Provinces	Liège	9,07 €
Regions	Namur	11,41 €
Provinces	Luxembourg	9,24 €
Regions	Flanders	8,08 €
Regions	Brussels	8,44 €
Regions	Wallonia	10,26 €
	TOTAL	NS €

Regional and provincial distribution of standardised expenditure (2022)

Cardiology - Myocardial reperfusion (Adjusted)

Nomenclature	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Average annual growth rate
229574-229585	3.044,28	3.085,78	3.133,96	3.139,87	3.136,07	3.158,54	3.199,53	3.202,32	3.224,29	3.266,78	3.314,70	0,85%
229611-229622	2.556,29	2.594,28	2.632,24	2.633,68	2.636,62	2.655,91	2.677,86	2.693,57	2.722,84	2.736,63	2.785,79	0,86%
229633-229644	2.524,15	2.565,41	2.603,13	2.619,99	2.605,63	2.638,56	2.668,07	2.657,76	2.691,72	2.714,63	2.771,20	0,94%
589013-589024	1.148,30	1.153,44	1.167,70	1.171,53	1.172,20	1.082,21	1.078,33	1.081,58	1.092,31	1.102,03	1.117,79	-0,27%
589153-589164	365,74	377,88	386,19	387,73	386,22	391,95	392,14	402,48	407,04	404,34	412,00	1,20%

Change over time in expenditure, by service and by nomenclature code

4. KEY DATA SUMMARY

		TOTAL
PROVIDERS & PRESCRIBERS		
Main healthcare providers:	<i>Cardiology</i>	83,95%
Main prescribers:	<i>Not applicable</i>	-
RATE OF USE		
Number of interventions (per year)		31.876
Standardised rate of use (per 100 000 insured persons)		275,26
≥ 2 occurrences per patient (2021) ⁴		12,8%
Percentage of outpatient care		10,16%
POPULATION		
Median age		69 years
Max/min ratio ⁵ of the median age (by district)		1,12
Percentage of women		25,38%
Ratio Preferential rate/General rate		1,25
TRENDS		
Trend ⁶ (2012-2022)	0,83%	NS
Trend ⁶ (2012-2019)	1,00%	
Trend ⁶ (2019-2022)	0,44%	NS
GEOGRAPHICAL VARIATIONS		
Coefficient of variation ⁶ (2012-2014)	20,71	
Coefficient of variation ⁶ (2020-2022)	19,08	NS
Max/min ⁵ Ratio of number of interventions ⁶ (per 100 000 insured persons, by region)		1,27
Max/min Ratio ⁵ of number of interventions (per 100 000 insured persons, by district)		2,48
DIRECT EXPENDITURE		
Average annual expenditure	101.973.111 €	
Average annual expenditure per insured	8,81 €	
Max/Min Ratio ⁵ of expenditure per insured (by region)		1,27
Max/Min Ratio ⁵ of expenditure per insured (by district)		2,55
Average cost of interventions		3199,06 €
CODING VARIATIONS & PRACTICE ALTERNATIVES⁴		
Variations in practice coding ⁶ (by province)	Yes	***
Variations in the choice of practice alternatives ⁶ (by province)	Yes	***

⁴ More detailed results are shown in a document enclosed to this report.

⁵ An 'NA' result indicates a ratio, which cannot be calculated, i.e. the minimum value equals zero.

⁶ If the result(s) show(s) a significant difference, the level of statistical significance is symbolized by one to three asterisks (increasingly significant). Otherwise, NS is displayed (not significant). 'NA' indicates the test is not applicable.

5. APPENDICES

A. Analysis of variance (ANOVA), except Brussels

Statistical significance of the differences observed in 2022		
<i>By region?</i>	Yes	***
<i>By sex?</i>	Yes	***
<i>By reimbursement scheme?</i>	Yes	***
<i>By sex and per region?</i>	Yes	*
<i>By reimbursement scheme and per region?</i>	Yes	*
<i>By sex and per reimbursement scheme?</i>	No	NS
<i>By sex and reimbursement scheme and per region?</i>	No	NS

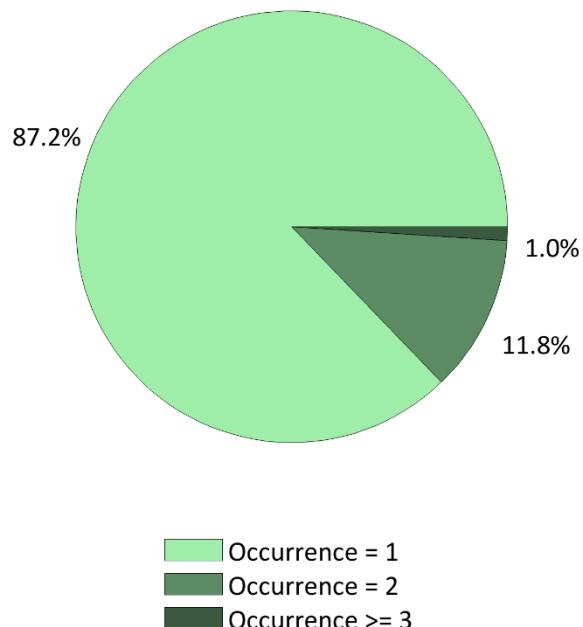
In order to be able to assess the significance of the observed differences, a linear mixed ANOVA model was fitted to the data of all districts of the Walloon and Flemish regions, after standardising for age. The model has region, sex and reimbursement scheme as fixed effects and also contains all two-way and three-way interactions between these effects.

In order to interpret the model correctly, first the three-way interaction should be evaluated, followed by the two-way interactions and finally by the main effects. If the three-way interaction is significant, the interpretation of the model should be done at this level only and the two-way interactions and main effects should not be interpreted. If the three-way interaction is not significant, the two-way interactions are evaluated. Every main effects that appears in a significant interaction should be interpreted at the level of the interaction and not at the level of that main effect. Main effects can only be interpreted directly if they don't appear in a significant interaction.

The **asterisks** represent the level of statistical significance of the tests: * P-value ≤ 0,05 / ** P-value ≤ 0,01 / *** P-value ≤ 0,001 or NS for a non-significant result.

B. Frequency of practice occurrences

Frequency	Per year	Per day
2 occurrences	11,8%	0,6%
≥ 3 occurrences	1,0%	0,1%
≥ 2 occurrences	12,8%	0,6%



Some practices may be billed several times for the same patient in the same year or even on the same day. This may be due to a **repetition of the practice**, but also to an anatomical effect, which may lead, depending on the organ concerned, to performing the same practice **bilaterally**, which may therefore cause a double occurrence on the same day.

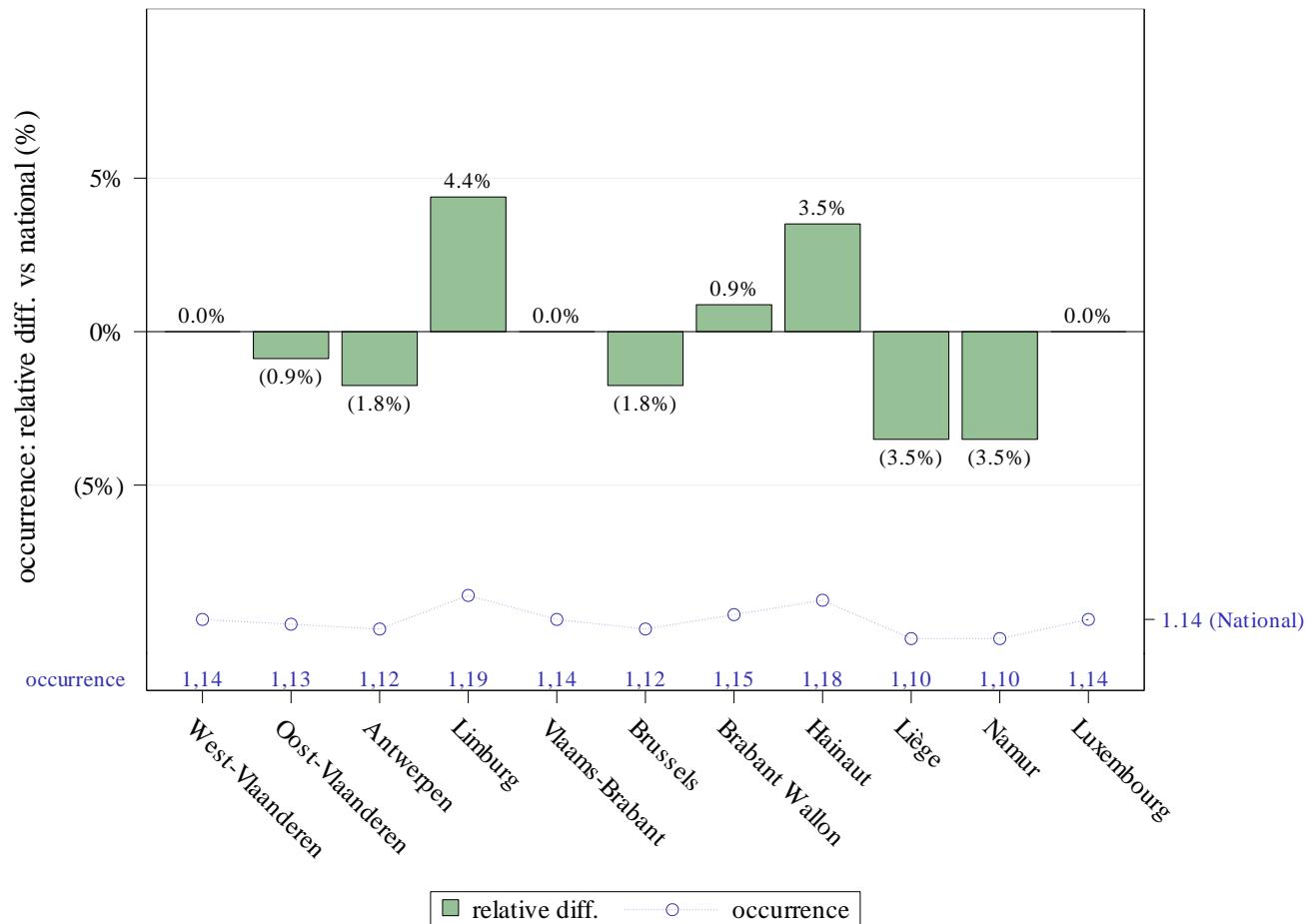


In order to interpret the results per day validly, it is useful to note that the same patient may be counted several times if, for example, he or she has received two identical services simultaneously, twice a year.

These frequency analyses of occurrences are carried out over the year **2021** using the following databases: Documents P, ADH and SHA.

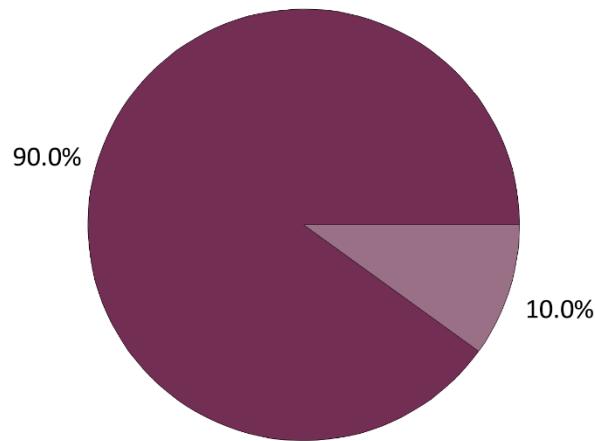
Values « **n.a.** » are indicated if the data were not available at the time of this report.

Cardiology - Myocardial reperfusion (Adjusted)



Frequency of practice occurrences by province and variation vs national value (2021)

C. Patient care settings



■ Inpatient ■ One-day

Distribution of patient care settings in 2021

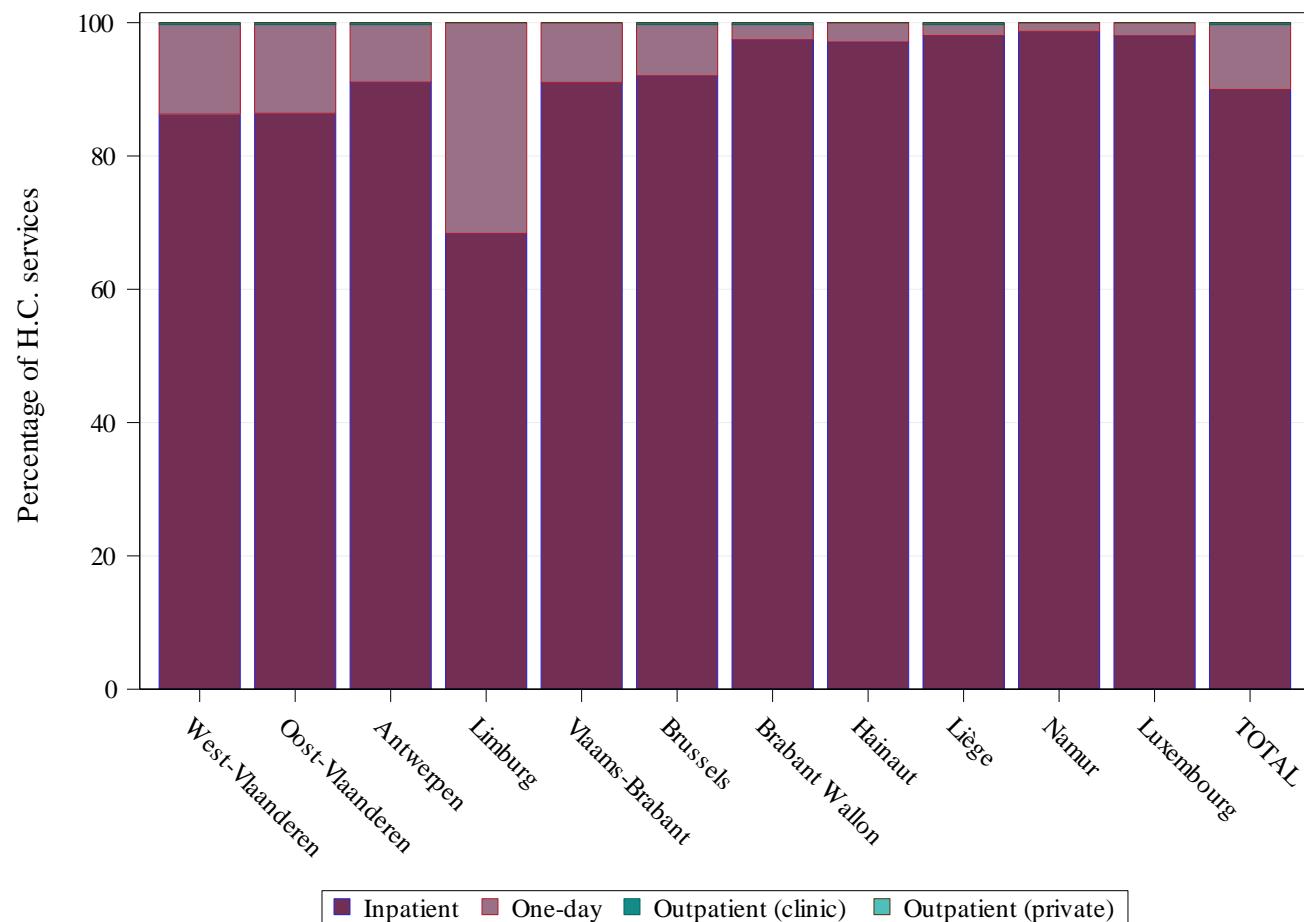
Care Settings	
Outpatient (private)	0,0%
Outpatient (polyclinic)	0,0%
(Day) Hospital	10,0%
Hospital (stay)	90,0%

In addition to the chapter on [standardised inpatient and outpatient use rates](#) (see p.16), the analysis of patient care settings can be refined by identifying the outpatient (private and polyclinic) and inpatient (day or standard hospitalisation) sub-sectors.

These analyses are carried out over the year **2021** using the following databases: Documents P, ADH and SHA.

Values « n.a. » are indicated if the data were not available at the time of this report.

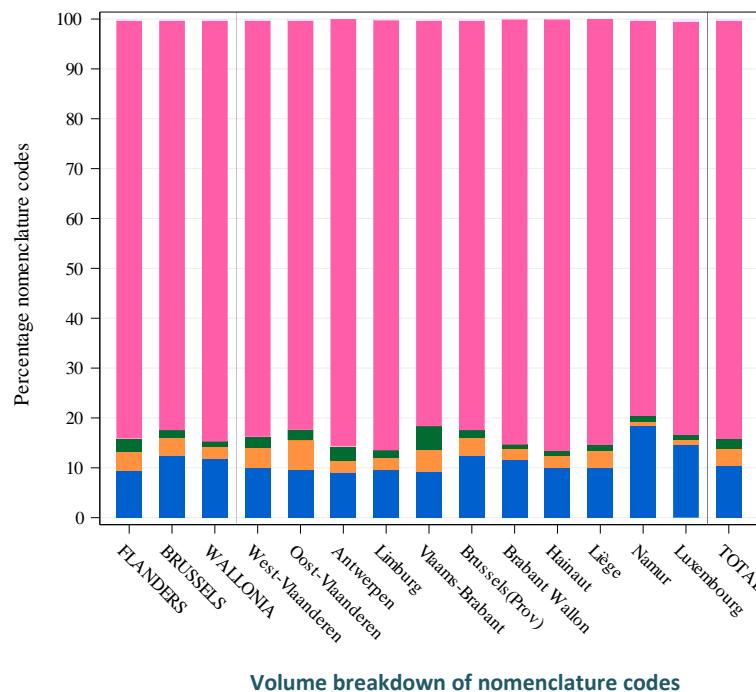
Cardiology - Myocardial reperfusion (Adjusted)



Distribution of patient care settings by province (2021)

D. Coding variations and practice alternatives

➔ Variations in coding:



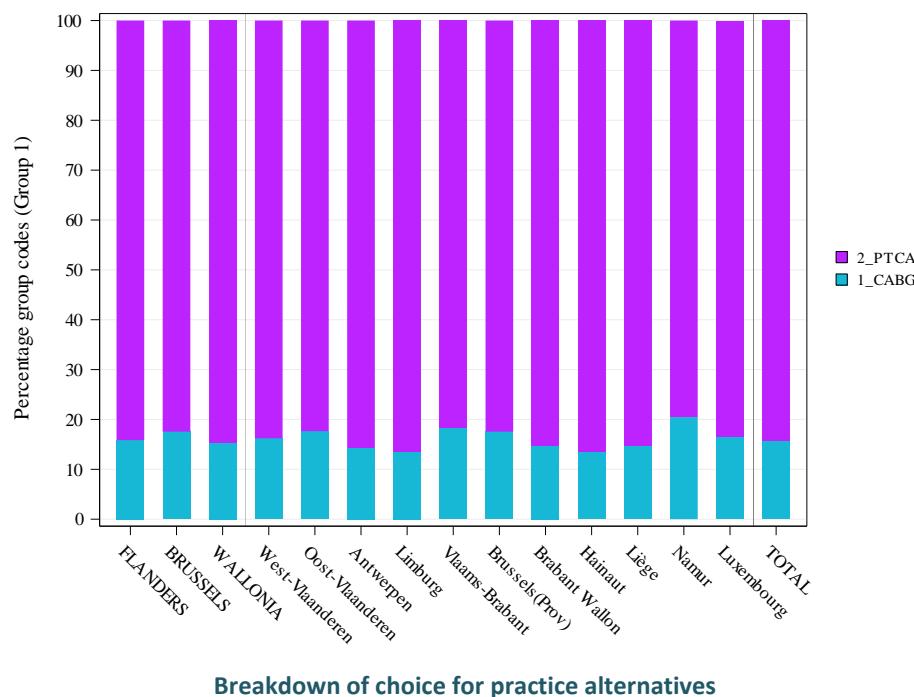
Outpatient	Inpatient	Label
229574	229585	Revascularisation myocardique par anastomose à l'aide de l'artère mammaire interne, utilisant les deux artères mammaires ou l'implantation d'une artère mammaire sous forme de pontages séquentiels
229611	229622	Revascularisation myocardique effectuée avec un greffon artériel (mammaire, gastroépipoïque ou artère explantée), y compris le ou les éventuel(s) bypass veineux associé(s)
229633	229644	Revascularisation myocardique à cœur battant effectuée avec un greffon artériel (mammaire, gastroépipoïque ou artère explantée), y compris le ou les éventuel(s) bypass veineux associé(s)
589013	589024	Dilatation endovasculaire percutanée avec ou sans placement de stent(s) sous contrôle d'imagerie médicale d'une sténose et/ou occlusion d'une artère coronaire y compris les manipulations et contrôles pendant le traitement ainsi que le matériel utilisé, à l'exclusion du cathéter de dilatation et des produits pharmaceutiques et de contraste. Pour l'ensemble des artères coronaires
589153	589164	Introduction percutanée sous contrôle d'imagerie médicale de cathétér endovasculaires visant la dissolution d'un ou de plusieurs caillots, y compris les manipulations et contrôles pendant le traitement et les cathétér utilisés, à l'exclusion des produits pharmaceutiques et de contraste. Pour les vaisseaux coronaires

Significance	By region	By province
Use of Nomenclature codes ⁷	***	***

⁷ The calculation of significance is carried out here by comparing the geographical differences in the use of the different nomenclature codes to code the practice.

The asterisks represent the level of statistical significance of Chi-square test: * P-value ≤ 0,05 / ** P-value ≤ 0,01 / *** P-value ≤ 0,001. NS and NA respectively indicate that the variations are not significant or not applicable.

➔ Variations in practice alternatives:



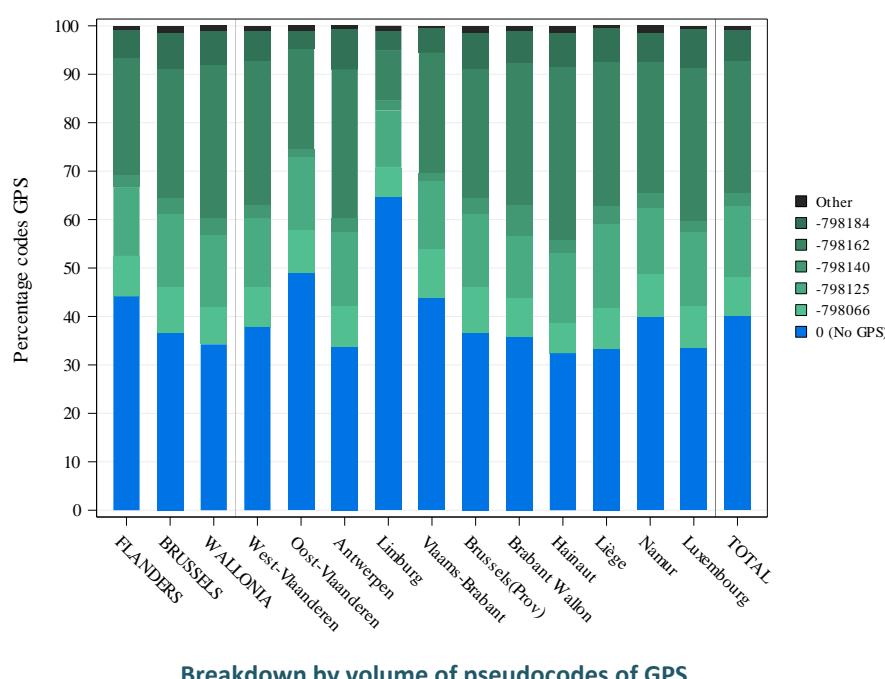
Combined codes	Groupings
229574-229585	1_CABG
229611-229622	1_CABG
229633-229644	1_CABG
589013-589024	2_PTCA
589153-589164	2_PTCA

Significance	By region	By province
	*	***
Choice of Practice alternatives		



According to the nature of the practice and the analytical tools available, it may be possible to identify and define alternatives for carrying out the practice. In this case, the nomenclature codes defined for the analysis of the practice are grouped together with the aim of analysing whether or not the choices of these alternatives are homogeneous across the territory. The calculation of significance displayed in the table is carried out by comparing these groups of codes with each other.

→ Variation in the use of Global Payment with Standardisation (GPS) :



Pseudocodes	Label
-798162	Groupe des patients (sans AMI) ayant bénéficié d'une dilatation endovasculaire unique, en hospitalisation classique, de sévérité 1 et 2.
-798125	Groupe des patients (avec AMI) ayant bénéficié d'une dilatation endovasculaire unique, en hospitalisation classique, de sévérité 1 et 2.
-798184	Groupe des patients (sans AMI) ayant bénéficié de dilatations endovasculaires multiples, en hospitalisation classique, de sévérité 1 et 2.
-798066	Groupe de patients (sans IMA ou diagnostic principal complexe) qui ont bénéficié d'une revascularisation myocardique au moyen d'un pontage, en hospitalisation classique, de sévérité 1 et 2.
-798140	Groupe des patients (avec AMI) ayant bénéficié de dilatations endovasculaires multiples, en hospitalisation classique, de sévérité 1 et 2.

Significance	By region	By province
Use of Global Payment with Standardisation ⁸	***	***

⁸ The calculation of significance is carried out here by comparing the use of Global Payment with Standardisation as a whole compared to the non-use of these packages.