Vlaanderen
is zorg

AGENTSCHAP
ZORG & GEZONDHEID

Spring School Ljubljana – 24 April 2018

Solvejg Wallyn – Policy coordination – International Affairs – Flanders Agency for Care and Health

CONTENT

1 Belgian State structure

2 The Belgian health care system & competences in health and care

3 Flanders invests in a changing care landscape, focus on **primary care:**

Multi-disciplinary approach

Prevention – Health Promotion

Equity

AGENTSCHAP
ZORG & GEZONDHEID

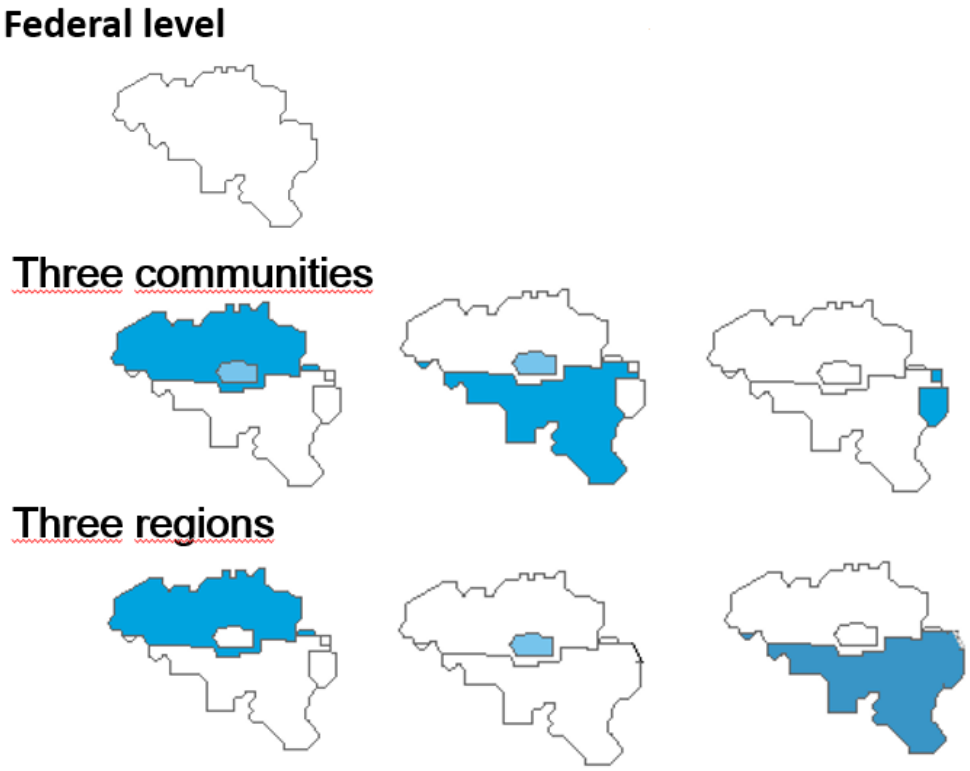
Vlaanderen
is zorg

BELGIAN STATE STRUCTURE

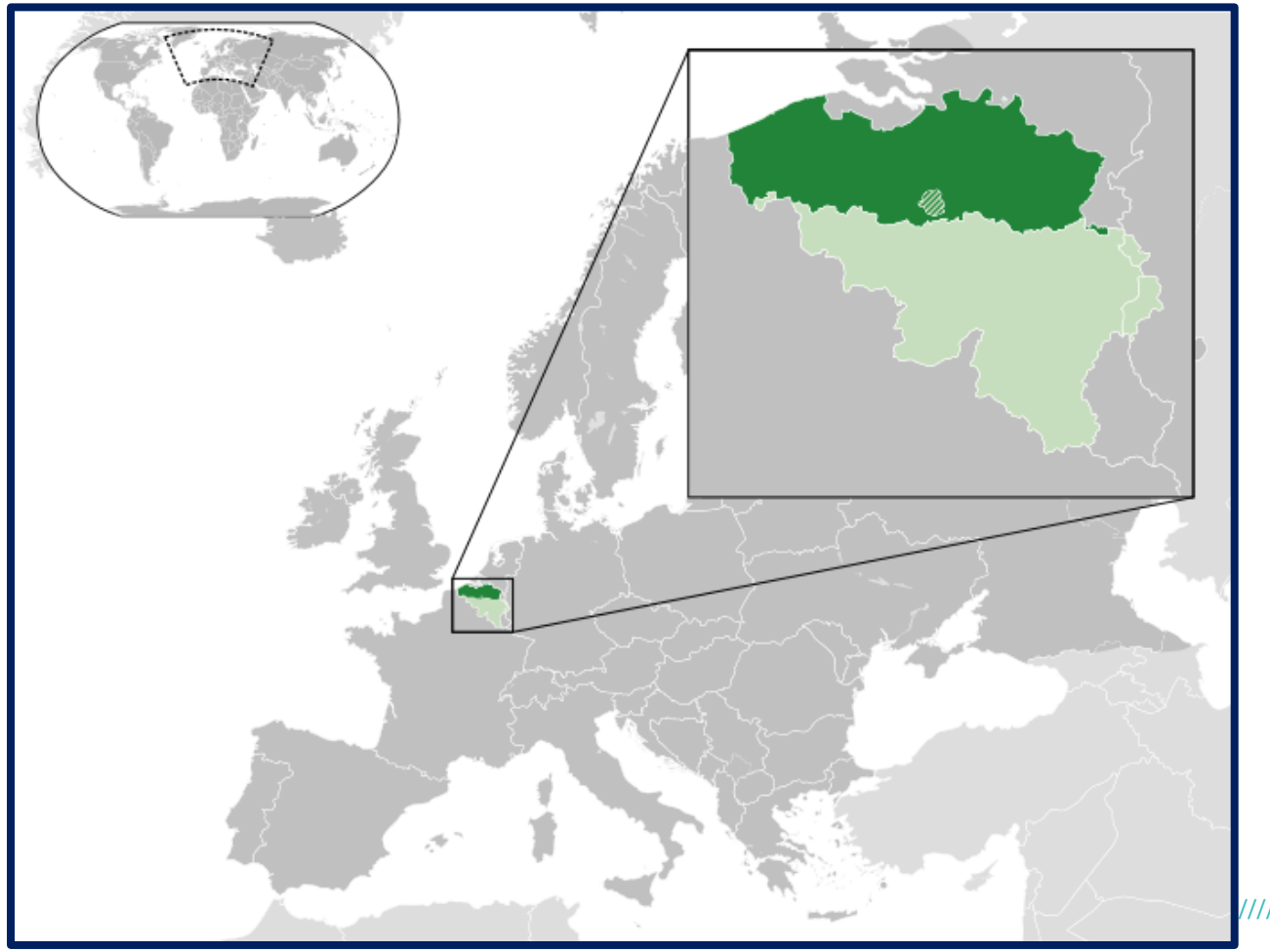
UNDERSTANDING THE POLITICAL EVOLUTION OF ITS HEALTH SYSTEM (SNAPSHOT)

Vlaanderen
is zorg

BELGIAN STATE STRUCTURE



FLANDERS



Population (1 January 2015)	
• Total population	6.444.127
• Density	477/km²
• Official language	Dutch

THE BELGIAN HEALTH CARE SYSTEM & COMPETENCES IN HEALTH AND CARE

Vlaanderen
is zorg

HEALTH COMPETENCES SINCE 2014

Maggie De Block Federal Minister of Health & Social Affairs

- Reimbursement of medical procedures
- Regulation and financing of:
  - Compulsory health insurance
  - Hospitals (running costs + basic regulation)
  - Professional qualifications
  - Pharmaceuticals

Jo Vandeurzen
Flanders Minister of Welfare, Health and Family

- Long term and mental health care
- Elderly care
- **Primary care**
- Compulsory care insurance
- **Disease Prevention**
- **Health Promotion**
- Care at home
- Care for disabled persons
- Infrastructure Hospitals, quality regulation
- Rehabilation: some aspects
- …

PRINCIPLES BELGIAN HEALTH CARE

- Healthcare professionals deliver services and patients pay small amount out-of-the-pocket, most of the costs are reimbursed by the health insurers
- Solidarity in financing
  - Broad mandatory social insurance & broad benefit package
  - Maximum bill for people in vulnerable situations
- Freedom of choice for patients (no gatekeeping)
- Therapeutic freedom and independency for physicians
- State controlled, executed by private not-for-profit
  - Majority of physicians are independent and self-employed
  - Majority of hospitals are private and not-for-profit
- General Practitioners GP's tend to work together, only a minority remain 'soloists'; specialists have contract with hospital

HEALTH CARE PROFESSIONALS - BELGIUM

- 2,9 practicing physicians per 1000 inhabitants;
- 9,9 practicing nurses per 1000 inhabitants.
- The average age of GPs is 52.8 years compared to 2000 the mean age of GPs was 46.6 years.
- The acute health care sector in Belgium is well developed, both in primary and hospital care settings. Compared to the EU-15, Belgium is ranked(OECD, 2015):
  - 4th for its number of hospital beds (6,3 beds/1000 inhabitants),
  - 2nd for its number of doctor consultations (7,4 consultations per capita).
- Long-term and Mental Care: evolution from residential-based care towards community-based services with home support to allow elderly to live longer in their homes.

DISEASE PREVENTION AND HEALTH PROMOTION

Vlaanderen
is zorg

NON-MEDICAL DETERMINANTS OF HEALTH – KCE 2015

ID - Indicator			België	Jaar	Vlaanderen	Wallonië	Brussel	Bron	EU-15 (gemiddelde)
Gezondheidsuitkomsten									
HP-1	Obesitas bij volwassenen (BMI ≥ 30) (% populatie van 18+ jaar)	🔴	13.7	2013	12.6	**16.1**	12.9	HIS	16.2 (1)
HP-2 *NIEUW*	Overgewicht bij adolescenten (BMI hoger dan normale gewichtslimieten[a]) (% populatie van 11, 13, 15 jaar)	🟡	---	2010	Jongens: 11.3[e] Meisjes: 10.3[e]	**Jongens: 13.6[e]** Meisjes: 9.1[e]		HBSC	---
HP-3	HIV-incidentie (nieuwe diagnoses/100 000 inwoners)	🟡	Alle: 10 Belgische: 4	2013	Alle:4.6 BE:2.5	**Alle:6.5 BE:3.9**	**Alle:20.4 BE:10.2**	NSP HIV	EU15:7.6 [BE:10.8](2)
Levensstijl									
HP-4	Dagelijkse rokers (% populatie van 15+ jaar)	🔴	18.9	2013	17.7	**21.5**	18.3	HIS	19.2(1)
HP-5	Risicovol alcoholgebruik[b] (% populatie van 15+ jaar)	🟡	5.0	2013	4.7	5.2	**5.8**	HIS	----
HP-6	Binge drinking[c] (% populatie van 15+ jaar)	🔴	8.5	2013	8.7	8.0	8.6	HIS	----
HP-7	Dagelijkse lichaamsbeweging (tenminste 30 min) (% pop van 18-64 jaar)	🔴	38.4	2013	42.3	**33.2**	**32.2**	HIS	----
Effectieve gezondheidsdiensten									
HP-8 *NIEUW*	Globaal Medisch Dossier + (% populatie van 45-75 jaar met GMD)	🟡	22	2011	21	21	**26**	RIZIV	----
Gezondheidsalfabetisme (*Empowerment*)									
HP-9 *NIEUW*	Gezondheidsalfabetisme (tenminste voldoende niveau) (% van populatie van 18+ jaar)	🔴	58.7	2011	62.0	**48.7**	52.5	CM+UCL[f]	53.5(3)
Beleid									
HP-10	Tobacco Control Scale[d]	🟡	47/100	2013	---	---	---	ECL	---

MULTI- ANNUAL HEALTH GOALS

- On vaccination
- On healthy living: since December 2016 till 2025
- On suicide prevention
- On cancer screening and screening on baby’s

Important: Health in All Policies!

FLANDERS INVESTS IN A CHANGING CARE LANDSCAPE

Primary care (health and social)

Hospital landscape

Rehabilitation

Flemish Social Protection (VSB)

Vlaanderen
is zorg

COMMON IN FLANDERS' CARE POLICY

Paradigm Shift

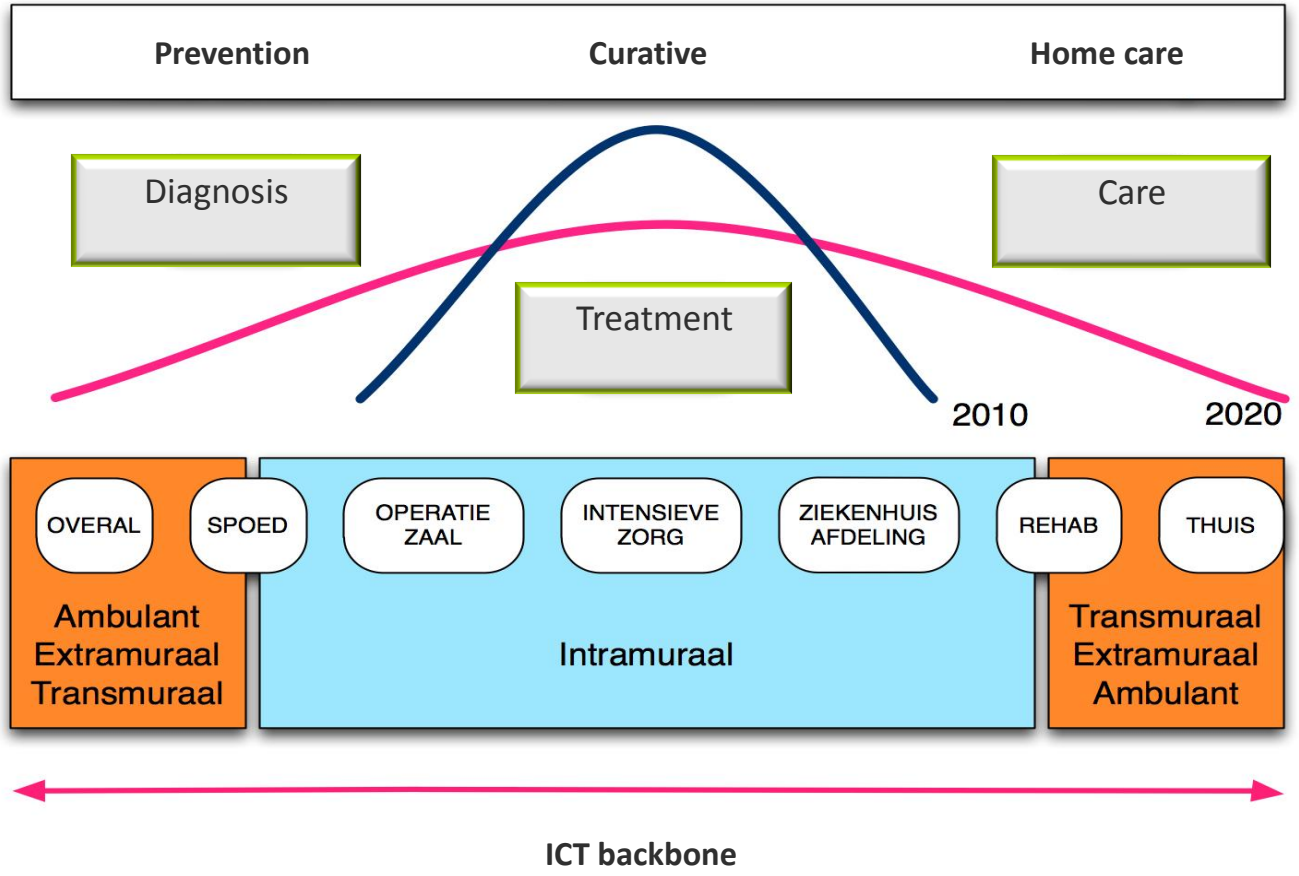
From

- Supply-led care
- Passive client
- Fragmented
- Separation between care and welfare
- Sickness and cure
- Monodisciplinary
- Cure
- Input
- Institutional
- Silo-organisation

To

- Person-centred care
- Active client
- Care and welfare are linked
- Integrated
- Health and behaviour
- Multi-/pluri-/transdisciplinary
- Prevention, cure as well as care
- Outcome
- In familiar surroundings
- Comprehensive organisation

CHALLENGE: EVOLUTION OF CARE



REDUCTION OF HOSPITAL BEDS

- Between 2014 and 2025 the number of days people will stay in hospital reduces with 5,0% = less beds necessary
- Day care hospitalisation grows in the same period with 33,5% (934 000 hospitalisations). (= a yearly growth with 2,66%)

PRIMARY CARE

Reform Process 2010 – 2014 - 2017

Primary Care Conference in February 2017

Reorganisation Programme Primary Care

Vlaanderen
is zorg

Editorial

International Journal of Care Coordination

How can we improve the organisation of care coordination?

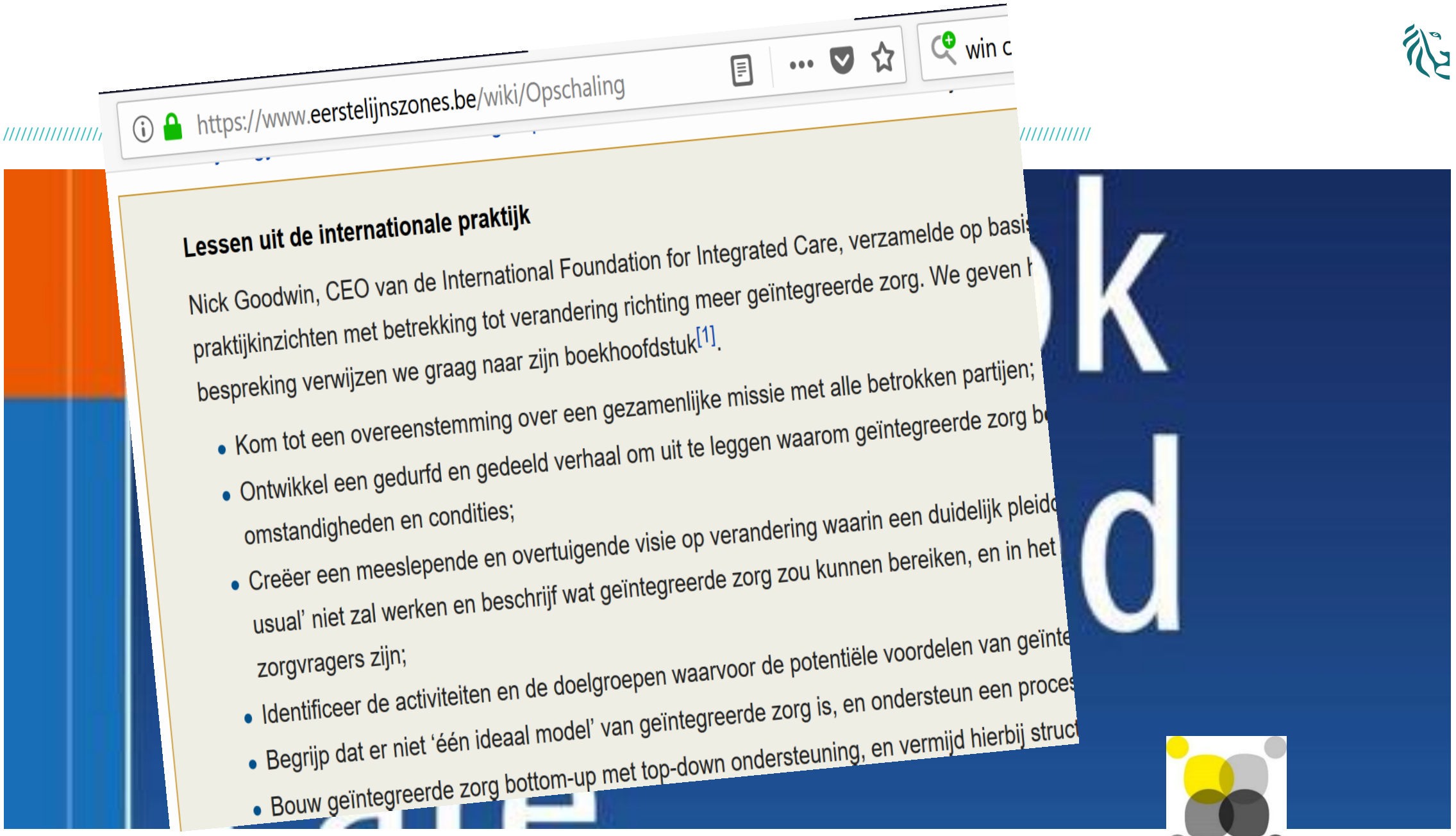
International Journal of Care Coordination
2017, Vol. 20(3) 61–63

DOI: 10.1177/1466138117734340
journals.sagepub.com/home/icp
SAGE

Many studies have convincingly shown the necessity of care coordination given the growing number of people with chronic and long-term care needs, and multiple useful conceptual models and typologies have been developed. These models and typologies clearly highlight the different types and dimensions of care coordination and integration, and that are needed to deliver care i way. Examples include the acc Model and the more recent Integrated Care.[2,3] In recent years, oped various instruments for evaluating care coordination and integration interventions, as can be seen from the systematic review by Bautista et al.[4] However, much less is known about possible models or approaches for (re)organising current care systems towards a more coordinated care provision. In an earlier article in the *International Journal of Care*

Implementation science is weak

- There is a lack of evidence supporting 'how' to design, pilot, implement, assess, and scale-up innovations that support integrated care;


https://www.eerstelijnszones.be/wiki/Opschaling
Lessen uit de internationale praktijk
Nick Goodwin, CEO van de International Foundation for Integrated Care, verzamelde op basi
praktijkinzichten met betrekking tot verandering richting meer geïntegreerde zorg. We geven h
bespreking verwijzen we graag naar zijn boekhoofdstuk[1].
• Kom tot een overeenstemming over een gezamenlijke missie met alle betrokken partijen;
• Ontwikkel een gedurfd en gedeeld verhaal om uit te leggen waarom geïntegreerde zorg b
omstandigheden en condities;
• Creëer een meeslepende en overtuigende visie op verandering waarin een duidelijk pleido
usual' niet zal werken en beschrijf wat geïntegreerde zorg zou kunnen bereiken, en in het
zorgvragers zijn;
• Identificeer de activiteiten en de doelgroepen waarvoor de potentiële voordelen van geïnte
• Begrijp dat er niet 'één ideaal model' van geïntegreerde zorg is, en ondersteun een proces
• Bouw geïntegreerde zorg bottom-up met top-down ondersteuning, en vermijd hierbij struct

NEED FOR A SHARED VISION

- Different perspectives
  - Care demander / patient
  - Managers
  - Care provider
  - Government
  - …
- Shared vision
  - Strategically / tactically: how to set goals?
  - Relationally: how do we bring people and organisations together?

Box 1: Four Commonly Used Definitions of Integrated Care

A health system-based definition

"Integrated health services: health services that are managed and delivered so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services, coordinated across the different levels and sites of care within and beyond the health sector, and according to their needs throughout the life course." [4]

A managers' definition

"The process that involves creating and maintaining, over time, a common structure between independent stakeholders … for the purpose of coordinating their interdependence in order to enable them to work together on a collective project" [5]

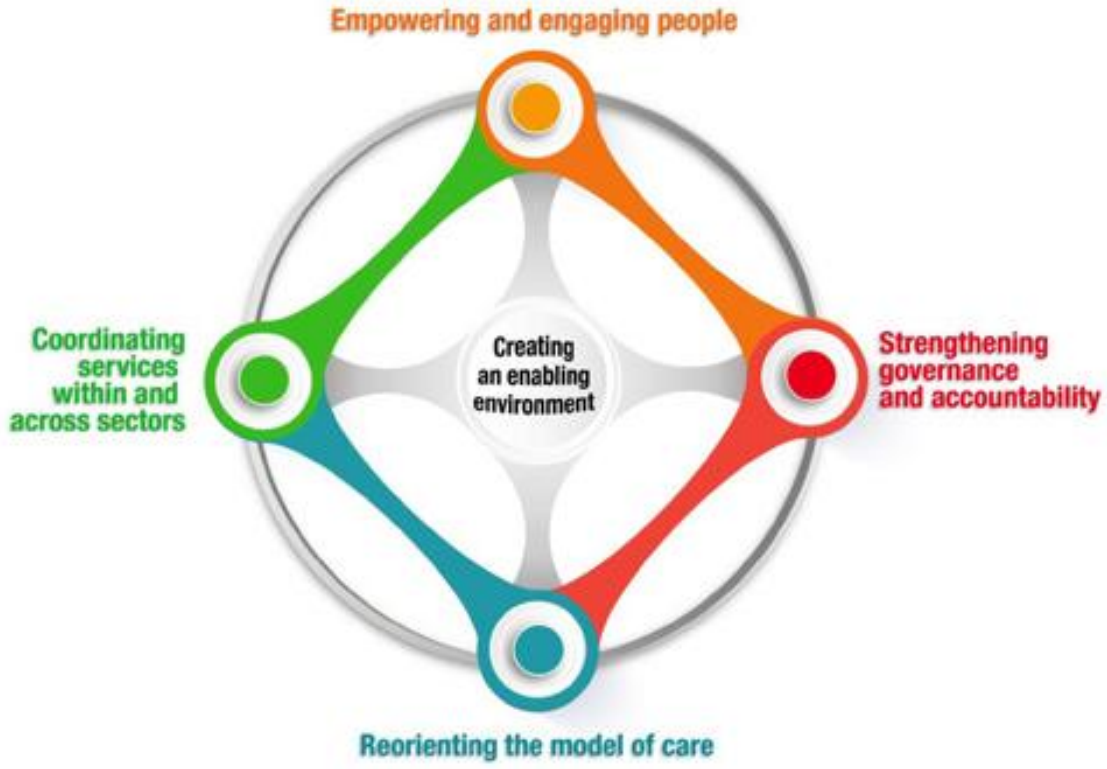
A social science-based definition

"Integration is a coherent set of methods and models on the funding, administrative, organizational, service delivery and clinical levels designed to create connectivity, alignment and collaboration within and between the cure and care sectors. The goal of these methods and models is to enhance quality of care and quality of life, consumer satisfaction and system efficiency for people by cutting across multiple services, providers and settings. Where the result of such multi-pronged efforts to promote integration lead to benefits for people the outcome can be called 'integrated care'" [adapted from 6]

A definition based on the perspective of the patient (person-centred coordinated care)

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me." [7]

(INTERNATIONAL) PARADIGM SHIFT



WHO Framework on integrated people-centred health services

THE MOMENTUM

- Sixth State Reform
- Preparedness to change
- Policy movements in different aspects of care and cure (hospitals, care, patients, …)
- Paradigm shift (acute-chronic, supply-demand, person centered)

THE ROAD TO CHANGE

2010

Conference primary health care (11 december 2010)

2013

Symposium primary health care

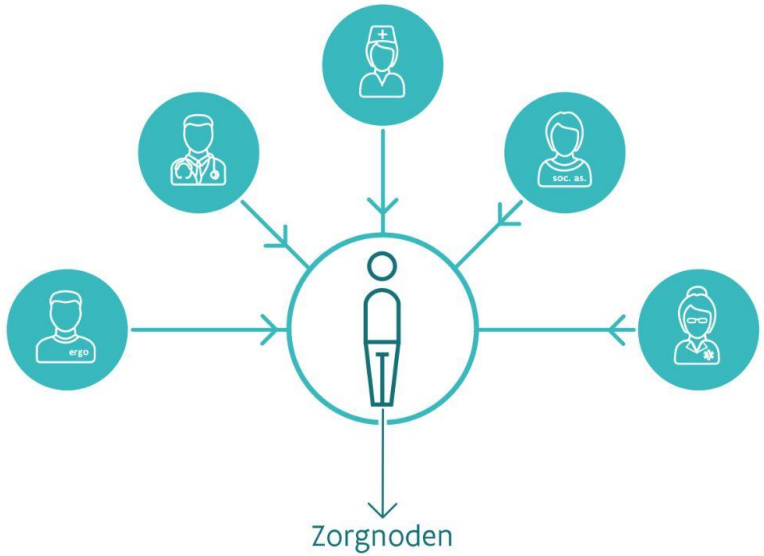
2017

6 preparatory working groups (2016-2017)

Conference primary care (16 februari 2017)

2014: 6th state reform

PERSON CENTERED CARE



- Self-management and health literacy
- Informal care providers are a full partner in the care process
- Care goals in a care plan
- More neighborhood care
- Wide and integrated single point of access/contact
- Integration of prevention, mental health care, family care, social policy

OUTCOME

From Reform Process to Reorganisation Programme

Primary Care Zones

Vlaanderen
is zorg

REORGANISATION PROGRAMME

The Primary Care Conference of 16 February 2017 set out the lines for the reorganisation of the Flemish Primary care

https://www.zorg-en-gezondheid.be/sites/default/files/atoms/files/CELZ%20beleidstekst%20hervorming%20eerstelijnszorg_EN.docx

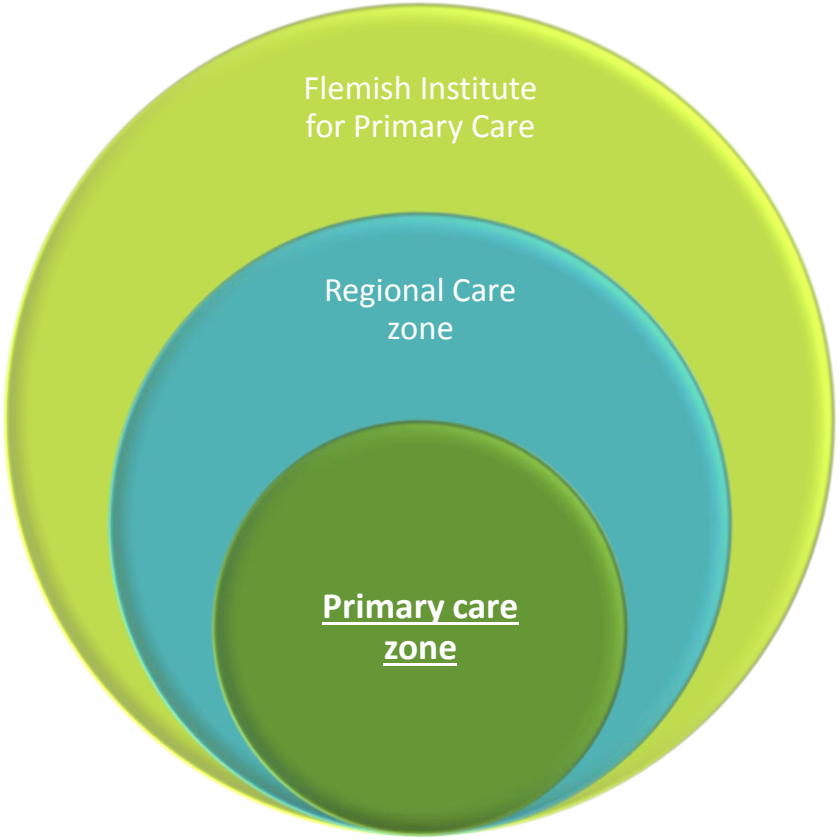
REORGANISATION PROGRAMME – UPDATE MARCH 2018

13 projects identified:

1. ***Development of the primary care zones (zones are geographical areas)***
2. Development of regional care zones
3. ***Development of the Flemish Institute of primary care***
4. ***Multidisciplinary cooperation and care capacity***
5. Digital primary care, e.g. development of a digital care plan
6. ***Coordination of care and case management for persons with a complex needs of care and financing of the reformed mechanisms***
7. ***Integrated broad reception (ongoing)***
8. ***Basic training and continuous education***
9. Quality of care and management of complaints
10. ***Care provided by the family (informal care) 'Flanders Informal Care plan'***
11. ***Health Literacy and patient participation***
12. ***Platform Wellbeing and Health (ongoing)***
13. ***Communication on the primary care reform***

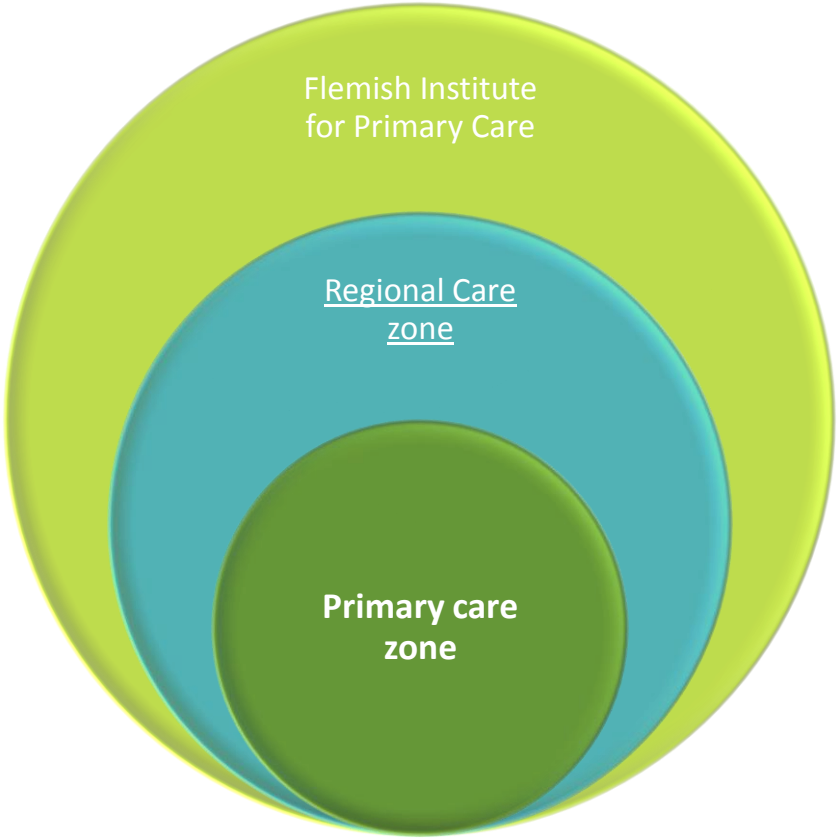
PRIMARY CARE ZONES

- **Support multidisciplinary and intersectoral collaboration at the practice level**
- 75.000 à 125.000 inhabitants
- Care Board:
  - Health care providers, actors in family care and residential care, centers for welfare, patients, government of municipalities
- Freedom of choice for patients remains



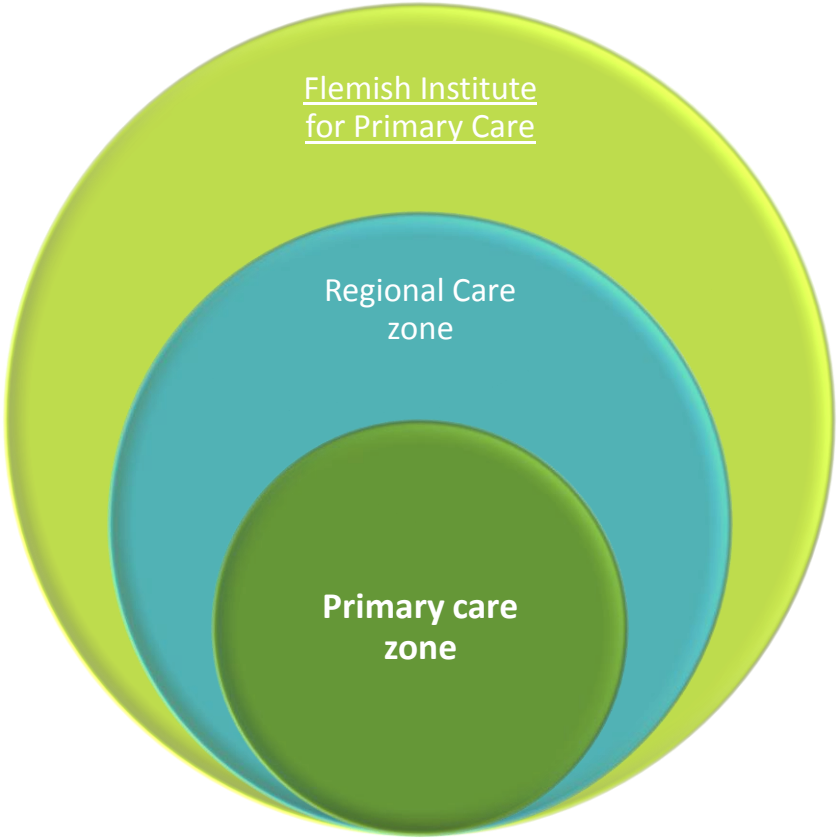
REGIONAL CARE ZONES

- Zone that covers multiple primary care zones
- 350.000 à 400.000 inhabitants
- Assignments and tasks:
  - Offer expertise to the primary care zones
  - Tune primary care and specialized care (in hospitals)
  - Support organizations to conduct projects or research
  - Embed the Flanders' local organisations LOGO to assist the primary care zones on prevention
  - …



FLEMISH INSTITUTE FOR PRIMARY CARE

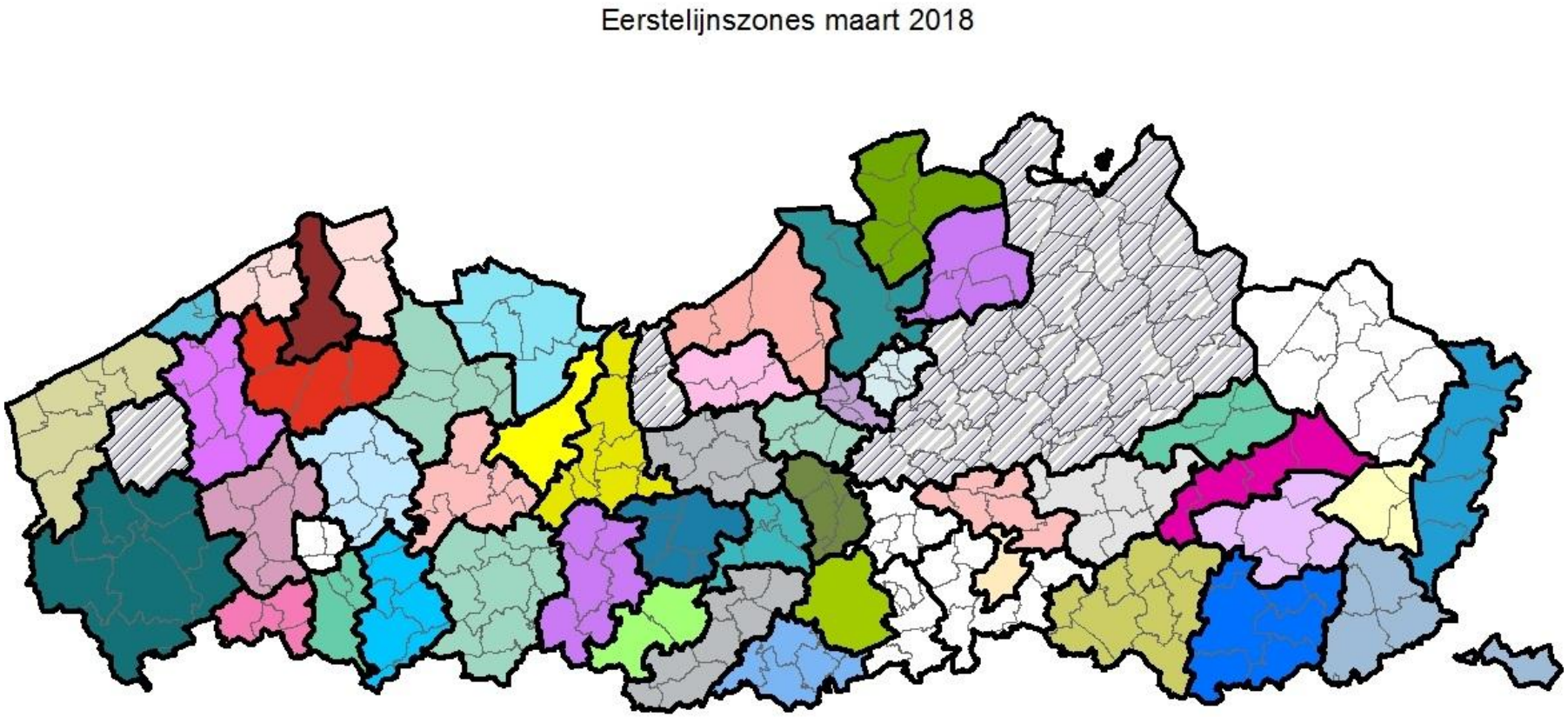
- **Knowledge and expertise**
- Assignments and tasks:
  - Offers an overview of care supply
  - Supports primary care zones
  - Supports education policy
  - Supports and stimulates innovation
  - Develops goals and indicators for primary care
  - Facilitates strategic planning of care (general – specialized care)
- Involves:
  - Expertise in relation to the assignments and tasks
  - Different stakeholders



POINTS OF DISCUSSION IN THE WORKING GROUPS OF THE CONFERENCE 16.02.2017

- A fixed care team (e.g.. community centers) or a care team composed by the person in need?
- Are the support structures only at the level of a first level zone or also on a higher sub regional level?
- Primary care zones: bottom-up or by the Minister?

PRIMARY CARE ZONES – MARCH 2018



PRIMARY CARE ZONES – CREATION

- Health and Social
- In conjunction with the local authorities
- Mandatory and optional organisations – professionals
- Integrating an equity focus:
  - Local social governance
  - Integrated broad reception
  - Community – neighbourhood care
- Identify social factors and local needs:
  - Social mapping: inventory of all health and wellbeing professionals and organizations
  - Financial consequences
- Multi-disciplinary teams

BUILDING OUT THE PRIMARY CARE ZONES

1. Expressing interest and commitment
2. Composing change team and change forum (multi-disciplinary – co-creation)

3. 5 leading questions as a structure to discuss content and process:

> Why do we need to go change into something?
> Why do we exist as primary care zone?
> What are our core values as primary care zone?
> What are the core tasks (processes with a purpose) we need to get organized?
> From which guiding principles we see everyone within our primary zone work together?

4. Experiences of pioneer projects will help

PRIMARY CARE ZONES – PIONEERS - FLANDERS SYNERGY

- Flanders Synergy guides two future primary zones in setting up and organizing the operation and collaboration within the primary zone.
- The guidance consists of a methodology in which the principles of an innovative work organization are applied.
- The objective is to get two ' prototypes ' of primary care zones:
  - Inspire the wider field and policy makers
  - Provide concrete and practical insights, conditions and a strategy for a larger scale.
- 2 pilot projects selected in 2 zones Limburg and Dender were selected: will run May – June 2017 for two years

LESSONS LEARNED (1)

- **Existing cooperation** Continuing and expanding the existing cooperation is a success factor, even if the initial cooperation not was such a success.
- **Context** A ' close ' environment with little competition is a success factor. It is important to be aware of the context and to actively work on it.
- **Role of GP** A family physician in the project group is not necessarily a prerequisite for the success of a project. But his/her role becomes a prerequisite once the project is more content-targeted.
- **Strong manager** A strong driver as a ‘referee’ between participating organisations is a success factor.

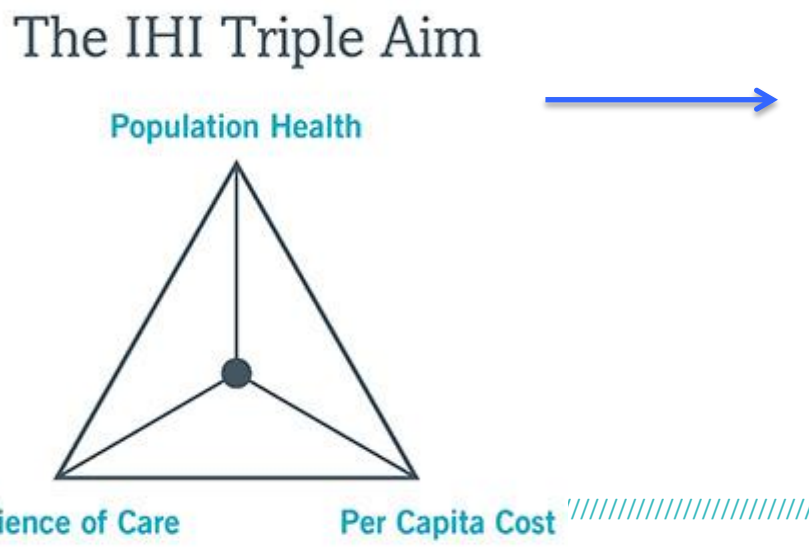
Vlaamse overheid

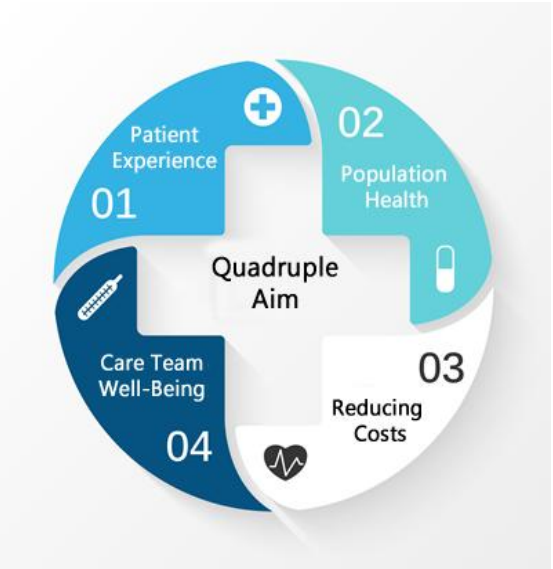
LESSONS LEARNED(2)

- **Population analysis** Population analysis prior to a project is a success factor.
- **Patient participation** Too little experience.
- **Reflection and feedback** Reflection on the own actions based on feedback is a success factor.

FOCUS ON THE ADDED VALUE

- Do not focus on what goes wrong, but on the improvement
- Perspective of the care demander / patient is leading the organisation
- Projects fail when they do not show results!





THANK YOU

And thanks to the Team Primary care – Flanders Synergy – Levure – and many others in Flanders