

## CONFERENCE ABSTRACT

### Implementing integrated Care in Belgium: a nationwide mobilization

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**Introduction-** background and problem statement. Belgium as well as other European countries are faced with an increasing prevalence of chronic diseases and an aging population, intensified by the complexity of multimorbidity. This demands changing the current health system which is primarily focused on specific disease management and acute care. The World Health Organization calls for a global movement towards integrated, people centered health services.<sup>5</sup>

**Description of policy context and objective:** Belgium has an accessible health care with a national, compulsory health insurance (covering 99% of the Belgian population). Health care system is highly fragmented, providers work on a 'fee for service' base, and there is little stimulation for multidisciplinary consultation and integration. In 2013 a national survey on health in a representative sample of the Belgian population stated that 28,5% reported one or more chronic disease.<sup>6</sup>

In October 2015 a national Plan: "Integrated Care for a better health" <sup>7</sup> was approved by all competent national and regional Ministers of public health. This Plan is based on the principles of Triple Aim<sup>8</sup>, and complementary principles of improving equity and job satisfaction for the care providers. The implementation of the national plan is one of the major health care reforms under the current government. A strategic choice has been made for a bottom up implementation strategy in pilot regions rather than the more classic top down regulation approach based on national negotiations with interest groups. At the same time a strong national guidance framework has been put in place.

**Target population:** The Plan targets the whole Belgian population with a focus on people with a chronic disease.

The call for pilot projects was successful with 70 applicants in regions of 100 000 to 150 000 inhabitants. Twenty candidates were selected, covering 1/3<sup>th</sup> of the Belgian population (3.672.558 inhabitants).

**Highlights:** (innovation, impact, outcomes) These 20 pilot projects are being coached by an external consultant and receive state funding for coordination costs to develop a regional 4-year action plan.

This regional action plan must be based on the needs and resources in their region (stratification of the population). Actions should cover 14 components: patient empowerment, case management, informal care, social and professional reintegration, prevention, care coordination and care continuity, incorporating the experience of the patients organizations, electronic shared/integrated patient record, multidisciplinary guidelines, testing innovative ways of financing integrated care, installing a culture of quality. All these actions should be dealt with according to the principles of change management.

Those regional action plans that are approved will receive coordination funding to roll out their actions over 4 years., A scientific team will assist the pilot projects in building a culture of quality and procedures for auto-evaluation. The aim is to increase efficiency, these gains are reassigned to the project through a system of budget guarantees in health care.

**Comments on transferability and conclusion:** The Belgian approach combines stimulation of bottom up ideas and entrepreneurship with guidance from the policymakers by setting out the framework for innovation and encouraging the collaboration between partners in the region. The co-creative process between policy makers and partners on the field seeks to establish the partnerships necessary to reach a sustainable integrated care system.

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**Keywords:** integrated care; triple aim; policy approach; co-creation; pilot projects

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