

CONFERENCE ABSTRACT

Reorganise primary care in Flanders Region: change management and process 2010-2017.

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

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Reorganizing primary care in Flanders is a process of change management, creating ownership amongst a variety of actors and disciplines, creating trust via a process of participation of partners. Trust is needed to incite the change of care provision for the benefit of the person in need. The process aims to simplify primary care structures.

The challenges in Flanders are similar to other countries. The international experience gave food to frame the change trajectory into a 2015 -2019 Vision on the Reorganization of the Primary Care.

In 2010 Flanders concluded that the catalyst for cooperation between primary health and social care professionals was data- and information sharing.

In 2013 such were considered as a starting point for the evolution towards integrated care.

The 6th Belgian State Reform of 2014 devolved more health competences to Flanders.

Flanders conviction is that the reinforcement of the primary health care is crucial, focusing on care continuity, elderly care, mental health care, ... The starting point is to strengthen the existing primary care.

Flanders' 6 milj habitants live in an urbanized landscape. A crucial question is on how to delineate care- areas and how to organize the care coordination for the person in need. Bottom-up approaches and autonomy of the local level are key.

Belgium health care is characterized by the freedom of choice for the patient, which can be an opportunity or an obstacle for fluent integration of health and social care into model(s) of personalized care.

The Belgian institutional landscape requires cooperation. Flanders has during this process favored the bottom-up approach from micro- (citizens, neighborhood ,care – team) via meso- (primary care organization) to the macro-level (national, international). This is crucial to create ownership and to shift towards patient-centered integrated care.

Flanders' path on integrated care identifies how the primary care meso-level should function. By extension, the regional policy support will also be redefined.

In order to restructure the meso-level in a well-founded way, it was vital for Flanders to formulate clearly how to organize integrated care, how to place the person with a care need at the center of the care process. At the same time the data and indicators were determined in order to achieve this in a qualitative way, in specific areas, where cross-compliance is necessary to mobilize the care providers.

6 working groups worked since autumn 2015 : Models for Integrated care; Focus on the Patient; Targets and Structure Integration; Geographic demarcation of the care regions; Data sharing and Quality of care; Innovation and Entrepreneurship in Care. Their conclusions were reviewed by a Scientific Panel.

In January 2017 the Maturity Matrix will be applied. The Primary Care Conference of 16 February 2017 will endorse the outcomes which is the beginning of the implementation phase.

This Reform process is characterized by a participatory process from all professionals in health and social care, civil society organizations, formal and informal care, other policy areas, A lot of lessons and experiences can be shared.

Keywords: change management; participatory process; primary care; person-centred care; policy
