INTEGRATED CARE IN FLANDERS
A REGIONAL PERSPECTIVE

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SCIROCCO Final Conference

24 October 2018
Scotland House, Brussels
Overview

- Introduction to the Flanders Reform of Primary care / integrated care
- Discussing the progress based on the B3 Maturity Model that was made in April 2017
Health competences since 2014

- Federal Competences
  - Reimbursement of medical procedures
  - Regulation and financing of:
    - Compulsory health insurance
    - Hospitals
    - Professional qualifications
    - Pharmaceuticals

- Flanders Regional Competences
  - Long term & mental health care
  - Elderly care
  - Compulsory care insurance
  - Disease Prevention
  - Health Promotion
  - Care at home
  - Care for disabled persons
  - Normative, infrastructure Hospitals
  - Rehabilitation
Principles and challenge of the BE health system

- Belgium has a liberal system of service provision with a large therapeutic freedom for physicians and freedom of choice for patients.

- This liberal system is challenging for the increasing number of patients with chronic diseases, who need an integrated care approach.
Health services

- Private not for profit hospitals, almost no public hospitals anymore.
- Elderly residential care:
  → Private not-for-profit (most of them have a catholic origin)
  → Public sector (local authorities)
  → Market-driven initiatives
- Both physicians and hospitals are independent and work on a not-for-profit basis.
- GPs tend to work together, only a minority remain ‘soloists’; specialists have contract with hospital
The Belgian health ministers initiated a common reflection in 2012 on the organization of integrated care, which will result in a reorientation of the health system (KCE, 2012, Federal coalition agreement).

→ Flanders adopted an approach for a reform of the primary care: health and social sector.
Policy process in Flanders

2010
- Conference primary care (11 December 2010)

2013
- Symposium primary health care

2017
- 6 preparatory working groups (2016-2017)
- Conference primary care (16 February 2017)

6th State Reform
What needs to change?
Person centred care
Person centred care

- Integral approach
- Improve self-management and skills
- Informal carer is a full partner in the care
- Care targets via a care plan
- More care in the neighbourhood
- Wide spread of information points
- Integration of prevention, mental health care, family care, care at home, social policy
Complex care: care-coordinator
Complex care: case manager
Optimal support for carers
Re-organisation of the landscape
Transition

- Drafting of an action plan by a ‘Programme manager’ in Flanders
- Prepare legislation
- Re-allocation of personnel and resources
- Share ownership of the reform!!
- Align the different movements between professional actors and sectors
Transition programme: working on 3 axes

- Content wise: changing the way care is provided
- Structure: new structures to support the changing care
- Instruments: how to facilitate the desired changes
13 projects transition programme

1. Vorming en opstart werking van de eerstelijnszones
2. Vorming en opstart werking van de regionale zorgzones
3. Oprichting Vlaams Instituut voor de Eerste lijn
4. Ondersteuning eerstelijnspraktijkvormen en werken aan meer zorgcapaciteit in de eerste lijn
5. Zorgcoördinatie en casemanagement in relatie tot financiering multidisciplinair overleg
6. Naar een digitale eerste lijn
7. Vormgeven kwaliteitsbeleid en klachtenbeleid
8. Uitbouw geïntegreerd breed onthaal
9. Mantelzorg als volwaardige partner in de eerstelijnszorg
10. Verzekeren basisopleiding en permanente vorming
11. Communicatie over reorganisatieproces en zorg in Vlaanderen
12. Zorggeletterdheid en patiëntenparticipatie
13. De sociale kaart
Application of the B3 Maturity Model / SCIROCCO Tool
Assess the maturity of the Flanders’ Reform (health system) to adopt integrated care.

Identify how confident we are in the process of change management

Identify how confident and on track we are for the implementation

Use it as a benchmark:
- Own evolution - progress
- Share with other regions
Maturity of Flanders’ healthcare system for integrated care
Thank you!