#### Theme Paper / Ongoing study no results yet

# Comparison of implementation of integrated care for diabetes In Belgium

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## Background:

Type 2 diabetes is an increasingly dominant disease. Effective interventions for prevention and control are available: identification of people with T2D, treatment in primary care, health education, self-management support and collaboration among caregivers are key elements. In Belgium, the central government has tried to improve care for T2D by, among other initiatives, launching a care pathway and local multidisciplinary networks in 2009 after a successful pilot project. Knowledge on how health care organisation relates to implementation of ICP is unclear. This research is nested in the H2020 project SCUBY.

## **Research questions:**

1. What is the current state of implementation of chronic care for T2D in two regions, compared to the state before and after the pilot project in 2007 in a different region?

2. What is the difference of implementation of chronic care for T2D in relation to practice organisation?

## Method:

Three types of primary care practices are defined: monodisciplinary practice in fee-for-service system, multidisciplinary practice in fee-for-service system and multidisciplinary practice in capitation system. Two urban regions, Ghent and Antwerp, in which all 3 types are prevalent where selected as research units. The Assessment of Chronic Illness Care instrument is based on the Chronic Care model. It will be used for comparison between practices and over time, since the same instrument was used during the pilot project.

comparison between practices and over time, since the same instrument was used during the pilot project. Data collection comprises observations at the health care practice and structured interviews with different health care workers.

## **Results:**

will be available at the conference

#### **Conclusions:**

This study will show the variation in implementation of Integrated Care in Belgium. The study is renewing as it will give insight in the scale-up of integrated care for diabetes in the past 12 years in Belgium. As the evidence on how to scale-up is scarce, the results will help to develop scale-up strategies in this and similar countries.

#### Points for discussion:

Which comparisons would seem useful to do in the future?

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