Belgium Launch Event
23 October 2019

SCUSY

This project is funded by the Horizon 2020 Framework Programme of the European Union.

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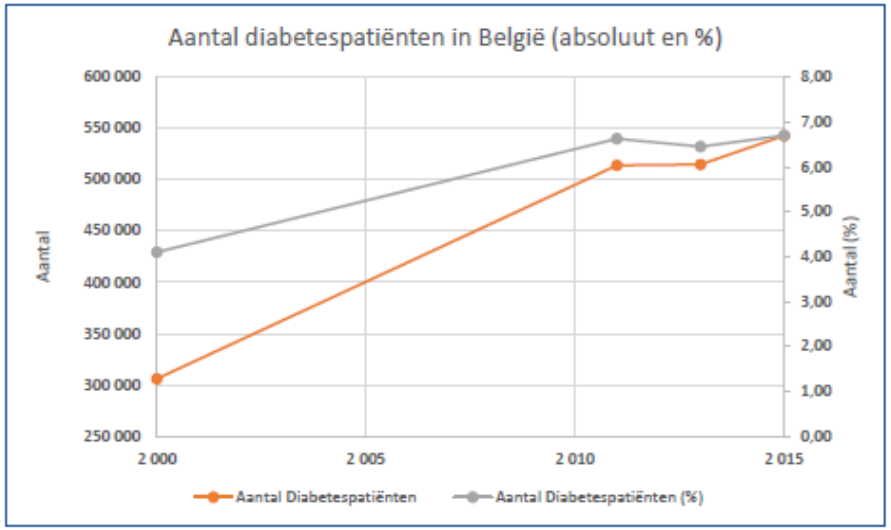
Scaling Up an integrated care package for diaBetes and hYpertension for vulnerable people in Cambodia, Slovenia and Belgium

Scaling Up an integrated care package for diaBetes and hYpertension for vulnerable people in Cambodia, Slovenia and Belgium

Rationale

- Global prevalence
  - 9 % Type 2 Diabetes
  - 31 % Hypertension
  - 75% combination

Figuur 3: Aantal diabetespatiënten in België (absoluut en %)



- Few people are well managed
- Vulnerable populations not reached

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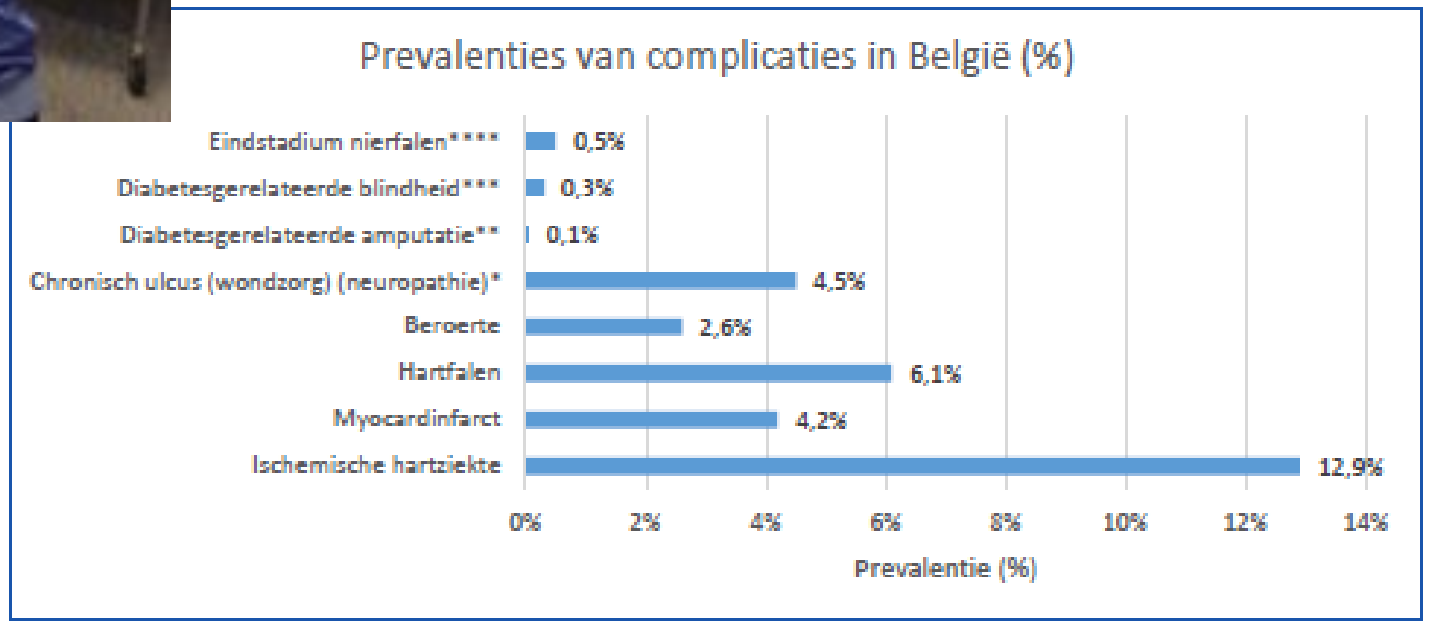
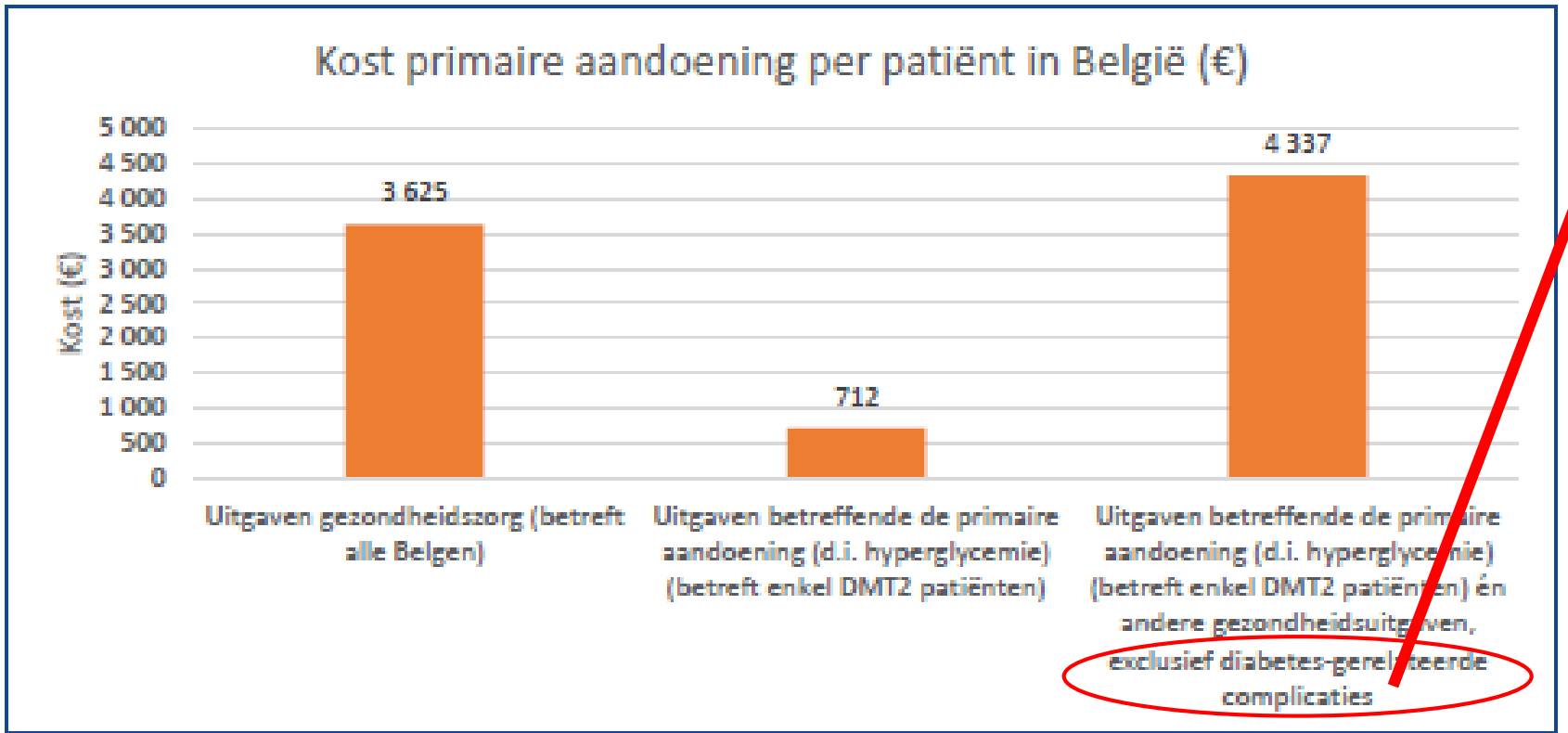
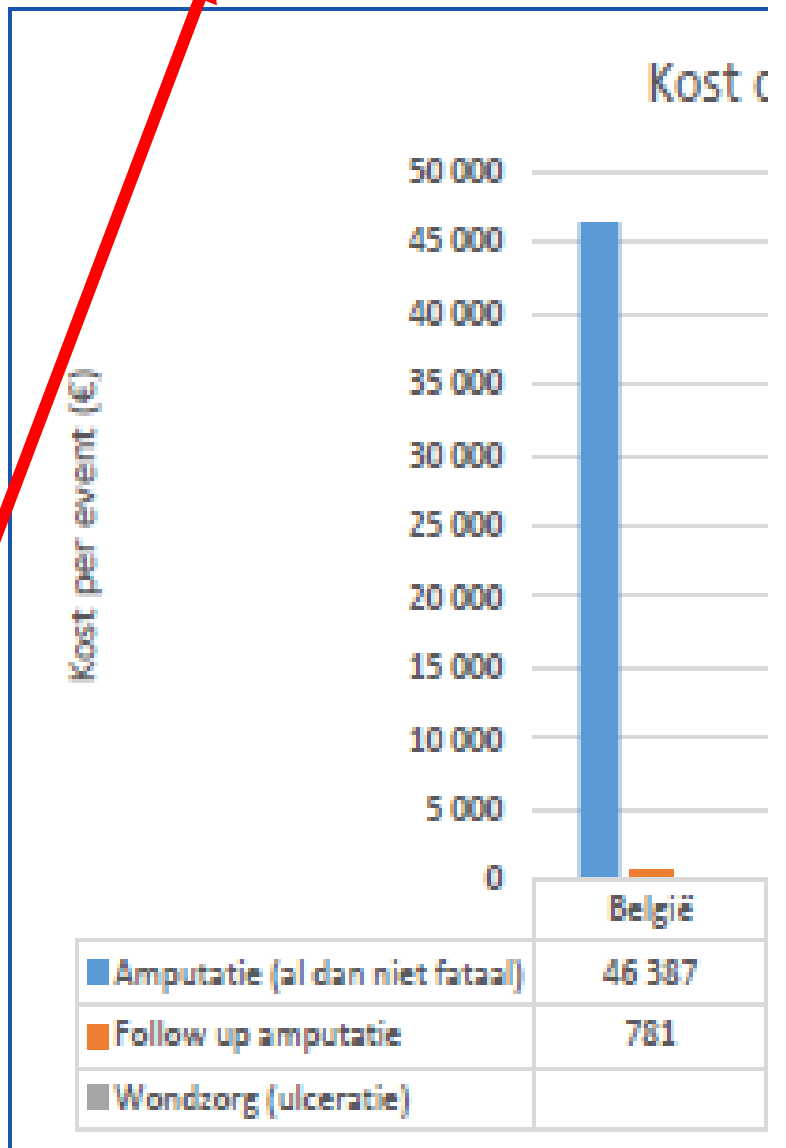

Prevalenties van complicaties in België (%)
Eindstadium nierfalen****
0,5%
Diabetesgerelateerde blindheid***
0,3%
Diabetesgerelateerde amputatie**
0,1%
Chronisch ulcus (wondzorg) (neuropathie)*
4,5%
Beroerte
2,6%
Hartfalen
6,1%
Myocardinfarct
4,2%
Ischemische hartziekte
12,9%
0%
2%
4%
6%
8%
10%
12%
14%
Prevalentie (%)

Financing information: cost of diabetes treatment



Figuur 16: Kost diabetesvoet (€)



Objectives

1. To analyse the **organisational capacity** to scale-up integrated care for HT and T2D in 3 contexts and to assess contextual **barriers and facilitators**

2. To **develop and implement roadmaps for a national** scale-up

3. To **evaluate the impact on health outcomes and efficiency of care through** the scale-up of the integrated care package.

4. To **generate lessons across contexts**

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Integrated care package

Identification

Health education

Treatment

Self-management

Collaboration

ICP - best practices in Belgium

ZORGTRAJECTEN

INTEGREO
DES SOINS INTÉGRÉS
POUR UNE MEILLEURE SANTÉ

CHA
Centrum Huisartsgeneeskunde
Universiteit Antwerpen

Verpleegkunde & Vroedkunde
Universiteit Antwerpen

THOMAS MORE

AP
ARTESIS PLANTIJN HOGESCHOOL ANTWERPEN

Provincie Antwerpen

avans
improving professionals

KdG Karel de Grote Hogeschool

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domus medica

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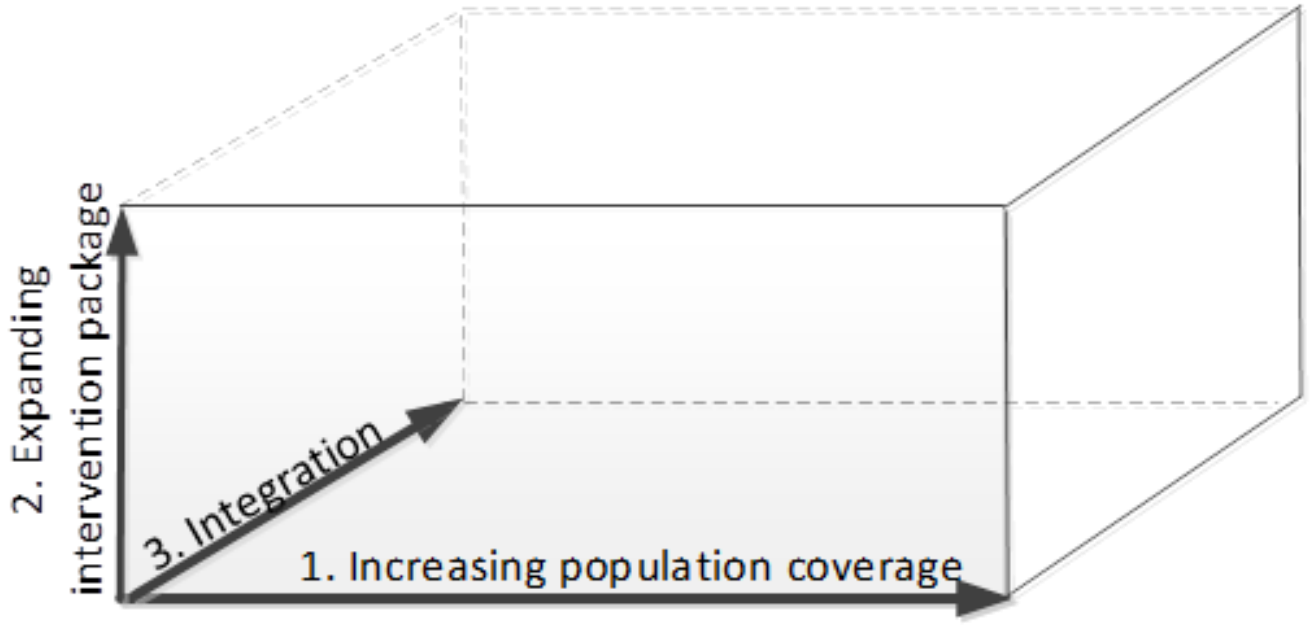
Scale-up: conceptual approach

Comprehensive scale-up



(based upon Meessen et al, 2017)

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Context matters

Slovenia: transitional central command health system

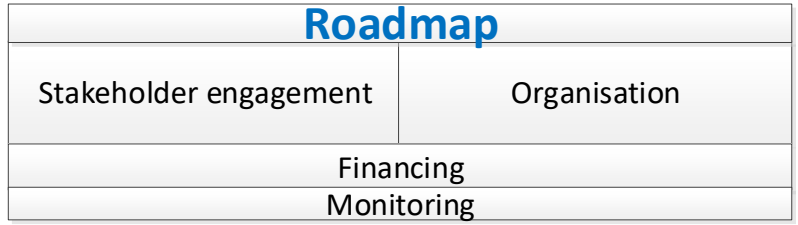
Cambodia: middle income developing health system

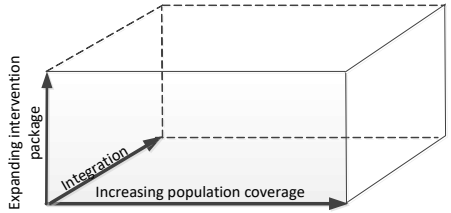
a high-income federated system in Belgium

From pilot to scale-up: SCUBY project

Integrated care package for TD2 and HT

Year 1	Year 2-3	Year 4
Situation analysis	Scale-up	Evaluation





This project is funded by the

Year 1. Situation analysis

Katrien Danhieux and Monika Martens

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Financing: barriers to care for patients

RESEARCH ARTICLE

Catastrophic Health Care Expenditure among Older People with Chronic Diseases in 15 European Countries

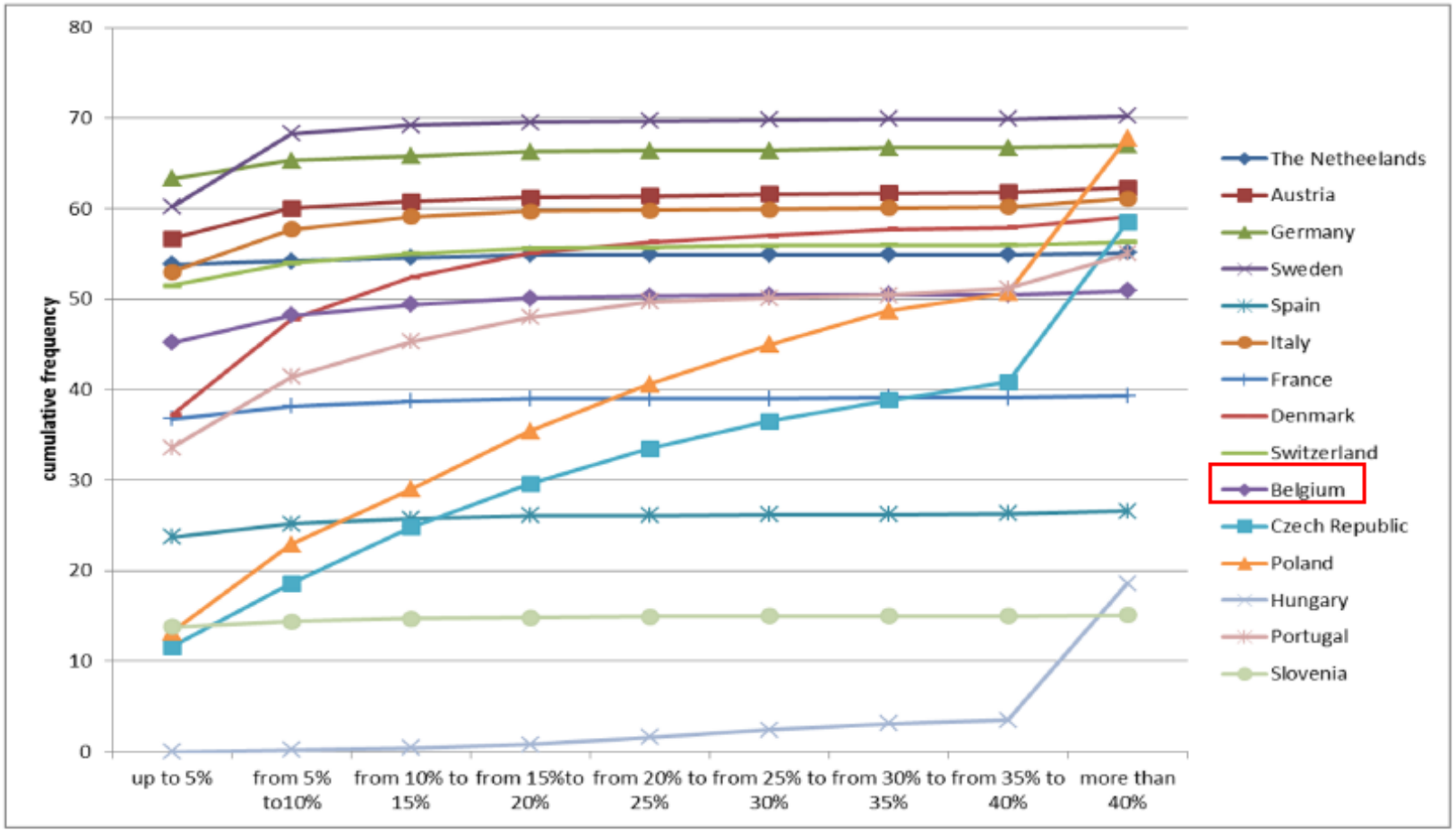

Fig 1. Catastrophic health expenditure in different countries when thresholds varied from 1 = 5%up to 9 = more than 40%. Catastrophic health expenditures refer to the case when out-of-pocket payments exceed a certain threshold share of either total or non-food expenditure of households. Data are presented for thresholds in the ranging from 5% to 40%.

Year 2-3. Roadmaps & scientific support

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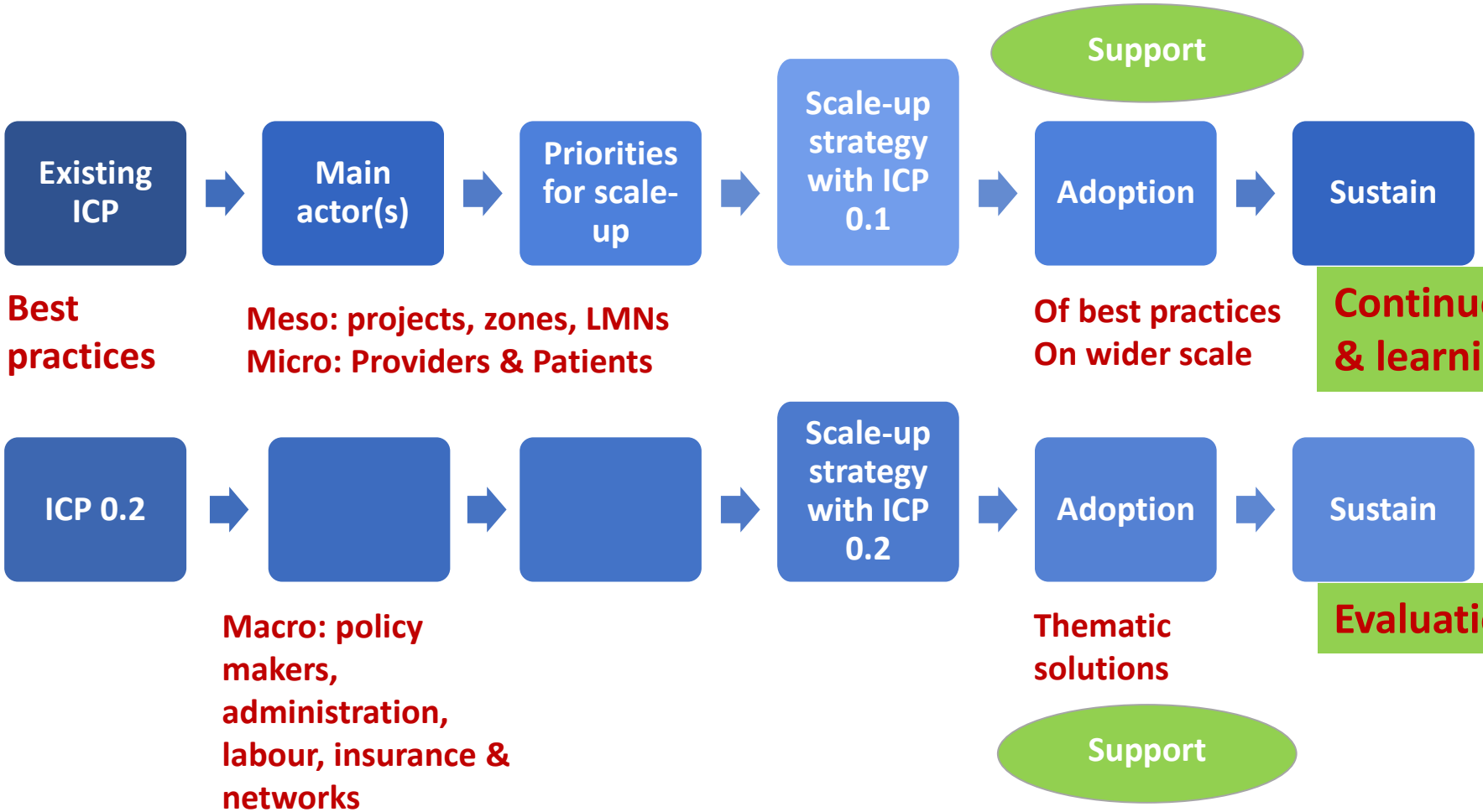
Roadmaps: stakeholder engagement & organisation



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Year 2-4. Monitoring en Evaluatie

Prof Dr Edwin Wouters

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1. Objectives

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4. To **generate lessons across contexts**

→ What **information** do we need?

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1. Objectives: info needed?

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→ Measurement of …

1) **organisational structure** = what we want to change (Section 2.)

2) **T2D and HTN outcomes** = what we want to impact (Section 3.)

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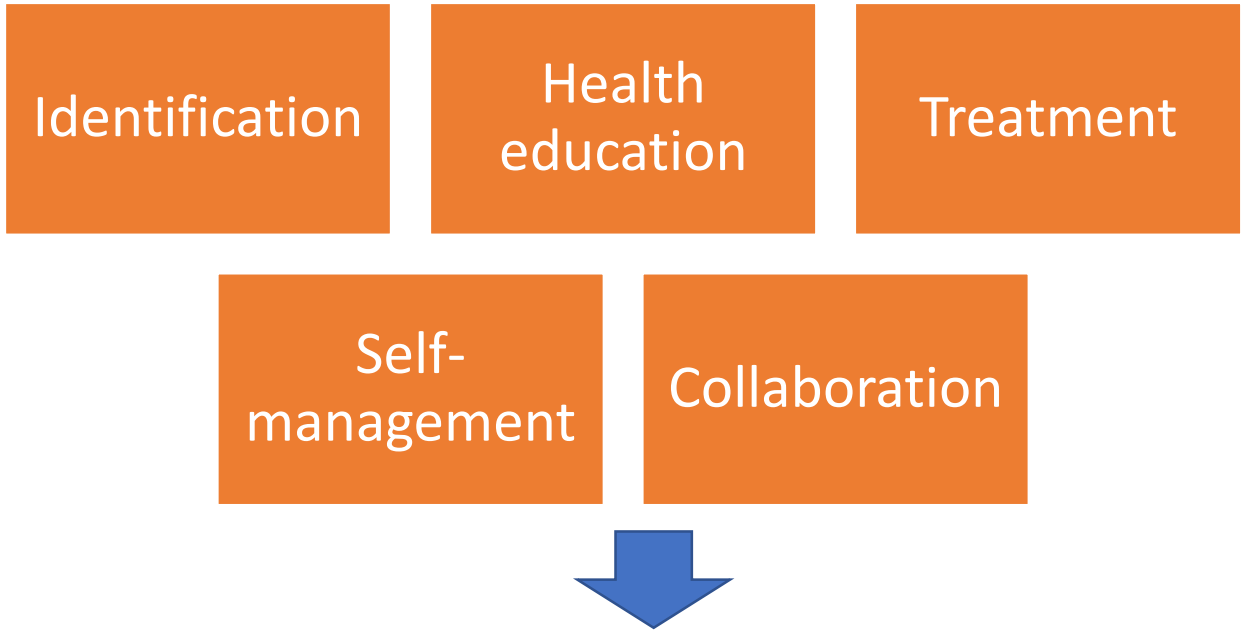
2. Data: organizational structure

Integrated Care Package (ICP) for T2D and HTN:



A) Developing a **scoring system** to quantify the implementation of the ICP.

B) **Applying** the scoring system **to the different existing care practices** in Belgium.

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2. Data: organizational structure

A) Developing a **scoring system** to quantify the implementation of the ICP.

1. **Integrated Care Package (ICP) grid**: scoring system to assess the implementation of the integrated care package

→ optimally suited to measure ICP implementation and ideal for cross-country comparisons

2. **Assessment of Chronic Illness Care (ACIC)** survey: existing scale to measure the implementation of the Chronic Care Model

→ previously used in a T2D study in Aalst (2003-2007) and ideal for comparisons over time

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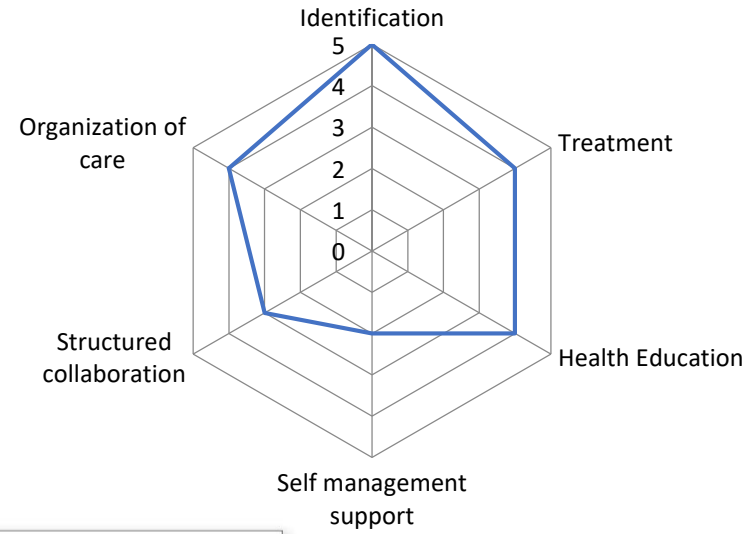
2. Data: organizational structure

B) **Applying** the scoring system **to the different existing care practices** in Belgium

1. Scoring **existing practices** using ICI grid / ACIC

2. Assessing **which elements of the integrated care package** are present/lacking

ICP grid



= Baseline assessment of the organizational structure

(vs. follow-up after scale-up)

Cfr. Katrien Danhieux

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3. Data: T2D and HTN outcomes

Outcome of chronic care = measuring a **complex process**

A) Developing a measurement system = **cascade-of-care**

B) **Gathering the data** for the different existing care practices

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3. Data: T2D and HTN outcomes

A) Developing a measurement system = **cascade-of-care**

Variety of data needed:

- Number of people suffering from T2D or HTN
- Number of people tested
- Number of people diagnosed
- Number of people in care
- Number of people treated for T2D/HTN
- Successful management of T2D/HTN

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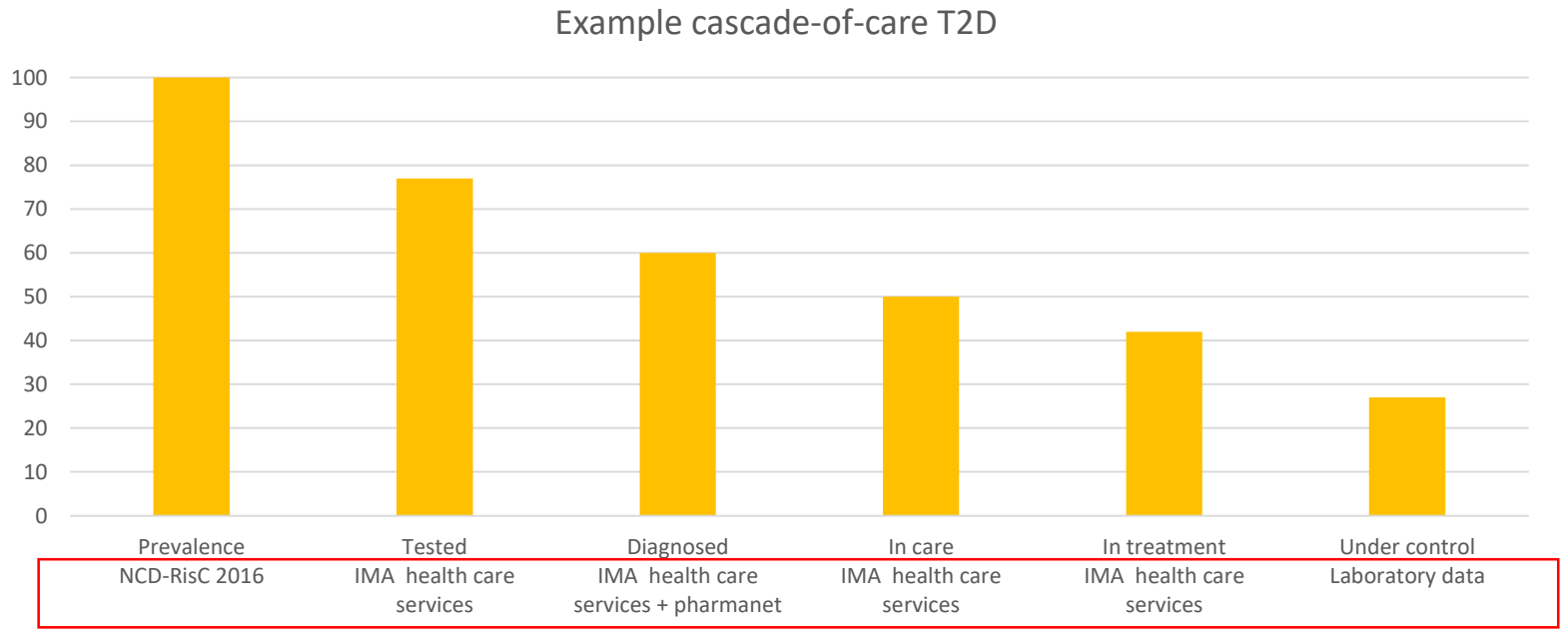
3. Data: T2D and HTN outcomes

B) **Gathering the data** for the different existing care practices



= complex data collection process from various data sources

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4. Conclusion

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→ Measurement of …

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2) **T2D and HTN outcomes** = what we want to impact

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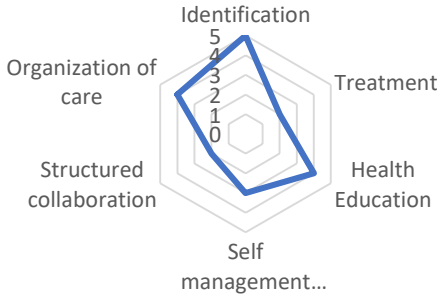
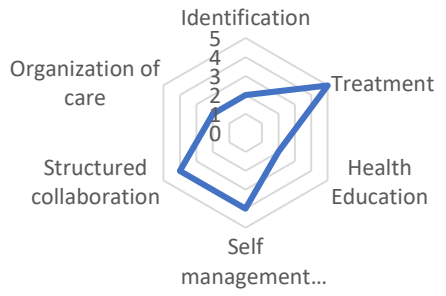
4. Conclusion

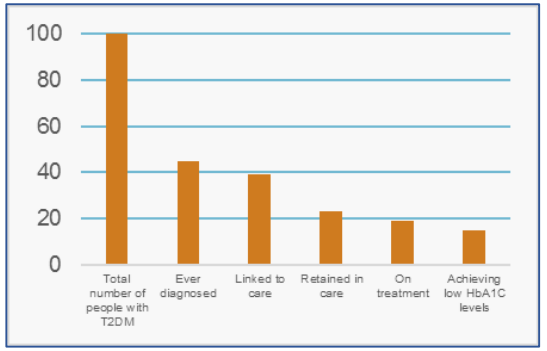
→ Linking the two to…

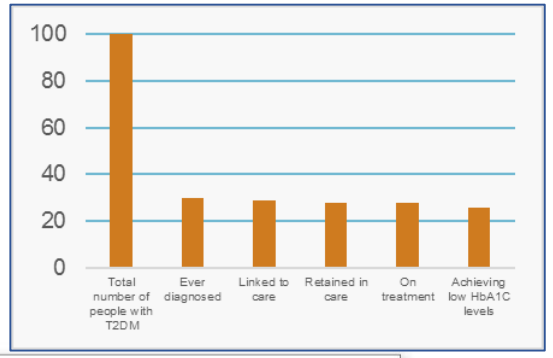
1) **Know which aspects** of the ICP need to be scaled up

2) **Work with stakeholders** to scale-up specific components of the ICP









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5. Future collaboration

Activities after *baseline*?

1) Develop **roadmaps** for scale-up (*organisational structure*)

2) Develop **a monitoring system** for chronic care (type 2 diabetes and hypertension) outcomes

What is your role as *partners in SCUBY*?

1) **Co-create** and **support** scale-up of evidence-based strategies

2) **Co-develop** and **use** the monitoring strategy in care and policy making

= **joint effort**

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