

Towards integrated chronic care in Belgium

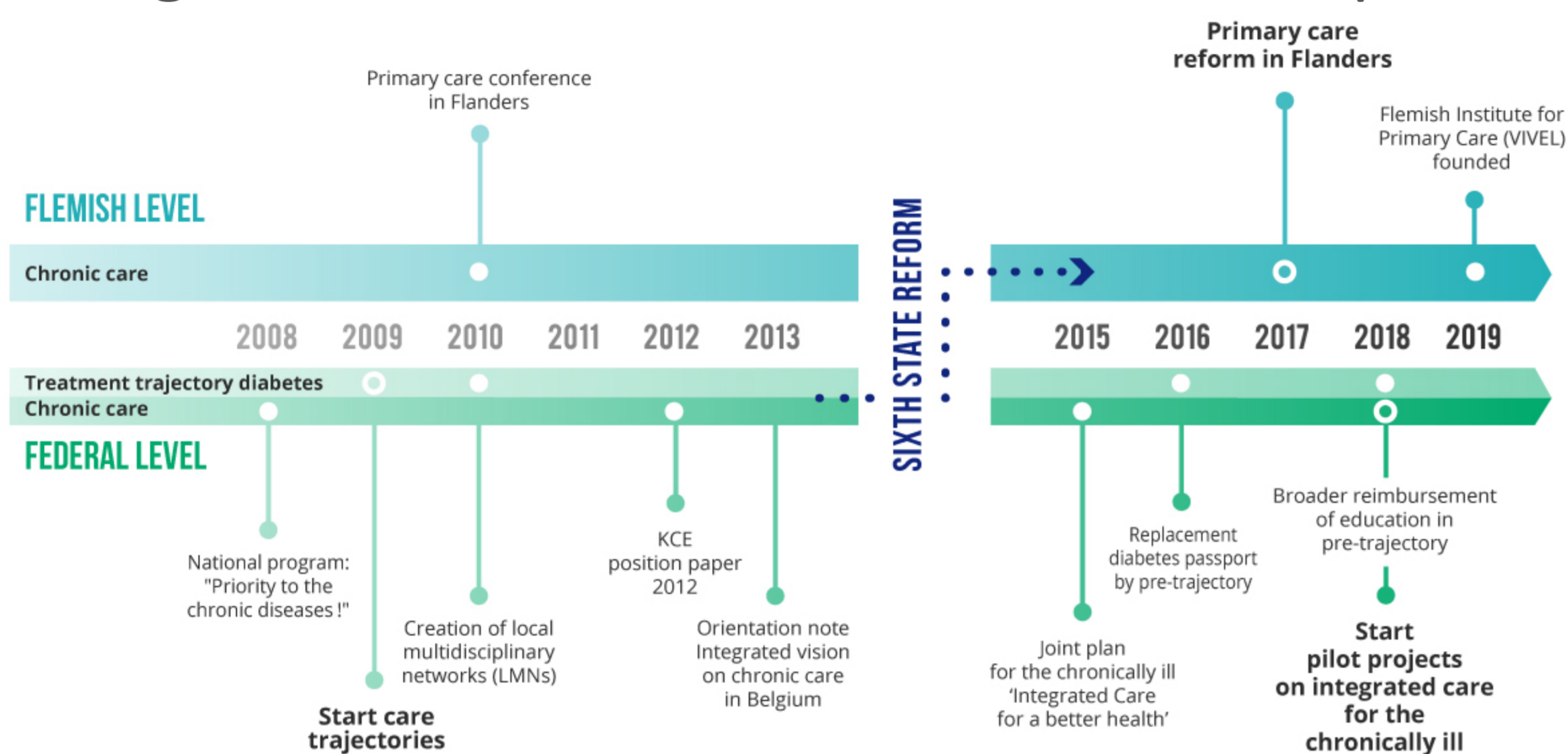
A preliminary analysis of stakeholders' views on policy

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BACKGROUND

- Health systems in High and Low Income Countries struggle to cope with ageing populations and the **increasing burden of chronic diseases**.
- In Belgium, a variety of policy initiatives on integrated chronic care have been developed:



METHODS

- Semi-structured interviews** with 25 stakeholders: policy makers, representatives of professional associations, health insurance, patient platforms and public services
- Content analysis with focus on **barriers and facilitators to integrated chronic care** in Belgium and Flanders in particular.
- Stakeholder analysis** entails a detailed mapping exercise of stakeholders' power and leadership, knowledge, position, interest and alliances for each discussed policy initiative.

BARRIERS AND FACILITATORS

PRECONDITIONS		
• Financing for administration & interprofessional counsel		
Fee for service	Financial pilot project	Mixed (part capitation)
• E-health facilitating data sharing across care continuum		
Many IT tools	Federal incentive	Fully integrated EHR
• Policy makers that observe, engage, facilitate & invest		
Fragmented support	Political collaboration	1 policy, vision & finance
• Participation by all partners/stakeholders		
Fragmentation	Inclusion & equality	Integration of lines (0-3)
COMPETENCIES & MINDSET		
• Administration (IT; GMD; non-episodal)		
• Communication (policy & stakeholder dialogue)		
• Collaboration (macro-meso-micro)		
• Learning (through education & training)		

CONTEXT: state reform (left side of table)

GOAL: integrated care (right side of table)

STAKEHOLDER ANALYSIS

Sheds light upon stakeholders' ability to affect or block the implementation of these policies.

INSTITUTIONAL ANALYSIS			
Political makers	Administration	Members of insurance committees	Other voices
Formal leadership	Formal leadership	Informal leadership	Informal leadership
Federal cabinet (Belgian government)	National institute of sickness insurance Federal Public Service, DG Healthcare	Sickness funds	Care network Icuuro
Flemish cabinet (regional government)	Flemish agency for care and health Flemish Institute for Primary Care	Syndicats of GPs and specialists Associations of nurses	Flemish Patient Platform Flemish Cities & Municipalities

DISCUSSION

MAIN BARRIERS:

- The financing system, absence of a well-functioning e-health and data exchange platform, lack of political support, fragmentation macro to micro level

NEED FOR LEVERS:

- Renewed political will, unison of powers, increasing role and assertiveness of patient, stakeholders' belief in integrated care & awareness of need for change

THE STAKEHOLDER ANALYSIS:

- explores the tensions between federal and regional government levels, which are positioned on opposite sides depending on the policy ('federal' pilot projects vs. Flanders' first line reform)

CONCLUSION

- The 2014 partial decentralisation of primary health care has created fragmentation of decision power, which undermines efforts made towards integrated care.
- Most stakeholders gave a below average score on Belgium's implementation of integrated care (mean: 3,7/10; SD: 1,5/10).
- Further steps into integrated care need to be taken by all stakeholders. Integration and collaboration is needed not only between care providers, but also at the macro level between policy makers.

Note: These results are preliminary and are not to be distributed.