
CONFERENCE ABSTRACT

Maturity of integrated care in Belgium

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Introduction: As integrated care (IC) has been on the Belgian policy agenda for almost a decade, it was requested by the federal minister of health to perform a maturity check of IC, as perceived by the stakeholders and patients. To serve as input for a new inter-federal plan, we were asked to identify actions for further implementation of IC.

Methods: The perception of the professionals was assessed using the Scirocco tool, which gauges the maturity of twelve dimensions of IC on a scale from 0 to 5. Professionals considered were healthcare professionals, social workers, project coordinators of pilot projects, patient representatives, policy makers or advisers, and researchers. Sixteen discussion groups (140 stakeholders) and 6 world cafés (82 experts) were then organised to identify potential actions for implementation of integrated care in Belgium.

The experience of the chronic patients was surveyed via the PACIC instrument, an instrument with 20 items scored on a five-point scale from 'never' to 'always' created to assess whether provided care is congruent with the Chronic Care Model.

Since data collection took place during the COVID-19 pandemic, all data collection was done online.

Results: The Scirocco assessment of 865 professionals showed that for 9 dimensions the maturity was rated low (median score 1), and for the other three the median score was 2 ("Populational approach", "Evaluation methods" and "Process coordination"). Small differences were observed between regions.

A convenience sample of 1 298 chronic patients completed the PACIC questionnaire online. For 16 items out of the 20, "never", "generally not" or "sometimes" were scored. However, more than 60% of the respondents were, most of the time or always, satisfied with the organisation of care.

More than 500 action points were identified by the stakeholders suggesting the need for a phased approach instead of formulating a number of isolated, stand-alone actions. Experts highlighted the need for a clear framework shared by the relevant policy levels to be able to formulate actionable policy measures. The framework must be clear in terms of targeted population and sectors,

including coherent territories, defining roles and tasks of governance structures, the legislative and financial initiatives/reforms as well as the possibilities on the availability of data. An incremental financial reform towards a mixed model financing system including fee-for-service with alternative methods of payment is needed to stimulate the patient-centred and population approach as it was perceived as a large barrier towards more IC. Moreover, education is seen as an important lever and extra research is needed to identify relevant measurable indicators (including patient-reported).

Conclusion: Integrated Care in Belgium is perceived to be in an early phase, explaining the need for a stepped approach of an agreed upon framework/plan by all relevant policy levels. As it is not easy to define the framework, scenario-analyses including budget impact is recommended to make political choices about further implementation of integrated care.