
CONFERENCE ABSTRACT

Development and first steps towards implementing population health management in Belgium.

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Background: Although the recent pilot projects on integrated care for the chronically ill fit within a population needs-based approach in Belgium, awareness and implementation of population health management is still limited and in its early stages. Therefore, this study aims to identify the views of Belgian stakeholders on hurdles and avenues to introduce population health management, to design a population health management approach to secondary prevention of atherosclerotic cardiovascular disease, and to propose actionable recommendations to roll out population health management in Belgium.

Methods: Eleven Belgian high-level decision makers in medicine, policy and science participated in two focus group sessions held between October and December 2021. Discussions were informed by a literature review and a semi-structured guide. Focus group sessions were recorded and discussions were transcribed ad verbatim. An inductive thematic analysis of discussions was carried out.

Results: Focus group participants highlighted multiple inter-related barriers and recommendations towards the introduction of population health management in Belgium. In particular, they referred to the responsibilities of the three policy levels within the Belgian political system, the shared accountability for the health of the population, the importance of a learning health system supporting population health management, the development of appropriate payment models, data and knowledge infrastructure, collaborative relationships and community involvement. These barriers and recommendations were illustrated by a case study setting up a population health management approach to secondary prevention of atherosclerotic cardiovascular disease in Belgium.

Conclusions: In order to speed up the introduction of population health management in Belgium, this study advocates: to instill a sense of urgency starting from a joint population-oriented vision; to move to a learning health system which makes use of a data and knowledge infrastructure; to set up new payment model pilots; to impose collaborative relationships and responsibilities; and to engage in continuous dialogue with communities of practice.