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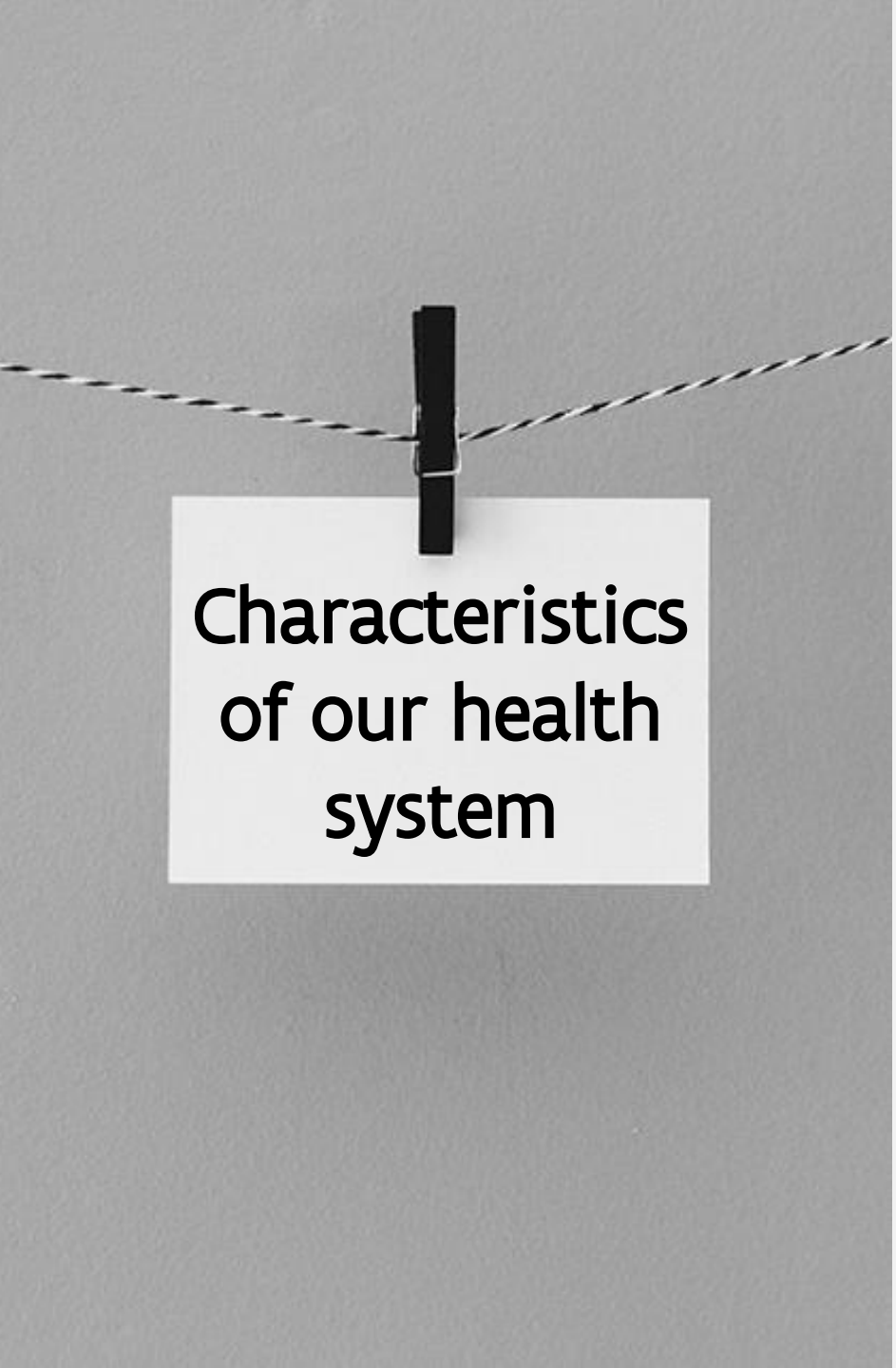
Primary Care Reform in Flanders

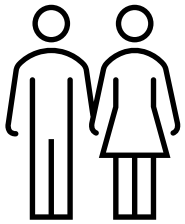


1. Solidarity in financing
2. Freedom of choice for patients
3. Independency for physicians
4. Private NFP & state controlled
5. Fee-for-service payments
6. Multi-payer health care system

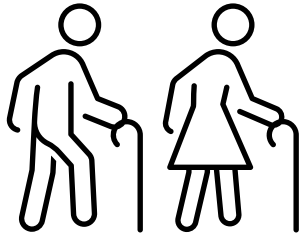
Societal trends in profile of care user

1. Increase in ageing population
2. Higher level of education, greater vitality and more outspoken
3. Reduced family size and growing number of single persons
4. Greater diversity
5. Medical and technological revolution
6. Market forces entering welfare and care sector

Two main groups of people with a care need in Flanders



- Young people with mental health issues



- Elderly people with chronical diseases

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Paradigm shift

Supply-led care	Person-centred care
Passive client	Active client
Fragmented	Care and welfare are linked
Care vs. welfare	Integrated care
Sickness and cure	Health and behaviour
Monodisciplinary	Multi-/pluri-/transdisciplinary
Cure	Prevention, cure & care
Input	Outcome
Institutional/residential	In familiar surroundings/home
Silo-organisation	Comprehensive organisation

Key messages of the reform in Flanders

1. **Connecting medical care with welfare and social care**

2. Strengthening people and care actors towards **people-centered, integrated and goal-oriented care by a bottom-up approach**

3. Strengthening **population-oriented approach**

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Reform process

2010

CONFERENCE PRIMARY CARE

11 DECEMBER 2010

2013

SYMPOSIUM PRIMARY HEALTH CARE

11 DECEMBER 2013

2016-2017

6 PREPATORY WORKING GROUPS

2017

CONFERENCE PRIMARY CARE

16 FEBRUARY 2017

2019

FLEMISH INSTITUTE FOR PRIMARY CARE (VIVEL)

2020

60 PRIMARY CARE BOARDS START UP

2021

POPULATION MANAGMENT

15 FEBRUARY 2021

2022

RE-EVALUATION GOVERNMENT STRUCTURE

Start towards goal-oriented, multidisciplinary integrated care

2014 6th State Reform

2020: COVID-19 Crisis

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Transition program: 3 axes

1. **Content:** changing the way care is provided
2. **Structure:** new structures to support the changing care
3. **Instruments:** how to facilitate the desired changes

Transition program: 13 projects

1. Development of the primary care zones (zones are geographical areas) and governance structure
2. Development of regional care platform
3. Development of the Flemish Institute of primary care
4. More capacity in primary care and financial incentives for general practitioner, e.g. administrative assistance, facilitation of establishment of practice location in areas with low levels of coverage
5. Coordination of care and case management for persons with complex needs of care
6. Digital primary care, e.g. development of a digital care plan
7. Quality of care and management of complaints
8. Community care
9. Care provided by the family (informal care)
10. Basic training and continuous education
11. Communication on the primary care reform
12. Health literacy and patient participation
13. Social mapping: inventory of all health professionals and organizations

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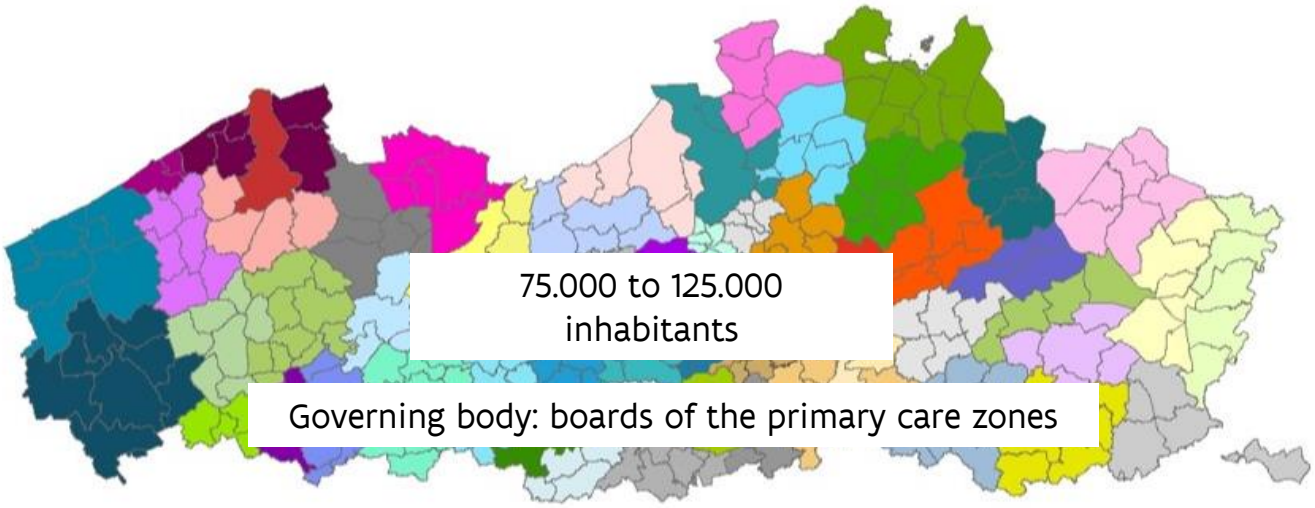
Building blocks for Primary Care Zones

60 primary care zones



To strengthen collaboration and coordination between local authorities, primary care professionals, associations of people with a need of care and support, associations of informal carers and volunteers and social and welfare care. Governance structure is constructed around equity between 4 clusters (local authorities, care givers, social care and welfare and people.

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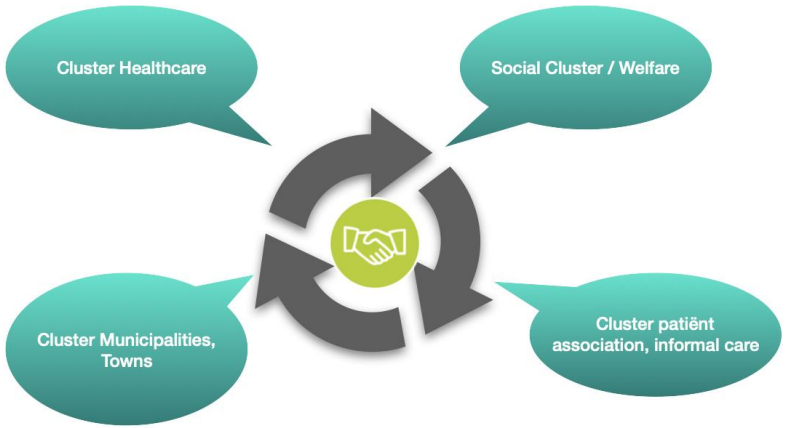
Every primary care zone has a populationmanager



- **Connected to Trusted network**
  - → Mapping stakeholders
  - → Trusted third persons
- **Embedded in a board of the primary care zone**
  - → +/- 100.000
  - → Widely supported actions
  - → Not for but with
  - → Detecting population prior care and welfare needs

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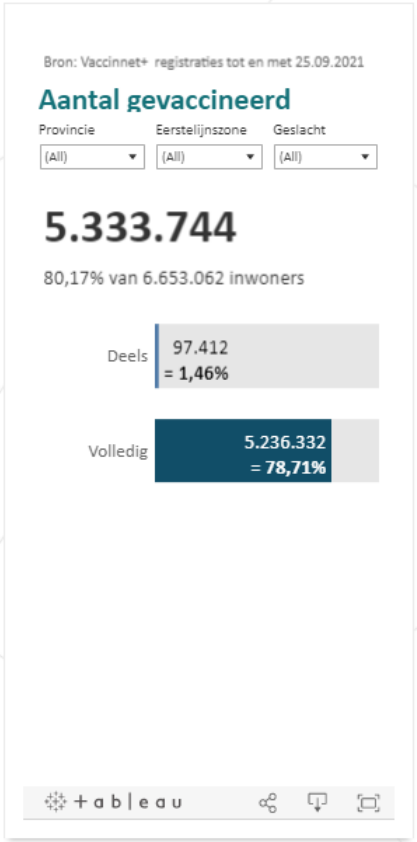
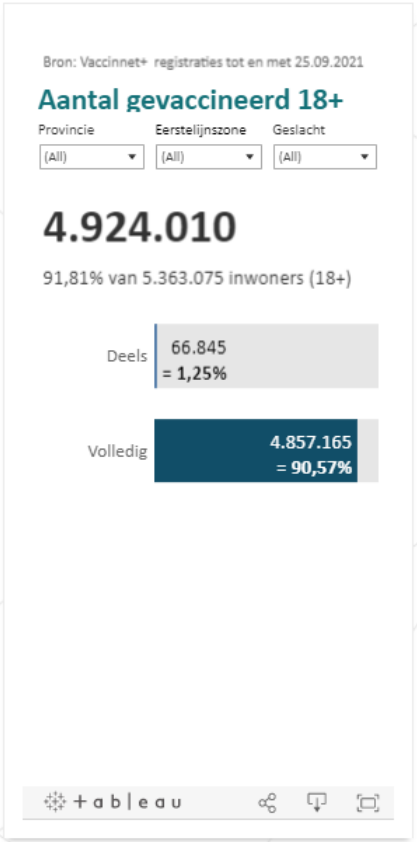
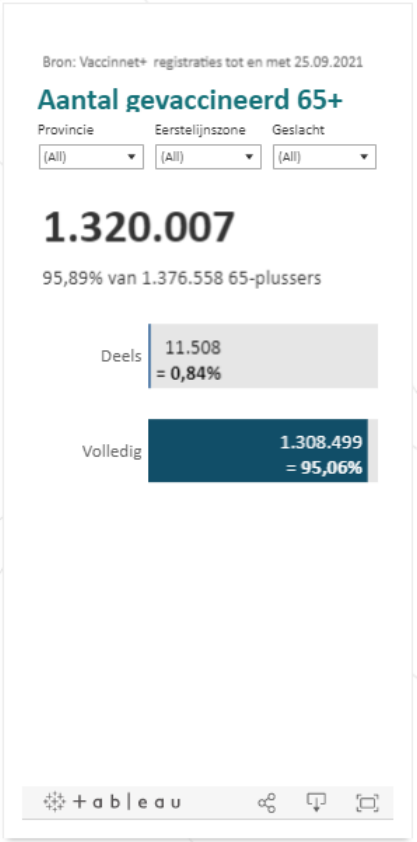
Vaccination was a succesfull collaborative stress-test







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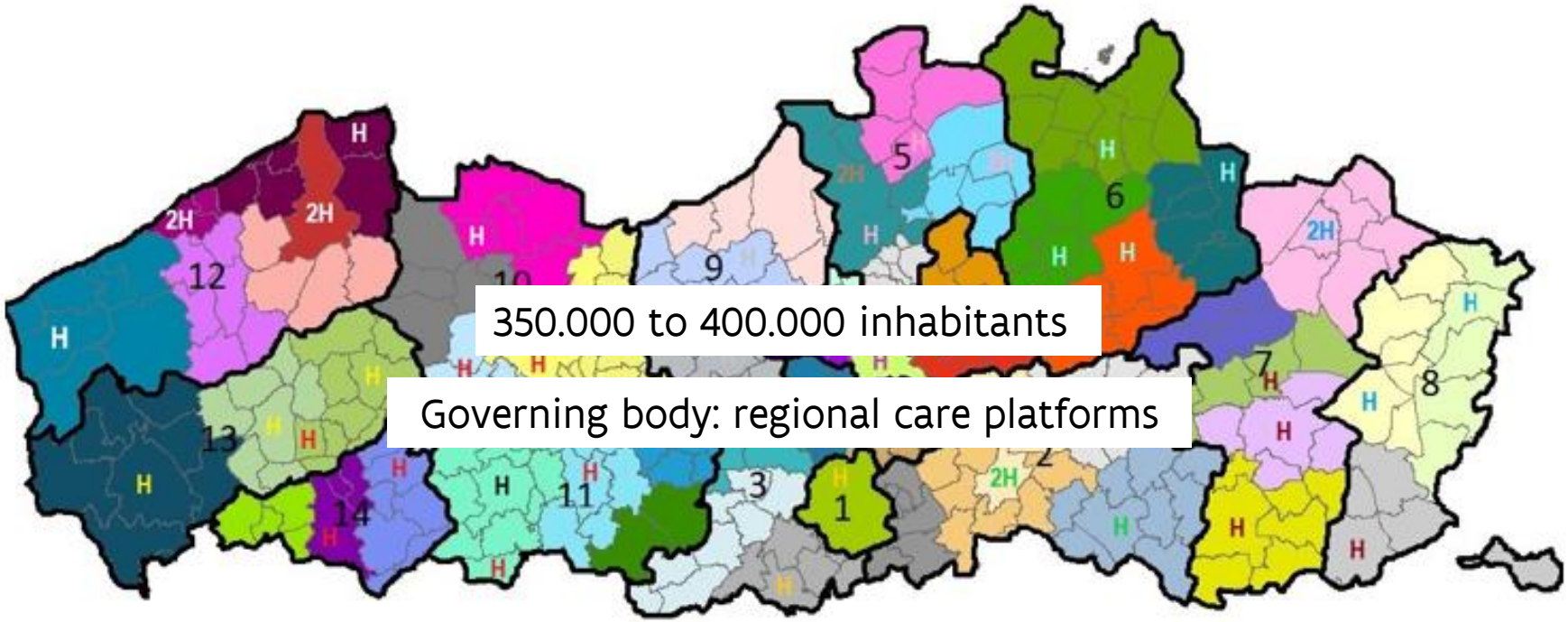
Sustainable approach for increasing vaccine uptake for socially vulnerable people

- 60 regions with $\neq$ populations (Primary Care Zones - ”ELZ”)
  → One size doesn’t fit all
- Local involvement = local customisation
  → How to find?
  → How to gain confidence = How to gain acces?
  → How to realise impact?
  → How to be proactive > reactive
- Roadmap for a generic approach for infectious threats?

In Progress: 14 regional care zones



Topics that needs a broader point of view: continuity of care, broader population needs that can't be coverd at the local level (in investigation)

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Flemish Institute For Primary care

- At the Flemish level

- Main tasks
  - → Centre of expertise and knowledge
  - → First point of contact for primary care boards
  - → Dialogue, forum for stakeholders
  - → Improve care for people by supporting the local care boards

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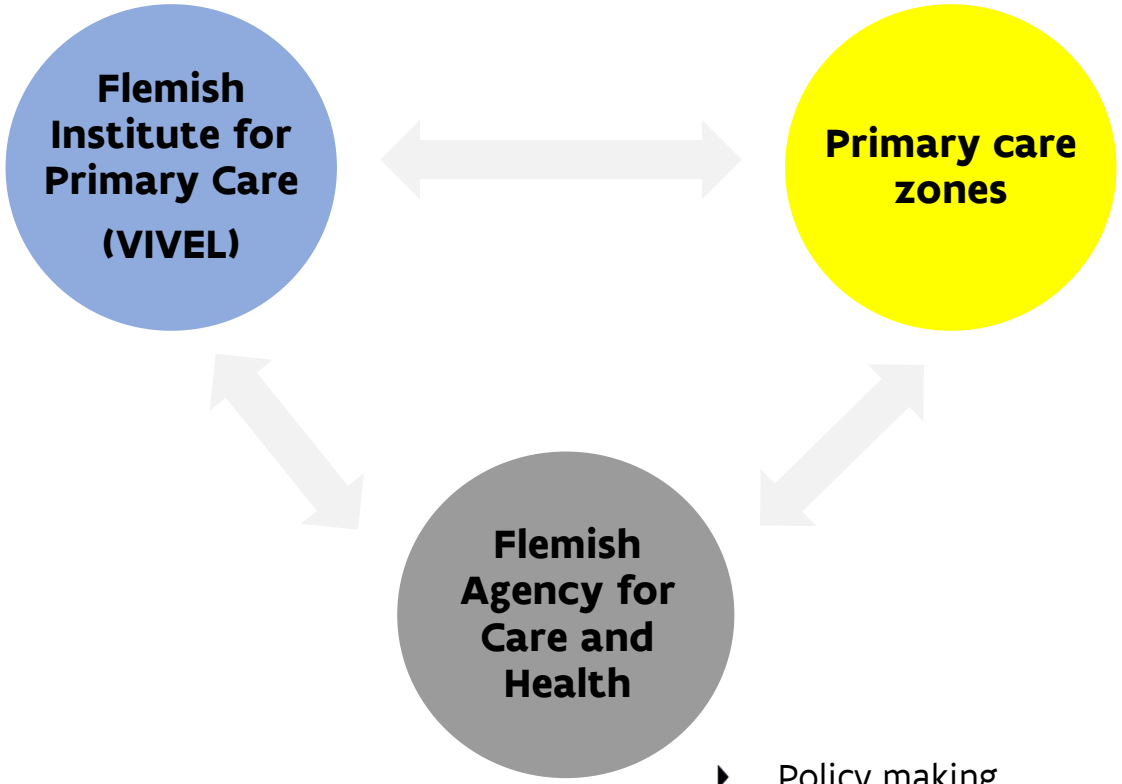
Assigning functions to each organizational level

2 New organisational structures since 2020



- Offers advise
- Fosters participatory and cross-sectoral cooperation
- Expertise and knowledge

- Fulfils tasks of Primary care zones
- Support caregivers
- Implementing integrated care

- Policy making
- Offers support through accreditation and financing
- Monitoring and foster quality of care

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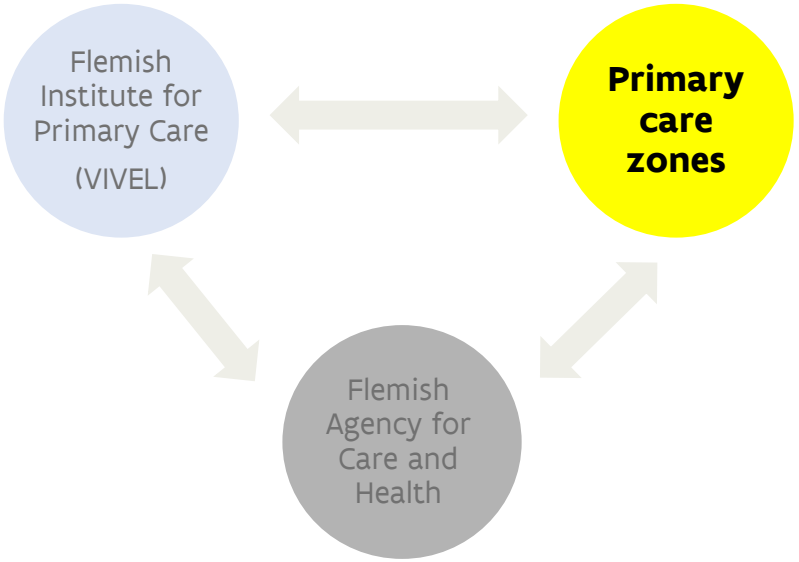
Primary care councils: tasks



- Align the organisation and offer of qualitative care and support to the population needs
- Support the local social policy
- Support the local professional associations
- Support the primary care professionals and organisations for the multi- and interdisciplinary collaboration
- Contribute to the Flemish health objectives (prevention) and propose own objectives

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Care boards

Current Situation (2020)

- Equal representation of 4 ‘clusters’:
  - → local authorities
  - → health
  - → wellbeing
  - → representatives of people with a need of care and support
- There are maximum 24 members
- Max. 4 optional partners

Work in progress (start 2022)

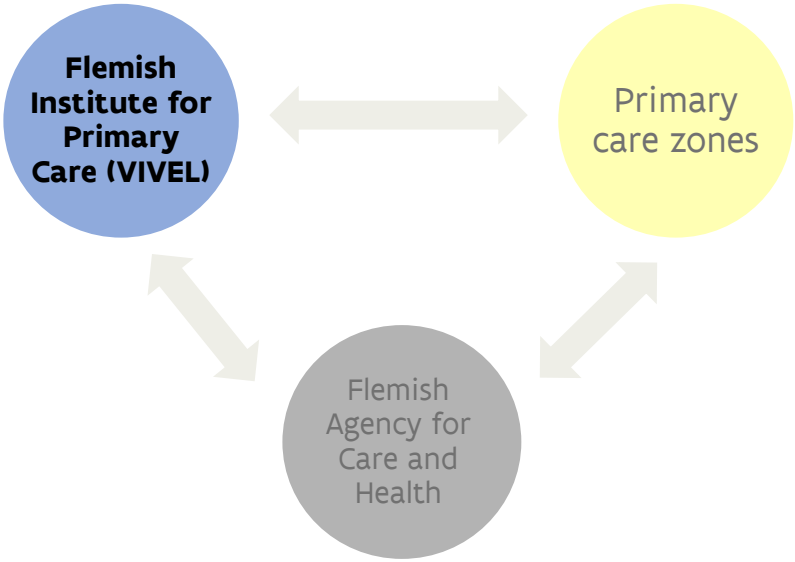
- Re-evaluating the role of local authorities
- Onboarding of other organizations
- Expansion with additional welfare organizations

Flemish Institute for Primary Care (VIVEL): role

- Centre of expertise
- First point of contact
- Dialogue, forum for stakeholders
- Improve care for people
- Support

Legislation

- Collect and share data
- Develop methodologies
- Coach
- Conduct innovation
- Support quality
- Advise



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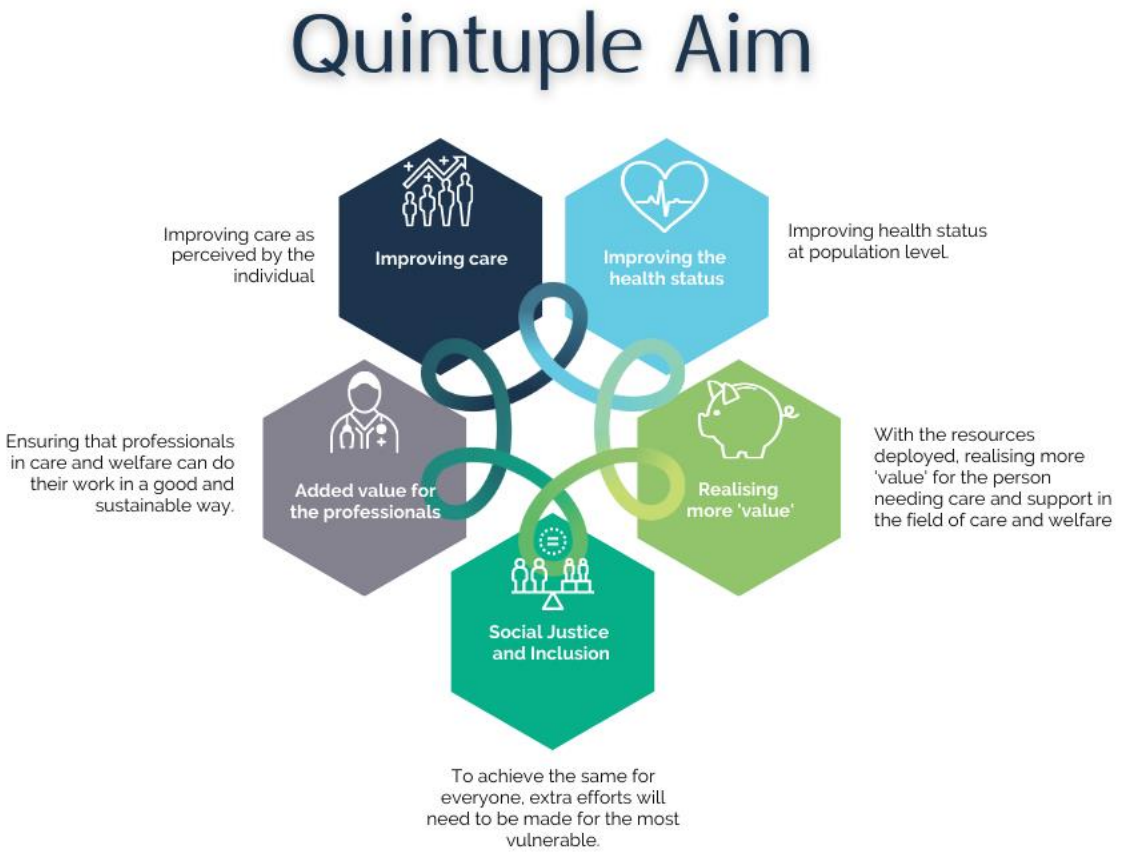
Flemish Institute for Primary care (VIVEL)

- Quintuple Aim as touchstone for all strategies and decisions



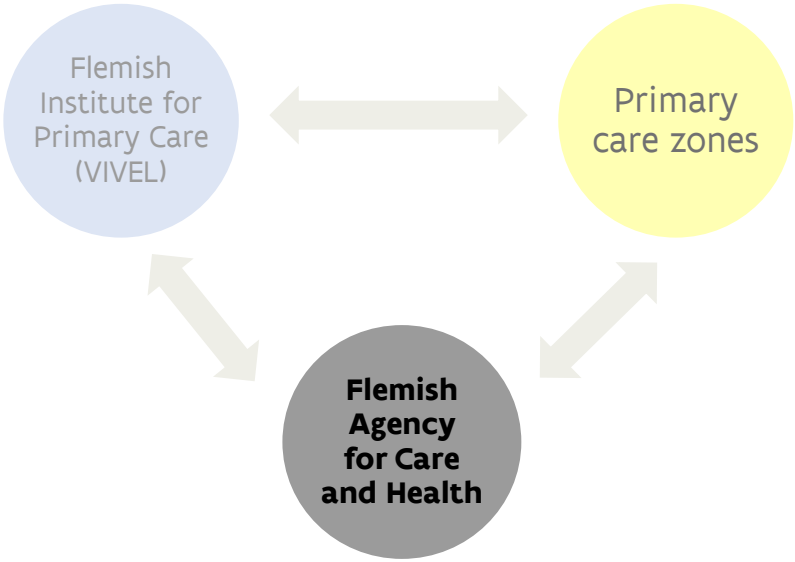
Michael Matheny, Sonoo Thadaney Israni, Mahnoor Ahmed, and Danielle Whicher, Editors. 2019. Artificial Intelligence in Health Care: The Hope, the Hype, the Promise, the Peril. NAM Special Publication. Washington, DC: National Academy of Medicine. Translated, adapted, and reproduced with permission from the National Academy of Sciences, Courtesy of the National Academies Press, Washington, D.C.

VIVEL

Vlaanderen

Flemish Agency for Care and Health: role

- Policy making
- Triggering innovation
- Accreditation and financing of organisations
- Monitor and foster quality



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In Progress: Regional care zones

Currently defining content:

- **Advise** about the tuning of the offer of health and care services according to the population needs within the work zone
- **Tune healthcare and support to the population needs** in order to guarantee the continuity of care and support
- **Treat the issues** which can not be solved by the primary care councils.

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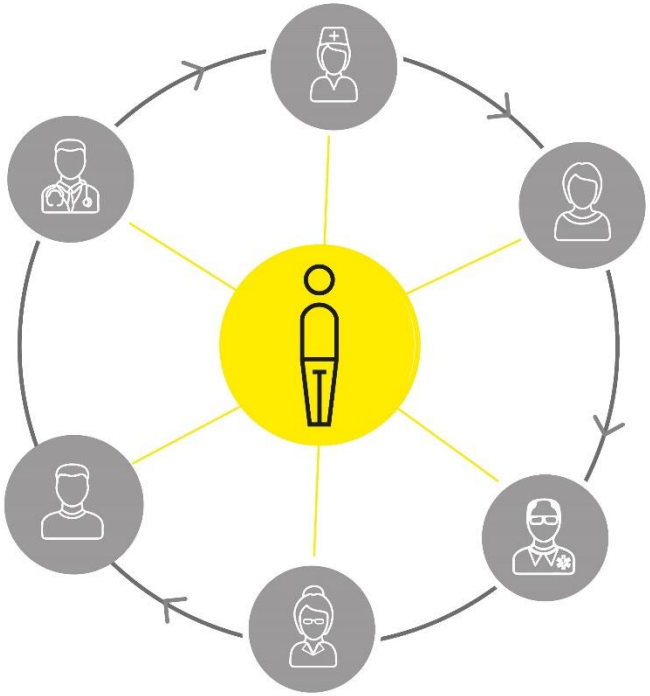
People-centered healthcare

Person-centred care



- Self-management and health literacy
- Informal care providers as a full partner in the care process
- Care goals in a care plan
- More neighborhood care
- Wide and integrated single point of access/contact
- Integration of prevention, mental health care, family care, social policy

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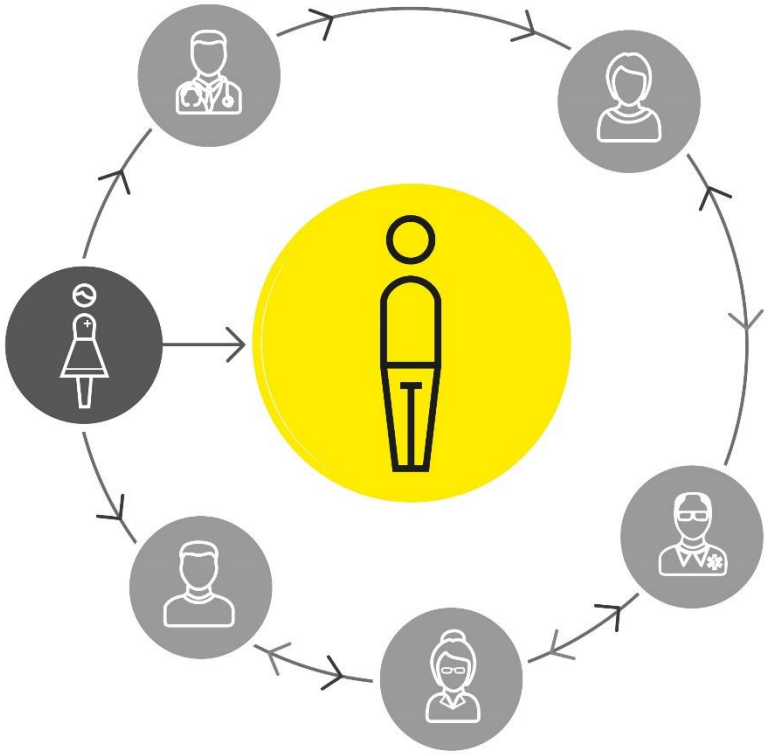
Complex care: care coordinator

Care coordinator



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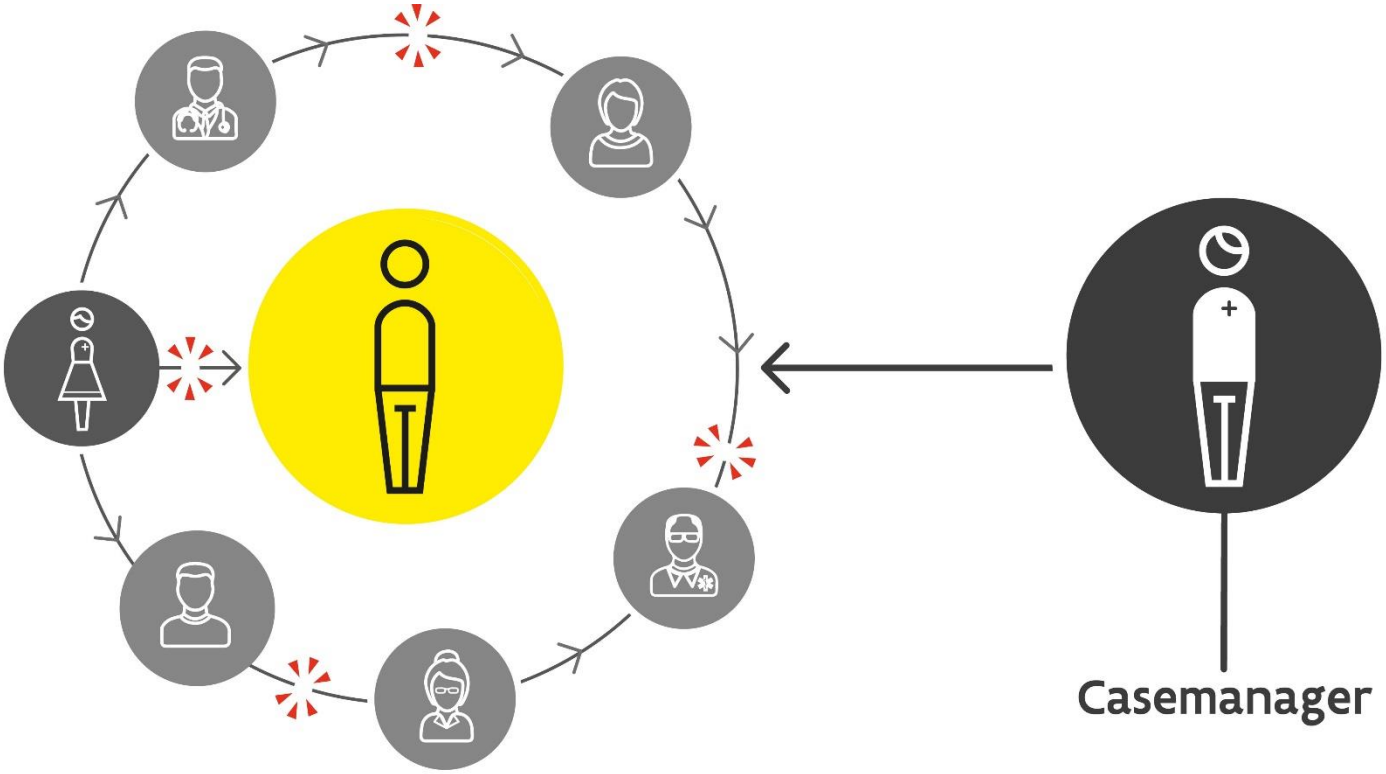
Complex care: casemanager



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2022 – 2024 Implementing tools for caregivers to make the transition to integrated care

Transition program: 3 axes

1. **Content:** changing the way care is provided
2. **Structure:** new structures to support the changing care
3. **Instruments:** how to facilitate the desired changes

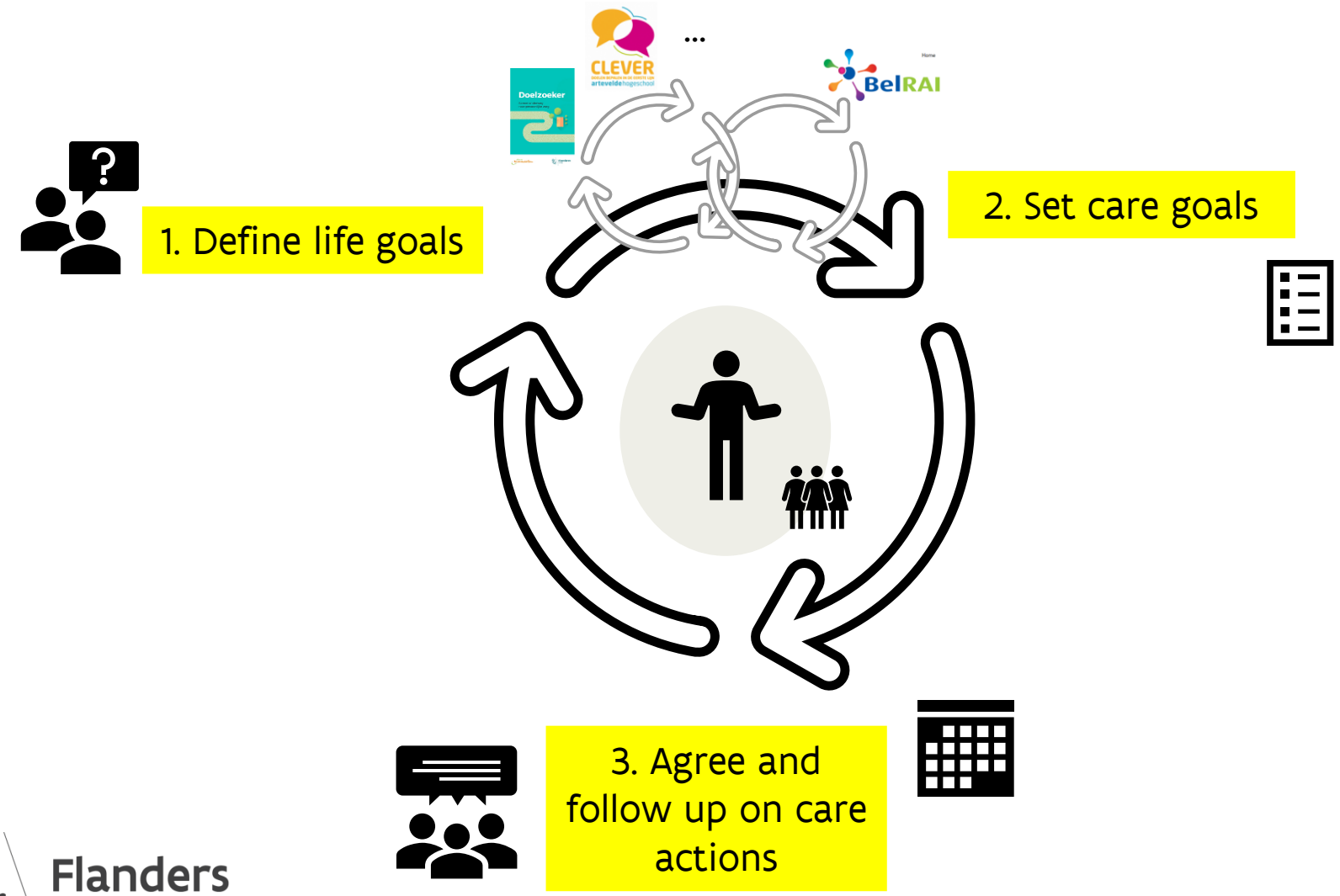
- **Next steps: using foundation of the primary care reform to further improve the involvement of citizens/patients on all levels within care**

Next steps: Implementation of a Digital Care and Support Platform (DZOP)

- A digital tool for communication and planning of care and wellbeing that offers daily operational support with the management of a care plan

- Goals
  - → Improve interdisciplinary cooperation
  - → Put agency at the patient's level
  - → Acknowledge informal care as equal partner in care
  - → Facilitate coordination and case management of care

DZOP



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Next steps: A reform of palliative care in Flanders

- Palliative care is the prime example of integrated care, but no yet perceived as such:
  - → It is multidisciplinary, goal-oriented, people-centred
  - → But also taboo, specialized care offer
- Use the foundations of the primary care reform to fully focus on the assignments, financing and operation of palliative care in Flanders on integrated care
- In doing so, we pay attention to
  - → The people and their environment
  - → Subsidiarity
  - → Reinforcement of the primary care
  - → Quality
  - → Cost

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Questions?