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## CONFERENCE ABSTRACT

### Perspectives on Enabling Integration of Primary and Secondary Care

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Dirk Ruwaard<sup>1</sup>, Willemine Willems<sup>2</sup>, Daan Westra<sup>1</sup>, Tessa Quanjel<sup>1</sup>, Bram Fleuren<sup>3</sup>,  
Sofie Van Hoof<sup>1</sup>

1: Maastricht University, Faculty of Health, Medicine and Life Sciences, School for Public Health and Primary Care (CAPHRI), Department of Health Services Research, The Netherlands;

2: Maastricht University, Faculty of Arts and Social Sciences, Department of Philosophy, The Netherlands;

3: Maastricht University, Faculty of Psychology and Neuroscience, Department of Work and Social Psychology, The Netherlands.

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**Context:** Rising expenditures threaten the sustainability of many healthcare systems. In the Netherlands for example, health spending is predicted to rise from 13% of GDP in 2010, to 22% in 2040 [1], straining the affordability of the system [2]. In response, some governments have reformed their nation's healthcare sector [3]. However, integrating the delivery of healthcare services could provide a more practical solution to curbing rising expenditures [4]. Substitution of care is therefore high on the (political) agenda in the Netherlands [5]. In unison, the government defined nine pioneer sites (i.e. 'Proeftuinen') in which stakeholders experiment with the restructuring of service delivery based on the population management (PM) concept. Although a widely accepted definition is lacking [6], PM initiatives generally address a population's health needs at all points along the health and well-being continuum through integration. Regional stakeholders are thus expected to establish partnerships with each other, aimed at improving Triple Aim outcomes [7].

In the majority of the pioneer sites, stakeholders have focused their efforts on integrating primary and secondary care, resulting in so-called Primary Care Plus (PC+) initiatives in which medical specialists are placed in primary care settings to treat patients with less complex medical needs. By better integration between primary and secondary care, these initiatives aim to reduce the amount of unnecessary referrals to expensive hospital settings. Instead, patients are treated in less expensive, yet equally adequate, primary care settings.

**Target participants:** This workshop, chaired by Dirk Ruwaard, professor at Maastricht UMC / Maastricht University, presents results of several research projects within the 'Academic Collaborative Center for Sustainable Health Care' focused on integrated care. Specifically, the workshop addresses integration of primary and secondary care and it is intended for all who are interested or involved in such initiatives. We will commence by describing which decisions shaped the creation of PC+ centers, to what extent interests and ideals of stakeholders conflicted, and how these conflicts were resolved. Next, we illustrate how the Dutch antitrust regulations influence the prosperity of initiatives attempting to integrate

primary and secondary care. Having overcome these legislative hurdles, the workshop will illustrate how the patients experience care in PC+ centers. Is the care truly patient centered for example? Similarly, the workshop will highlight the perspective of health professionals. Based on a novel sustainable employability framework, we discuss to what extent working in PC+ creates new and exciting opportunities, or places a strenuous burden on medical specialists and GPs. Subsequently, the topic of rising health expenditures is addressed. To what extent do PC+ initiatives succeed in their attempt to curb the trend of rising healthcare costs? Has care been substituted towards primary care settings or do PC+ centers serve as an extra 'layer' in an already complex and expensive system? Lastly, the workshop provides sufficient opportunity for the attendees to critically assess these initiatives, share their own thoughts and experiences, and engage in a discussion led by Dirk Ruwaard.

### References:

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