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**CONFERENCE ABSTRACT****Applying Large Scale Intervention methodologies for (re)designing  
Integrated Care Systems**

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**Introduction:** The multidisciplinary CORTEXS (“Care Organisation: a Re-Thinking EXpedition in search for Sustainability”) research project studies integrated care in Flanders (Belgium). A phased approach was devised in order to link fundamental research with strategic valorisation of the research results. The first phase comprises the development of a taxonomy of integrated care. The second phase involves comparative case studies. While taxonomy development and case study research reveal many interesting moves towards a more integrated care delivery, these moves are mainly seeds of integrated care which take root in the still highly fragmented care sector in Flanders. Quite a few integrated care projects and policy measures can be identified in Flanders, but mature examples of highly integrated care systems are still lacking. Of course the scientific literature contains some convincing and often cited international examples of truly integrated care systems, from which lessons can be learned. But reviewing the literature and studying existing cases will probably not suffice to learn in which way the existing, mainly fragmented care systems in Flanders could be changed towards integrated care systems. For that reason, the third phase of the CORTEXS research takes the form of a ‘social lab’ for redesigning care systems.

**Theory/Methods:** The methodology we apply in these social lab activities is based on Large Scale Interventions (LSI). LSI is an approach for organising sustainable changes with active involvement of stakeholders throughout the whole system. This “whole system in the room” means that we bring together (representatives of) all relevant stakeholders as participants. So if GPs are involved in the care system, we need at least one GP at the table. The selected stakeholders are asked to bring in their knowledge and expertise, while ignoring the peculiarities of their specific function, region of organization. In the preparation of the LSI, a selection is made of the relevant profiles of participants. Through a series of conference days, we work on (1) mission, vision and performance criteria (e.g. number of hospital beds, early detection); (2) drawing of the “as is” process; identifying what goes well, and how we can keep it that way; and what goes not so well, and what could be done to change that; (3) sorting clients in clusters (according to relevant criteria, e.g. care complexity, intensity, acuteness); (4) allocating capacity (e.g. role of emergency unit, home care, social care); (5) Allocating preparative, supporting, and coordinating tasks (e.g. management of the patient file).

**Progress report:** We currently apply the LSI methodology in a project which runs parallel to CORTEXS. This LSI project involves two mental health care systems in the province of Limburg (Flanders, Belgium). Currently (early November 2015) the participants in this project have finished the clustering of their care clients (see above: step 3). By the time of the ICIC conference, we will be able to report on all five steps and their results. Simultaneously, we aim to report on the kick off sessions of three CORTEXS LSIs: on Multiple Sclerosis care, diabetes mellitus care and psychosis care. The kick off sessions are planned in the second quarter of 2016.

**Discussion:** The LSI project involving the two mental health care systems in Limburg has already stirred interest from both policy makers and (mental) care professionals. The participants are enthusiastic about the results so far. The methodology is experienced as highly innovative and revealing. The vision is shaped through involvement of the whole system, building capacity for change. And the systems thinking involved in LSI approaches leads to insights in the complex web of cause and effect.

**Conclusion:** While the LSI project in Limburg is likely to produce interesting results on its own, it will be used as a test case for applying the methodology at the level of the three CORTEXS LSIs. The results will serve two ends: (1) valorisation: by documenting the results of each step we will provide the care systems involved with valuable information; (2) science: we aim to distill generic insights from the three LSI trajectories.

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**Keywords:** integrated care; social lab; whole system; large scale interventions

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