

CONFERENCE ABSTRACT

Towards integrated care in the complex healthcare system of Belgium: an implementation strategy based on vicinity networks and a mixed financing model

21st International Conference on Integrated Care, Virtual Conference – May 2021

Marie Van de Putte¹, Gijs Van Pottelbergh

1: Zorgzaam Leuven, Apb, Belgium

Introduction

The Belgian government needs to re-evaluate the current health care system and think about radical adaptations to the structure and payment of health care provision. Therefore, twelve local pilots (Integreo.be) started in Belgium to test different strategies for the implementation of integrated care. The Zorgzaam Leuven project is situated in the city of Leuven, which has a world class reputation when it comes to healthcare.

Practice change implemented

In Zorgzaam Leuven, a bottom up approach was used and a new care model was implemented in 9 vicinity networks of health care professionals. To fund the vicinity networks, flat rates are used as a surplus on top of the regular fee-for-service (FFS) system. This mixed financing model is based on the Cappuccino model. The vicinity networks are self-steering and free in allocating their budget within a general framework.

Aim and theory of change

The current, dominating FFS payment system (volume based) does not encourage health care providers to increase value for the patient. The mixed financing model in Zorgzaam Leuven, facilitates the provision of customized care that meets specific needs of the population and allows a more creative approach of the care needs.

Targeted population and stakeholders

All inhabitants of Leuven are targeted, 102.000 people. All relevant healthcare organizations participate in the project, which is financially supported by the federal government and by 60 local organizations.

Timeline

Pilot study (2018 – 2022).

Highlights (innovation, impact and outcomes)

The model based on vicinity networks facilitates communication among professionals, improves coordination of the care process by coordinating the roles and sequencing the activities of the

multidisciplinary care teams. Moreover, more attention is paid to preventive care and population management. To sustain implementation, there is a need for a strong integrator, motivated healthcare providers, policy factors, the availability of necessary resources and a long term vision.

Conclusions (comprising key findings)

The findings indicate that a new care model based on vicinity networks combined with a mixed financing model based on 'Cappuccino', supports integrated care. It supports demand-driven and preventive care.

Discussions and lessons learned

Many hindrances will have to be overcome first in order to make a further implementation of new payment systems (e.g. bundled payment) possible in the future. The model implemented in Zorgzaam Leuven is very valuable, as it is a first and realistic step towards integrated care, in the complex health care system of Belgium. The main barrier to the implementation of bundled payments is the fragmentation of Belgium's political landscape and the separation of capital budgets (regional authority) and operational budget (federal government). Consequently, the current macro-policy is based on silos making changes difficult. To tackle this problem, the Federal Minister of Public Health states in his policy note that the Belgian government will build further on the federal plan for chronically ill people in order to arrive at an interfederal plan.

Comments on sustainability and transferability

This model is interesting for many world-wide projects, since it highlights the fundamentals of an implementation strategy in a complex healthcare system.