

## POSTER ABSTRACT

### How regulations of multidisciplinary diagnostic settings for children with a neurobiological developmental delay or disorder impact on integration of care: the case of Flanders, Belgium.

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**Introduction:** An early and fluent diagnostic trajectory, accessible for every child, is currently not guaranteed in Flanders despite the availability of different types of settings offering multidisciplinary diagnostics for neurobiological developmental delays or disorders NDDD. Regulative, organizational and work practice differences potentially impact on the development of collaborative networks guaranteeing accessible and integrated diagnostics, along the trajectories of children.

**Methods:** Mapping the regulative frameworks at the federal and community levels for specialized multidisciplinary diagnostic teams for children with suspected NDDD in Flanders. Analysis of policy documents and legal frameworks of the centers for ambulatory rehabilitation CAR, centers for developmental disorders CDD, student guidance centers SGC, ambulatory mental health care centers MHC, autism reference centers ARC, ambulatory hospital services for pediatric neuropsychiatry APP.

**Results:** Organizations are currently regulated by Federal or Community regulations. The different organizations providing multidisciplinary diagnostics for NDDD fall under different policy domains mental health, rehabilitation, hospitals, education. Federal regulations are more detailed and regulate more aspect than community regulations. For diagnostics at a CAR or MHC, children have to be referred. The regulations on target group facility for the CAR, ARC and MHC, is pathology-based; on CDD, SGC and APP more generally described. In a CAR, MHC and APP diagnostics aim at support and rehabilitation. Diagnostics at SGC aims at support, referral and coordination. ARC and CDD do clinical classifying diagnostics, referral and further coordination. The ARC uses a standardized protocol for diagnostics. The regulations on team composition numbers and disciplines are set for the CDD and MHC; more detailed rules are set for ARC, CAR, SGC and APP.

**Discussion:** Literature on policy or mandated networks suggests that network approaches help to tackle complex problems, if settings offer complementary services and are mutually dependent to reach societal goals. The current confusion and ineffectiveness in the field is

partly affected by regulations that do not promote collaboration and complementarity. Services were historically regulated specifically in different fields sectors. Those regulations do not refer to collaboration or cooperation. For the population, it is not clear what types of service are offered, how they differ from or overlap with each other, or for what purpose different organizations can be consulted.

**Conclusion:** Regulations in public services impact on the organization of services and clinical practice. Current regulations in Flanders are not adapted to support network practice and an integrated way of providing accessible diagnostics along NDDD trajectories.

**Lessons learned:** Current regulative frameworks for multidisciplinary diagnostics of NDDD are not adequately adapted to implement accessible and integrated care. The literature on mandated or policy networks urges to develop supportive regulative frameworks identifying complementarities of the different types of facilities.

**Limitations:** Private, non-subsidized multidisciplinary settings are not included.

**Suggestions for future research:** Additional health service research is needed on differences in organizational practice in the field of multidisciplinary diagnostics of NDDD, affecting network development, and on governance mechanisms supporting the development of integrated care. This should include research on factors affecting the accessibility of services.

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**Keywords:** multidisciplinary diagnostics; neurodevelopmental disorders; accessibility; health service research; mandated network approach

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