
POSTER ABSTRACT

Data-driven change towards integrated care

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Jolyce Bourgeois¹, Lotje De Ridder¹, Saskia Van den Bogaert², Isabelle Van der Brempt², Ri De Ridder³

1: Policy advisor Interadministrative unit enrolling the Plan 'Integrated Care for a Better Health', Federal Public Service Health, Belgium;

2: Department Acute/Chronic care, Federal Public Service Health, Belgium;

3: General Director, Department Medical healthcare, National Institute for Health and Disability Insurance, Belgium

Introduction: The WHO calls for a global movement towards integrated, people centered health services¹. Implementing this vision does not imply that one size fits all. Depending on the complexity and independence of a patient, the level of guidance, health and social help differs. The Kaiser Permanente pyramid². In order to organize and tailor healthcare, a population based approach is necessary with particular attention for the needs of the individual patient needs based population approach. In Belgium, the common Plan: "Integrated Care for a better health" was approved in 2015³. One of the 18 components of this plan is "risk stratification of the population". Due to privacy and technical issues, the relevant data and information at patient level, key to achieving the objective, is challenging.

Policy context and objective: Belgium has accessible health care with a national, compulsory health insurance covering 99% of the population.

There is a national eHealth plan⁴, including 20 action points ranging from a shared electronic patient record, personal health record patient access, mobile health, ... that is being rolled out throughout Belgium.

The implementation of the integrated care plan is in line with the national eHealth plan and offers an opportunity to test risk stratification in pilot projects.

Target population: The integrated care plan targets the whole Belgian population with a focus on people with chronic disease. During the pilot project phase there will be maximum 20 regions in Belgium of 150 000 inhabitants⁵.

Highlights: To make risk stratification possible in the pilot projects, the government facilitates the collaboration between scientists, owners of several data sources and a scientific institute with expertise in facilitating data exchange with respect for the privacy of the patient, the healthcare professional and the medical confidentiality – Healthdata.be.

A step by step approach is chosen to tackle privacy issues Patients must sign consent if data is analysed and technical issues linkage of several data sources /depending on the privacy policy of each data source.

First of all, only existing data sources on individual level will be linked and will be made available for the project partners pseudonomized. This information can be consulted in a 'dashboard' used for monitoring and autoevaluation.

We will also allow data consolidation specific to the project needs. On the one hand, we offer care providers and patients specific tools in order to collect relevant data for example Proms/Premis, electronic health record information,... Next to the self-gathered data and the global data, we also want to give projects a chance to bring on additional sources existing local datasets or regional open data initiatives at the municipality level or new data gathering like twitter behavior. This allows each project to expand the dataset towards 'big' data.

Transferability and conclusion: A critical success factor in integrated care projects is the development of a data integration policy and the availability of relevant data at project, provider and patient level. However, implementation of such a data integration strategy takes time. Bringing together the different stakeholders and allowing a step-by step approach seems feasible.

Keywords: risk stratification - policy approach – big data - linkage of data sources
