Regional Strategic Planning of Care in Flanders based on population needs

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Introduction: The acute health care sector in Belgium is well developed. Compared to the EU-15, Belgium is ranked (OECD, 2015) 4th for its number of hospital beds (6.3 beds/1000 inhabitants), 2nd for its number of doctor consultations (7.4 consultations per capita).

Flanders is one of the regions in Belgium with a population of over 6.5 million inhabitants (2017, VRIIND). There are 54 General Hospitals active, spread over 105 hospital campuses, with a total of 29,577 hospital beds. There is an excess in capacity and fragmentation of expertise.

Description of policy context and objective: In 2014, Flanders started a process of re-designing the hospital care and primary care.

The Policy Vision in Flanders is designed according to the principle that basic care is close to the people, whereas more specialised care recruits from a wider environment. All healthcare providers will have to change from a supply-driven organisation of care towards person-centred care based on needs.

Until now hospitals made an individual Strategic Care Plan. Now we want to come to a Regional Strategic Care Plan (RSCP) made by a network.

The increase in ageing, multimorbidity, complex disorders, chronic care,... require a new relationship between hospitals and between hospitals and other healthcare providers. With the Regional Strategic Planning of Care (RSPC), we want to match the hospital care to the needs of the population, in consultation with other healthcare providers. More attention will go to task differentiation and new partnerships.

In 2018, the Belgian government has drafted a bill that will force hospitals to work together in networks. The networks will have to be geographical contiguous and have to take in consideration the logical flow of patients.

Targeted population: Patients in need of hospital care

Highlights: Studies on future population needs, on an optimal spread of the care offer and to create a framework for RSPC, based on future needs, actual demographic figures, ..., were executed.

A computer model was developed to visualise patient flows and to determine logical cooperation.

The main goal of RSPC:
Stimulate person-centred care
Stimulate cooperation and networking between hospitals and with other healthcare providers
Concentration of expertise and restricting the high-tech care supply
Expenditure should match the current financial context and achieve a health-economic justifiable offer.

**Comments on transferability:** Transferring specific issues of policy implementation and development depends on the health system. We would like to demonstrate which process we followed, the actual status, the future steps and lessons learned in this reform.

**Conclusions:** Basic care should be highly accessible whereas more specialised care should be concentrated. All healthcare providers will have to change towards new models of person-centred care and work together.

It’s difficult to change historical grown structures and relations.

The RSPC will help and oblige networks of hospitals and other care-providers to adjust their care supply, in consultation with each other. The final goal is to come to an integrated RSCP based on the input of all care-providers.

**Keywords:** hospital and primary care reform; care planning; person centered care