POSTER ABSTRACT

The co-creation in the design and use of a dashboard to develop a population health approach: initial experience from Integreo program in Belgium

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Belgium, through Integreo program, has embarked into developing place-based forms of integrated care for people with chronic disease. Twelve networks of professionals and providers organisation covering each around 150 000 people have started implementing activities to improving care provision. These activities are spelled out in an action plan. Triple aim, plus equity and provider well being at work are the final goal. In order to link activities and final aim, value based health care (and population health) approaches are being promoted. Namely, management of the 12 project should be able to link actions, with target sub-groups of population, for which decrease of low value care or increase of high value care is expected as a consequence of action implementation.

In order to help management to develop such approach, a group of Belgian universities (Faith.be consortium) is developing with other stakeholders a dashboard, combining different sources of data. This tool is one of the pillars of (scientific) support for projects. The dashboard is developed in stages according to the availability of data and the progress of implementation at project level. It should assist management and governance of the projects to develop value based health care (and population health) approaches.

Information from the dashboard is related to the interventions carried out and the results observed (population health and consumption of care, costs, patient experience and experience of the professionals involved). The interaction with the projects will allow to tailor the tools to their targets and interventions.

We will present the beginning of this co-creation exercise with the first available data and lessons learned.

In this first step, the dashboard is fed with the analysis of specific populations defined by the projects on a limited set of routine data (delivered health care and few demographic and socio-economic characteristics of the population). The focus of the projects at this stage is on getting "quick-wins", i.e. trying to reduce low value services for given subgroup of population, make "savings" that can be re-invested in innovative actions. Typically, targets include inappropriate use of the emergency department, of the hospitalisations, or overuse of drugs, lab tests or medical imaging.

First lessons of the development of dashboard include the difficulty to get the right data available on due time, but also to raise interest among managers to use population information, to plan and evaluate their actions.
Keywords: co-creation; dashboard; population health approach; management