CONFEERENCE ABSTRACT

The long and bumpy road to integrated care: lessons from the Leuven integrated care project in Belgium.

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Introduction: The road from usual care to fully implemented integrated care is long and bumpy. In 2018 we started the Zorgzaam Leuven project in the city of Leuven, which has a world class reputation when it comes to healthcare. The aim of this project is to develop, implement and evaluate the necessary steps, tools and changes to enable integrated care. Zorgzaam Leuven is growing and moves forward on the bumpy road, and the results of the past 4 years are very promising.

Methods: Zorgzaam Leuven has developed a method to achieve integrated care through innovative collaborations. Essential building blocks were implemented: a large joint population oriented plan for the entire region, multidisciplinary primary care teams in the neighborhoods, care pathways and care programs, data driven population management, financial incentives. The change towards an integrated care system is supported by an integrator, consisting of an operational team and a group of ambassadors in primary care and specialized care. The integrator inspires caregivers, stimulates team spirit, facilitates change.

Key findings: The results of the past four years show that working at different levels is essential to creating the right conditions to implement integrated care. The building blocks are the basis for:

-A joint agenda with broad support in the region, based on a population approach.
-Care givers and patients actively engaged in the integrator. They function as ambassadors who can convince others.
-Care pathways implemented for large groups of patients with chronic diseases to make integrated care concrete for care providers.
-Multidisciplinary primary care teams are an essential building block. As co-leaders, they allow for a certain degree of self-management within the regional population based approach.
-Small changes in financial support have a nudging-wise effect to motivate healthcare providers and organizations.
-Caregivers are stimulated with data driven audits and feedback at the level of multidisciplinary teams.
Conclusions: To sustain implementation, there is a need for a strong integrator and a plan with essential building blocks. Zorgzaam Leuven is on its way to becoming a truly integrated care system. In the next years, steps will be taken towards new partnerships also outside the city of Leuven, data-driven healthcare and financial innovation.

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