Lambert, Anne-sophie 2020 The health care trajectories: a tool in bundle payment reflection *International Journal of Integrated Care, 21(S1)* : A277, pp. 1-8, DOI: doi.org/10.5334/ijic.ICIC20419

CONFERENCE ABSTRACT

The health care trajectories: a tool in bundle payment reflection

ICIC20 Virtual Conference – September 2020

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Introduction

In Belgium, 12 pilot projects, corresponding to a geographic areas covering a population between 100 and 150.000 inhabitants, were implemented in 2017. Their goal is to create a governance structure that implement actions able to improve care integration for persons with chronic diseases within an inter-organizational network. This local governance should progressively be able to manage bundle form of payment which allows to re-allocate ressources spared due to a decreased of low-value services use. The value of services received is most of time discussed in a disease management approach at a specific level of care. However, patients with similar diagnostic can have very different needs of health care and/ or can have very different predisposition to use services. In addition, in Belgium, the diagnostics are not available outside hospital episode. This presentation attempts to address this issue by proposing an innovative approach of population stratification, based on care trajectories. This should assist stakeholders to reflect on value of services and link it with costs.

Methods

Administrative database on reimbursed healthcare consumption were used to create categories of persons sharing similar health care trajectories. The care trajectories comprised of nine hierarchized events: 0= being at home, 1= being in institution (nursing home or day care center), 2= having nursing care, 3= consulting a general practitioner, 4= consulting a specialist, 5= being hospitalized, 6= visiting emergency department without general practitioner request, 7= visiting emergency department with general practitioner request, or 8= deceased. A unique event was attributed at each day of the year respecting the hierarchy. Two successive steps were needed to classify the trajectories. First, the K-mers method was used to summarize the trajectories using the occurrences of sub-sequences of 2 days. Second, based on this matrix of occurrences, the categories were built using a latent profile analysis.

Results

The population stratification from care trajectories allowed to shed light on groups of persons for whom care integration could modify the future care trajectory by reducing some low-value services (eg. avoidable emergency service utilization).

Discussions and Conclusions

This stratification is a good way to encourage a local reflection to adjust packages of activities for targeted population aiming to reduce low-value healthcare services, link it with costs and payment mechanisms.

Lessons learned

It is possible to use other approach than specific disease management to reflect on value of services.

Limitations

The database available routinely in Belgium includes for the moment only reimbursed healthcare consumption. That limits the variables available to create groups of population.

Suggestions for future research

The future will tell us how policymakers and projects stakeholders use this tool for improved decision making.