
CONFERENCE ABSTRACT

A 360° scan of primary care in Flanders: what is needed and how to address challenges to build a strong primary care.

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The primary care (PC) in Flanders is going through a transition to realize integrated care (IC). Artevelde University of Applied Sciences (AUAS), as knowledge institution, wants to contribute to a strong PC and undertook a needs analysis incorporating the problems PC-actors are facing and the support AUAS could offer.

A stakeholder mapping (e.g. care, welfare actors at micro-, meso- and macrolevel) was executed. 44 in dept interviews were conducted. After data-analyze, a member check (n=17) took place, followed by validation by the Flemish Patient Organization representing the person with care and support need, the Flemish Institute for PC, and the King Baudouin Foundation, a philanthropy organization.

Key is the paradigm shift from supply-led care to person-centered care. Transformation towards IC encompasses various dimensions of integration: clinical, service, functional and organizational (Lewis et al.). Our findings showed obstacles on those dimensions. At the clinical level, care professionals and providers stressed the need for shared guidelines and protocols. At the service level, implementation of IC-services through interdisciplinary teams is hampered. Professionals do not know each other or what to expect, since they are mainly organized in ad hoc or fluid teams, hampering good collaboration. Participants indicated at the functional level the lacking of an integrated, patient-centered electronic record. Integration of organizations is still ongoing. Different obstacles within and without the sphere of influence of an organization were brought up, e.g., the current legal and financial framework.

The participants indicated that both the PC- sector as well as education, research and policy hold a piece of the puzzle to facilitate the different forms of cooperation.

They reached out to educational institutions to coordinate their educational and lifelong learning programs more co-creatively and flexible. Basic courses should work on interdisciplinary courses to promote cooperation later in the field. There is a need for further development of the so-called t-shaped professional, a professional with skills and expertise in a single field, but the ability to collaborate across disciplines with experts in other areas and to apply knowledge in areas of expertise other than one's own.

Lifelong learning should work out multidisciplinary education courses targeting broad topics and develop a tailor-made offer, including coaching of PC actors, organizations, and networks.

They also called for more cooperation between PC and research. Research must be tailor-made and needs to speed-up. Support in all forms and phases of research is wanted. A willingness to work together as equal partners from scratch is formulated. Co-creation and transfer of research competence are key. In addition, mandate is given to researchers to report results to policy.

Based on those findings AUAS is working together with PC to develop an "academic collaborative center (ACC)" a sustainably funded collaboration between end users, science, care practice and education with complete equality between partners. Central is co-creation with intensive and equal collaboration between various stakeholders, creating scientific knowledge in which the perspectives of the end users are central (f.i. implementation of IC in PC) and creating societal impact (improve quality of care) are ambitions that are intertwined.