
CONFERENCE ABSTRACT

The organisation of the diagnostic field as part of the Policy Masterplan Early and Nearby: towards an integrated policy for welfare and healthcare for children, youth and families in Flanders, Belgium.

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Introduction: The current organizational model in the field of Welfare, Public Health and Family in Flanders has reached its limits, resulting in severe accessibility problems, poor coordination between services, lack of balanced geographical spreading and suboptimal use of financial resources. As a first step, a concept note “Early and Nearby. Towards an integrated policy for children, youth, and families.” was drafted by the Flemish authorities. A masterplan was then developed in a participatory manner by four strategic circles and two consultation groups on specific themes. The aim of the strategic circle on diagnostic activities was to develop an alternative patient-centred organizational model, ensuring diagnostic activities as near and early as possible.

Methods: A strategic circle was formed with stakeholders from all institutions offering diagnostic evaluations for children and adolescents in Flanders, patient associations representatives and representatives of the relevant policy departments. Participants had a high level of expertise in and knowledge of the organization and/or policy of diagnostic evaluations. Focus groups were organised per theme. Data was analysed iteratively by the strategic circle coordinators (EC, KC, LH). A member check was organized every meeting.

Results: 24 stakeholders (3 patient representatives, 6 policy representatives and 15 representatives from the providing and scientific field) participated. The proposed organizational model is based on insights on conceptual models such as whole networks, stepped care, integrated care and patient-centred care. A shared vision on the concept of diagnostic evaluations is needed. Diagnostic evaluations should be integrated in the child’s overall care trajectory. Starting points of the organizational model are (1) the central position of the child and its family, (2) interprofessional and interorganizational sensitization, knowledge and expertise sharing, (3) interorganizational coordination and collaboration in a shared responsibility for the child, (4) low-threshold provision of diagnostic evaluations on every level of expertise, in response of all needs, in every region, (5) goal-oriented diagnostic evaluations, usable in the child’s care trajectory, (6) no referral but scaling up of needed expertise and knowledge across organizational boundaries, (7) continuity throughout the diagnostic and care trajectory and (8) a shared quality framework. A regional distribution of knowledge and expertise, based on the populations’ needs, is required. At the local level, early

detection and specialised diagnostic evaluations of common problems and disorders should be organized. At the sub-regional level, highly specialised evaluations of complex, atypical disorders and complex support needs should be organized. At the regional level, support for quality management should be provided to staff, organisations and networks, as well as support for the organisation and policies of the diagnostic field. Regulation, funding and quality control are governmental responsibilities.

Conclusion: A patient-centred, network-based organisational model with integration of knowledge and expertise across organizational boundaries, with equal geographical distribution, and with shared responsibility for the children along the care and diagnostic trajectory is likely to improve accessibility and facilitate smooth trajectories. More research is needed on the framework conditions and implementation of the new organisational model, as well as a review of the current regulatory framework and funding principles of organisations.