

POSTER ABSTRACT

Sustainable prevention infrastructure in the healthcare system: Developments in The Netherlands

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Introduction: There is increasing attention to (disease) prevention within healthcare. However, in OECD countries only around 1% of health expenditure is spent on prevention. In the Netherlands different parties are responsible for organizing prevention. As a consequence, embedding preventive activities into the Dutch healthcare system lags behind. Especially for people with health risks, such as overweight children or frail older people. In order to move towards sustainable organized prevention, it is necessary that organizations start working together. In recent years several policy interventions have been introduced to stimulate cross-sector collaboration and the transition towards sustainable prevention infrastructure in the healthcare system. The aim of this study is to learn more form this transition.

Who is it for? Researchers, policymakers, collaborative prevention networks.

Methods: This longitudinal qualitative study was conducted among collaborative networks working together on integrating prevention, care and welfare to build a prevention infrastructure. Interviews were held with representatives of municipalities, health insurers, municipality health services and program managers. Two to five interviews per network were conducted during a five year study period. In total 88 semi-structured interviews were held. Networks were followed over time to gain insight into experiences with cross-sectoral collaboration. And to explore the changes in perceived barriers and facilitators associated with collaborating on implementing a prevention infrastructure.

Key findings: Barriers for implementing a prevention infrastructure are unknown (cost-)effectiveness and differences in organization culture between municipalities and health insurers. Growing awareness of the urgency of prevention and acknowledgement of mutual responsibilities can be seen as a facilitator. As well as national policy interventions concerning a regional prevention infrastructure and a intervention-oriented approach. Preconditions for cross-sector collaboration became more specific over time, commitment and trust provide the basis, followed by low-threshold contact and having a shared goal. Clearness about legal responsibilities is important for stakeholders in order to work together to organize prevention. The discussion on appropriate funding played a major role over the years.

Conclusions/Learning: This study shows that collaboration regarding prevention is becoming more and more common. The relationship between key stakeholders, like municipalities and health insurers, is generally more strengthened than five years ago. They have better understanding of each other's interests and expectations. In addition, they started to consider

prevention more as their mutual responsibility in recent years. It was found to be important for the government to regularly collect from stakeholders what they need, in order to continuously improve national public health policy.

Next steps: Policies regarding prevention infrastructure continues to evolve, in order to further stimulate collaboration between stakeholder. Developments in this area will continue to be monitored in the coming years.

Keywords: Prevention, health policy, healthcare system, cross-sector collaboration, longitudinal qualitative research, collaborative networks.