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**POSTER ABSTRACT****The integration movement by a central stimulation team or integrator: 8 success factors from Leuven Cares (Zorgzaam Leuven)**

23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023

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The “Leuven Cares” (Zorgzaam Leuven) project started in 2018 as a government supported change management project, focusing chronic care integration. It covers and uses the officially defined primary care zone of Leuven (102.000 inhabitants). The project Zorgzaam Leuven is created thanks to the funding of the federal government Integreo.be, and the contribution of 60 local organizations in Leuven.

As a basic methodology Leuven Cares opts for an ‘integrator’, i.e. a centrally stimulated integration movement amongst all professional caregivers and their local organizations, using the principles of integrated care and a population health approach. The central integrator functions as a back office.

A broad array of actions were needed to develop this centrally stimulated integration movement, initially by co-creation and cooperation with a broad field of existing initiatives. All initiatives were brought in line and actively supported by a new central integrator team, that focused on multiple key activity areas.

We have gained insights into the success factors that have led to the “integration movement by central stimulation” (in random order):

- 1.The integrator structure functions as a back office to permanently catalyze the transition towards integrated care.
- 2.The integrator is defined as the involvement of up to 40 liaison persons working within the 60 collaborating organizations, and a small central support team. The structure of the support team is lean, effective and stays integrated with all partner organizations through the close cooperation with 40 liaison persons.
- 3.The integrator facilitates a co-creation attitude in all aspects of the project. Up to 60% of the professionals are voluntarily united in primary care neighborhood teams.
- 4.The integrator works in line with a shared plan for the region with the focus on population health and provides regular updates based on continuous evaluation of care interventions.
- 5.Involvement of patients and informal caregivers is a basic principle in care planning and caring neighborhoods.

6.The integrator provides nudge-wise financial incentives to support integrated care starting from a population health approach, which is crucial for 'double accountability'.

7.Academic researchers are involved within the integrator, to implement and evaluate interventions with proof of concept.

8.Shared communication for professional caregivers and patients is provided by the central support team, in co-creation with all partner organizations.

The Leuven Cares project is an ongoing integrated care project. To date, the process shows good voluntarily and motivated participation of professional caregivers and their organizations. Among several other success factors a strong central integrator team supporting the transition towards integrated care is essential to support this transition towards more and sustainable integrated care.

The next steps for Leuven Cares include developing methods to spread the best practices, including an integration team, to other regions. The roll-out will be gradual, with specific evaluation of context-dependent factors influencing the process towards integrated care.