
POSTER ABSTRACT**Implementation of integrated care in Belgium: a national movement based on 12 pilot regions (Integreo.be)**

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1: Integreo, Brussels, Belgium

2: Zorgzaam Leuven, Leuven, Belgium

3: De Brug, West-Vlaanderen, Belgium

4: De Koepel, West-Vlaanderen, Belgium

5: Geïntegreerde zorg Waasland, Oost-Vlaanderen, Belgium

6: Empact, West-Vlaanderen, Belgium

Belgium has chosen for a national movement towards integrated care.

The Belgian Health Care Reform “Integrated Care for a better health” (Integreo.be) was approved by all responsible ministers in 2015. This plan is based on the principles of quintuple Aim. The core strategy of the plan is to drive change in a guided bottom-up approach, with large-scale locoregional piloting projects. Over the past 5 years, professional caregivers and care organizations worked together to elaborate an action plan with local collaborations in order to achieve integrated care and a better health for the population.

The Integreo plan targets the whole population with a focus on people with a chronic disease. In total, the 12 projects cover a region of 2.3 million people, about a fifth of the Belgian population. Multiple stakeholders from health care and social care are involved, including patients and citizens.

As a basic methodology, all 12 integrated care projects opt for 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 12 projects together, form a learning network, and are guided by a central steering committee ‘inter-administrative cell (IAC)’.

The Integreo movement focusses on 3 levels:

- the micro level of the practicing professional caregivers and patients
- the meso level or the locoregional care organizations (100.000 – 400.000 inhabitants) where a compact stimulating integration management team is active
- the macro level (including the federal authorities), with a central steering committee (IAC)

To date, 179 actions were financed by the federal government and implemented by the projects within various domains of integrated care. Among the 179 actions, 70 actions are being scaled up. Thirteen actions are carried out by more than 2 projects.

The most common themes are:

- Education of the citizen/chronically ill patient
- Optimisation of the use of medicines
- Prevention and patient empowerment
- Care coordination and case management
- Training of care providers

The most common involved care professionals are general practitioners, family pharmacists, home nurses, and professional caregivers in the hospitals. In all 6 Flemish projects, the corresponding primary care zones (ELZ) are part of the consortia.

The 5-year pilot phase has led to better insights into the success factors and bottlenecks for a real change:

- There is a strong need for leadership on different levels (micro, meso, macro)
- A co-creation attitude guided by a central interfederal steering committee is important to provide alignment between the locoregional consortia and authorities
- A strong local integration management team is needed at the locoregional meso level to support the transition
- A bottleneck is the lack of a data system at the level of care (individual patient) and at the level of locoregional population health management (meso level)

The federal government and the regional communities have started a process that will lead to a new interfederal plan, with long-term ambitions. Therefore, the pilot projects will enter a transition phase from January 2023.