
POSTER ABSTRACT

A collaboration between first- and second-line healthcare for persons with a disability in Flanders to strengthen quality of care, continuity of care and affordability of care.

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

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The introduction of personal financing within the disability sector, in Flanders, in 2017, created the opportunity to enter into broader collaborations with other professional services. This allows us to strengthen the quality of care and support for people with disabilities. We therefore started a collaboration between first and second line healthcare. This collaboration is based on 3 major pillars, quality of care, continuity of care and affordability of care.

With the introduction of personal financing in the disability sector, care focusses more on the person with a disability. The adult person is allocated a budget based on his need for support and can buy care and support with it. These can be purchased more widely than only from the healthcare providers licensed by the VAPH (Flemish Agency for Persons with Disabilities).

When we look at quality of care, we use the expertise of both partners. The licensed care provider mainly directs the disability-specific part whereas support in the daily ADL activities comes from home care. Both partners always coordinate with each other and the first focus is always on the person with a disability, which takes a central role. Drawing up individual support plans, linked to objectives, is one of the tasks of the licensed healthcare provider. Home care provides value in carrying out this objective together with the person with a disability. In a concrete example: the residential supporter indicates that the resident is learning to handle money, the home care supporter takes this into account during the purchases at the bakery together with the client and gives feedback to the residential supporter about the experience. We strengthen the quality of care by combining the expertise of both parties and create more time to work at the person's pace. In doing so, we focus on talent, rather than starting from the disability.

Two components are important for the continuity of care: the effective presence, but also the fixed character of the employees who are present. People with disabilities are more sensitive to change than other target groups. That is why focusing on continuity, both in time and in person, is important in this partnership. The home care selects a group of employees to commit as a team. The residents therefore can always rely on the same people for support at home: the number of faces remains limited and a bond of trust is created. To ensure continuity in time, the team members replace each other when needed, so the support is continuous.

With home care we enter the (replacing) home situation and we focus the tasks on supporting the person. As a result, we can also invoice the person according to the regulations within home care. We only have to calculate the customer contribution and that makes it affordable. We work

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in 1-on-1 situations, but we also support in groups. In the latter case, the costs are shared by all persons who use the support.

Through this partnership, we create a more high-quality, affordable care for people with disabilities.