
POSTER ABSTRACT

"Reablement in Flanders: An exploration of the Flemish context. Understanding stakeholders' perspectives."

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Background: The primary care sector in Flanders, Belgium, is undergoing an intense period of reform. To incorporate health, well-being and quality of life, care is shifting from acute disease-oriented care to chronic integrated care. There is a need to reform primary care services more directed to community-based service, targeting person-centered care and self-management of people who receive home care and their systems.

Reablement is an approach or service model that can be described as a multidisciplinary short term intervention aimed at maintaining and optimizing functional ability and independence of people who receive home care and to promote participation in the local community. The effectiveness of reablement has been researched to a gold standard in different countries worldwide. Results show cost savings, reduced readmission to hospital and to nursing homes as well as increased satisfaction for the professionals and for the people receiving home care.

Aim: The purpose of this study is to understand the stakeholder's perspective on factors that might contribute to a successful and sustainable implementation of reablement in Flanders and factors seen as challenges to deploy this service. By understanding these perspectives, inferences can be made as to whether reablement in Flanders is desirable and feasible.

Methods: To perform a context analysis, five focus group interviews were conducted with 35 stakeholders in primary care: patient associations, professional caregivers, health insurance funds, researchers, physiotherapists, occupational therapists, social workers and managers. The focus group interviews were transcribed and an hermeneutical analysis was conducted.

Results: The analysis resulted in two main themes: facilitators and challenges for the implementation of reablement in Flanders.

Facilitators are: the conviction that multidisciplinary collaboration will be more effective, shared decision making and planning will be encouraged, self management, person centered care, goal oriented and context oriented care will be optimized, continuity of integrated healthcare will be facilitated and the experience of informal caregivers will be better incorporated.

Challenges are: lack of a clear definition of reablement in Dutch, people must be intrinsically motivated, the service must be financially and organizationally accessible to all, this approach requires a mindset shift of the healthcare professional, an efficient common communication system is essential and consultation must be financially supported for each person and healthcare professional involved in the service.

In general, the goal and the added value of reablement were recognized by everyone as self-evident, but implementation of this service in the current healthcare system in Flanders requires an organizational shift from a supply driven to a demand driven care, a framework for multidisciplinary integrated cooperation and financial support, and sufficient time for both the people who receive home care and the health care professionals.

This is the first study involving stakeholders in primary care in Flanders looking at the chances for reablement. Working with primary care providers we now aim to conduct Reable-Labs in different primary care settings in order to provide real life examples and experiences of reablement and its outcomes in the Flemish sector.