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## POSTER ABSTRACT

### Highly specialised functions in non-academic medical centres

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**Introduction:** Highly specialised functions in non-academic medical centres in the Netherlands are currently not funded. Highly specialised functions are the overarching term of the combination of complex care, applied (clinical) scientific research, and related education. While academic medical centres receive a service provision contribution for their top specialist position, non-academic medical centres do not receive the desired structural funding. 10 projects in the Netherlands have received a subsidy of 4 years to fund their highly specialised function(s). For this qualitative study the project and other relevant stakeholders have been interviewed. The aim of the study is to explore the sustainable governance of highly specialised functions.

**Methods:** 45 semi-structured interviews have been conducted with various stakeholder groups. These participants have, among other things, been questioned about the definition of highly specialised functions, terms and conditions of this functions, current bottlenecks of funding this functions, desirable future funding of this functions, relevant stakeholders for defining, and funding and assessing these functions. Each participant has signed the informed consent form and all interviews have been transcribed anonymously. During a conference with the participants some results of the qualitative research have been presented to validate the outcomes.

**Key findings:** It is an understatement that the viewpoints differ. While most interviewees acknowledge that funding is currently lacking, and that sustainable funding is required others also stated that highly specialised functions in non-academic medical centres are undesirable for the concentration of healthcare. However, based on these interviews and a previous literature review a definition of the highly specialised function is suggested. Namely, care for a specifically defined complex patient group / intervention in non-academic medical centres, combined with applied (clinical) scientific research and education. In addition, a set of terms and conditions to be fulfilled to receive funding for the highly specialised function is proposed. These terms and conditions are concrete scientific evidence, complex care, coordination, capacity, culture, knowledge dissemination, and collaboration with patient organisations, applying to the non-academic centre or the intervention provided.

**Conclusions:** Although most stakeholders acknowledge the need for sustainable governance of highly specialised functions in non-academic medical centres it is hard to reach a consensus. Especially terms and conditions of funding highly specialised functions are hard to define and to realise in practice.

**Implications:** With this research governance of highly specialised functions has been explored. A definition and a set of terms and conditions have been proposed and reviewed by various stakeholders to be used for the funding of highly specialised functions in non-academic medical

centres. Policymakers may be able to use the results for embedding sustainable governance of highly specialised functions in non-academic medical centres.