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Health is in all policies: What about integrated Care?

In recent weeks, integrated care has dominated my agenda even more than usual. Between 22 and 24 April, the annual ICIC congress took place, this time in the captivating Belfast. And under the Belgian Presidency of the Council of the European Union, the conference "**Integrating Care, Strengthening Communities: The Data Connection**" on 2 and 3 May in Leuven also offered additional reflections.

It was a rich day with many global insights about "integrated care" and fascinating discussions about the how and why of 'Integrated Care', with many recommendations for a future **sustainable** approach.

What did I remember?

1. Aligning political ambitions and implementing projects and strategies does not always run smoothly and brings up the need for a more **aligned** approach.
2. National or regional guidelines can be set out and/or generic projects proposed, but these often do not take into account local differences and dynamics. Tailor-made project approach is desperately needed. However, the policy framework should provide sufficient degrees of freedom for local enthusiasm and should not be bureaucratic.

'A local approach is desperately needed.'

3. Despite the many global efforts, there is still more financial potential circulating in hospitals today and primary care is constantly looking for resources to realize the shift from a reactive to a qualitative **proactive health policy**. The concrete application of population health management in the field is an important lever in this regard.
4. 'Stop project hopping': there is a need for a framework for sustainable innovation. The success and impact of integrated care projects indicates that a different design needs to be considered, in which regulation and new forms of financing (phasing out performance-based health model to more lump sum) can drive and accelerate change. An important point of attention: sustainability and embedding must be included from the start of the innovation phase.

'There is a need for a framework for sustainable innovation.'

5. **Realistic and shared expectations** are essential to facilitate an integrated approach to care.
6. **Connection and trust** are key words. After all, you can only understand each other's language if you communicate together. Common language therefore results from communicating together.
7. **Shared and inspiring leadership** is an absolute must, needed to further enable and facilitate this movement.
8. Advanced **data analysis and Population Health Management** are important drivers to better integrate local and regional levels and in this way guarantee citizens and patients the highest quality care.



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What do I find?

1. At the end of 2024, the 11 'Integrated Care Partnerships' will expire at the federal level. The follow-up, through the **'Interfederal Plan for Integrated Care'** as a pacesetter for further reform, signed on 8 November 2023 by the federal government and the regions, sets the course for a hopeful future. However, the expectation that the insights of the partnerships, which have been running for 6 years now, can simply be tilted into the first-line zones, does not seem realistic to me/formulated a little too optimistically?
2. At the Flemish level, enormous investments have been made in the further development of the first line with, among other things: **the decision on the organisation of primary care for the person in need of care and support.**

This decree contains the major operating principles, frameworks and phases to achieve personal and **targeted** care. These frameworks will be of great importance in the coming months and years, for example in the concretisation of the agreements made in the Interfederal Plan for Integrated Care, the implementation of the Alivia pilot projects, the further design of Alivia, the reorganisation of palliative care in Flanders, the shaping of the support mission of VIVEL and the care councils, etc.

'This decision offers a lot of opportunities. The most important thing I take away from this is that one really looks at the life goals of the citizen and the patient. To be able to do this, it is of course necessary for people to find their way through a maze of our care and welfare system.'

3. In addition, I also note that the **involvement of the individual care provider** in this is still very limited. After all, the 'War for talent' is being fought in the field and they are diligently looking for regularized, but applicable job differentiation in order to be able to cope with the increased demand for care from the patient and his informal caregiver in the outpatient setting.

What would I like to pass on?

Integrated Care in all policies and politics!

We are 2 weeks away from the elections. My message to current and future political leaders: please include "integrated care and thinking" in your political ambitions. Integrated care is not possible without an integrated policy! Just talking about it is no longer enough. Action is imperative now, only in this way can we possibly meet the enormous challenges that lie ahead.

Integrated Care is in all policies and politics: it's about time !