

WHAT MAKES INTEGRATION OF CHRONIC CARE SO DIFFICULT?

A Macro-Level Analysis of Barriers and Facilitators in Belgium – International Journal of Integrated Care

FLEMISH LEVEL



FEDERAL LEVEL

Start care trajectories

SIXTH STATE REFORM

Primary care reform in Flanders

2015 2016 2017 2018 2019

Start pilot projects on integrated care for the chronically ill

THE PROBLEM

Over the past 10 years many policies in the field of integrated care have been implemented. However, the real scale-up of integrated care does not happen.

3,5/10

Mean score for the implementation of integrated care in Belgium.

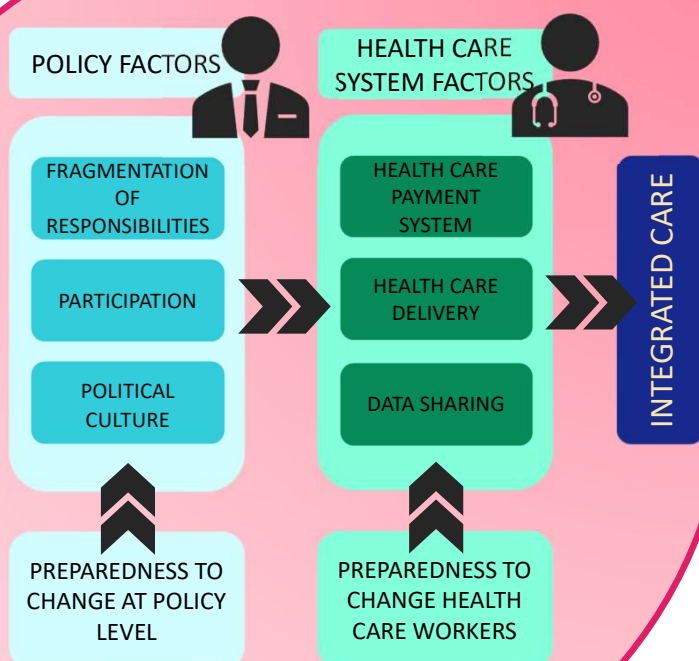
THE STUDY

- Semi-structured interviews
- 27 participants
- Policymakers, professional organisations, patient groups, scientists
- Inductive thematic analysis

THE IMPLICATIONS

The barriers and facilitators strongly interact. There is no silver bullet solution. Changing one single element will not be sufficient. A **whole system change** is needed instead. Political commitment and citizen participation will be crucial.

THE CONCLUSIONS



"I think the financing model is really one of the triggers to change. You really should go to a financing model that rewards cooperation and referral."

"Prevention is regional, but treatment is federal. As long as there are responsibilities overlapping and ministers and cabinets disagreeing, it won't work."

SCUy

SCALE-UP DIABETES AND HYPERTENSION CARE

Universiteit Antwerpen



www.scuby.eu | katrien.danhieux@uantwerpen.be



This project is funded by the Horizon 2020 Framework Programme of the European Union.

<http://doi.org/10.5334/ijic.5671>

Katrien Danhieux • Monika Martens • Elien Colman • Edwin Wouters • Roy Remmen • Josefin Van Olmen • Sibyl Anthierens