REFORM OF THE PRIMARY CARE IN FLANDERS
WHY DO WE CHANGE?
THE MOMENTUM

> Sixth State Reform
> Preparedness to change
> Policy movements in different aspects of care and cure (hospitals, care, patients, ...)
> Paradigm shift (acute-chronic, supply-demand, person centered)
SIXT STATE REFORM: OPPORTUNITY TO REDUCE NUMBER OF STRUCTURES WITH SIMILAR GOALS

15.05.17 Agentschap Zorg en Gezondheid
THE ROAD TO CHANGE

2010
- Conference primary health care (11 December 2010)

2013
- Symposium primary health care

2017
- 6 preparatory working groups (2016-2017)
- Conference primary care (16 February 2017)

2014: 6th state reform
PREPARING THE CONFERENCE 2017 (IN DUTCH)
PRIMARY CARE: COMPETENCES DIVIDED BETWEEN REGIONAL AND FEDERAL GOVERNMENT

> Federal Government 2017
4,4 billion euro

> Flemish Government 2017
2,7 billion euro
WHAT DO WE CHANGE?
PERSON CENTERED CARE
PERSON CENTERED CARE

> Self-management and health literacy
> Informal care providers are a full partner in the care process
> Care goals in a care plan
> More neighborhood care
> Wide and integrated single point of access/contact
> Integration of prevention, mental health care, family care, social policy
COMPLEX CARE: CARE COORDINATOR
COMPLEX CARE: CASEMANAGER
OPTIMAL SUPPORT FOR HEALTH CARE PROVIDERS
REORGANIZING EXISTING STRUCTURES

- Eénlijn.be
- Expertisepunt Mantelzorg
- Samenwerkingsplatform ELGZ

- Logo’s
- Palliatieve netwerken en samenwerkingsverbanden
- MBE palliatieve verzorging
- Regionale expertisecentra dementie
- Overlegplatforms geestelijke gezondheid

- Samenwerkingsinitiatieven
  Eerstelijnsgezondheidszorg (SEL)
  Geïntegreerde Diensten Thuisverzorging (GDT)
  Lokale Multidisciplinaire Netwerken (LMN)
PRIMARY CARE ZONES

Support multidisciplinary and intersectoral collaboration at the practice level

75,000 à 125,000 inhabitants

Care Board:
- Health care providers, actors in family care and residential care, centers for welfare, patients, government of municipalities

Freedom of choice for patients remains
PRIMARY CARE ZONES

Assignments and tasks:

- Support associations of health care providers
- Improve tuning between prevention, cure, revalidation, care...
- Prepare the consult between the different actors in the primary care zone concerning the supply of care
- Stimulate digital data sharing
- Organize education
- Stimulate initiatives of neighborhood care
- ...

Call

Flanders Synergy: supports the change process in 2 ‘would-be’ regions
REGIONAL CARE ZONES

> Zone that covers multiple primary care zones
> 350,000 à 400,000 inhabitants

> Assignments and tasks:
  • Offer expertise to the primary care zones
  • Tune primary care and specialized care (in hospitals)
  • Support organizations to conduct projects or research
  • …
> **Knowledge and expertise**

> **Assignments and tasks:**

  • Offers an overview of care supply
  • Supports primary care zones
  • Supports education policy
  • Supports and stimulates innovation
  • Develops goals and indicators for primary care
  • Facilitates strategic planning of care (general – specialized care)

> **Involves:**

  • Expertise in relation to the assignments and tasks
  • Different stakeholders
HOW DO WE CHANGE?
CREATING THE NECESSARY CONDITIONS

- Education, basic and permanent;
- Enough health care providers;
- Support for different types of primary care practices;
- Digital way of working: Vitalink, journal, agenda;
- Innovation and entrepreneurship;
- Policy regarding complaints;
- Financing of the primary care;
TRANSITION: TO BOLDLY GO WHERE NO ONE HAS GONE BEFORE

> Programme manager in place
> Prepare new legislation
> Redeployment of staff and budget
> Change management and ownership regarding the reform
> Tune all the different movements
THANKS FOR YOUR ATTENTION

www.zorg-en-gezondheid.be