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Integrated care in Belgium: implementation in different primary care practices

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Purpose and theory

Type 2 diabetes is an increasingly dominant disease. Interventions are more effective if carried out by a prepared and proactive team within an organised system, called integrated care. The Chronic Care Model provides guidance for the implementation. In Belgium, the government has tried to improve care for T2D by launching a care pathway in 2009.

This study examines the implementation of integrated care 10 years after initiation, and an in depth analysis of the process and context of good practices.

Methods

Interviews were conducted with general practitioners, nurses and dieticians. 64 different types of practices were randomly selected. The Assessment of Chronic Illness Care (ACIC) was completed based on the interviews.

Findings

Multidisciplinary and capitation-based practices scored considerably higher than traditional monodisciplinary fee-for-service practices. The latter did not score higher than other similar practices scored before the implementation of the care pathway. Structured meetings, a template and planning section in the medical file and a fixed role for paramedics in diabetes monitoring are some good examples.

Discussion

The implementation of integrated care in Flanders appears to be very varied across practice types. In all types interesting good practices are found, which can stimulate mutual learnings.