A possible theory of change for “Integreo Reform”

Integreo = Integrated care for better health
Outline

• Why change the Belgian Health Care System?
• Goal of the Belgian Health Care System change
• How to change (and achieve goals)
• Proposal of a logical model
• A possible theory of System change
  • Integrated care pilot projects
  • Evaluation as part of the program: implementation + outcomes
Why change the Belgian Health Care System?

• Increasing number of people with chronic conditions (aging, medical progress, life expectancy)
• Evolving needs
• 63% of deaths, 70-80% of health expenditure
• Multimorbidity: complexity, challenges
• Reactive system designed for acute care

=> system must evolve if we want to offer quality health care, adapted to everyone and accessible to all.
Why change the Belgian Health Care System?

• Care delivery for people with chronic conditions is fragmented
• Determinants for fragmentation include
  • Organisation-centered care delivery design
  • Inappropriate workforce (poor value for money)
  • Inadequate budget and financial incentives
  • Underuse of processes in support of quality of care
  • Poor knowledge management and decision support
  • Underuse of clinical information tools
Genealogy

July 2011: Public health minister demands a study about care for chronic patients

December 2012: KCE position paper “organizing care for people with chronic conditions” > recommendations

...2012-2015: stakeholders and policy makers at different levels working to draft concrete policy measures

March 2015: joint plan Integreo - Integrated care for better health

...

July 2018: first patients included
A global answer

Need to evolve towards an integrated system:

Definition:

• “Integrated health services are health services that are managed and delivered in a way that ensures people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services, at the different levels and sites of care within the health system, and according to their needs throughout their life course.”

(WHO global strategy on people-centred and integrated health services, 2015)
Goal of the Belgian Health Care System change?

“Change”

From...
A fragmented system
Reactive care (“cure”)
Disease centred cadre
Medical model
Dictated by supply
Passive patient

Towards...
Care continuity & integration
Planned & proactive care
Person centred cadre
Multidisciplinary model
Centred on demand
active patient

FAITH.be
Federated consortium for Appraisal of Integrated care Teams in Health in Belgium
Goal of the Belgian Health Care System change?

Rethinking Primary Care

Clear communication and effective coordination among health care providers are vital for patient health, but the current primary care structure makes collaboration incredibly difficult. See the difference.

Current Model

- Insurance Company
- Get referral
- Specialist #1
- Schedule blood test
- Follow up with another specialist
- Sends prescription to drug store
- Specialist #2
- Patient doesn’t follow up

Patient-Centered Medical Home

- Insurance Consult
- Legal Consult
- Behavioral Therapist
- Nurse
- Primary Care Physician
- Social Worker
- Medical Assistant
- Pharmacist
- Health Worker

Source: Jan Van Es Instituut
Ultimate goal = Triple Aim $^+^2$

(1) Health of population (better health)

(2) Patient experience (better care)

(3) Value for care (better value)

Based on IHI framework
Institute for Healthcare Improvement

+ equity
+ provider work life
How change the Belgian Health Care System?

• **Joint plan integreo approved** in 2015 by the Health Ministers of the regions and the Belgian Federal government.

• 20 candidate pilot-projects have been selected to conceptualise their project.

• 14 have been accepted, 13 will start to include patients on **1st July 2018**.

• Aim of the pilots: develop integrated care in a loco-regional area (± 100.000 to 150.000 inhabitants), within 4 years.
How change the Belgian Health Care System?

- 13 Pilot Projects: local action plan (bottom-up)
- Interadminstrative Cell: facilitating role
- Daily management: “Permanent Working Group” (Belgian Insurance Committee: top-down)
How change the Belgian Health Care System?

• Support by the administration (interadministrative cell)
• Guided “co-creation”
• Freedom to experiment new forms of care (within strict frame)
• Development of tools (ICT)
• Emphasis on auto-evaluation scientific support by Faith.be
• Funding
  • Integration management
  • Efficiency gains
pilots should cover 14 components of integrated care

Around the individual patient

1. **Empowerment** of the patient
2. Support for **informal caregivers**
3. **Case management**
4. Work conservation, socio-professional and socio-educational **reintegration**

Around professionals

5. **Prevention**: involving several areas
6. Consultation and **coordination**
7. Intra- and transmural care **continuity**
8. Valorisation of the experiences of **patient organizations**
9. Integrated patient **records**
10. Multidisciplinary **guidelines**

At the loco-regional level

11. Development of a **quality** culture
12. **Adaptation** of the financial system
13. **Stratification of the risks** within the population and mapping of the area
14. **Change** management
First Proposal of a logical model

**National Plan**
- Goal: Triple Aim 2+
- Purpose: IC Belgium
- Outputs: Best practices & conditions
- Activities: Pilots
- Inputs: funding + support

**IC Pilots**
- Goal: Triple Aim 2+
- Purpose: IC in regions
- Outputs: 14 components IC
- Activities: 4y Action Plans
- Inputs: time + means
First Proposal of a logical model

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A possible theory of System change for Integreo

Inputs => Activities = Pilot projects
first step = conceptualization
✓ cocreation:
  ○ Each ICP
    - build partnerships
    - define the needs of the region
    - define an action plan and goals
    = develop a programme theory
  ○ guided by the administrative cell and components
✓ selection by “permanent working group”
A possible theory of System change for Integreo

Next step: ICP’s implement complex action plans; including a.o.:
- register of services
- BelRAI screener
- training professionals, icg’s and patients
- medication review
- case management
- EHR
- community oriented care
- ...
Example of a ICP Programme Theory

PROJECT WAASLAND

Prevention:
- Media campaign
- Flu vaccination
- Dental screening

Patient screening:
- SeizRAI
- Zarit Burden 12
- Wrothas
  → Care & life plan

Positive health behavior
- Medication use
- Self care

Afstemming zorgnood- en aanbod
- Case management
- Self management
- Volunteering

Information sharing
- EHR use
- MOO's
- Breadzeinterreerden onthaal

Care continuity

Efficiency gains
- Medication use
- Hospitalization
- Urgent care
- Specialist care
- Living at home
Example of a ICP Programme Theory
IC Projects as Complex Adaptive Systems

Fuzzy boundaries
Large number of interactive agents
Adaptive capabilities
Adapt in response to changing environments

unpredictable systems
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Supported by FAITH.be
The missions of scientific team FAITH.be:

- Outcomes evaluation
  - Triple Aim

- Implementation evaluation

- Support to the integrated care programs (ICPs)

- Support to the IAC

4 interrelated missions
How evaluate the integreo plan?

“Theory driven”

Mixed methods
Implementation study (= mission 2)

3-5 case studies: in-depth evaluation:
- Document analysis
- Yearly reports
- Focus groups & Interviews
- Significant events
Selection: pilots with richest data (importance of diversity)

Analysis of 13 selected pilots
- Yearly reports
- Significant event analysis
Aim of implementation analysis

Expected outputs: describe
- best practices
- conditions
- develop a theory: what works, why, how in which context?

to install integrated care
First hypotheses - Conditions at project level (Evans et al, 2016)

Basic structures
- resources
- ICT
- effective governance

People and values
- readiness for change
- patient centeredness

Key processes:
- partnering: continued willingness to collaborate:
  - within consortium
  - with patient
- auto-evaluation
First Proposal of a logical model

**National Plan**

- **Goal:** Triple Aim 2+
- **Purpose:** IC Belgium
- **Outputs:** Best practices & conditions
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Goal = Triple Aim $^{+2}$

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Based on IHI framework Institute for Healthcare Improvement
Outcome evaluation: indicators

- Health outcomes
- PROMS
- PREMS
- Health Care Use
- Costs
- Professional wellbeing

+ Stratification criteria > over time
to conclude: difficulties for the evaluation

- projects have difficulties to identify programme theories
- diverse interpretations of concepts
  - allows for collaboration
  - but, no comprehensive vision makes the evaluation more difficult
- many changes at the same time:
  - within integreo
  - outside integreo
=> how to identify causal links?
- embedded researchers