



Vlaanderen 2019 AGENTSCHAP ZORG & GEZONDHEID

THE ORTHOPEDIC PATIENT: WHO CARES?

JO VANDEURZEN
FLEMISH MINISTER OF WELFARE, HEALTH AND FAMILY

THE REGIONAL HEALTHCARE LANDSCAPE IN 2017



CHALLENGES

Changing context

Ageing	From more diverse to super diverse
Poverty and social exclusion	Individualization and changing ties citizen - government
Digital ICT	Internationalisation and globalisation


Policy answers

- > Flemish social preservation (Vlaamse sociale bescherming (VSB))
- > Flemish Institute for Quality (Vlaams Instituut voor Kwaliteitszorg (VIKZ))
- > Care for the elderly
- > Revalidation
- > Mental Healthcare
- > Primary care conference
- > Flemish hospital landscape

MODEL: QUADRUPLE AIM

INTERNATIONAL INSTITUTE OF HEALTHCARE IMPROVEMENT

Creating added value in health care focussing on 4 domains:

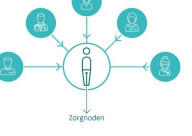


REFORM PRIMARY CARE



TOWARDS A POWERFUL PRIMARY CARE

- > WHO: a powerful primary care leads to a better health care
- > Integrated organisation of care:
 - Health care and welfare
 - Intersectoral alignment: mental health care, family care, residential care, social policy
 - Digital and shared
- > Patient need is crucial:
 - Promote selfmanagement and skills
 - Informal Caregiver (Mantelzorg) as full partner
 - Goals of care by care planning
 - More care in the neighbourhood



PRIMARY CARE CONFERENCES

2010: Conference primary care (Dec. 11, 2010)

2013: Symposium primary care healthcare

2017: 6 preparing working groups (2016-2017) and Conference primary care (Febr. 16, 2017)

6th state reform

Vlaamse overheid

PRIMARY CARE CONFERENCE

Conference **eerstelijnszorg**
Integratie van de eerste lijn in de gezondheidszorg

EEN GEÏNTEGREERDE ZORGVLEENING IN DE EERSTE LIJN

2016-2017
2018
GEÏNTEGREERD

Vlaamse overheid

REORGANISATION PROGRAMME

Based on 13 projects of the policy vision

1. Creation and formation of primary care zones (eerstelijnszones ELZ)
2. Creation and formation of regional care zones
3. Creation of Flemish Institute for Primary Care
4. Multidisciplinary cooperation and capacity of care
5. Towards a digital primary care
6. Care coordinaton and casemanagement
7. Integrated Wide Reception (ongoing process)
8. Basic education and continuing training
9. Quality Policy and management complaints
10. Informal care (Vlaams Mantelzorgplan, ongoing process)
11. Care literacy and patient participation
12. Platform Welfare and Healthcare – Social map (ongoing process)
13. Communication about the reorganisation programme

Vlaamse overheid

PRIMARY CARE IS A TEAM: CARE COORDINATOR – CASE MANAGER

Zorgcoördinatie

Casemanager
Geen deel van het programma

Vlaamse overheid

RATIONALISATION OF STRUCTURES

Flanders | Flemish Institute for primary care

- Eénlijn.be
- Expertisepunt Mantelzorg
- Samenwerkingsplatform ELGZ

Regional care zone

- Logo's
- Palliative networking and participations
- MBE palliative care
- Regional centres for expertisecentra dementia
- Platforms mental healthcare

Primary care zone

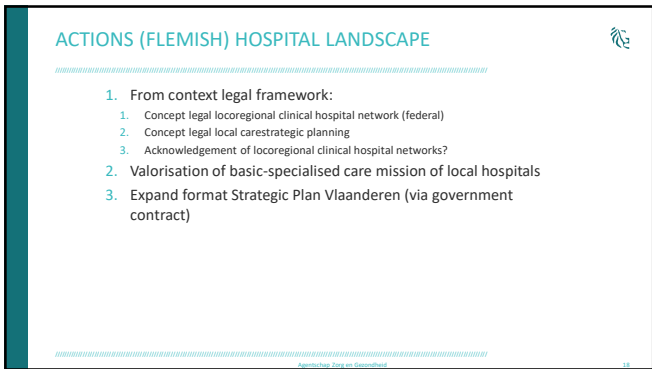
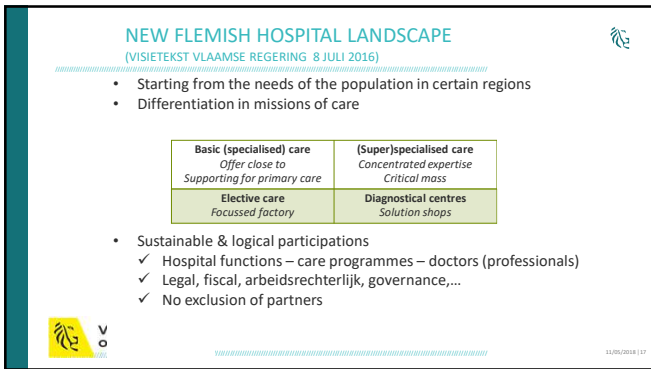
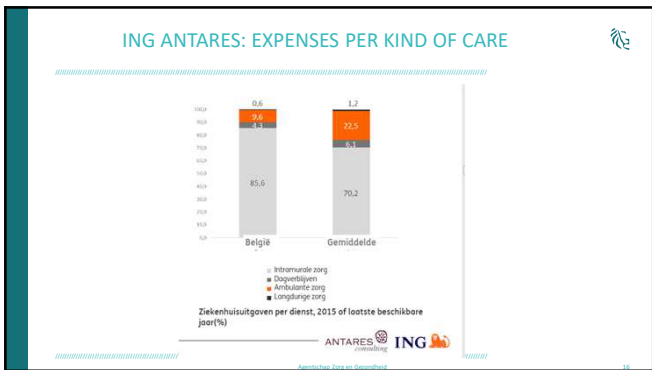
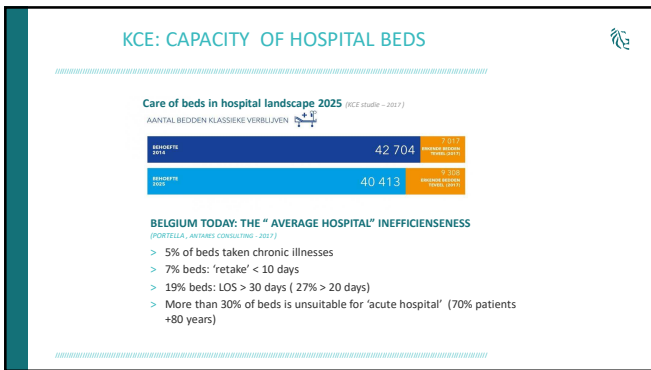
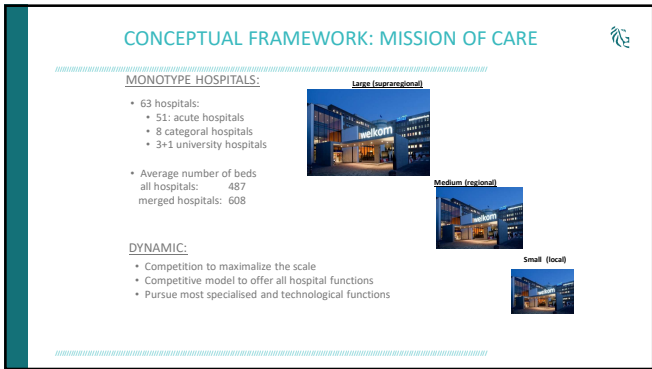
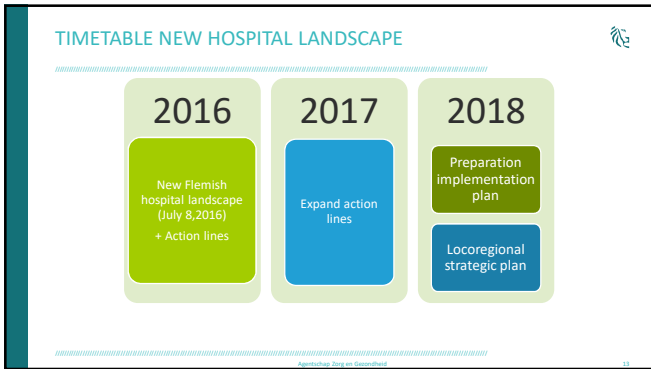
- Partnerships Primary healthcare (Samenwerkingsinitiatieven Eerstelijnsgezondheidszorg (SEL))
- Integrated services home care (Geïntegreerde Diensten Thuisverzorging (GDT))
- Local multidisciplinary networks (Lokale Multidisciplinaire Netwerken (LMN))

Call July 2017 → submission December 2017

Vlaanderen
in 2019

REFORM HOSPITAL LANDSCAPE


Vlaanderen
in 2019



ACTION LINE 1 SET UP CONTEXT AND LEGAL FRAMEWORK

- > Federal legislation
 - Mission: locoregional versus supraregional care orders
 - Governance of "locoregional clinical hospital network"
 - Legal basis for executive decisions
- > Flanders: legislation under construction
 - Legal standards
 - Legislation strategic plan
- > Principles logical care regions
 - Contiguous care regions
 - All partners are involved
 - Maximum 14 care regions in Flanders
 - Scale: 400.000 tot 500.000 inhabitants
 - Context metropolitan areas

ACTION LINE 1 CONTEXT: LOGICAL CARE AREAS




13 ziekenhuisgebieden
naar de gemeenschappelijke aanpak

Bron: De Tijd 29 april 2017

- > Testing logica of care areas
 - Based on real patient flows
 - Joined with primary care zones
- > Importance
 - Validation of locoregional clinical networks
 - Stipulation of population

LETTER OF INTENTS CLINICAL NETWORKS



De ziekenhuisnetwerken

- > Testing logica of care areas
 - Based on real patient flows
 - Joined with primary care zones
- > Importance
 - Validation of locoregional clinical networks
 - Stipulation of population

Bron: De Standaard 2 maart '18

ACTION LINE 2 VALORISATION OF BASIC-SPECIALISED CARE ORDERS

- > Basic-specialised care: creation of close continuum of care
 - Support primary care actors
 - Structural cooperation with more specialized centers
- > Current result contains the point of view of the main assignment of hospitals in basic-specialised care
- > Current: feedback with hospitals, associations and professional associations and doctors
- > Final result: recommendations for future policy

ACTION LINE 3 ELABORATE STRATEGIC PLAN FLANDERS

As is

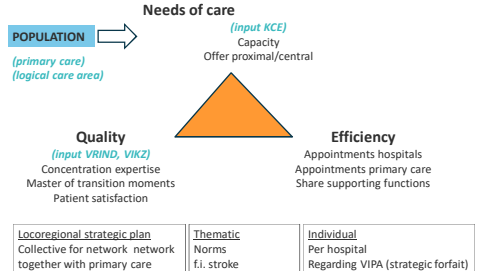
- Instrument has been developed 15 years ago
- Focus on investments hospital infrastructure
- Analytic
 - Based on patient needs
 - Based on performance of institutes

➔

To be

- Widening as planning and legal instrument
- Based on needs
- From individual scope to collective scope (regional care strategy)
- From hospital scope to integrated scope
- Focus on creation added value: outcome/resources

ACTION LINE 3 ELABORATE STRATEGIC PLAN FLANDERS



POPULATION (primary care) (logical care area) → **Needs of care** (input KCE) Capacity Offer proximal/central

Quality (input VRIND, VIKZ) Concentration expertise Master of transition moments Patient satisfaction

Efficiency Appointments hospitals Appointments primary care Share supporting functions

Locoregional strategic plan Collective for network together with primary care	Thematic Norms f.i. stroke	Individual Per hospital Regarding VIPA (strategic forfait)
--	-------------------------------	--

ACTION LINE 3
STRATEGIC PLAN
FINANCING HOSPITAL INFRASTRUCTURE

- > Conservation
 - Retain current infrastructure (real estate and movable investments)
 - Calculated on life cycle approach of current functions
 - Fixed forfait
 - Free spending on infrastructural buildings
 - Provide of index (bouwindex) en interest compensation (adjustable)
 - To be corrected for received grants
 - Forfait for NMR /PET appliance
- > Strategic forfait
 - For new buildings to create more capacity
 - Fixed forfait
 - Starts from special need of care in certain region
 - Investment fits into (new) strategic plan

Agenticiek Park en Samenleving 25


ACTION LINE 3
STRATEGIC PLAN: HOSPITAL OF THE FUTURE

- Together with Flanders' Care
- Stakeholders in and out of care (Imec, Iminds, ...)
- Projection role of hospitals 2050
- Strategic scenario-analysis
- Disruptive framework: technology, social evolution
- Impact on organisation and infrastructure of hospitals (we build in the future)



Agenticiek Park en Samenleving 25

IMPLEMENTATION OF NETWORKS 2018



- > Common circular (Jan. 25, 2018)
 - Call for inventory of participations
 - Review of proposals of regions regarding logical patient flows and joined primary care zones
 - Complete declarations of intentions (June 2018)
 - Redaction of locoregional strategic plans (Autumn 2018) with priority to elderly care / first aid / mother & child

Agenticiek Park en Samenleving