Beyond "North-South" divide: Chronic care as an opportunity for a strengthened (care) health system

The case of Belgian’s struggle to transform its health care system for chronic care

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Key message

• Epidemiological transition is an opportunity for meaningful healthcare reform. Lessons can easily cross North-south divide
• Purpose and vision should move from the yet dominating disease control approach towards triple aim
• Frame for change including activity systems and requirements
• Strategies for change (progressive but whole system oriented)
Some issues worldwide

• Care to frail older and NCD become an area of « concern » worldwide:
  
  • Multimorbidity and potentially inapropriated drugs in Burkina Faso
  
  • Social and medical care in DRC
  
  • Complementary role of primary care, community involvement and hospital care
Some actual issues discussed in Belgium

• Triple aim and population stratification by needs and levels of autonomy (not by disease)

• Frame: chronic care model:
  • Referral system $\rightarrow$ seamless care from home to hospital and backward
  • Putting primary care at the centre $\rightarrow$ a logic desinstitutionnalisation and health promotion
  • New thinking $\rightarrow$ HRH and payment modalities

• Various strategies for change:
  • Caring for complex situation with primary (biomedical) care and social care $\rightarrow$ case management and health care coordination
  • Care pathways
  • Territorialisation and new mode of payment
  • ...

Purpose and vision: triple aim
• Response to people needs rather than disease control

→ People autonomy rather than biomed indicator only

• Whole population and not only priority group
• Cost is at stake

→ Optimalistic rather than maximalist approach
→ Cross fertilizing care improvement lessons
Autonomy rather than disease based stratification to define the package / social determinant as important as proximal risks.
Les challenges actuels et futurs: pourquoi devient-on malade?
La production sociale de la santé - Diderichsen
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Frame: KCE chronic care model
Different type of providers related to different needs over life: coordination, integration and continuity.
Chronic care KCE model
Strategies for change: from piecemeal to a whole system approach
Protocol 3

Care pathways and MLN

Art 107

E-health

Transmural care

...
Strategies for change: 3 examples
Label (FMM) – quality management for better Community oriented primary care
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Defining quality criteria for community oriented primary care

- Public policies
- Management
- Health care
- Health Promotion

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P3: case management

FIGURE 3 The LTCs pyramid (adapted from the DH).
P3: case management

- Knowledge of experience, preferences and needs - steward

Chiem et al, 2013
Integrated local health (care) system for chronic care

FIGURE 3 The LTCs pyramid (adapted from the DH).
Integrated local health (care) system for chronic care

Bundled payment?

Multiple organisations (hospital, home care organisation, primary care organisation...) in a given geographic area?

People with chronic disease in a population

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WHO figures

• Burkina Faso:
  • 2000: 124,000 / 11 607 000 → prev: 1 %
  • 2030: 388,000 /26 664 000 → prev: 1,5%

• Democratic Republic of the Congo
  • 2000: 291,000 / 46 949 000 → prev: 0,6%
  • 2030: 910,000 / 103 743 000 → prev: 0,9%

• Belgium
  • 2000: 317,000 / 10251250 → prev.: 3 %
  • 2030: 461,000 / 11 664 000 → prev.: 3,9%