

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*

Jean Macq, Therese Van Durme IRSS-FSP UCL

Jean.macq@uclouvain.be

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 inappropriated 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 → seamless care from home to hospital and backward
 - Putting primary care at the centre → a logic desinstitutionnalisation and health promotion
 - New thinking → HRH and payment modalities
- Various strategies for change:
 - Caring for complex situation with primary (biomedical) care and social care → 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

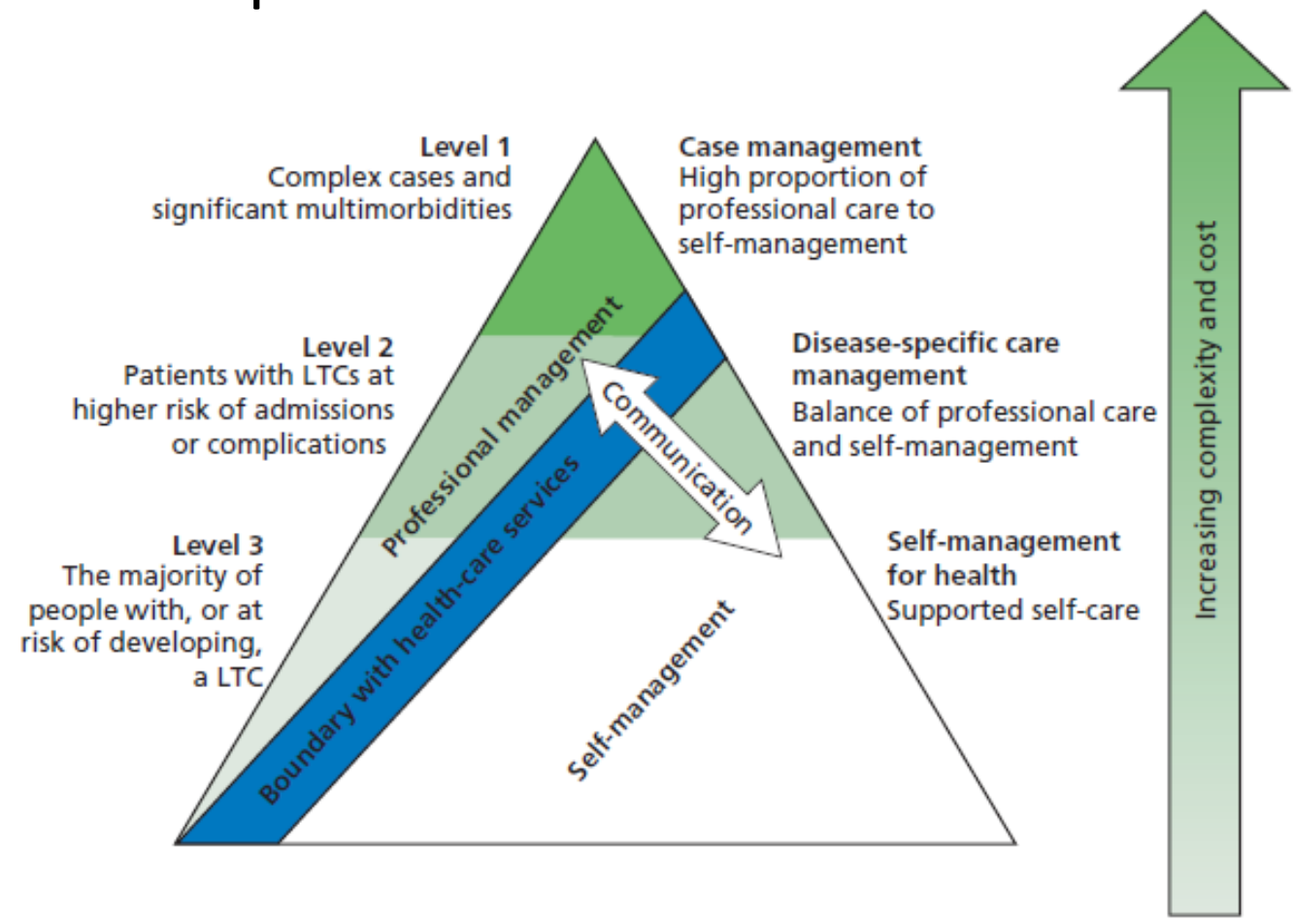
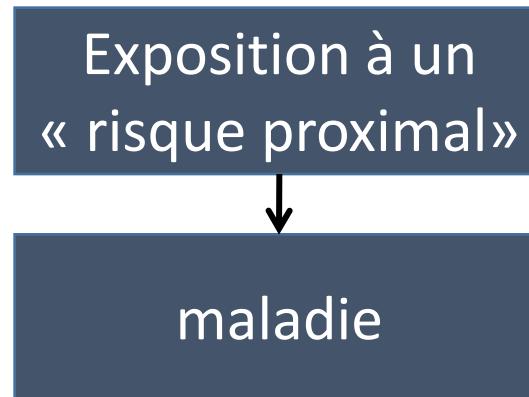


FIGURE 3 The LTCs pyramid (adapted from the DH⁹).

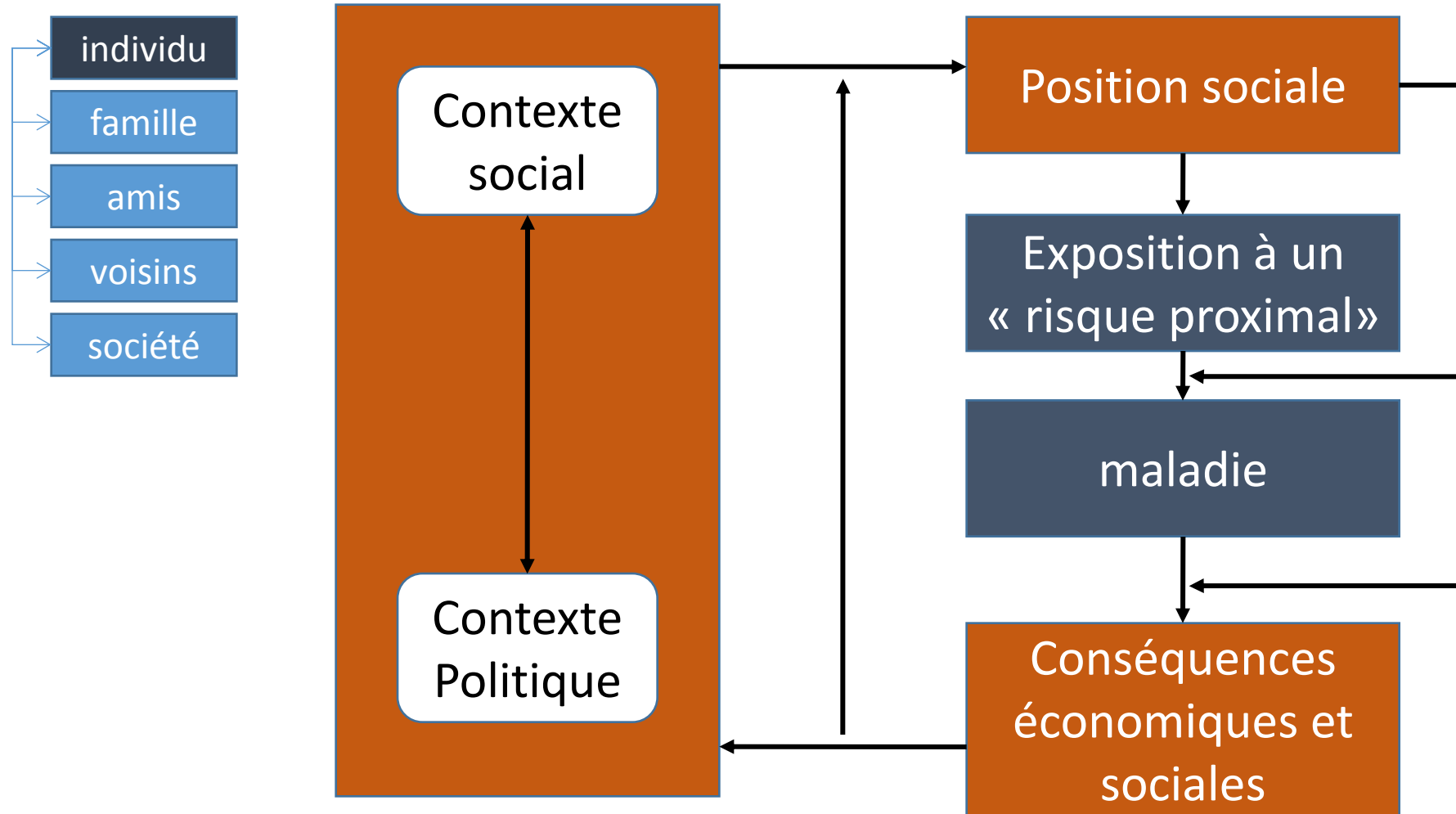
Les challenges actuels et futurs:
pourquoi devient-on malade?

La production sociale de la santé - Diderichsen



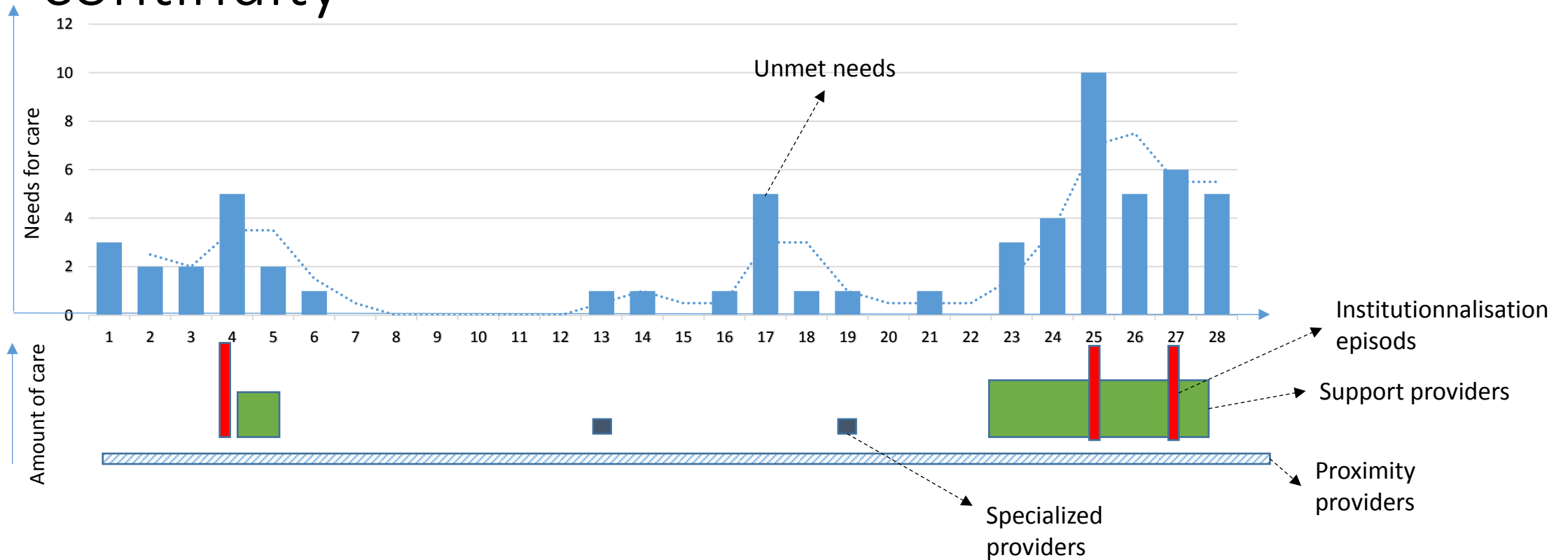
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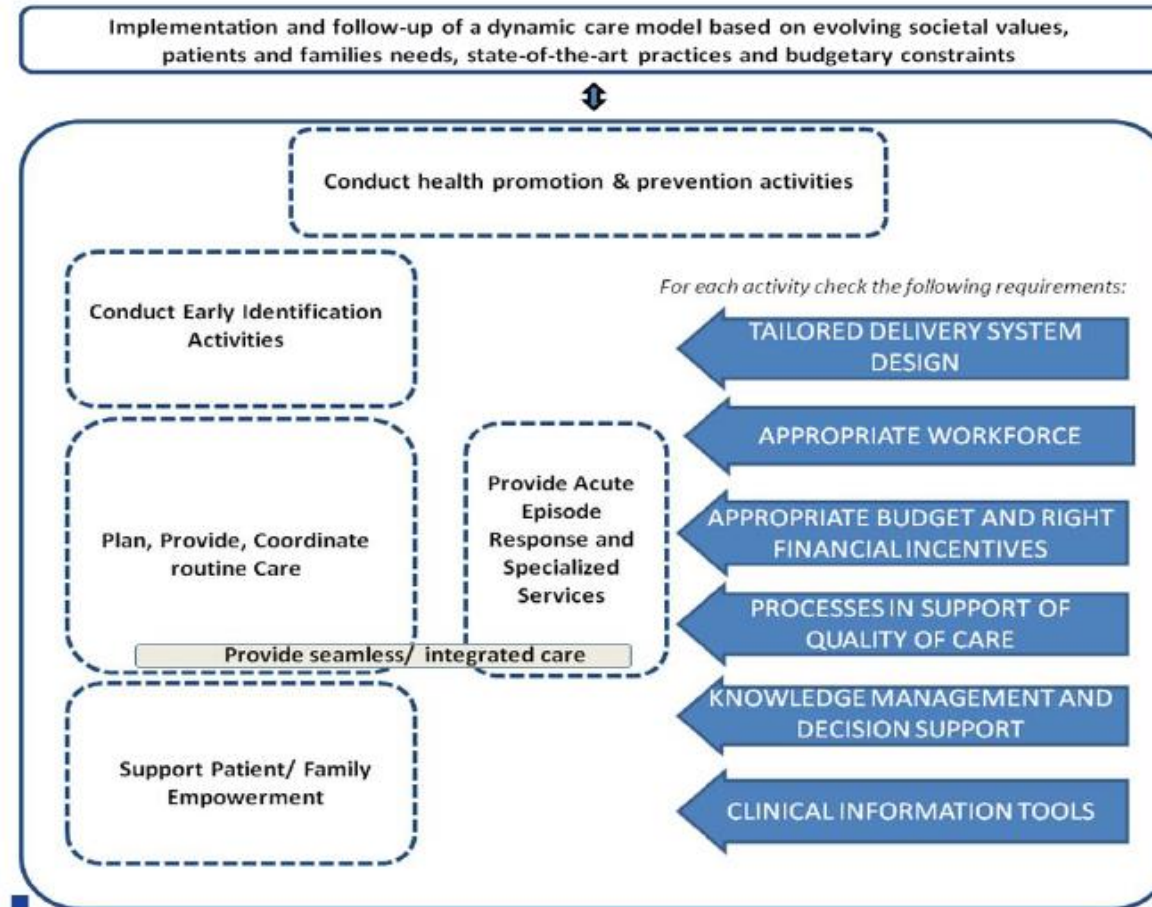


Frame: KCE chronic care model

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

Care
pathways
and MLN

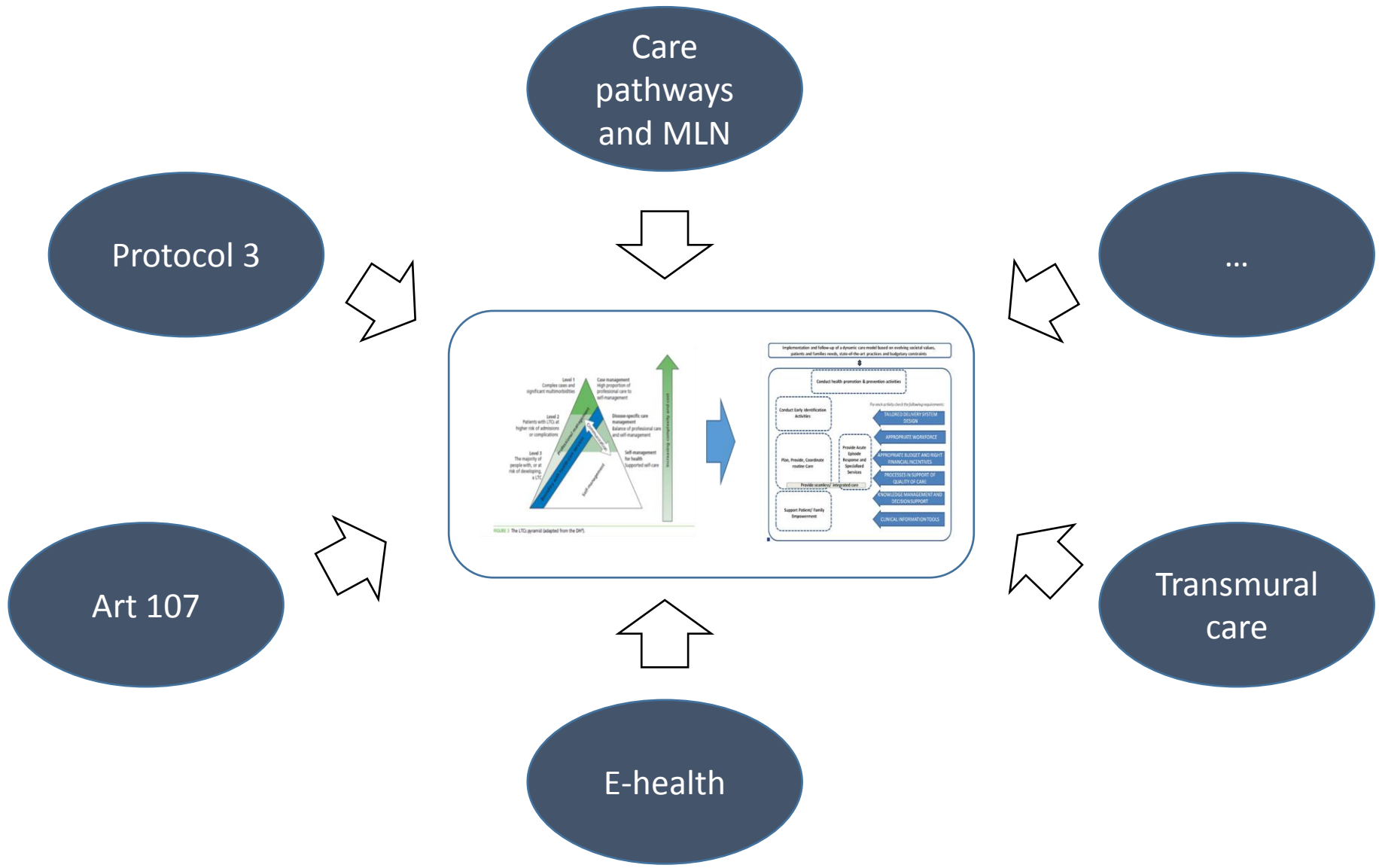
Protocol 3

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Art 107

Transmural
care

E-health



Care pathways and MLN

Protocol 3

Art 107

E-health

...

Transmural care

Strategies for change: 3 examples

Label (FMM) – quality management for better Community oriented primary care

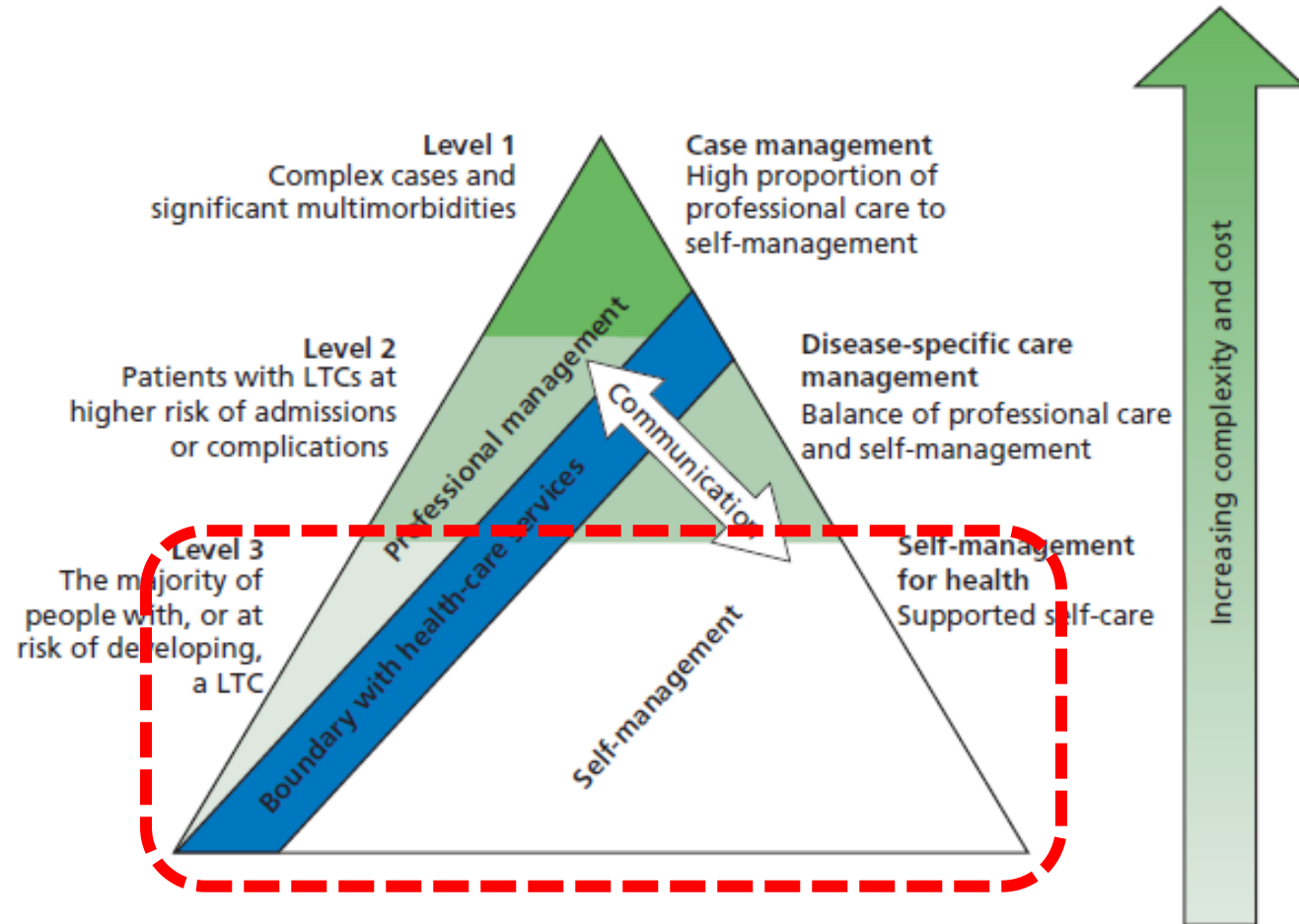
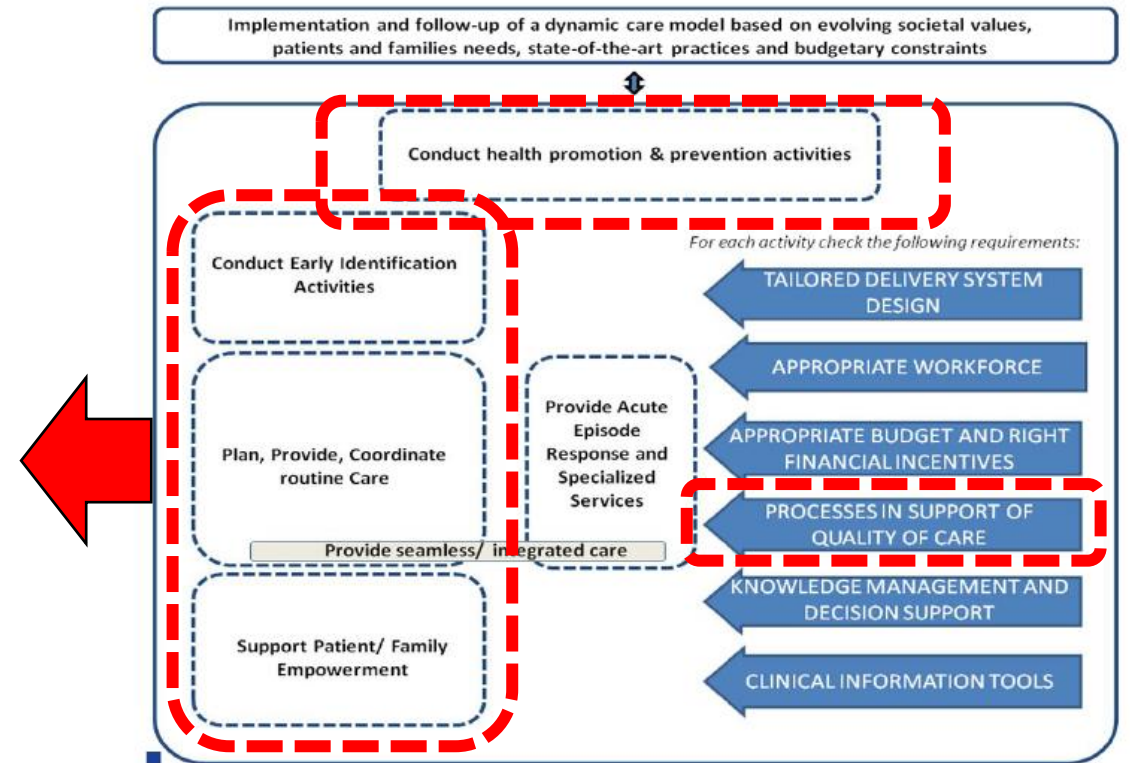
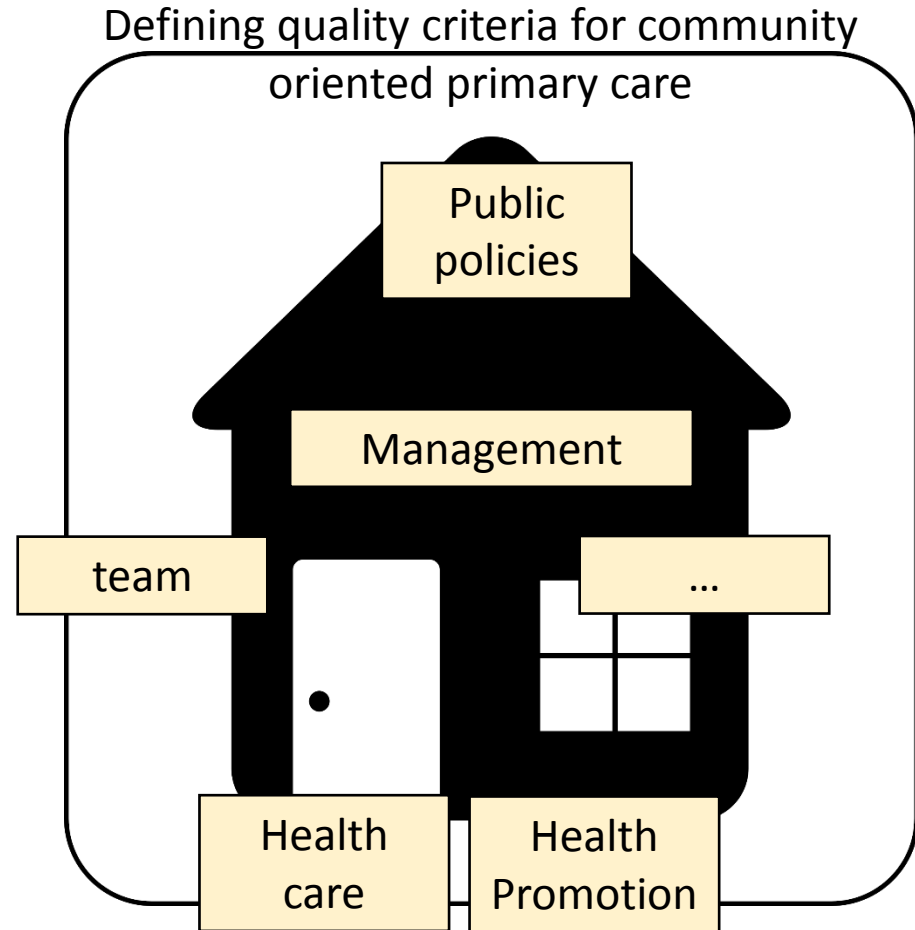


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Label (FMM) – quality management for better Community oriented primary care



P3: case management

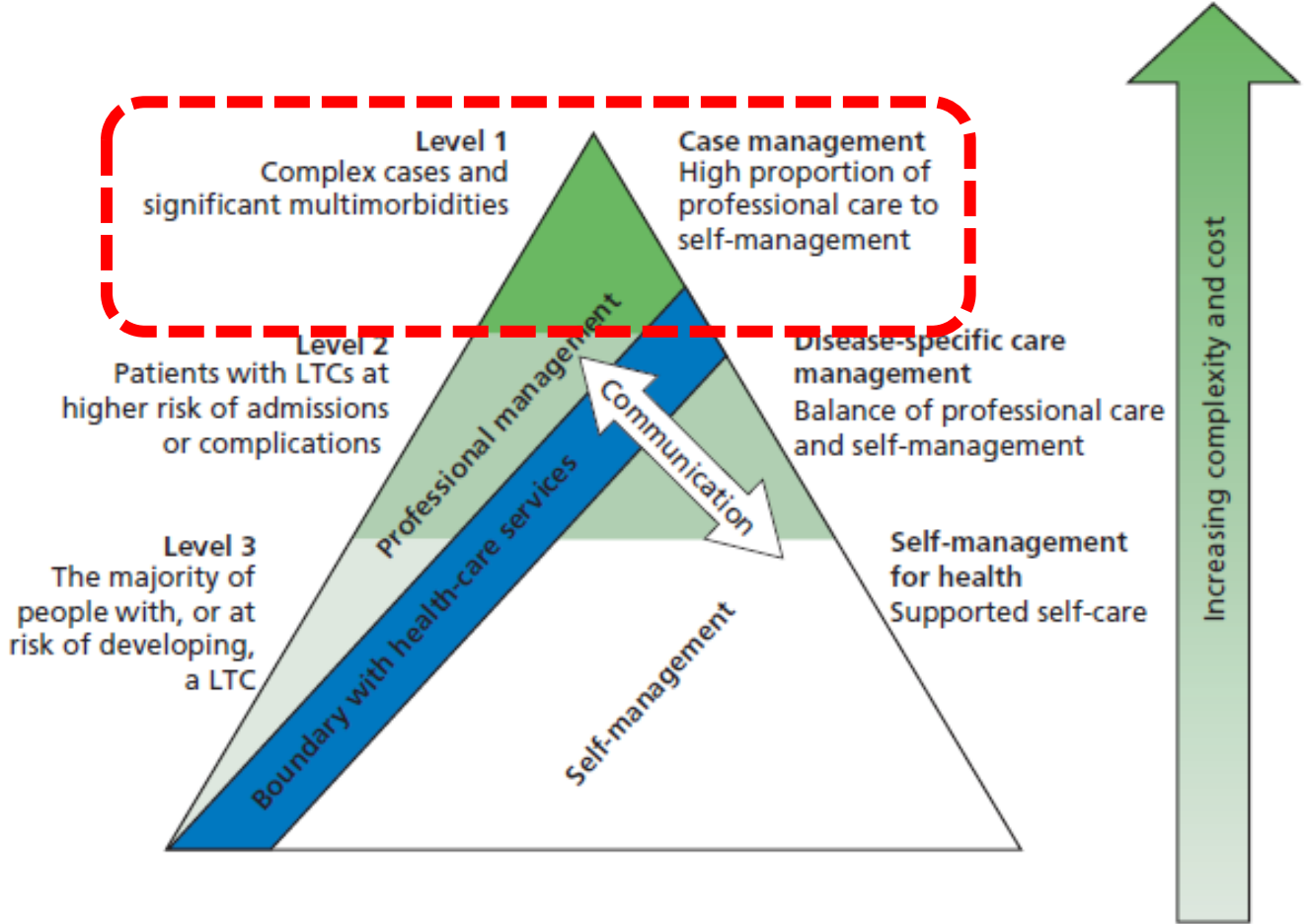
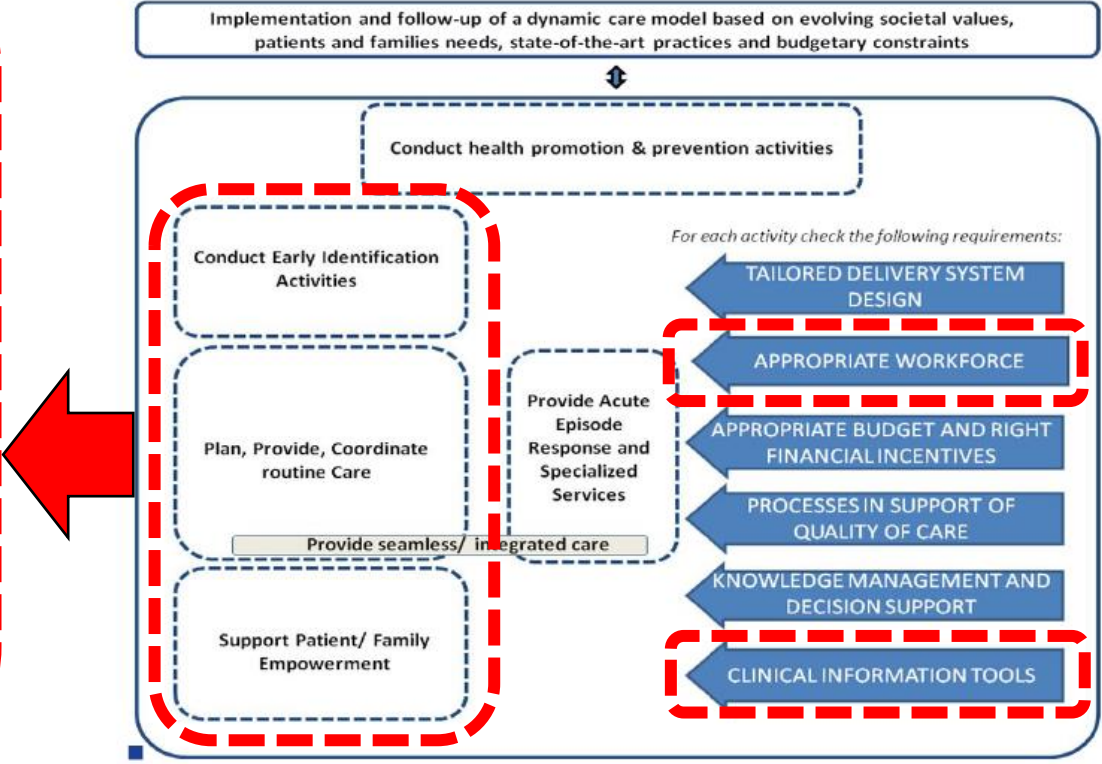
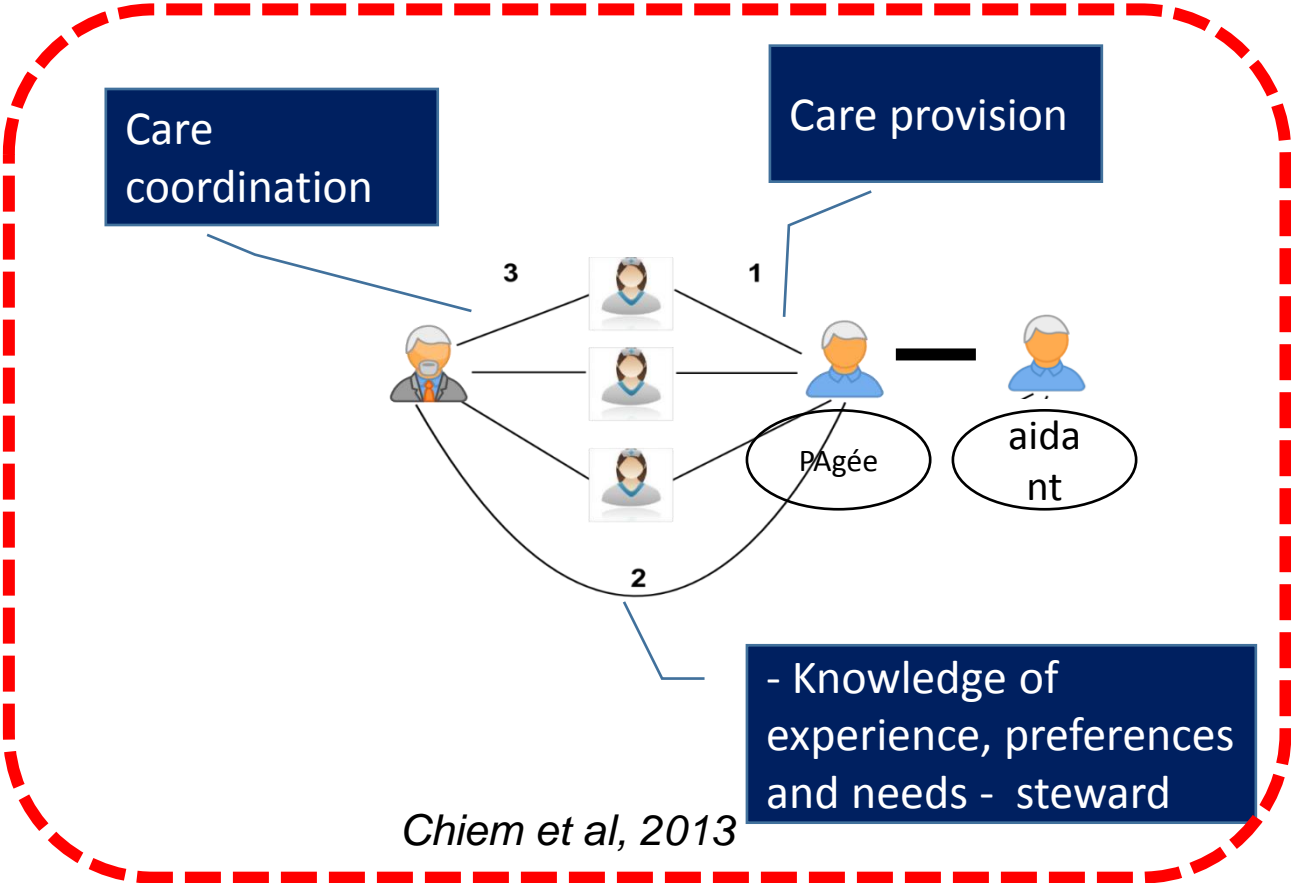


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P3: case management



Integrated local health (care) system for chronic care

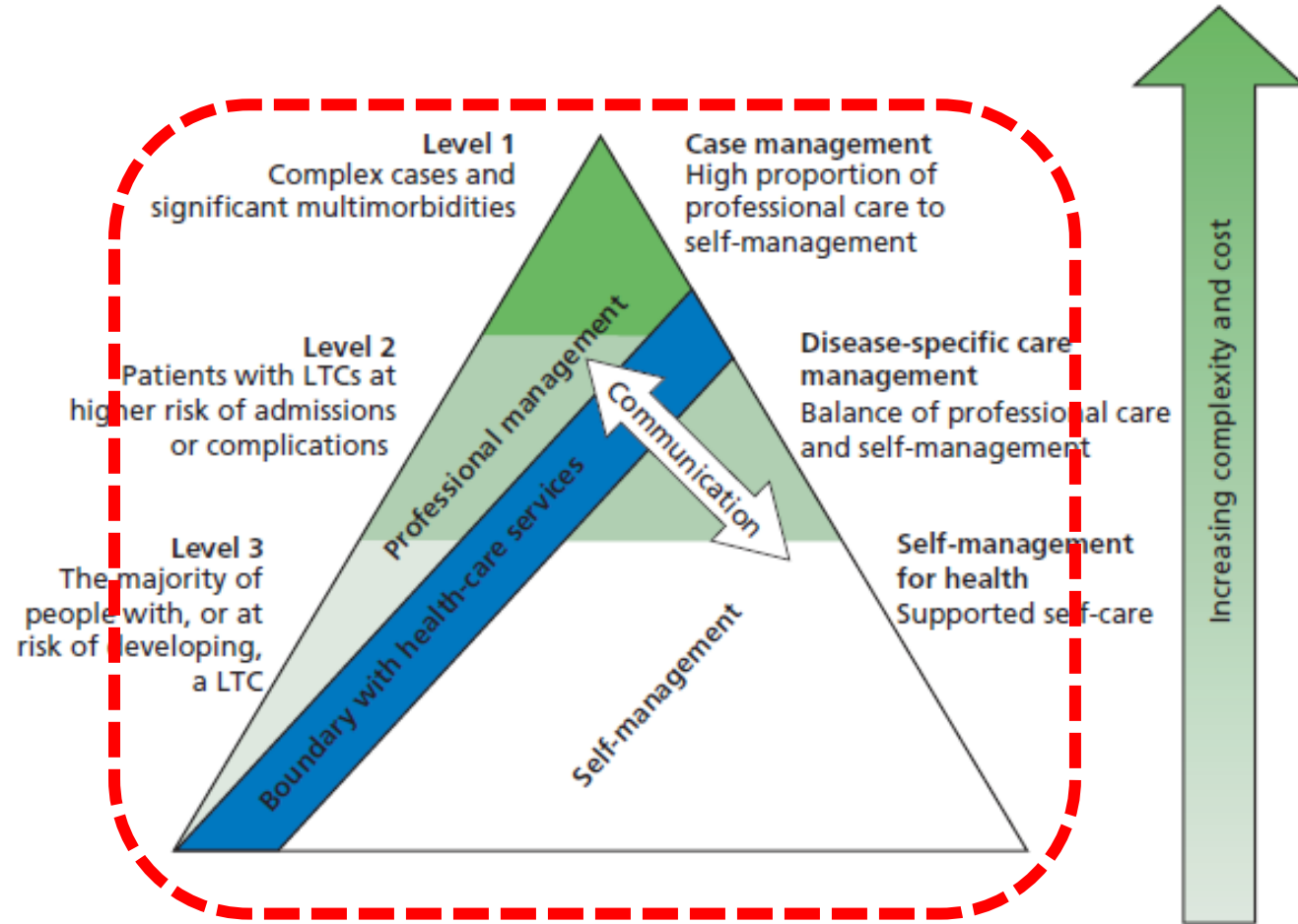
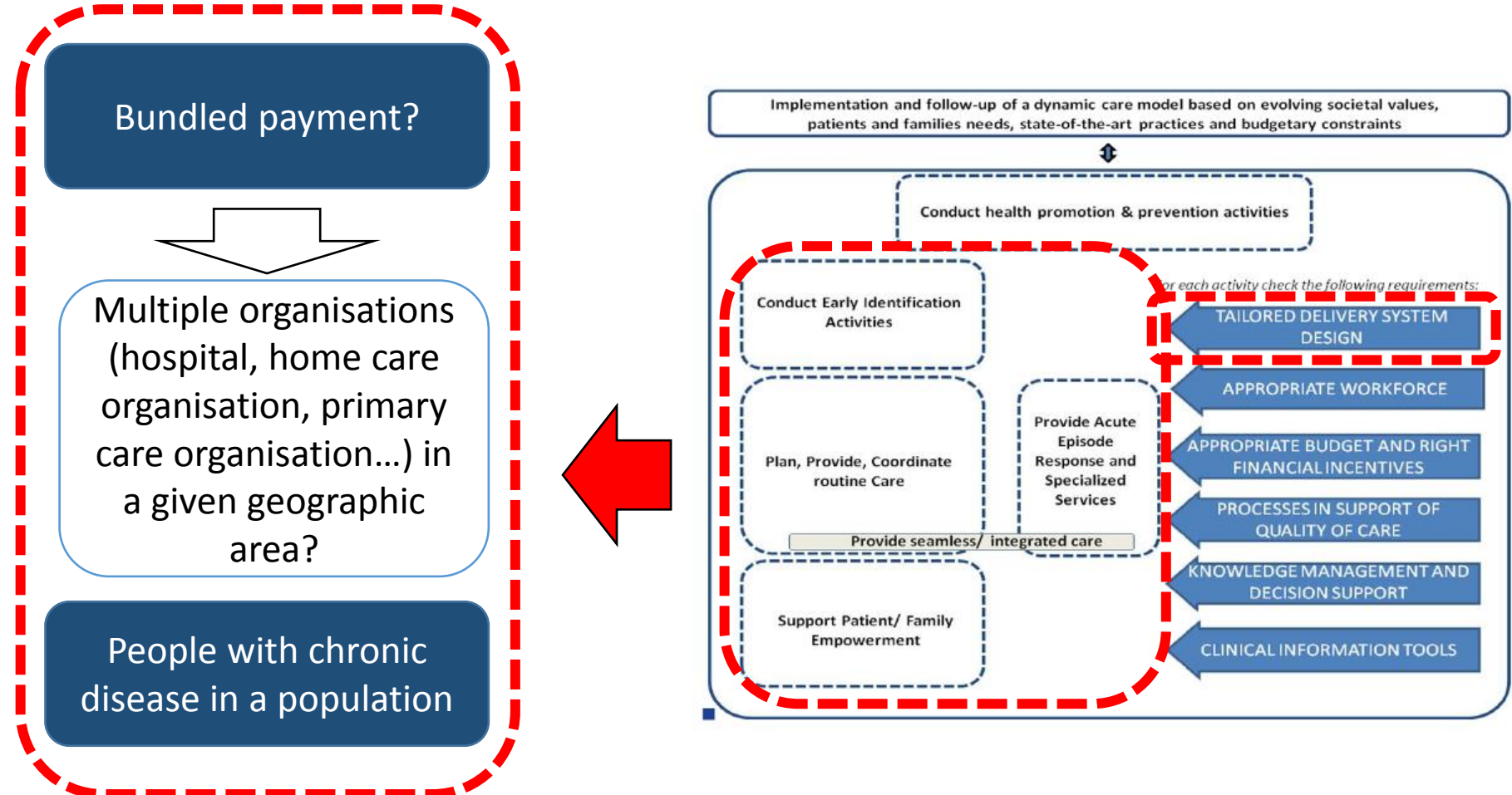


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WHO figures

- 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 / 10 251 250 → prev.: 3 %
 - 2030: 461,000 / 11 664 000 → prev.: 3,9%