Integrating Care, Strengthening Communities: The Data Connection

Content focus (narrative):

The goal of integrated care is to provide targeted, tailored care and support to people in need through a variety of care and assistance providers. Every need is different. We are, therefore, moving towards tailor-made care. The person with a care need is approached as individually as possible according their own life goals. In addition to focusing on a cure, commitment to prevention is essential. If we really want to move towards integrated health and social care, prevention and curation must go hand in hand.

For several years, the Flemish government has been pursuing a rigorous policy to enable integration of care by focusing on 4 building blocks:

1. Data and tools
2. Structures
3. Roles and tasks
4. Training and raising awareness.

Flemish local policy and practice are evolving along with it. Yet sometimes there is still a lack of coherence or connection between the various building blocks and levels to achieve truly integrated care. One essential ingredient to further leveraging this connection is methodology development around data (both 'hard' and 'soft' data), training, the use and interpretation of this data, and the exchange to and from the local level. In short**: the data connection**.

As we know, health and social care integration covers many facets before we can truly speak of full-fledged integration. We also know that to provide tailor-made care, we start from the individual, but also from the person's living environment, the context in which care can be provided and the care that is available. From a macro perspective, this asks for a shift from a one-size-fits all approach to targeted approaches. This brings us to population health management (PHM). [1] PHM is not an end in itself, but rather a tool that enables targeted and tailored approaches that take into account the needs of different groups within a population.

PHM, along with Zorgzame Buurten ('Caring Neighbourhoods'), was one of the themes of the ICIC23 conference we co-organised last year, which we would like to explore in more depth with this conference. Here, we focus less on the role of different organisations and/or policy areas or structures. Rather, we will seek to estimate how to obtain PHM by identifying the health and wellbeing needs and care opportunities/challenges of a population.

The common thread for sound PHM as we see it for this Conference is data, the interpretation of this data and the knowledge obtained at the local level (in the Flemish context, these are neighbourhood analyses, Primary Care Zones, Partnership for local and regional health consultation and organisation

[1] Importance of PHM:
- moving from a one-size-fits-all approach to targeted and tailored approaches that account for the needs of different groups within local catchment populations or population clusters with similar needs or health conditions;
- moving from passive and reactive to proactive care,
- moving from a narrow focus on clinical needs to a holistic approach focusing also on psychosocial needs and the social determinants of health; and
- moving from fragmented and poorly coordinated care to better coordination and integration with secondary and tertiary care and partnership with other sectors and actors in the community
(Source: Population health management in primary health care: a proactive approach to improve health and wellbeing. Primary health care policy paper series. Copenhagen: WHO Regional Office for Europe; 2023.p.3)

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or “Logo’s”, etc.). This acquired data and knowledge can also be forwarded to the other levels involved to arrive at (policy) solutions, which in turn are then provided at the local level.

In developing this narrative, we came to some observations that helped shape our story and goal for the Conference, such as:

1. The material collected at the neighbourhood level, local level, regional – national and international level is different. From the macro level, we might look more toward 'hard' data, epidemiological data, socio-demographic data and cost-benefit analyses. From the micro level, we are thinking more towards 'soft' or contextual data that can help us identify what the citizen or a neighbourhood really needs or is struggling with.

2. Data and knowledge needed for policy purposes will vary depending on the user and context. It is already a difficult exercise to exchange data between different policy areas – never mind between different levels, different healthcare actors and with citizens. During this conference, we are attempting to gain an insight into how we get to integrated data and into the 'what does it take to connect this'.

3. Collecting the relevant data and knowledge is often not as easy as it sounds. Here, we would like to zoom in on the use of digital tools, whether provided by an authority or not. Knowledge-sharing, e.g. between healthcare providers or the uptake of digital tools in the care landscape, is not 'taken for granted'. During this conference we seek to learn from one another how to get this done or what is still needed to get it done.

With the conference, we want to put the importance of integrated care and regard for the regional and local level permanently on the European agenda. We would like to think along with other countries, regions, cities and municipalities, how to help the local level learn about their concrete needs and how to address them. **Together, we are seeking an answer as to how – each from our own (policy) level – we can use data, knowledge and (digital) tools to achieve (better) integrated care and what is needed to achieve this.** As Flanders, we see integrated care by far as the best route for further developing policy around care and wellbeing. We also want to make it clear to other EU Member States and EU policy-makers that it is possible – even if it is a complex and ambitious policy direction. This is why we are meeting up with experts to take a deeper look at some of the issues. In this way, we want to take the next steps towards integrated care together.

This narrative is to give the reader an insight in the onset of the conference, for which we departed from the experience and questions from our region, knowing that Flanders is located in a complex government state structure. Yet, even though it is complex, we aim to make it possible. The parallel sessions have been chosen as common discussion points, which, even though they are inspired by our own story, we hope they are transferable to other regions, countries, organisations, etc.

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Draft for sessions during the conference

1. The role of behavioural and cultural insights in the uptake of innovative (digital) tools and solutions

Learn about the concept of Behavioural and Cultural Insights (BCI) and to explore the role it could play to help increase the uptake of innovative (digital) tools and solutions among the (health and) care workforce (H&CWF). We will look into ways to close the gap between: (1) developers (such as entrepreneurs, research), (2) enablers/facilitators (such as policy makers, health insurances, …), and (3) the H&CWF. We want to pay extra attention to the diversity between types of health and care providers as well as differences between the individual health and caregivers.

2. Measure what matters: neighbourhood analysis

Explore the integration of 'soft' contextual data and 'hard' quantitative methods in capturing 'local voices' and measuring community concerns, drawing from the Thomas More College's Support Package within the Flanders' Caring Neighbourhoods project. This session will delve into the challenges of neighborhood analysis, discussing the role of local actors, communication strategies, and policy implications, fostering interactive discussions to formulate solutions.

3. 'Giving back to the people': Population Health & Wellbeing Management

Explore the synergy between hard and soft data at the micro level, discussing its implications for policy governance and integrated care. Dive into topics like 'giving back to the people' and data exchange across governance levels, with breakout table discussions focusing on mechanisms for cooperation and integrating wellbeing into population management strategies.

4. How to build trust and transparency with regard to citizens' (health) care data

In this session we explore how to foster confidence among citizens regarding the use of health and wellbeing data, emphasizing the benefits of data sharing in a trustworthy manner. We will delve into practical experiences and insights, engaging various stakeholders to discuss the nuances of building trust and transparency within the health data ecosystem, aiming to bridge theoretical concepts with actionable strategies.

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