

Marketplace on good practices in Primary Care

Integrated Health Associations

**Associations de santé intégrée
(ASI) – Wallonia**

<http://sante.wallonie.be>

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Belgian Healthcare System



Belgian Healthcare System

Federal authority :



Compulsory health insurance :

- Regulation
- Financing



Hospital services:

- Financing
- Operation

Belgian Healthcare System

Federated entities (Regions & Communities) :



Health promotion and prevention



Coordination and collaboration between the different health systems

- primary and secondary care,
- palliative care,
- rehabilitation care,



Implementation of hospital investment funding

Belgian Healthcare System





01/01/2016

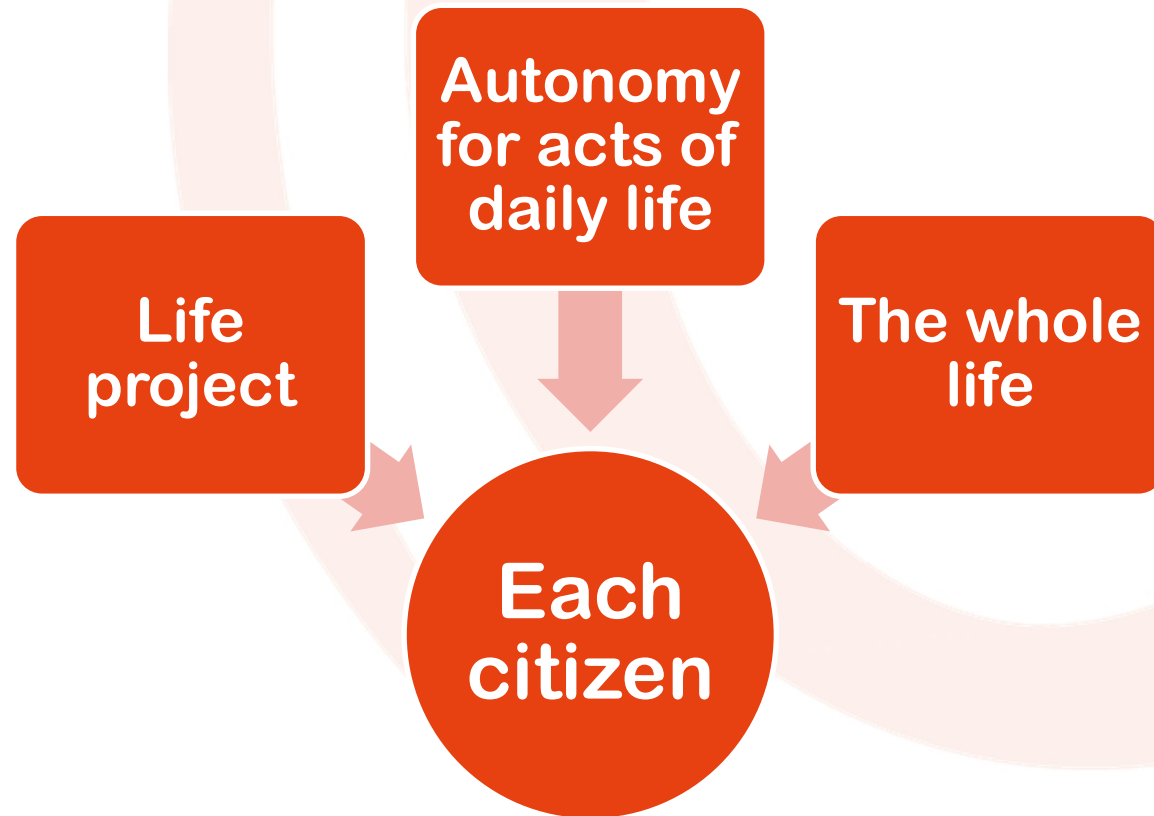


Wallonie
familles santé handicap



AVIQ

AVIQ'S MISSION



AVIQ

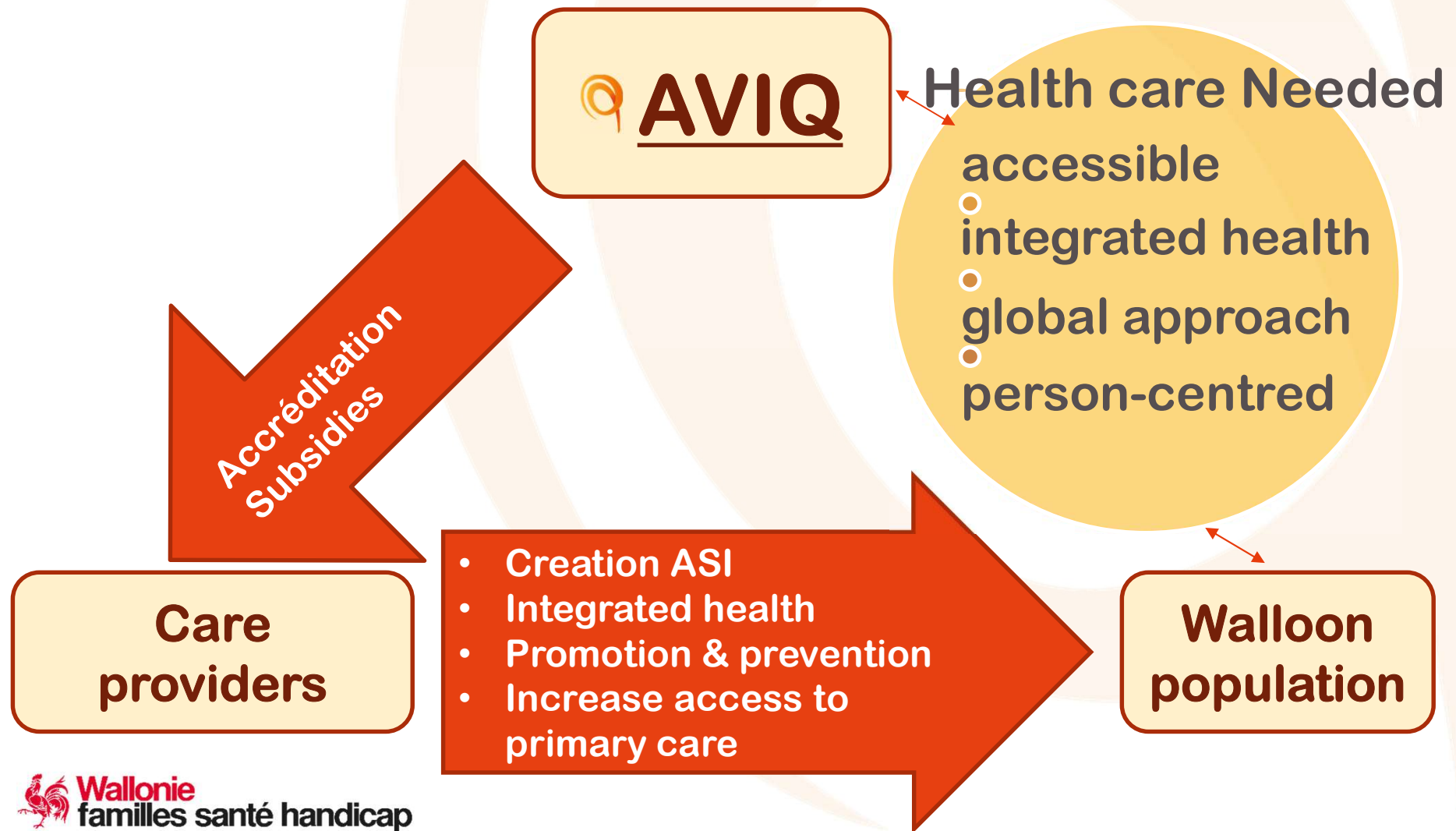


Ambulatory and Primary Care Directorate

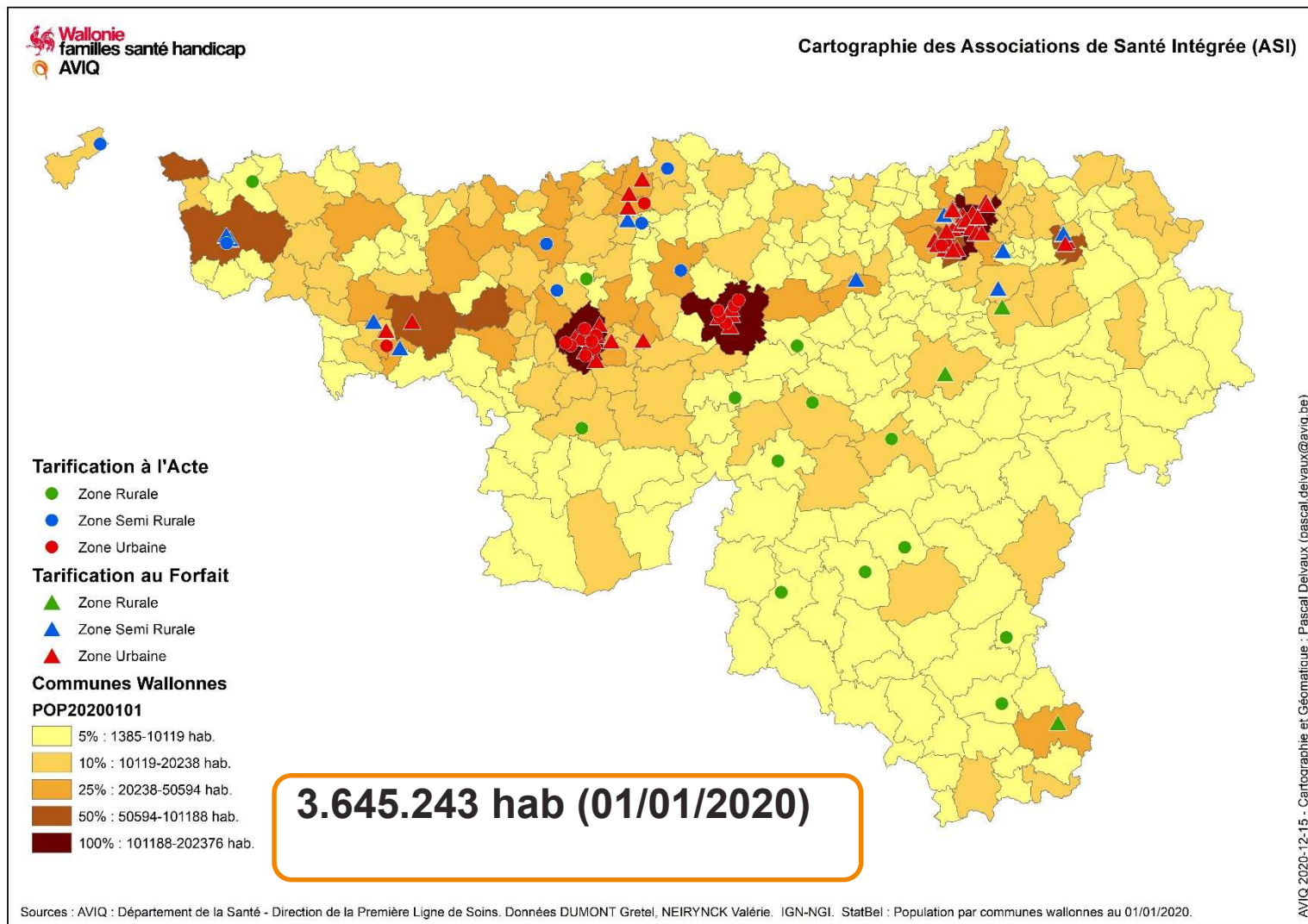
📍 AVIQ's administration plan

- Every citizen must have access to a general practitioner
 - ASI device
 - Aid scheme for general practitioners
 - For secretarial costs or administrative aid
 - For installation costs in shortage areas

contextual framework



98 ASI accredited on 01/01/2021



The main steps of the evolution of the device



Initiatives in the medical sector (1970's)

First form of the device : designation of the
« association de santé intégrée (ASI) » by the
federated entity

Evaluation

Reform by
the Walloon
Region

The background of the device

📍 Initiatives in the medical sector (1970's)

- First initiatives not well received by the majority of GPs
- Recognition by the INAMI (National Institute for Health and Disability Insurance)

📍 WHO definition of primary care :

"Primary health care is a whole-of-society approach to health that aims to achieve the highest possible level of health and well-being and its equitable distribution by prioritising people's needs at the earliest possible stage along the continuum of care from health promotion and disease prevention to treatment, rehabilitation and palliation, and by remaining as close as possible to people's everyday environment".

First form of the device

📍 Creation of the Integrated Health Association (ASI) designation by the federated entity (1993):

- Standards to be met :
 - Team ;
 - Coordination ;
 - Personalised reception ;
 - Community health activities.
- Limited accreditation
 - 2 years;
 - accreditation committee
- Inspection (only control of standards)
- Federation

Assessment of the first form of the device

Consultation with the field

- Successful assistance to the population
 - Better response to the needs
 - Epidemiological data collected -> indicator of results of the Walloon action
- Difficulties identified
 - Need to support the structures during their first years
 - Need for development assistance (administrative and financial support)
 - Obligation to submit an application for accreditation every 2 years

Reform by Wallonia

Modification of the ASI system by the Walloon Region (2009-2011, 2014)

- Accreditation for an indefinite period to simplify administration
- Simplified and enhanced subsidy
- Support during the first 2 years
- Action plan
- Periodic quality-oriented inspection: advisory mission; evaluation of the action plan
- Ongoing consultation with the sector
- Support from the Federation

Opportunities for Wallonia

- ❶ Creation of the Walloon Code of Social Action and Health
- ❷ “anti-poverty plan” for Wallonia
- ❸ “Social cohesion plan” for each Walloon municipality
- ❹ Walloon Rural Development Plan 2014-2020 (+2022) + EAFRD support

Accreditation criteria

ASI : legal basis

📍 Decretal part : CWASS 419 to 433

– Book VI, 1st Title, Chapter II

Wallex

📍 Regulatory part : CRWASS 1529 to 1566

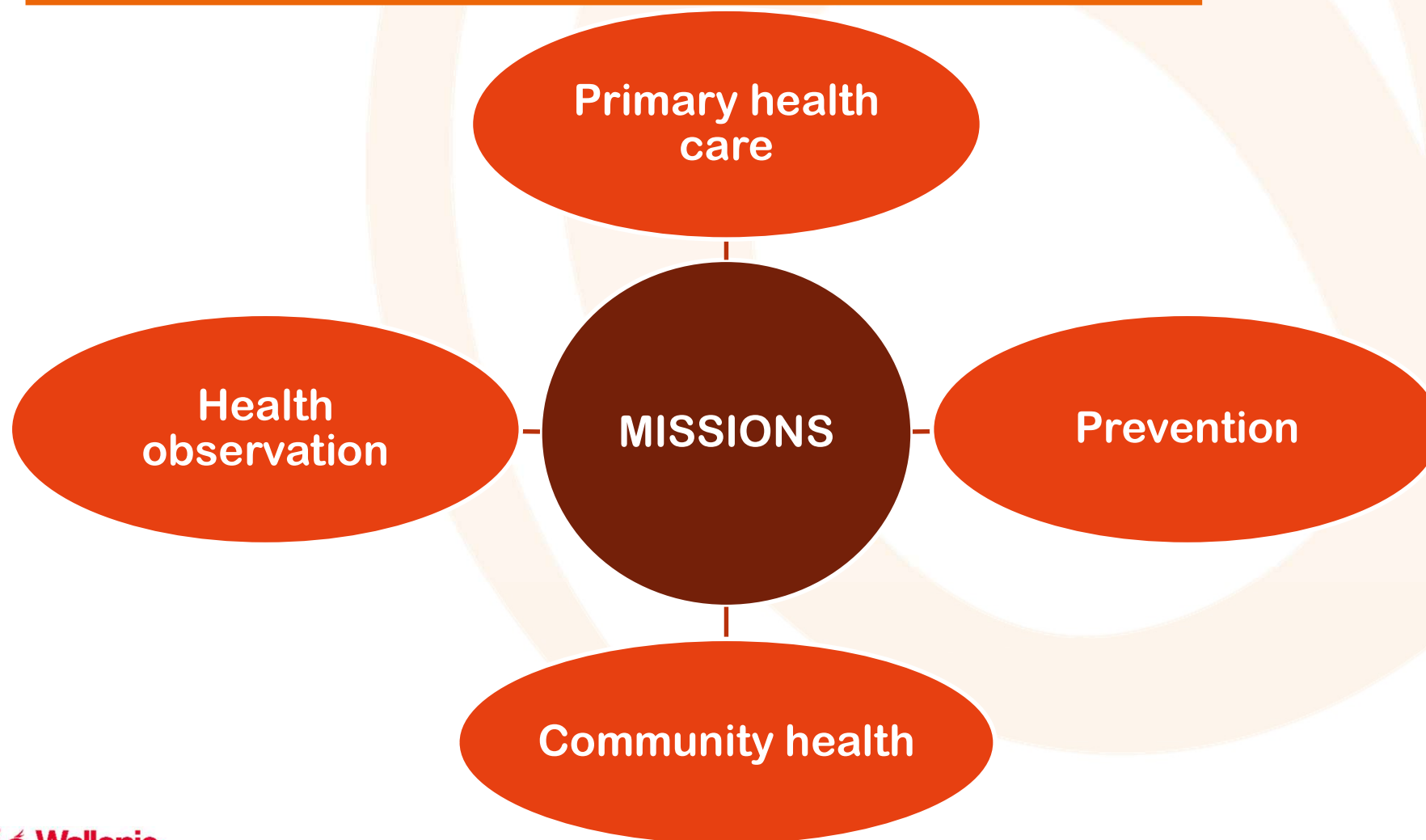
– Book VII, 1st Title, Chapters II et III

Wallex

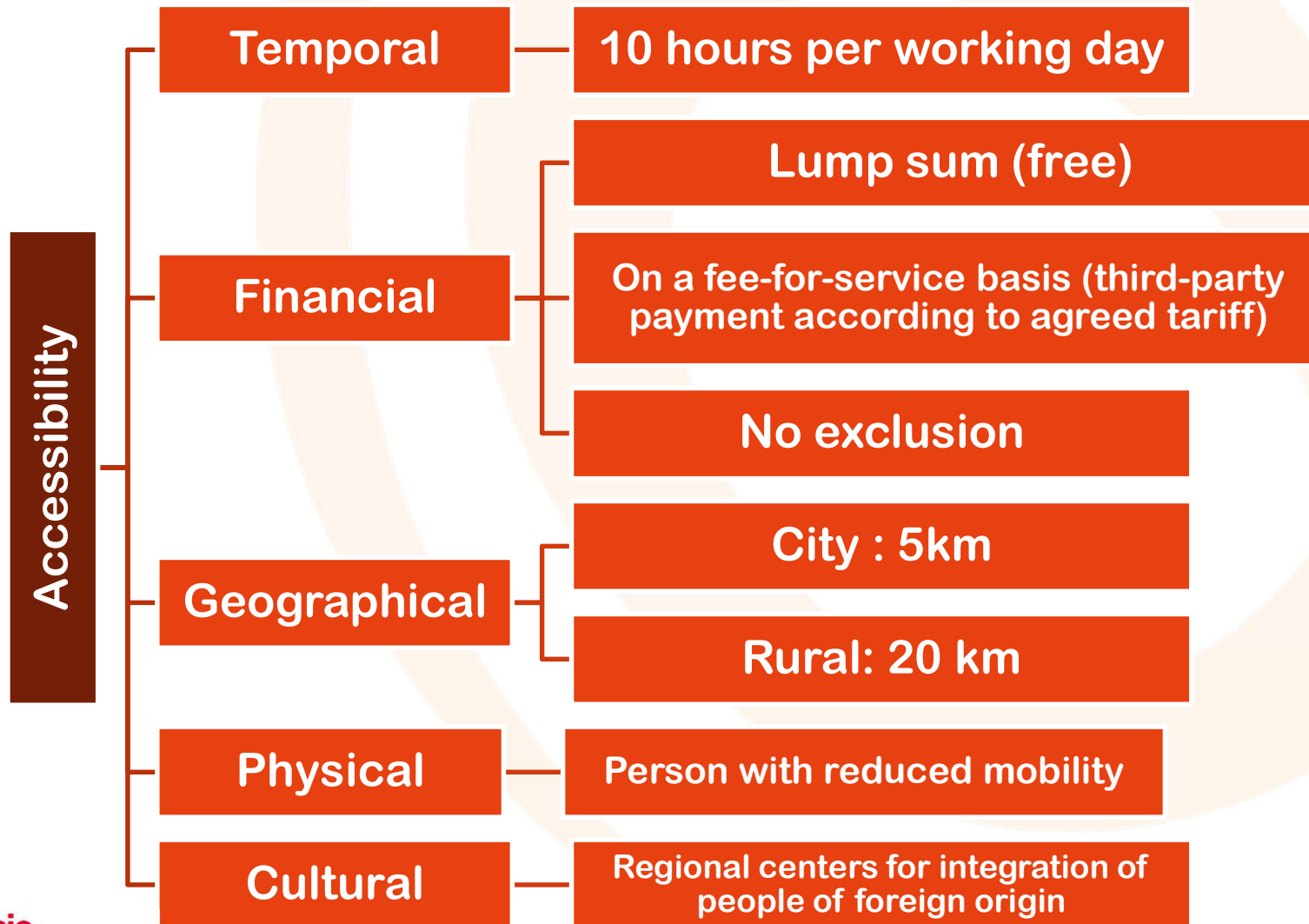
ASI : accreditation criteria

- 📍 Missions
- 📍 Accessibility
- 📍 Team
- 📍 Legal form
- 📍 Action plan

ASI : accreditation criteria



ASI : accreditation criteria



ASI : accreditation criteria

TEAM:

- Coordination : minimum 44 meetings of minimum 1 hour
- Free choice of provider within the team
- Continuity of care (centralized multidisciplinary file)
- Medical on-call

Health

Other care
(internal or
external)

Administrative
worker

2 GPs

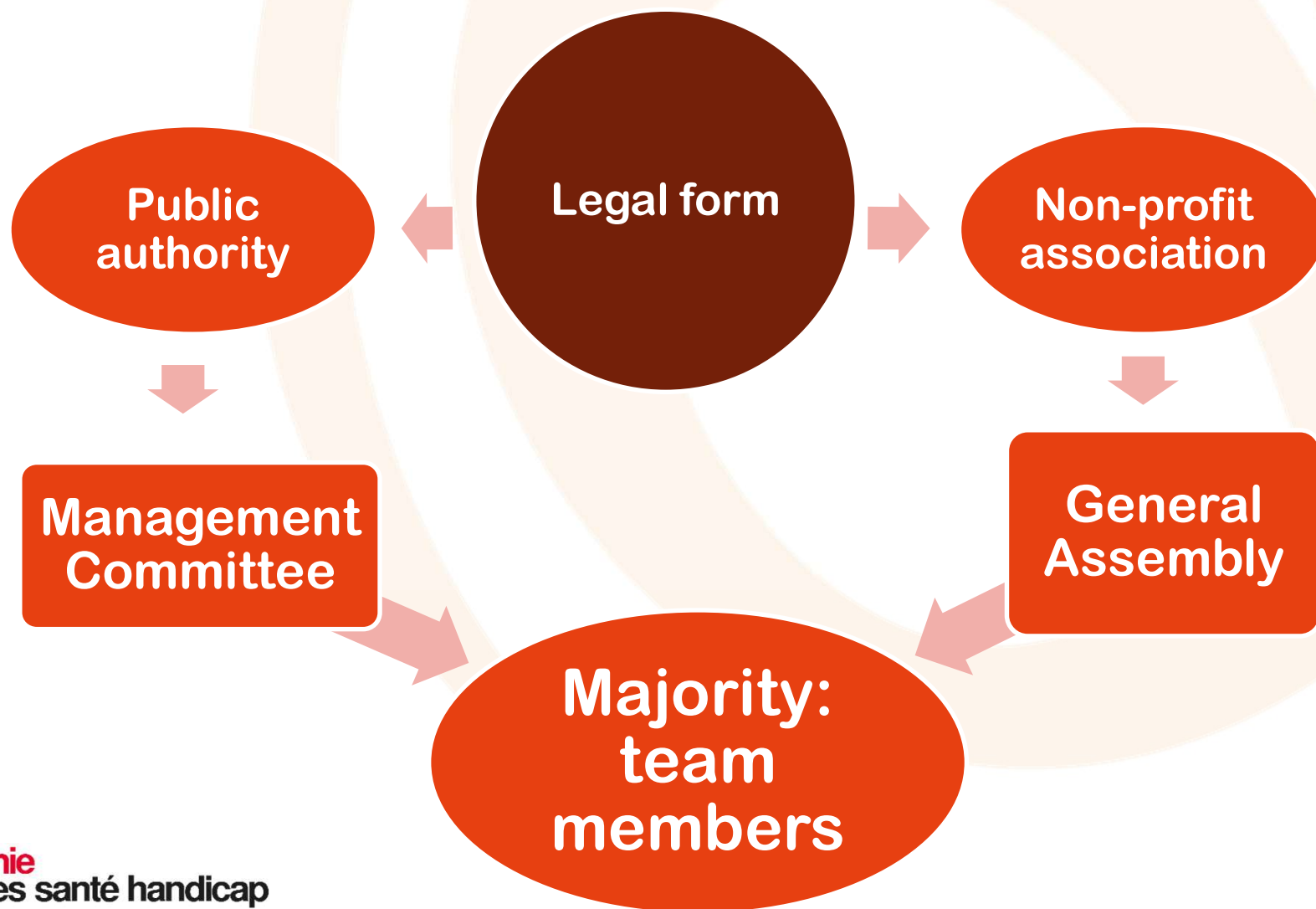
1
Physio

1
Nurse

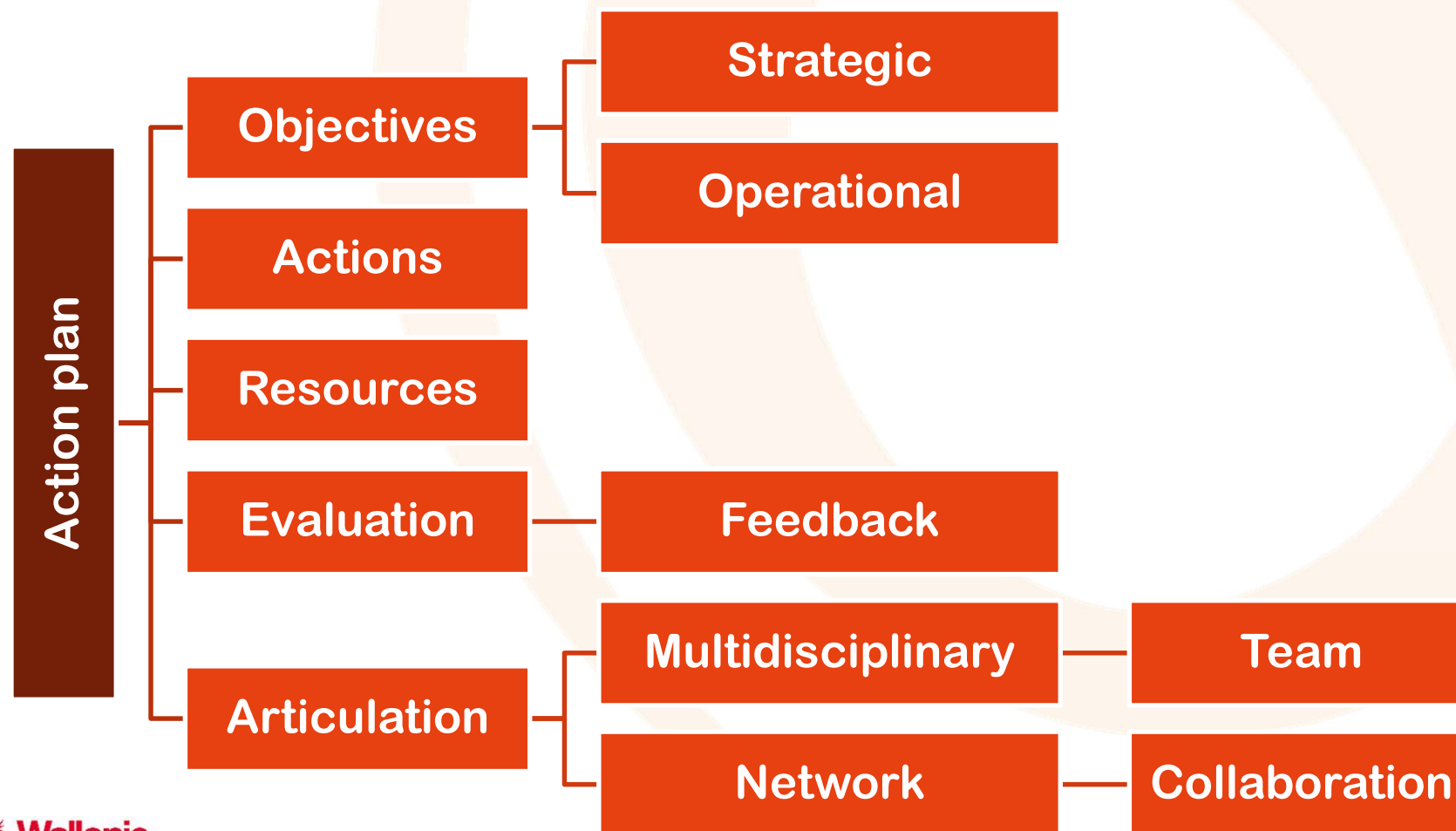
1 Psy
1 Social
worker

Reception

ASI : accreditation criteria



ASI : accreditation criteria



Subsidies from Wallonia

Regulated annual subsidies

❶ ASI subsidy

- Operating costs
- Staff costs

❷ Specific subsidies to general practitioners

- Administrative staff costs

Specific subsidy

📍 European Agricultural Fund for Rural Development (EAFRD) 2014-2020(+2022)

- Building
- Equipment

(Only in rural areas)

FEDERATION

Missions of the Federation

Encourage dialogue

- Promote and support the quality of ASI activities
- Represent ASIs during consultations

Epidemiological data

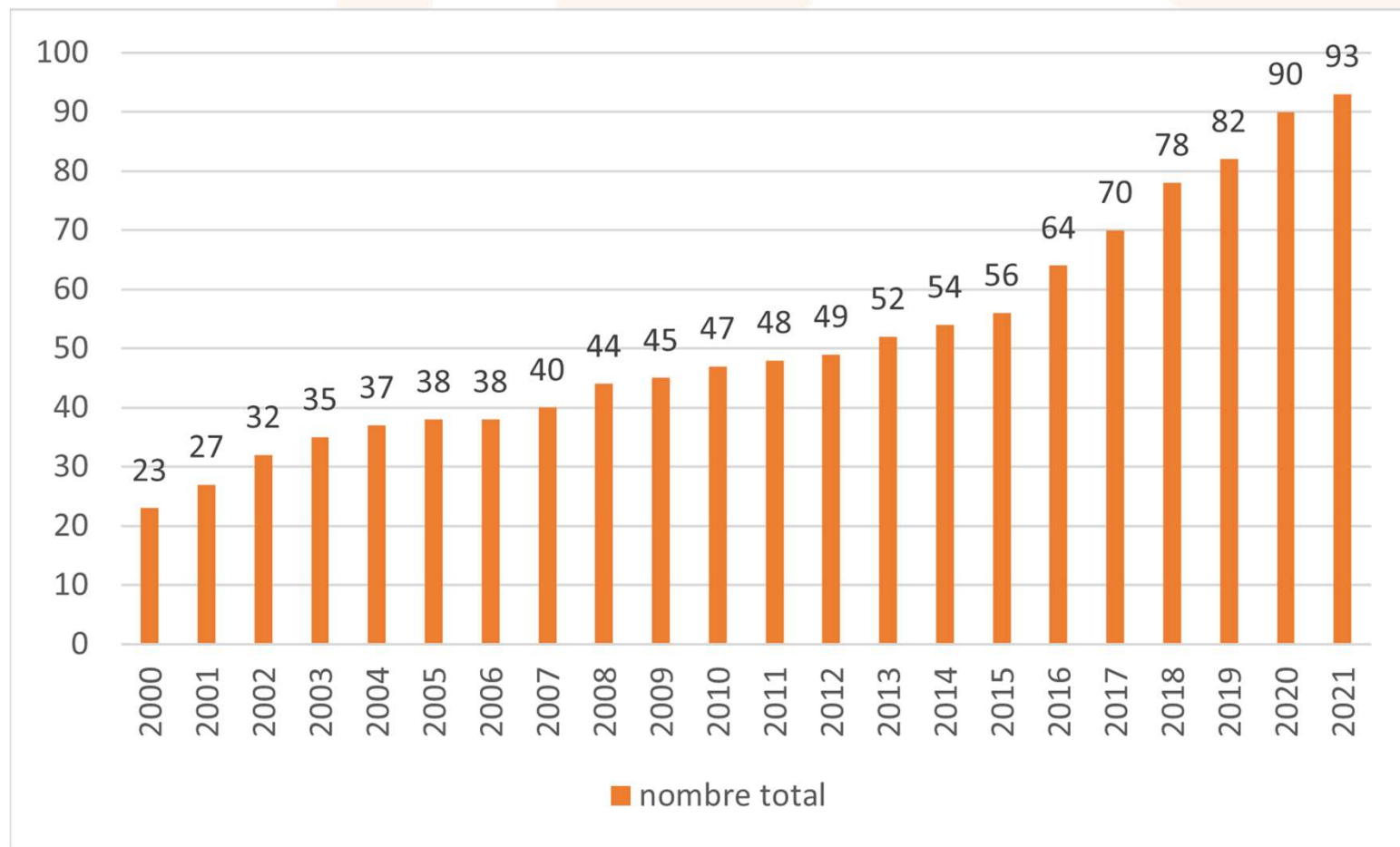
- Logistical and technical support for data collection by ASIs
- Data analysis (annual dashboard)

EVOLUTION

Evolution

- 📍 Increase in the number of ASIs
- 📍 Growing importance in the Walloon social and health care landscape:
 - leading role in the first line of care
 - Important role in the anti-poverty strategy
- 📍 Increase in budget

Evolution of the number of ASI



ASI : beneficiaries and workers

📍 Workforce

- 427 FTE GP's (vs 3.500 GPs active in Wall)**
- 165 FTE nurses**
- 188 FTE physiotherapists**
- 688 FTE office worker (receptionist, manager, social worker, ...)**

📍 230.000 beneficiaries (vs 3,6 M inhab. in Wall)

Successful elements

- ❶ Permanent consultation with the field
- ❷ Schedules in accordance with social life of GPs
- ❸ Interest in multidisciplinary and team meetings
- ❹ Accessibility for a vulnerable public

EVALUATION & FUTURE PLANS

Evaluations : KCE 85B

📍 KCE Reports 85B (2008) – Belgian healthcare knowledge center

– Focus on the financing system

- Cohort 1 : patients in the lump sum medical houses
- Cohort 2 : patients in the free-for-service system

– Comparison:

- expenditure,
- quality
- efficiency

- <https://kce.fgov.be/fr/publication/report/comparaison-du-co%C3%BBt-et-de-la-qualit%C3%A9-de-deux-syst%C3%A8mes-de-financement-des-soins-de>

Evaluations : KCE 85B

Tableau 2 : Comparaison des grandes catégories de dépenses

	Cohortes		
	1. Forfait	2. Acte - appariée standardisée	3. Acte - population générale
	Moy.annuelle	Moy.annuelle	Moy.annuelle
Total soins	1267	1280	1451
Dépenses 1ère ligne	216	112	178
Dépenses hors 1ère ligne	1051	1168	1273
DMG*	18	4	6
Total des dépenses**	1285	1284	1457

Evaluations : KCE 85B

Conclusion :

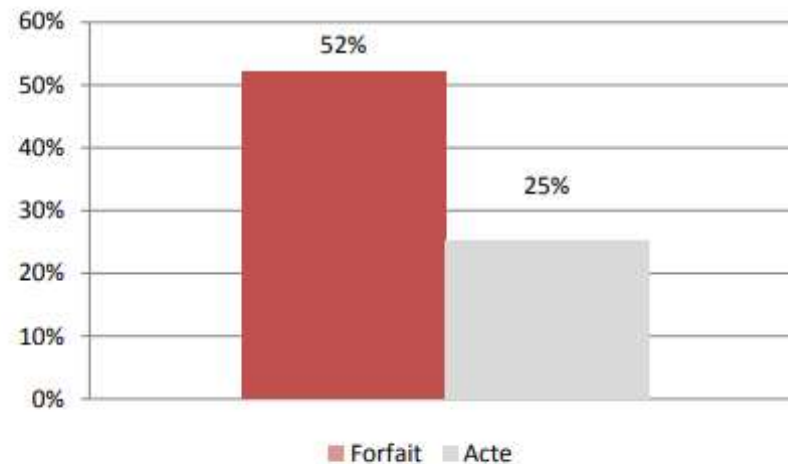
« Le coût pour la collectivité et la qualité des soins sont semblables dans les deux systèmes. Les pratiques forfaitaires réalisent de meilleures performances dans les activités de prévention. Pour le patient, les pratiques au forfait sont financièrement plus intéressantes. »

Evaluations : Solidaris 2017

📍 Study of Solidaris - insurance institution

- **Focus on accessibility**
- <http://www.solidaris.be/Charleroi-Centre-Soignies/Pages/les-maisons-medicales-a-la-loupe.aspx>

Figure 7 : Proportion de BIM parmi la population au forfait et à l'acte, 2016



Source : Solidaris

Evaluations

- 📍 **Study of the IWEPS - Walloon Institute for Evaluation, Forecasting and Statistics**
 - Focus on accessibility
 - Based on data's 2016
- 📍 <https://www.iweps.be/publication/maisons-medicales-impacts-laces-aux-soins-de-sante-personnes-precaires/>

Evaluations (Iweps)

Tableau 16 : Répartition du statut BIM selon le type de pratiques de médecine générale

	Maison médicale au forfait (AIM)	Maison médicale à l'acte	Pratique à l'acte classique	Total
Ne bénéficie pas de l'intervention majorée	57,4%	72,8%	80,1%	79,2%
Bénéficie de l'intervention majorée	42,6%	27,2%	19,9%	20,8%
Total	100,0%	100,0%	100,0%	100,0%

Source : AIM

SOURCE :

<https://www.iweps.be/publication/maisons-medicales-impacts-laces-aux-soins-de-sante-personnes-precaires/>

Evaluations

📍 Be Hive 2020 – interdisciplinary primary care chair (to be published)

- Resilience during the pandemic
- Effectiveness in communication and collaboration
 - Pre-existing
 - Training
 - Pre-existing tools
 - Constructive and innovative spirit
 - Support by the Federation
 - Mutualisation of actions and communication
 - Data collected and analysed in real time

📍 <http://www.be-hive.be/>

Future plans

Reform of the primary care system

Mid-term project (→ 2024)

- Coherence of health territories
- The right care by the right person
- Bottom-up model of permanent consultation with representatives of each discipline or sector

Conclusion

🕒 Thank you for your attention

