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Scale-up Integrated Care for Chronic Diseases in Belgium: a process evaluation of policy dialogues and roadmap interventions

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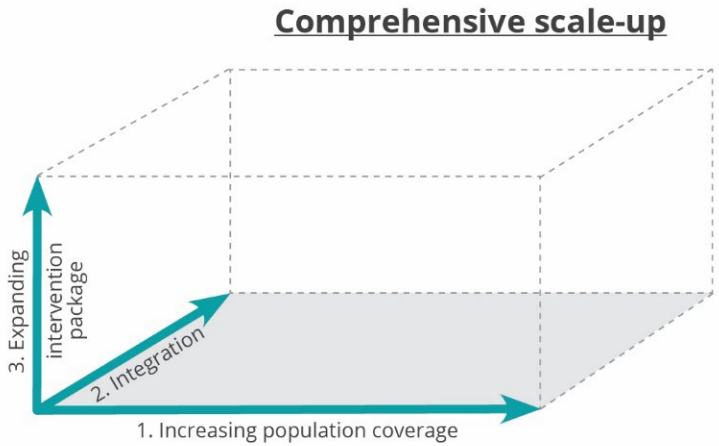
Scale-up interventions: roadmaps & policy dialogues



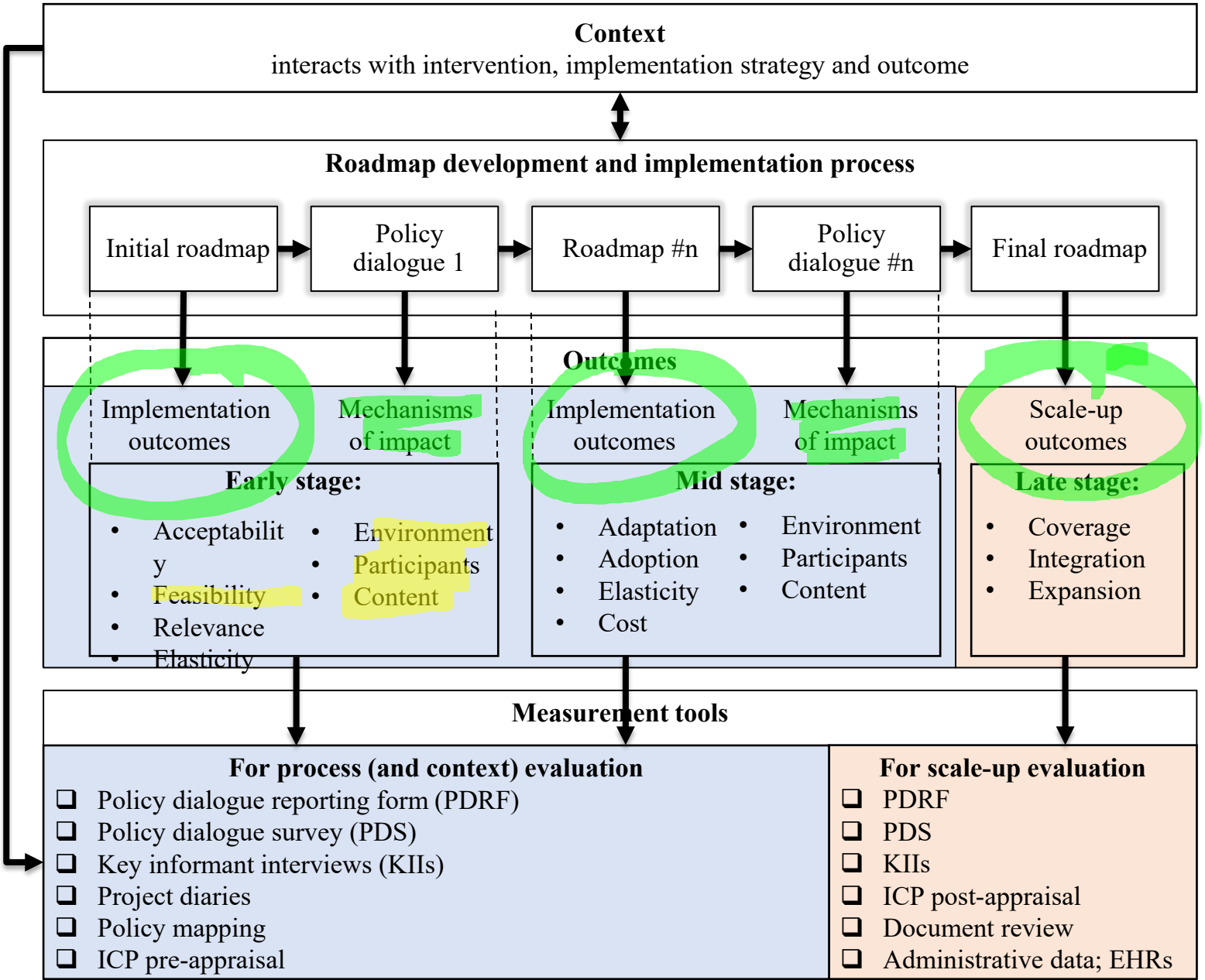
Context
interacts with intervention, implementation strategy and outcome

Roadmap development and implementation process

Initial roadmap → Policy dialogue 1 → Roadmap #n → Policy dialogue #n → Final roadmap

Martens et al, 2022. https://doi.org/10.1136/BMJOPEN-2022-062151

Scientific approach to scale-up



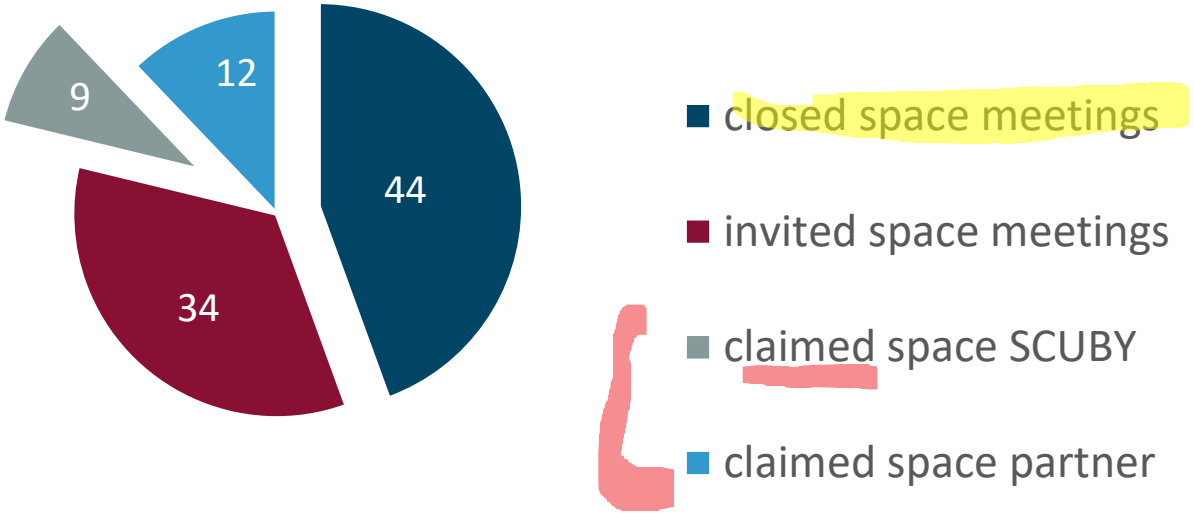
Process evaluation of scale-up in Belgium

3 Research objectives

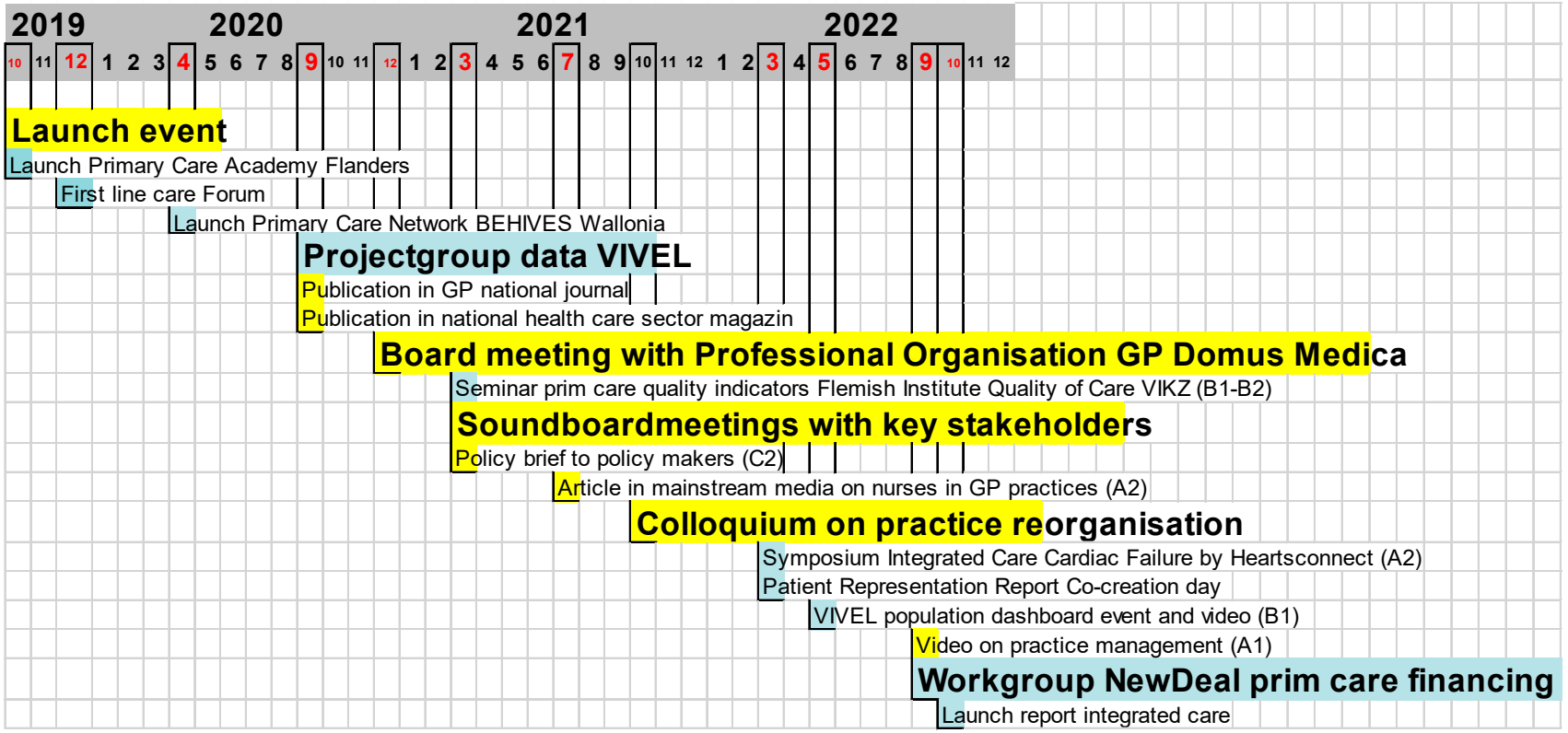
1. To report on development & implementation of the roadmap
2. To examine the actual process outcomes perceived by stakeholders (implementation outcomes and mechanisms of impact)
3. To examine progress on three axes

1. Development & implementation of the Belgian scale-up roadmap

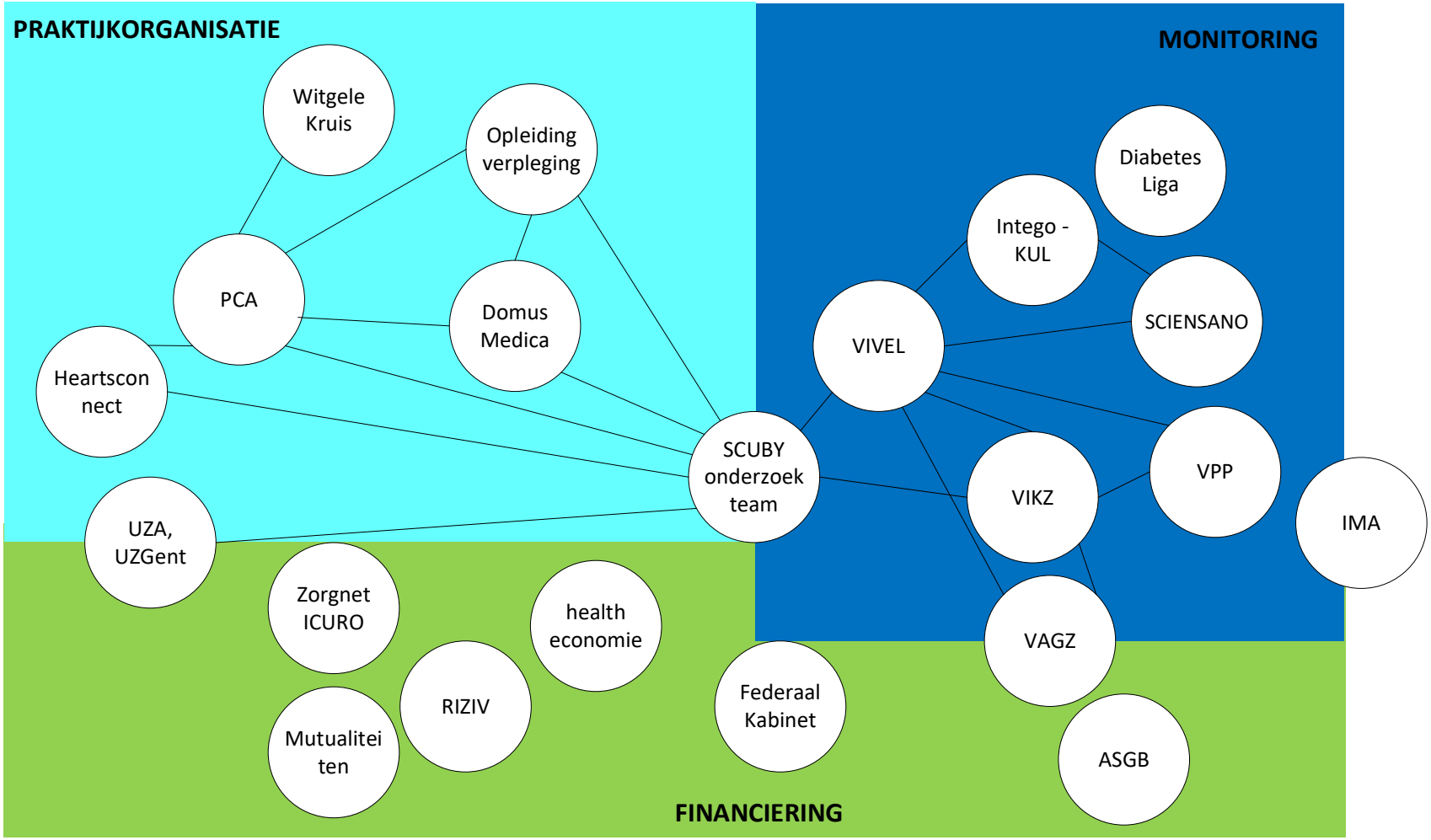
99 Policy dialogues:



Landmark policy dialogues by the SCUBY team or others



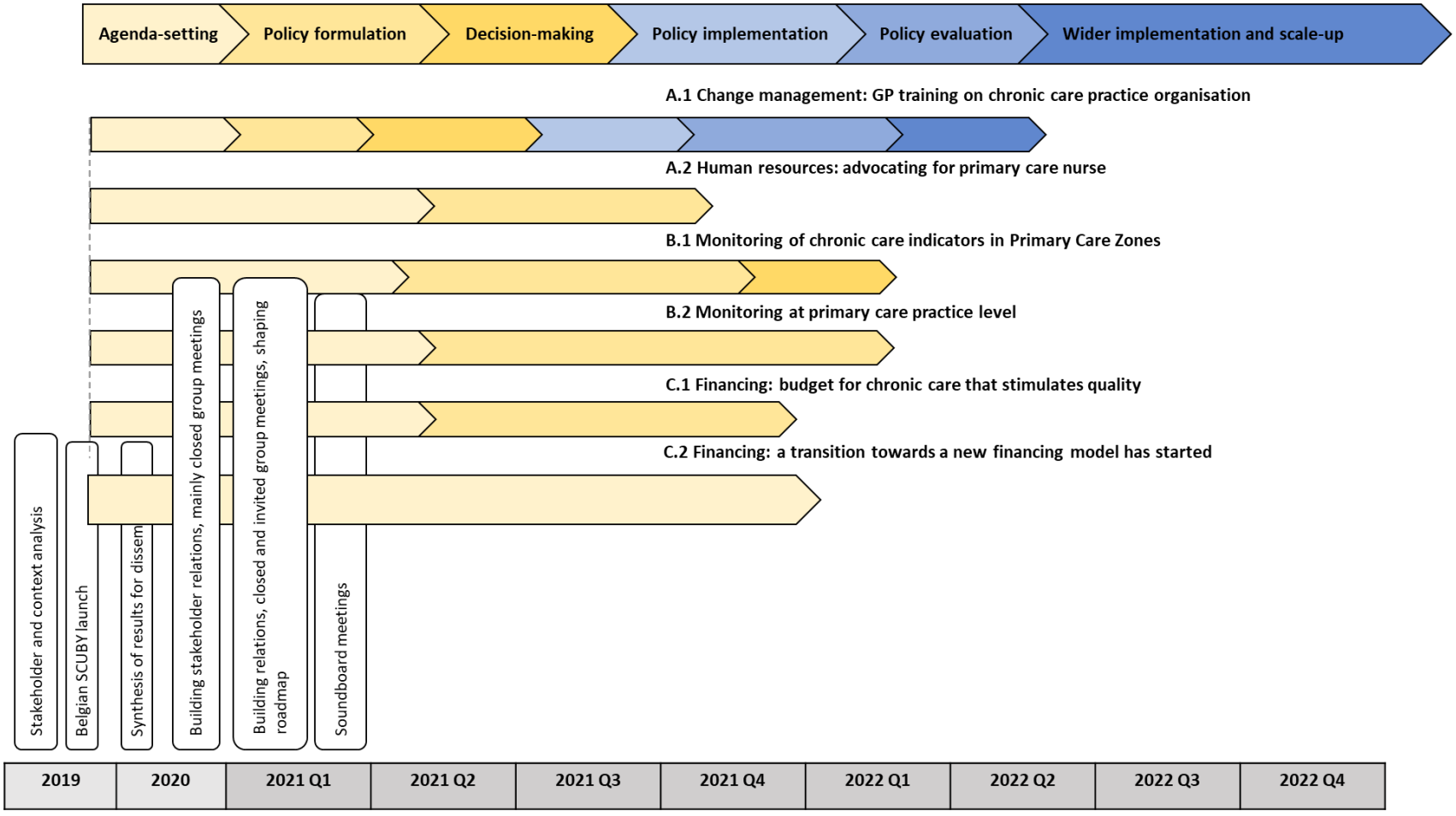
Change teams and networks



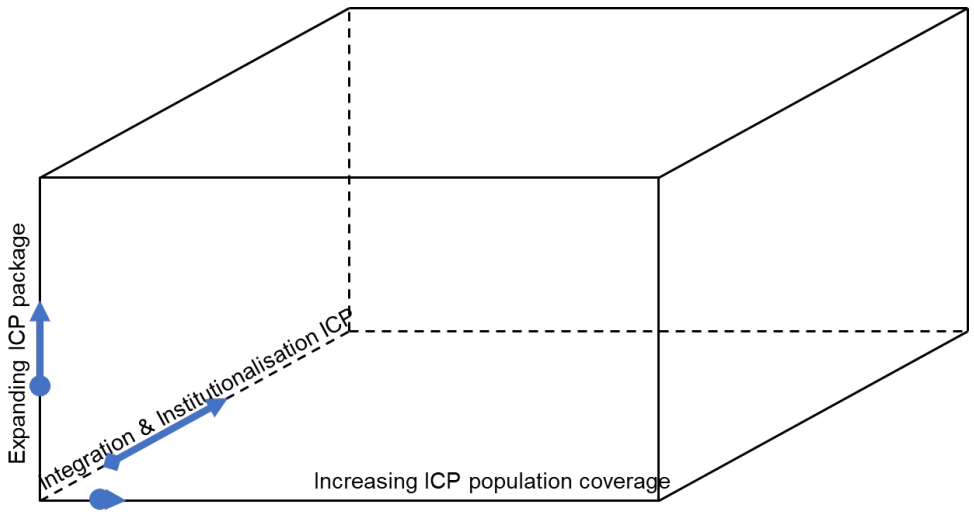
Roadmap

Theme	Aim	SCUBY Project objective	State of affairs (Jan 2023)
A. Practice organisation	Primary care practices have access to a step-by-step trajectory towards integrated chronic care	A modular support package for training and transition for primary care packages is developed	Two training trajectories
	Primary care practices know how to employ and deploy a nurse within their organization	An operational plan for integration of nurses in primary practices made and tested	No plan was made.
B. Monitoring process & outcomes chronic care	Universal set of core indicators for chronic care at primary care zone level is operationalised	Indicator set has been developed, tested and accepted by stakeholders	Consortium formed with data owners, processors, users and researchers to develop indicator set, mandate recognized by policy makers, resources allocated for development.
	Every primary care practice has access to a monitoring tool for chronic care in his practice	Audit tool for hypertension and diabetes are developed	Audit tool for diabetes and cardiac failure are being operationalized, for hypertension in development stage
C. Financing	Budget for quality of chronic care for each primary care practice	Put this on the agenda of federal health policy	Inter-federal policy for integrated care.
	A transition towards a new financing model has started		New Deal working group with a mandate to develop new primary care and financing models 2022-2023

2. Progress in the policy cycle



3. Movement on the scale-up dimensions



Indicators	End 2018	Begin 2023
% of GP practices with a reasonable to good ACIC score	6%	?
Good practice according to guidelines and formation	4/10	5/10
Governance, Financing, Human resource strategies for teamwork, serivel delivery implementation pathways, Options for shared Health information: 0-3	4/15	8/15

Limitations

- Focus on primary care

- Observer bias
- Validation of measure instruments
- Interplay of intervention and context limits attribution

Lessons

1. **Policy dialogues:**
   - collaborative, networking approach
   - build trust and buy-in
   - creating synergies SCUBY – other projects
   - understand context → anticipate change windows
2. **Change teams:**
   - composition & capacity ~ credibility & potential
   - agency is dynamic
3. **Roadmaps:**
   - living document for communication - planning - monitoring, allows intervention plasticity

4. **Variation in progress**:
   - ~ complexity of the (sub)system, agency of the change team
   - ~ context elasticity => windows of opportunities.
5. **Scale-up outcomes**:
   - Mostly on integration => as a condition for increasing package & coverage?