

Integration or Fragmentation of Health Care? Examining Policies and Politics in a Belgian Case Study

Authors: Monika Martens, Katrien Danhieux, Sara Van Belle, Edwin Wouters, Wim Van Damme, Roy Remmen, Sibyl Anthierens, Josefien Van Olmen

Abstract

Background: Globally, health systems have been struggling to cope with the increasing burden of chronic diseases and respond to associated patient needs. Integrated care for chronic diseases offers solutions, but implementing these new models requires multi-stakeholder action and integrated policies to address social, organisational, and financial barriers. Policy implementation for integrated care has been little studied, especially through a political lens. This paper comprises a case study on Belgian policy-making for integrated chronic care to investigate the policy and political drivers that enhance or inhibit the implementation of integrated care.

Methods: As part of this explorative case study design, 25 key stakeholders in the field of integrated chronic care were purposively selected for semi-structured interviews. The stakeholder analysis entailed a detailed mapping of the stakeholders' power, position, and interest related to integrated chronic care implementation. Interview participants included policy makers, civil servants (from ministry of health and health insurance), representatives of professional associations, academics, and patient organisations. Additionally, processual analysis through document review was used to frame the interviews by means of a chronic care policy timeline.

Results: In Belgium, a variety of policy initiatives have been developed in recent years both at central and decentralised levels. The power analysis and policy position maps exposed tensions between federal and regional governments in terms of overlapping competence, as well as the implications of the power shift from federal to federated levels as a consequence of the 2014 state reform.

Conclusions: The 2014 partial decentralisation of health care has created fragmentation of decisive power which undermines efforts towards integrated care. This political trend towards

fragmentation is at odds with the need for integrated care. Further research is needed on how public health policy competences and reform durability of integrated care policies will evolve.

Keywords: Stakeholder Analysis, Processual Analysis, Chronic Care, Integrated Care Policy, Belgium, Qualitative Research

Key Messages:

1. Implications for Policy Makers

- In a federal country, it is important that objectives and actions across different policy levels are aligned closely to improve policy coherence, accountability, coordination, and leadership in decision-making.
- Integrated care (IC) reform can only succeed if different forms of power (including technical, political, and financial resources) and leadership come together.
- To facilitate engagement and time investment of the health sector, financial stimulus is needed to move beyond voluntary commitment of caregivers and meso-level organisations (including patient and professional associations).
- There is a strong need for comprehensive follow-up and evaluation of policies, policy reform, and pilot projects to enhance political and organisational learning.

2. Implications for Public

This study shows that Belgium's fragmented political structure itself clashes with the IC paradigm. Belgium's political structure is characterised by too much fragmentation and inertia to change, in addition to power imbalances across all three discussed IC policies. All of this stands in the way of change towards more coordinated action.