

CONFERENCE ABSTRACT

Financial incentives for integrated care for people with chronic conditions in Belgium: a qualitative study within the CORTEXS research project

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Introduction: Most other countries alike, stakeholders in the Belgian healthcare system are facing challenges to efficiently meet the needs of the chronically ill. The concept of integrated care is a guiding framework. Within this concept, financial incentives are considered as a key factor influencing stakeholders' behavior. Incentives that are considered relevant include all-inclusive payments (global and bundled payment), pay-for-coordination, pay-for-performance, personal budget. Our understanding of how stakeholders perceive these incentives is limited. We do not yet fully understand their potential. The aim was to examine the perceptions of care professionals and patient organizations' representatives regarding the potential benefits and concerns of financial incentives for integrated care. The study is embedded in a research project on integrated care in the Flemish region, Belgium (CORTEXS).

Methods: The study is part of a larger one aimed at the development of care models, using the business model framework, for integrated care. We focus on three cases: multiple sclerosis, diabetes, psychotic disorders. For each case, a value proposition is developed targeting the needs of the patient populations. We assess the potential role of financial incentives in realizing these value propositions. For each case, a two-phase qualitative design is used. First, individual interviews are conducted, while in phase two group-based sessions are organized. Participants include health and social care professionals and patient organizations' representatives. A semi-structured guideline was developed to achieve an open discussion and to ensure consistency in the questions. Qualitative content techniques are used for data analysis.

Results: For multiple sclerosis, both phases are completed. For diabetes and psychotic disorders, preliminary information from the individual interviews is available. The results so far show that all-inclusive payments and pay-for-coordination may lead to more integration, with a preference for the latter. The success of pay-for-performance highly depends on the

accuracy of the quality indicators. It is questioned if the introduction of one particular incentive will be sufficient. Independent of the type of incentive, they need to ensure seamless high-quality care. Concerns include 'administrative burden', 'risk of excluding patients with complex needs', 'budget allocation issues', 'loss of autonomy', 'competing interests'.

Discussion and conclusion: The results are preliminary, since the data collection is ongoing (to be completed in March 2017 and available for the IFIC congress). Further analyses include integrating the results of the group-based sessions for diabetes and psychotic disorders. It will be examined if differences and/or similarities across the three cases can be identified. The focus will also be on the potential of combining elements from different incentives. A strength is the two-phase approach. Bringing together stakeholders enables interaction not achievable with an individually-based approach. The preliminary results suggest that financial incentives are potentially valuable tools, but different concerns were reported.

Lessons learned: The adoption of financial incentives should be designed thoughtfully to minimize the risk of barriers hampering a successful implementation.

Limitations: At this stage, health insurers and governmental representatives were not eligible for inclusion.

Future research: Perceptions of stakeholders described under the limitations. Future research should also address strategies how to overcome the identified concerns.

Keywords: financial incentives; qualitative study; chronic disease
