STUDY VISIT Gent – Flemish Community

"Integrated regional policy. Business and knowledge development. Mobility and Livability"

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I. SUMMARY

The focus of this study visit was the approach of Flanders towards Integrated regional policy for business and knowledge development. On day one presentations were given on Flanders' policy towards homecare and the financing system to help people with a disability. As an example of integrated regional policy, the program Flanders'Care, a project where different policy domains cooperate to stimulate innovation in care. Also iMinds, a research centre with a focus on ICT was presented. Besides this, some examples on mobility (demonstration of the care for balance AAL project) were given. The day was completed with a site visit to nursing home Weverbos, which is an example of implementation of ICT and ambient assisted living techniques in a real setting.
On the evening of the first day a networking dinner was organized for all project partners and their experts.

On the second day of the study visit, three different rooms (Patient Room of the Future, Personalized Residence of the Future and Private-care Room of the Future) were presented. These rooms are built by PrOF, a consortium of architects, manufacturers, professional organizations, user groups, social representatives and knowledge institutions was visited.

Number of participants:
- Networking dinner on the 9th October: 50
- Study visit 10th October: 62
- Official dinner 10th October: 63
- Study visit 11th October: 39

II. DEBRIEFING ONSITE VISITS

On Thursday 10th of October a couple of lectures were given, at first the policy towards homecare was explained. The Flemish region is the competent authority on home care. In the lecture several examples of integration of technology and innovation in home care were given. Good practices are:
- Personal alarm systems;
- Vesta: an electronic data exchange (via web services) between the Flemish Agency for Care and Health and the professional care providers. It's main objectives:
- An efficient and prompt payment of subsidies to the services (+ web application for services: possibility to immediately consult the detailed computation of subsidies);
- Collecting and analyzing policy information (on the basis of the transferred data on personnel and users).

- Vitalink:
Vitalink is the new Flemish platform that should make real cooperation and data sharing among various actors in the world of health and welfare concrete. This platform was

formerly known as the Primary Care Safe. Vitalink guarantees that caregivers always have the current basic information of a patient/user so that the right decisions can be taken with regard to diagnosis and treatment at any time and at any place. The information may only be shared among care actors that have a therapeutic relationship with the patient.

Vitalink also enables the patient/user to consult his/her own care file and any other information intended for him/her.

Vitalink builds on the federal eHealth platform, which will be responsible for basic services. For instance, eHealth provides the connectors for integration with the various care actors. In addition, the platform ensures the encryption of the database and for an unambiguous identification of the user by means of, among others, the national registration number and the electronic identity card. There will also be a connection to the federal eHealth register so that there is always an unambiguous answer to questions as: 'does the user have access to a file?'. eHealth will also verify whether or not a therapeutic relation actually exists between the caregiver and the patient/client before giving access to the data.

The first application that was developed and which must demonstrate the effectiveness of Vitalink is the medication schedule. The intention is to make the medication schedule of a patient available electronically for all qualified caregivers. It provides an overview of all of a patient's current medication. For each different medication it indicates the period, time and dose which must be taken.

Afterwards Flanders' Care was explained.

Flanders' Care is a programme of the Flanders in Action project – the long-term strategy of the Flemish Government to become an economically innovative, sustainable and socially caring society by 2020.

In this context Flanders' Care is a very relevant project given the fact that it touches upon all the elements of the Flanders in Action project: increasing demand for innovative and sustainable care for the ageing population, linked to an economic opportunity.

The mission statement of Flanders' Care is as follows: "to measurably improve the offering of quality care through innovation and to stimulate responsible entrepreneurship in the care economy".

More information: http://www.flanderscare.be/en

To this end, this initiative mobilizes insights and resources from other policy areas, such as economy, innovation and employment. We wish to support this ambition with the help of a number of subsidy instruments.

Together with the regular Agency for Innovation by Science and Technology (IWT) support for research, there are also the Flanders' Care demonstration projects. Furthermore, recently the Living Lab Care were started, which particularly focuses on care of the aged. Both instruments work with test environments in which products or services can be tested in a controlled manner with regard to quality and effectiveness. This enables the product to be perfectly attuned to actual needs.

A good example of the efforts of innovation where a research institute (iMinds) of Flanders cooperates with other organizations in Europe, is the AAL project Care for Balance (C4B). C4B will do on-demand and multi-stakeholder service design based on intelligent dashboard systems representing the status and context of the actors involved. The intelligent dashboard is an *always-on* interactive device that is easy to use by older adults. This dashboard will be used to show status information and will enable communication and coordination towards the professional and the informal caregiver. The information to feed the status board will be collected both through user-generated input and through automatically collected contextual sensor data. The back end system will detect and analyze care demands and/or cumbersome situations.

iMinds is a strategic research Center for digital technology, in this center researches from 5 universities are working together. iMinds focuses on 5 different markets, and Health is one of the main markets.

More information: http://www.iminds.be/en/about-us/markets/p/detail/health

Another lecture was given on Systems of person linked financing in Flanders for people with disabilities. The Flemish government is working towards a system of person centered financing. Why?:

- Empowerment of people with a disability;

- They can make their own choices in life;

- More flexible and person-centered care.

Currently there is already a system for person-centered financing as more than 2000 people already receive a Personal Assistance Budget.

This budget increases the independence at home, in the classroom and at work. It is a budget to finance and organize assistance by employing personal assistants.

In the new system every person with a disability with a certain amount of need for support will receive:

- A limited "basic support" budget; and

- Will be free on how to spend it as there will be no control on spending.

The last lecture focused on "The world of Nestor": an online tool, mainly meant to help local governments to create a better world for their elderly citizens. The project was created in collaboration with the department of elderly care of OCMW Ghent, and with the support of Design Flanders. The tool is built on 10 personas and their experience with 8 different topics. These 8 topics are areas where local governments can make the difference for their elderly citizens. They are based on the WHO report Global age-friendly cities.

The day was closed by a visit to Weverbos, a nursing home for older people.

Each resident is unique. Each person needs a different approach. As a non-profit organization, WZC Weverbos offers its people the absolute freedom of choice. Each resident can choose what to eat, when to eat, when to sleep, and most importantly, how to spend their day.

On Friday the CASA delegation members visited PrOF. Three different projects were explained and visited:

Patient room Of the Future

A consortium of architects, manufacturers, professional organizations, user groups, social representatives and teaching institutions present to you the Patient Room of the Future.

It deals with a totally innovative concept of the patient room.

Personalized Residence of the Future

The Open Innovation Platform, a consortium of architects, manufacturers, professional organizations, user groups, social representatives and innovation institutions.

It deals with a totally innovative concept of a Life Long Living environment.

Private Care room Of the Future

The 'Personalized rest home room of the future' is the result of an intensive examination into the needs and questions in the area of ageing. As our population ages the world around us is increasingly confronted with specific questions regarding a growing number of elderly

people, the insufficient growth of care provision, the government's limited financial resources, the increasing social isolation etc. PRoF anticipates on this by focusing on ageing people in their own surroundings with an eye for durability, functionality, user-friendliness, and contemporary design and all this in accordance with applicable European, national and regional accessibility norms.

More information: http://www.prof-projects.com/

III LEARNING OUTCOMES FOR THE PARTNERSHIP

	Area (self-management /policy/ICT)	Key characteristics
Learning Outcome 1	Integrated regional policy on innovation in care	By cooperating between the policy domains Welfare, Innovation and Economy different instruments can be combined to make optimal conditions for stimulating entrepreneurship in care.

Learning Outcome 2	ICT solutions for home care	• Vespa is an electronic data exchange (via web services) between the Flemish Agency for Care and Health and the professional care providers. It has as main objectives:
		  o An efficient and prompt payment of subsidies to the services (+ web Application for services: possibility to consult the detailed computation of subsidies immediately)
		  o Collecting and analysing policy information (on the basis of the transferred data on personnel and users)
		• Vitalink is the new Flemish platform that should make real cooperation and data sharing among various actors in the world of health and welfare concrete. Vitalink guarantees that care givers always have the current basic information of a patient/user so that the right decisions can be taken with regard to diagnosis and treatment at any time and at any place. The information may only be shared among care actors that have a therapeutic relationship with the patient.

IV. IDENTIFICATION OF POTENTIAL BEST PRACTICES

1.Name of the Region	Flanders
Potential Best Practice	Integrated policy on business development
Brief Characteristics Of the Practice	Flanders' Care is a true Flanders in Action project in the sense that it is a social challenge, namely, the increasing demand for care for an ageing population, linked to an economic opportunity. The mission statement of Flanders' Care is as follows: to measurably improve the offering of quality care through innovation and to stimulate responsible entrepreneurship in the care economy. To this end, we mobilize insights and resources from welfare and other policy areas – economy, innovation and employment.

2. Name of the Region	Flanders
Potential Best Practice	Use of data sharing and ICT in home care: examples of VESPA and Vitalink.
Brief Characteristics of the Practice	In Flanders much efforts are done to stimulate data sharing in different areas of care. By using VESPA administrative efficiency is enhanced. Vitalink is another platform that focuses on safely storing patient data in order to enhance data sharing between different care providers.

FINAL REMARKS

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