

Deep dive into the 2nd day – Talks – best moments

At the second Prevention Day, speakers from several countries, backgrounds and sectors shared their vision of prevention, tackling the subject from different angles: involving people, financing, disseminating tools and practices, collaborating with different types of players and impacting on the overall organization of our healthcare system.

Keith Grimes, General Practitioner and Healthcare and Innovation consultant at Curistica explained how he moved from prevention as a practitioner with his patients - a position he found no longer bearable due to ongoing pressure (lack of time, lack of money, people's general disengagement from prevention) - to prevention based on a product he developed, a revolutionary tool that aims to "put affordable healthcare into everyone's hands". **How do you get people involved in prevention? For patients, by giving them what they need when they need it; for practitioners, by making their lives easier and showing them that they'll always earn a living; for society in general, by proving that it has a lot to gain.** For Keith, it's about moving from a healthcare world of compromise to one where you can do the best for your patients. Prevention can be done with useful tools to help practitioners, and user-friendly tools to convince people that it's not so difficult or negative to broach the subject. It even helps them to be more self-reliant, and in the end, everyone wins.

The development of new tools is a recurring proposal for improving prevention, but **the financing of all these solutions remains a difficult question with no perfect answer.** Who should be financially responsible for improving society's overall health? There is no shortage of examples and their opposites, stories of startups that raise considerable amounts of money, others that quickly go bankrupt, services that would be far too expensive for ordinary people but are not eligible for reimbursement, and so on.

Laurent Hermoye from Imagilys detailed how venture capital financing works, and the risks it entails for the organization, given that it depends on results that are not focused on patient well-being, but solely on financial assets. His approach is full of common sense but tends to be forgotten sometimes: profit from a customer-funded business. Depending on your target, there are different models of customer financing, but they all have one thing in common: they're safer and more stable. It's "real" money, based not on your potential growth but on the actual usefulness of your product. And if you're lucky enough to find a big investor who guarantees you a big market and allows you to remain an agile structure for innovating and testing new things, then you've hit the jackpot.

And what about the people in the middle of it all? Their role could be summed up in a few words: transversality, flexibility, collaboration, at all levels. In medical terms, explained Erik Schokkaert, Professor Emeritus at the Department of Economics at KU Leuven, **the general healthcare system must evolve to break down the current organization of formal care.** He advocates the advent of integrated care: rather than remaining in silos and focused on their single specialty, professionals need to be educated, trained and empowered to talk, exchange, share - in a word, **collaborate around a patient or a healthcare pathway.** Multi-disciplinary teams, led by the family doctor or any other specialist or nurse, depending on

the situation, would optimize time spent, money spent, general awareness and, ultimately, prevention.

Of course, this integrative approach shall include the patients themselves: « **never for me without me** » mentioned Philippe Michel, Users Quality & Population Health Director from the Hospices Civils de Lyon. Whatever project you start, whatever great idea you have, you have to involve the patients themselves, among the actors of a project.

Nowadays, we need to be precise when we invest money, be sure that it goes where it is needed, and in the wide possibilities of communication, we need to strengthen the channels that are useful for society as a whole. In Belgium, there are local and regional initiatives to stimulate a movement against this obsolete organization, in Wallonia, Flanders, and in Brussels too, as Gaétane Thirion, Integrated Care Project Coordinator at Brusano explained. The idea is the same as that already mentioned, but on a larger scale: **to set up a territorialized organization, to distribute the roles and to stagger the responsibilities**, from a very local scale, close to the people and their main needs, on a larger scale for a very specific treatment, large campaigns, etc. **These different strata must collaborate properly, responsibilities must be clearly defined to help them articulate well.** It's a work-in-progress trend.

Finally because Prevention Days tackle professional issues, we couldn't have left without a word on another huge topic of the workplace, now officially recognized as a disease: the burnout. It appears to be a perfect example of a societal issue where prevention has an important role to play. **A burn-out avoided is a non-existent burn-out:** it simply does not happen if it is spotted, apprehended, and stopped early enough, and that is the role of prevention. Alexandre Vandermeersch from Evoluno explained the goals of his company and the tools they have developed to give people and employees in particular something they can manage and measure on their own (the Burnout Assessment Tool for example). Of course, Evoluno is only one piece of the puzzle, as stated by Sarah Scaillet of the Federal Pension Service, and user of Evoluno, but it is still one of the digital tools that are there to support the HR departments, to break the taboo of a disease long considered a humiliating weakness. Such a collaboration between a startup and a public actor is also a good example of what can be mutually contributed by actors from different backgrounds. « Considering people who work in your company as human beings rather than resources is also a cultural change we need, in order to make prevention meaningful » said Sarah.