POTENTIAL OF HEALTH NEIGHBORHOODS: cooperation between healthcare providers

FIH

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The French Health system is quite stratified and hospital oriented

But more inclusive forms of territorial cooperation tend to emerge

I would like to share my thoughts about this...through the example of the regional level of Paris and its suburbs
Why is integrated care mandatory in France?

- ageing population

- rising prevalence of chronic diseases

Impossible for the different healthcare providers to continue working in silos
Let me introduce myself

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Fédération hospitalière de France (FHF) Ile-de-France (Regional Federation of French Public Hospitals)
1. La Fédération hospitalière de France

Non-profit association created in 1924 to promote the public hospital
• with a strong territorial basis
• regional federations

It represents over 2000 public institutions:
• hospitals
• social structures, that are almost all the public sector
Over 1000 - 32 UHC - 519 CH - 89 SHC - 324 LH

8,5 M hospitalisations
3,8 M outpatient care
13 M visits to ER

Legal persons governed by public law with administrative and financial autonomy

1444
1,3 M hospitalisations
4,5 M outpatient care
830 000 visits to ER

Almost the same rules as those applied for public hospitals

1408
3,3 M hospitalisations
1,1 M outpatient care
1,8 M visits to ER

Lots of small structures where the main activity is scheduled surgery
FHF’S MISSIONS : LOBBYING

Push hospitals to move on

Promote the public hospital service

Represent all the institutions of the public sector: hospitals, social and medico-social structures

Inform professionals

Being a force of proposals to decisions-makers
120 public hospitals and social structures

Suburb of Paris

Non teaching Hospitals

Discussing with:

- Regional Health Agency
- Paris Teaching Hospitals (AP-HP)
Hors le CHU (AP-HP), la région compte 15 Groupements hospitaliers de territoires - représentant toutes les disciplines de l’offre de soins (cf chiffres 2017 parts de marché en séjours - sources PMSI ATIH FHF-Data) :

- Médecine : 1er opérateur en Hosp.Complète 36,6% (devant AP-HP 34,8%)
- Chirurgie : 2ème opérateur ambulatoire 14,7% (derrière le privé à but lucratif 66,1)
- Obstétrique : 1er opérateur 45,3% loin devant l’AP-HP et les cliniques
- Psychiatrie : 13 établissements spécialisés
60 social structures (public long term care homes for elderlies)
Regional Director (and a deputy)

Board of Directors (hospital managers, doctors and territorial collectivities representatives)

Specialised commissions (Finance, Human resources, medical resources, quality management...)

Lobbying about regional health policy
Tomorrow’s challenges

• **Creating a real territorial public service** by reinforcing cooperation between hospitals (territorial hospital groups)

• **Refocusing supervisory agencies (Regional Health Agency)** on their strategical steering mission: RHA should propose a global viewpoint, support local actors and promote decompartmentalization

• **Encouraging in this new context the local hospitals**, which ensure coordination with doctors from the liberal sector, social structures
Tomorrow’s challenges

➢ **Develop alternatives to full hospitalisation** : hospital at home, hospital hotel, ambulatory medicine

➢ **Build a new human resources management policy** more adapted to care network

➢ **Improve public hospital funding** through defining a fixed part, which would correspond to public service missions, and a variable part, whose purpose is to valorize the relevant activities and cooperation actions

➢ **Enhance the information system** to become more efficient

➢ **Improve health democracy** : build a common culture between patients and professionals through the creation of the Patient Institute
1 cooperation between hospitals

- public non teaching hospitals
- public teaching hospitals (AP-HP)
- non profit making private hospitals
- profite making hospitals
Territorial Hospital Groups

Hospitals (3 or 4 ?) in the same territory must cooperate
Cooperation between public hospitals by...

building of a medical project in each territory (« flexible response »)

by the sharing of resources such as:

- medical information
- data processing system
- training policy
- purchase policy
Depuis la loi du 26 janvier 2016, les hôpitaux publics ont l’obligation d’être membre d’un GHT « Groupement hospitalier de territoire » :

- Un établissement est désigné support, les autres sont parties, et doivent élaborer une convention constitutive et un Projet médico-soignant partagé sur leur territoire.
- Certaines fonctions sont mutualisées : Achats, SI
En Ile-de-France : 15 GHT :

Le CHU (AP-HP) est associé à tous.

Etablissements pour partie hospitalo-universitaires:
- Sainte-Anne
- CHI Créteil
- CH Versailles
- CH Sud Francilien
- CH Argenteuil
- …
L’Île-de-France : une région en mouvement
The 3 « Grand Paris » of

- transport

- housing (from 12 to 13 millions inhabitants)

- economics
Recomposition du paysage universitaire
As a conclusion of part 1

Most hospitals (public or private) are now belonging to group (group strategy)
« What happens inside the hospital is largely dependent of what is being done (or not) outside »
2 cooperation outside the hospitals
The starting point

Numerous providers: GP, nurses, pharmacist / how to coordinate?

Each provider (including Hospitals) is paid on a Fee For Service basis (no population based payment)
integrated care

grouping together two or several organizations into a single

triple A : better health, better care, best cost

clinical integration / integrated pathways

Shared accountability for a given population
The prerequisites

Share patient

Changing payment models

Clinical pathways

Structuration of independent GP « Communauté Professionnelle de Territoire » (Territorial Professionnal Community) for discussing together as a group
3 The way to reach the target

Hospital Territory Groups should discuss with Territorial Professionnal Community (CPTS)

Who is « the boss » of the territory?
Thank you for your attention

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