THE DIFFRENT MODELS OF CARE
A primary care team is a group of health professionals made of primary care general practitioners who choose to carry out their primary care activities as defined in Article L. 1411-11 on the basis of a health project they develop. It can take the form of a Health Centre or a Health House. [...] 

The primary care team contributes to the structuring of health pathways. Its health project aims, through better coordination of actors, to prevent, improve and protect the health status of the population, as well as to reduce social and territorial health inequalities.
Article L-6323-3 of the Public Health code,

A health house is qualified as a legal person constituted between medical professionals, medical auxiliaries or pharmacists. [...] 

It aims to provide the population with a range of health services, mainly first aid, at one same location.

It includes medical and paramedical activities that promote coordinated care. The Health Professionals who work there also carry out prevention and health education actions and participate in social actions in the territory where they are located.
**Minimal requirement**

- 2 General practitioners
- 1 Paramedical

**Who can work in a health house?**

- Any healthcare provider
Objectives of a Health House

To develop team exercise allows to:

- Deal with one’s professional and personal time
- To secure practices in terms of quality and continuity of care
- Exchange with colleagues and other professions
- Offer quality and affordable care for all
- Satisfy patients who ask for proximity care and better continuity of care

C’est un lieu de travail pour les professionnels comme pour les patients agréable, moderne, fonctionnel et durable.
The Health Project

The Professional Project

- **Health project**
  
  Respond to the community’s need with coordinated and multiprofessional care

- **Professional project**
  
  To define the organization of coordinate care

*Each professional is signatory of the project*
New modes of Payment

Definition
- A complementary package to fee-for-service pricing, under experimentation until 2014

Why?
- To value coordinate care
- Response to the new health challenges (better care of chronic, complex and/or precarious patients, etc.)

How? 3 Modalities:
- For primary care teams
- Allocates a fixed sum to a society of professionals (Interprofessional Society for Ambulatory Care - ISAC) for coordinate care
- Sum partly calculated according to the number of patients registered to the health house

Interprofessional Conventional Agreement signed on 20/04/2017
Conventional Interprofessional Agreement (ACI)

- Duty to create a ISAC which gets the wage from the health insurance

- The wage is calculated on the basis of various indicators
  - Each indicator is equal to a number of points
  - Each point is equal to 7 euros
  - Depending on the indicator, the number of points can be fixed (independent from the structure’s size) or variable (depending on the number of patients and professionals)
  - Some indicators are compulsory and others are optional

- Insecurity bonus according to the number of supplementary insurance and State Medical Aid (specific health insurance for undocumented migrants)
Opening hours and unscheduled activities

- **Opening hours**
  - From 8am to 8pm on from Monday to Friday, and from 8am to 12pm on Saturdays and during public holidays.

- **Access to unscheduled activities every working day**
Teamwork and coordination

- **Coordination**
  - 4 missions:
    - Facilitation of interprofessional coordination,
    - Coordination of patients’ pathways and records,
    - Monitor the use of the Information System and organize the production of health data,
    - Relationships with external stakeholders such as health insurance, Regional Health Agency, collectivities, etc.

- **Development of multiprofessional protocols**
  - For better coordination between healthcare providers

- **Multiprofessional dialogue**
  - Meetings to discuss the case of specific patients. The meeting report is included in the patients’ electronic record.
Information system

- **Standard Information System**

  - Shared Information System between healthcare providers, with the label « Health House & Health Centers » from the French Agency of Digital Health

  This label can be acquired through a standard or advanced level of functionalities
Diversity of care

- First level: at least 1 medical specialisation on top of general medicine (any specialist that is not a GP, midwife, dental surgeon) or pharmacist OR 3 different paramedical professions
- Second level: when « OR » becomes « AND », meaning at least 4 other professions on top of general medicine and at least 3 different paramedical professions

Interventions of external professionals (other specialists not directly working at the health house)

- First level: 2 days per month on average
- Second level: 2.5 days per week on average

Are required to be physically present
Welcome CSTM (Medical Regional Solidarity Contract) medical doctors
  - At least 1

Public health missions
  - To be selected from a list of PH themes, or according to the regional health project objectives

Patient satisfaction
  - Implement tools to measure patient satisfaction and needs
Training of young professionals (host interns)

- At least 2 per year

External coordination for patient care

- Implement procedure to transfer health data towards external healthcare providers and health centers

Advanced Information System
LAW n° 2016-41 of 26 January 2016 to modernize our health system
« Healthcare regional professional communities »

« Art. L. 1434-12 - In order to ensure better coordination of their action and thus contribute to the structuring of the health pathways mentioned in Article L. 1411-1 and to the achievement of the objectives of the regional health project mentioned in Article L. 1434-1, health professionals may decide to form a healthcare regional professional community.

«The Healthcare regional professional community is composed of health professionals grouped, where appropriate, in the form of one or more primary care teams, actors providing first or second recourse care, defined respectively in Articles L. 1411-11 and L. 1411-12 and medico-social and social actors contributing to the achievement of the objectives of the regional health project.

«To this end, members of the territorial health professional community formalize a health project, which they forward to the regional health agency.
«The health project specifies in particular the perimeter of action of the Healthcare regional professional community.

«In the absence of an initiative by professionals, the regional health agency shall, in consultation with the regional unions of health professionals and representatives of health centres, take the necessary initiatives to set up healthcare regional professional communities.
Benefits of HRPC for healthcare providers?

- An organized response to any unscheduled health demand, upon request of healthcare professionals
- A remuneration adapted to unscheduled activities
- Organized interprofessional exchanges
- Healthcare pathway structured according to current issues (for instance heart failure, childhood obesity, COPD, etc.)
- Help for preventive activities (for instance smoking prevention)
- Help for access to social-medical centers
Why develop a HRPC?

Anticipate the future (or current) burdens for healthcare providers, due to lack of professions in the region (such as GPs, ambulatory medicine, physiotherapists, ...)

To fight the lack of coordination which impacts all professions (especially GPs)

Without organization and/or coordination, each healthcare provider is alone in front some demands that are tough (even impossible) to face

The succession plan is harder to ensure, since young professionals are leaving the region due to unattractive working conditions

For paramedical practioners, midwifes and pharmacists, there is a loss of independance due to the implementation of intermediaries between healthcare structures and private practices

If nothing is done, the future of all healthcare professionals is under threat

It is the State, via the Health Regional Agencies, that will delegate to the regional hospital groups if we do nothing
Espace Vie
Association

Association Loi 1901
Created on 22 May 2013 at Essonne

« FOR GLOBAL AND COORDINATED CARE »
Composition:

- Two representatives of each RPHC
- SOS MEDECINS 91
- Le Collège de Médecine Libérale
- Le RKBE
- Le Télé Relai
- Le Syndicat des Pharmaciens 91
- Un représentant du Comité des Usagers
ESPACE VIE
Associate Members

- Clinique du Mousseau (CMCO)
- Hôpital Privé du Val d’Yerres (HPVY)
- Hôpital Privé Claude Galien
- Centre Hospitalier Sud Francilien (CHSF)
- Clinique de Villeneuve Saint-Georges
- Centre Hospitalier Intercommunal de Villeneuve Saint-Georges (CHIV)
- Centre Hospitalier d’Arpajon
- Hôpital Privé Jacques Cartier
- Clinique Les 3 Soleils
- Clinique du Dr Boyer
- GH Nord Essonne
- Clinique de l’Yvette
- CPAM 91
- SSIAD / ASAD Seine Essonne
- Union des Maires de l’Essonne (UME)
- Implementation of coordination tool, the digital platform entr’Actes
- More than 800 suscribers
- Espace Vie’s strategic committee: one representative of pharmacists, one representative of the College of Medicine, one representative of SOS Médecins 91 and two representative of each RPHC in Essonne (10 RPHC so 20 people in total)
THE ESSONE
HRPCs
DIGITAL PLATFORM
ENTR’ACTES
https://www.entractes.fr/
Plateforme Entr’Actes - Coordination

- Visites domicile
- Consultations
- Coordination
- TeleExpertise
- Transports
- Signalements
- Alerte Sanitaires

- Examens Complémentaires
- Transports Sanitaires

Ensemble des échanges numériques, cryptés, tracés sécurisés... SAAS hébergé HDS
Adaptée aux usages d'aujourd'hui
Reception de la demande par notification = même application fermée
Présentation du 17 Septembre 2019
Association Espace Vie
Présentation du 17 Septembre 2019

Testez par vous-même la plateforme
Procédure d’Inscription

1/ Installation de l’application « Entr’Actes ».
   - [Google Play](https://play.google.com/store/apps)
   - [App Store](https://appstore.com)

2/ Charger le formulaire « s’inscrire »
   ou inscription directement sur le site www.entractes.fr

3/ Un code unique (token) par SMS
   à reporter dans les cases du Mel reçu

4/ vos identifiants par SMS ou Mel
   permettant de vous connecter dans l’application

5/ Valider les deux chartes (boutons en bas à droite)

6/ définition de votre « signature »
Présentation du 17 Septembre 2019

**Profil paramétrable de chaque professionnel**

// par communes, distances ou département
Merci ...