

WORKING TOGETHER

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The COVID-19 health crisis: effective initiatives to "work together"

The COVID-19 crisis has been accompanied by a significant increase in collaborative initiatives among healthcare professionals. As an example, some privately owned hospitals and public hospitals have worked hand in hand in order to meet the needs of patients. Thus, stockpiles of drugs, masks, and other needed equipment have been shared between hospital groups multiplying the resuscitation capacities. In addition, closer cooperation has emerged between the various stakeholders in primary care: pharmacists have overstepped prescription rules, renewing prescriptions for stabilized patients; nurses have also gone above and beyond; pairing up with general practitioners. Lastly, cooperation between primary and hospital care has been strengthened, through mask stockpile management, as they were received and stocked by pharmacists and dispensed to the requisitioned hospital caregivers. It is important to capitalize on the agility acquired during the COVID-19 crisis, by placing the patient and their needs at the heart of the healthcare system.

Article 51, an accelerator that nevertheless curbs the initiatives

The easing of the regulatory framework during the crisis significantly contributed to improve the efficiency of cooperation. Article 51 of the 2018 social security financing law is designed with this goal, providing a framework for local experimentation and implementation of innovative operating and financing approaches. Indeed, Article 51 projects seem to allow for efficiency gains, this being achieved through regulatory bypasses. However, pacing remains painfully slow as experimentation must last over one year and, to date, only 65 Article 51 projects have been approved nationwide.

Lastly, Article 51 allows for the transformation of economics models in the French healthcare system and may be considered as a significant achievement, even though its technocratic tone and strict framework make it a target for medical bodies. To illustrate, out of the 20 submitted projects regarding diabetes, only three were ultimately approved. This is specifically disappointing as the disease, which affects 4 million people nationwide, could greatly benefit multidisciplinary management. The government's will to reform is thus seen as potentially effective, by encouraging initiative and new methods of financing, but in practice remains too long and complex.

Work better together: gearing the regulatory system towards flexibility

When the lack of collaboration is mentioned, healthcare professionals generally list regulatory burdens supposedly hindering their ability to "work together". These include the multiplicity of contracts for professionals serving in different institutions, the complexity of the patient pathway, and the ways Regional Health Agencies operate.

In short, the blocking character of these dysfunctions seems to stem from their use rather than from their nature.

Working better together means using these structures of the healthcare system to improve collaboration between healthcare professionals. Innovation in care and care financing must come from the healthcare professionals, interested in obtaining regulatory exemptions and experience new experimental patient paths: these initiatives drive cooperation, thus allowing for the improvement of care pathway efficiency.