

### From care facilities to the home: working together

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## The Danish health agreement reform can be a source of inspiration for France in the implementation of local health contracts

Denmark has a public health system with free and universal access for all. In 2007, the country decided to put the emphasis on home care by creating health agreements with three main stakeholders: hospitals, general practitioners, and municipalities. These health agreements mainly target patients with chronic diseases, the multi-pathological elderly, and people with psychiatric disorders. Within this system, on the one hand regions work with hospitals and agreements with general practitioners, and on the other hand municipalities are responsible for prevention, rehabilitation, and home. General practitioners also play an important role as they treat 9 out of 10 patients, thus limiting the use of the emergency departments.

Two major benefits have been identified: the emergence of cooperation and collaboration between the various stakeholders involved and the involvement of patients through patient associations in healthcare clusters around the hospitals.

#### Hospitalisation at home, a gateway between two sectors: health care facilities and home caregivers

Thanks to its link with healthcare facilities, hospitalisation at home also enables the care of difficult patients with complex pathologies. However, to make this possible, a few prerequisites are required: communication and cooperation between professionals as well as an evaluation of the different situations. A threefold perspective is necessary for patient care: a medical assessment (knowing the patient's therapeutic plan), a nursing assessment (knowing the nature of care) and a psychosocial assessment (knowing the patient's home environment). Home hospitalisation is still an unknown practice for many GPs who do not feel necessarily concerned. Each player must communicate, exchange, and recognise his or her role in promoting its implementation.

# Local involvement is a key success factor: the role of Territorial Health Communities (Communautés professionnelles territoriales de santé or CPTS) and local elected representatives

To encourage coordination between all the stakeholders, the Multidisciplinary Health Care Networks (CPTS) and the Coordination Support Plan (Dispositif d'Appui à la Coordination or DAC) have a key role. The CPTS represent a resource for the entire professional community, whether it be public, private, intra or extra hospital. In addition to these plans, the replication of global initiatives at the local level is also an essential element to be seized by local stakeholders. To adapt to the territorial scale, it is essential to have the right reading and communication tools. It is necessary to involve local elected representatives so that each local stakeholder can organise itself at the local level and develop the already existing dynamics.

#### The role of the National Council for Health Refoundation (French CNR): a longed-for consultation place

The National Council for Health Refoundation can also be an opportunity to give a new roadmap to the directors of the French Regional Health Agencies and to the territorial delegations, which can act as local mediators and facilitators. Each stakeholder has a role to play, whether they are health professionals, local elected representatives, or the French health care system (Assurance Maladie) and private health insurance companies. The National Council for Health Refoundation can be a prelude to what has been implemented in



Denmark. However, it is necessary that everyone communicates and keeps in mind the "All together" spirit that was established during the Covid-19 crisis.