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The Coordination of Primary Care Services in France

Search in progress

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The aging of the French population

- **The life expectancy** at birth is currently about **79 years** for men and **85 years** for women. **85 years for men and 88 years for women by 2050**.

- In 2023, **the fertility rate** in France is estimated at **1.64 children per woman** in metropolitan France (INSEE). It is projected to be **1.6** in 2050 (low estimate).

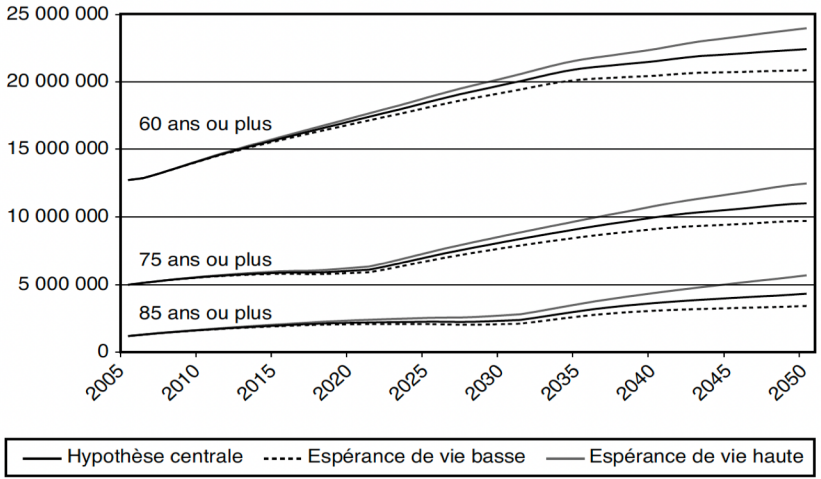
- By **2050**, **one in three people will be over 60 years old**. **23.6 million** people (representing an increase of nearly 80% compared to 2007).

- The number of **people aged 75 and over could reach 11.9 million**, while those aged 85 and over could total 5.4 million individuals.

- **Major challenges for the healthcare system**, which will have to cope with an increase in the number of dependent people at home, in nursing homes and hospitals, in a context of shortage of medical professionals.

The aging of the French population

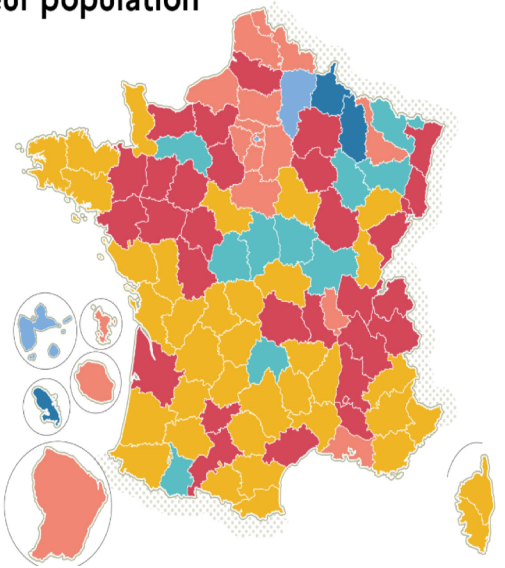
Graphique V
Nombre de personnes âgées de respectivement 60, 75 et 85 ans ou plus selon les hypothèses de mortalité



Champ : France métropolitaine.
Source : projections de population 2005-2050, Insee.

Le vieillissement de la population conduirait de plus en plus de territoires du Sud de la France à compter uniquement sur leur attractivité pour accroître leur population

Typologie des soldes naturel et migratoire apparent projetés entre 2013 et 2050 par département



Context

The French healthcare system is encountering **significant tensions**, **particularly associated with the aging population and medical doctors, and a lack of healthcare services in certain areas**.

These tensions are subject to **measures and public policies**.

In France, **the State aims to foster the development of coordinated primary cares**.

Policies

Are **strongly linked with the territorialization process**:

- ➔ **Regional** health policies and **national** public health programs

- ➔ **3 formes of coordination**:
  - Territorial : *doesn't provide care*
  - Cares : *multiprofessional teams ; pathway coordination*
  - Individual : *focused on managing "complex" situations (to avoid discontinuity of care)*

- ➔ **Goals**: access to healthcare (inequalities), continuity of care (pathway), standardization of practices, Interprofessionnal coordination, avoid hospitalization and support home' life
- ➔ **Political voluntarism**

	Goals	Steering	Fundings	Actors
Departmental Level	**Both top-down national and regional policies** to support coordination and departmental social policies	DT ARS, CPAM, Departmental Council	State, Health insurance, Departmental Council, National solidarity fund for autonomy CNSA	DT ARS, CPAM Medical care' coordinator, ROC, Concil department
Sub-departmental Level	Public policy **implementation**	ARS, CPAM, Departmental Council	Public fundings, Health Insurance, Partnerships	CPTS, DAC Branches, Departmental Houses
Local Level	**Healthcare offer, patient pathway support,** public health action	ARS contracts, Local Health Contract - CLS	CPAM, ARS, City councils	MSP, Health centers, Hospitals (Geriatric services), Nursing Homes (Ehpad)

Research question

Theses policies are **facing issues and resistances**:

- Contingencies: based on volontary actors
- Human resources: are sometimes inadequate
- Territorial characteristics: structural factors are decisive
- Definition of different areas of action (between ARS, DC, DAC, Living areas, etc.): Intersect on the ground

Question:

How are national health coordination policies for the ageing population being deployed in the face of these issues, on highly contrasting territories?

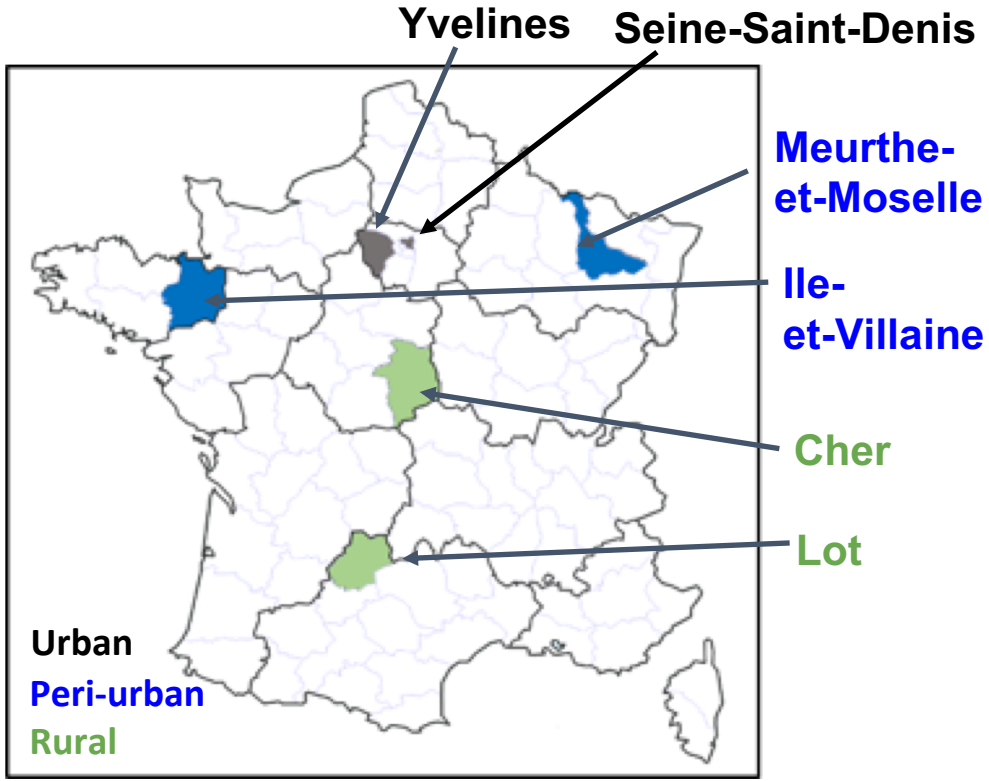
Research

To answer this question, we **focuse on stakeholders' activities and interactions** with various local entities, including:

- **Health insurance**
  Funds (CNAM, CPAM), pension funds
- **Government services**
  Ministry of Health, ARS
- **Local authorities**
  Departmental council, municipalities
- **Healthcare and medico-social professionals**
  Coordinator or reprentative members (CPTS, DAC, URPS, Federations, etc.)

Methods

- **Territorial Comparison**
- **Six metropolitan departments**:
  Meurthe-et-Moselle, Lot, Seine-Saint-Denis, Yvelines, Ille-et-Vilaine, and Cher.
- **Interviews:** N=80
- **Reports,** Official Documents, Literature review.



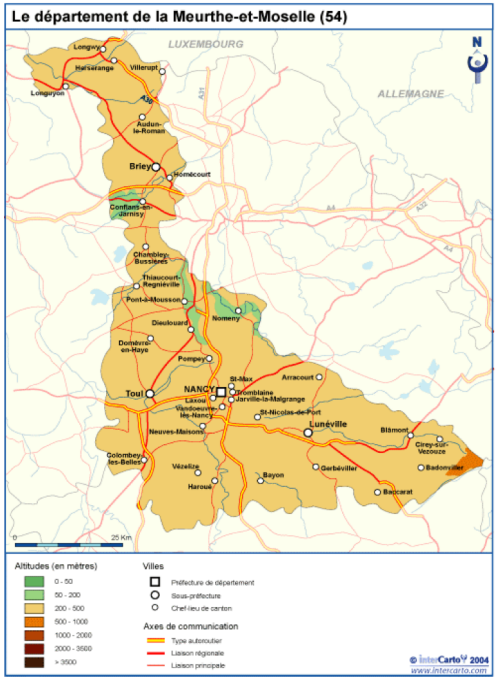
Selection of six metropolitan departments (high contrasts)

	Area	Geographic typology	Density	Population
46	Lot	Rural	33,53	174 942
18	Cher	Rural	41,41	298 573
54	Meurthe-et-Moselle	Peri-urban	139,63	732 486
35	Ille-et-Vilaine	Peri-urban	162,11	1 098 325
78	Yvelines	Urban	137,64	1 458 365
93	Seine-Saint-Denis	Urban	7162,76	1 690 411

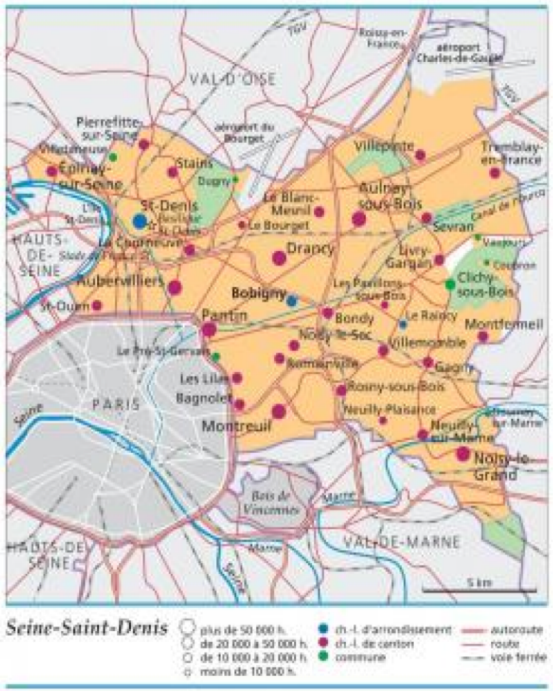
Source :
INSEE, 2021,
Recensement

Focus on Territorial comparison

Meurthe-et-Moselle 5246 Km²



Seine-Saint-Denis 236 Km²



Structural factors affecting coordination

Meurthe-et-Moselle

- **27 %** of Senior Citizens
- **2 680** recipients of state medical aid
- APL: **4,3** (good access to care on average)
- **Rural area**, **Migration of some healthcare professionals** to Luxembourg
- **14** Public hospitals & 10 private clinics, **29** MSP, **15** CDS, **8** CPTS
- **Departmental plan for autonomy** 2023-2028, **Care access and prevention priorities** for ARS and CPAM

Seine-Saint-Denis

- **16%** of Senior Citizens
- **56 105** recipients of state medical aid
- APL: **3,2** (low access to care on average)
- **Poverty**, **Immigration**, **deteriorated urban housing and transportation**
- **22** hospitals & **22** MSP, **147** CDS, **20** CPTS
- **Departmental plan for autonomy and inclusion** 2019-2024, **Care access and reducing health inequalities**: priorities for ARS and CPAM

Barriers and levers to the structuring of coordination

Meurthe-et-Moselle

Enabling factors:

- **Weaves of partnerships** stemming from a tradition of coordination (**networks**)
- **Initiatives and experiments**
- **Coherent territorial network** with links between territorial referents, regulations
- **Multi-positioned players**

Unfavorable factors:

- Territories with a **shortage of doctors**
- **Risk of coordination fatigue** in under-resourced areas
- **Recruitment difficulties** in the medical-social sector
- DC's **financial situation**, **Duplication** CPAM ARS

Seine-Saint-Denis

Enabling factors:

- Inclusion of **historical health networks**
- **High number of Health Centers**
- Committed **municipalities**
- **Community Health**
- **Initiatives and experiments**

Unfavorable factors:

- **High level of health inequalities**
- **Budgetary rationalization** of the National Health Insurance Fund
- **Low level of human and medical resources**
- **Young population**

First results: 4 interwoven coordination dynamics

➔ **Top-down coordination: instituted coordination**
National and regional public policies, instruments, financing, tools

➔ **Bottom-up coordination: invented coordination**
Medical entrepreneurs, innovators

➔ **Transversal coordination: adjusted coordination**
Inter-institutional, cross-sectorial, regularly scheduled meetings, conference of funders

➔ **Career coordination: embodied coordination**
Coordinators, multi-positional actors, professional mobility

Additional comments:
Few patients present (except for pathway coordination and community health experiments)
No organized evaluation of coordination systems

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Thank you for your attention

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