

« Health and territory »



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1. OBJECTIVES OF THE WORKSHOP

The purpose of the workshop is to discuss the current state of research in health management and in particular concerning the issue of care coordination during the patient's journey, between health institutions and ambulant medicine. Indeed, the fragmentation between each stage of the patient's journey appears to be detrimental, increasing the risk of iatrogenic events, and generating significant wastage. To overcome these limitations in a context of chronic and structural shortage of specialised financial and human resources, combined with medical advances that are beneficial for patients but costly, various government initiatives have been launched. As early as the 1980s, programmes to help guide patients along their journey were introduced in the United States and the United Kingdom (Minvielle, 2018). Similarly, vertical integration, which goes beyond cooperation between professionals by aiming for inter-organizational cooperation, or cooperation at the territorial level, has been developed in various countries, including France (Bloch and Hunaut, 2014).

In this workshop, papers are particularly expected on the evolution of coordination support systems that overcome the fragmentation of care and facilitate the development of coherent and relevant health care pathways based on the resources of the territories. Contributions are also welcome on developments concerning the role and place of health care institutions, change management, the role of managers and the development of information systems to take into account changes in health policies, territorial constraints and regulatory changes. It also involves questioning practices and initiatives, in particular the integration of entrepreneurial approaches, both in the context of organisational transformation and changes in strategic approaches.

2. CONTEXT, ISSUES AND QUESTIONS

In France, many reforms have been initiated to improve the integrated healthcare of patients and to overcome multiple cleavages in the healthcare system (city-hospital, generalist-specialists, public-liberal, preventive-curative, health-social, practitioner-administration). Among these reforms, we mention the following: the development of healthcare networks in the 1970s, which were institutionalized in the French healthcare system in the 1990s; the creation of a general practitioner in 2004 to regulate referrals to hospitals; the development of the shared medical record (DMP) in 2005; the creation of the Regional Health Agency (ARS) following the HPST (Hospital, Patients, Health and Territories) law of 2009, which favours the coordination of hospital and ambulatory sector regulations, and the development of multi-professional health centres (MSP); and more recently the creation of the Territorial Hospital Groups (GHT), the Territorial Health Platforms (PTA) and the coordination law; not forgetting the various private structures specialising in the health and social fields (Georgescu and San Martino, 2014).

All these private and public initiatives have created a range of actions aiming to improve the coordination of healthcare by reducing inter-organizational and professional boundaries. The territory then becomes central in health and social policies, to promote healthcare and reduce inequalities in access to care for all citizens (Courie-Lemeur, 2018). However, gradually, the multiplication of structures and systems with different operating processes has become a source of complexity for patients, family doctors and other professionals involved in the health care system, as well as for the public authorities responsible for rationalising the use of available resources.

An first strategy for convergence between the structures and coordination support organisations was initiated in 2012 by the DGOS¹ to promote the merging of monothematic health networks. This led to the evolution of the health networks towards multi-thematicity, then their integration with other medical and medicosocial structures (CLIC, MAIA, HAD, etc.) within the Territorial Support Platforms (PTA). The plan to transform the French health system, "Ma Santé 2022", completes this dynamic, through the promulgation of a new generation of coordination mechanisms aiming mainly to put the patient back at the heart of his healthcare journey and to fight against medical deserts. Among the measures currently being implemented are: the creation of medical assistant posts in order to free up doctors'

¹ DGOS, « Guide méthodologique Améliorer la coordination des soins : comment faire évoluer les réseaux de santé ? », Octobre 2012.

medical time; the introduction of lump-sum financing for the treatment of certain chronic pathologies and the reform of the evolution of healthcare workers' careers. Other changes are more far-reaching and concern the reconfiguration of the care offer with the development of "Local Hospitals"; the deployment of Territorial Professional Health Communities (CPTS) and Coordination Support Organisations (DAC) covering all topics and bringing together all the other coordination structures in a territory, as well as patients and carers. At this level, entrepreneurship can be a major contributor to the transformation of practices.

This transformation approach comes with new issues, which this Workshop will seek to explore. Many questions arise: How to reconcile territorial specificity and standardization of the systems at the national level? How to achieve convergence between existing medical and medico-social structures and devices in the same territory? How to continue to be responsive to territorial specificity? What are the impacts on health care institutions and their operating methods? What conclusions can be drawn from the previous generation of healthcare coordination structures? What role for entrepreneurship in the construction of the health journey?

3. TYPE EXPECTED CONTRIBUTION

The current health context and the diversity of the issues allows a wide variety of problematics and topics that can be analysed. Also, in coherence with the general theme of the Conference, the contributions may deal with changes related to the patient's journey, the coordination of care, the transformations of existing structures and systems and their organisational and human impacts within health care institutions, whether public or private. Methodologies can also be varied (case studies, intervention research, quantitative surveys, etc.). Conceptual contributions that propose distant analyses or international comparative studies are also welcome.

The following is a non-exhaustive list of some examples of topics that could be discussed:

- Assessment and limits of existing coordination structures (Networks, MSP, MAIA, PTA, etc.).
- Health entrepreneurship and public-private partnerships
- Health coordination professions (nurse coordinator, case manager, etc.)
- Role of information and communication technologies (telemedicine and telehealth)
- Strategies for convergence between structures (mutualisation, mergers, etc.)
- Intervention strategies of the public authorities
- Role and place of the hospital in this context of change
- Managing change within the structures experiencing this change
- Specificities and territorial anchoring
- Convergence strategy: forms, impacts and prospects
- How to support the creation of structures to promote this coordination

Selected bibliography :

Bloch MA Henaut L. (2014). Coordination and course. The dynamics of world health, social and medico-social. Ed Dunod.

Courie Lemeur, A. (2018), Health networks - the issues of sustainability, ISTE Publishing.

Georgescu and I. San Martino, L (2014). Transformations of the French hospital sector and risks, a state of the art, for a risk policy. Condé sur Noireau: Harmattan

Louazel, M. et al. (2018) The health management: management and conduct of health organizations, Rennes: Presses de Ehesp

Minvielle E. (2018), the patient and the system. In search of an organization to measure. innovative health approaches course, Paris, Editions Seli Arslan.