DGOS

Direction générale de l'offre de soins

# General Directorate for Provision of healthcare Reference centers, specialized care facilities : a doctrine

Mikaël LE MOAL
DGOS/PF2
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MINISTÈRE DES AFFAIRES SOCIALES ET DE LA SANTÉ



## A doctrine, what for ?

**The initial motivations of the DGOS :**

- Recurring requests from patients and from professionals
  - (they ask for the recognition of an expertise, the perpetuation of a funding…)
- Diversity of models and namings in France
  - (reference networks or centers, ressource centers…)
- The EU directive 2011/24 of March 9, 2011 to be transposed on October 24, 2013…

# A doctrine, what for ?

**The initial motivations of the DGOS :**

To place, to situate « reference centers » among other existing national schemes/systems :

- Inter-regional authorizations for coordinated and highly specialized care facilities (e.g., severe burns, grafts)
- Expertise and epidemiology surveillance centers for infectious diseases (no patient care delivery)
- Institutions dedicated to translational research and bringing together university-hospital
- Dedicated funding tools for rare and expensive medical acts not yet included in standardized tariffs





# A Doctrine, what content ?

**Our objectives :**

Harmonize concepts, definitions, appointment procedures for reference centers (RC)…

**To suggest procedures about :**

Justification, designation, missions of RC

Setting up and labellising a RC

Financial support, evaluation

**Setting up a reference center or a specialized care center.**

When and what for?

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# Possible justifications for a RC

- **Complexity of** medical care/management
- **Scarcity of Expertise** (patients and health professionals « wander about »)
- **Pre-existing technical equipments and skills** (= RC is not created from scratch)

*To a lesser extent :*

- *Low prevalence(<1/2000) (or rare clinical expression of a common illness) (+/-)*
- *A health plan exists (+/-)*

# Five reference assignments

The proposed missions listed below are in fit with the directive's propositions :

- **Coordination** (information and communication to the public / to professionals, link with associations / government administration, maintain a directory of health care providers, set up courses of treatments)
- **Expertise** (quality follow-up, epidemiology studies, set-up of guidelines and of professional's formation, organization of multidisciplinary advice for complex cases)
- **Highly specialized, referral level, global care delivery** at the national or inter-regional level
- Involvement in **University teaching**
- Participation to **Research** (clinical, tranlational, basic)
- ***« RC should be clearly identified and visible »***





# What specialists of industry/services standards say :

- Conformity to a government/state regulation is mandatory ;
- *Conformity to a standard (terms of reference) in order to get approved, is optional*

# Proposed terminology for the reference center concept

| The structure | The labelization |
|---|---|
| High level structures<br>• **Reference center** | *Strong*<br>• **label**<br>• To be distinguished from state-level accreditation, certification |
| 2nd level<br>• **Corresponding/associated center** | *weaker*<br>• **Identification…** |





# What about specialised or referral facilities ?

- They do not meet all the criteria requested for the reference centers : e.g. the disease is complex but not rare (pain…)
- These structures are in charge of a part only of the 5 classes of missions assigned for the RC
- They are more numerous and they may take part to the regional or local networking of care providers

**Yet the main steps described in the forthcoming slides should apply.**

# Creating a reference center, or a specialized care facility.

## Propositions for an implementation procedure

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# Key steps

- Set up the specifications

What are the **standard care** pathways for this pathology and for these patients ? (1)

**> What missions** should be assigned ? **> Are different referral levels** needed ? **Are there density** specifications **?** (2)

Write down the **terms of reference** Is an **additional funding** needed ? Can a pattern of funding be set up ? (3)

- Set up the RC (or RC network) and evaluate it

**Call for projects and selection**

(at national or régional level) (4)

Design the **governance**/ steering committee or other (5)

**Evaluate the RC itself**

**Evaluate the whole public policy** (6)

# Defining the specifications

***As a rule, recent and acknowledged recommendations/guidelines should be referred to.***

*Otherwise a working group including professionals and patients representatives should brainstorm and produce shared guidelines*

1. Define the appropriate standard care pathways
   - They may vary with the kind of target population
2. Define the needs/missions to fulfill, and thus to be assigned to the RC
   - E.g. choose between high specialisation or wide distribution ; are several levels needed ?





# Draw up the terms of reference

*The validity of these terms/specifications is nation-wide*

*A call for projects is drawn/published at the national or regional level*

*Centers are aknowledged for a limited period of time (e.g. 5 years, renewable upon evaluation)*

- The terms of reference for RC should contain a synthesis about the pathology, its treatment, the overall organisation scheduled, the missions to be fulfilled, quality criteria…

# Granting a financial support

***At the start, the project leader may estimate its needs***

- **Only extra/additional costs** should be considered for granting
  - This excludes sums already granted for previously identified missions, all fees received for act payments…
- Funding should be allocated after a defined and mutually agreed model, and be traceable
- Funding should be renewed subject to evaluation : results, service, cost-efficiency. A contract may be signed.





# Tips & tools for funding

## 1. Acts and tariffs

- Attributing a label to a structure already enhances its activity, thus its per act earnings
- Special/dedicated tariffs may be drawn for complex (long, multidisciplinary…) acts and allowed under controlled conditions

## 2. Other allocations

- They may be « one-shot » (e.g. for setting up an information system…) or annually renewable,
- They should be subject to modelisation (model based upon levels/volume of activity, cost of extra workforce needed…)

# Implement and follow-up

- A steering committe or an appointed person may be in charge at the national level
- The follow-up includes :
  - Selection of the candidate projects, regular evaluation, meetings between RC representatives and communication to RC
  - Tools : Contracting, annual reporting, standardised activity reports, information systems, annual surveys
- The overall system should be explained and advertised to the general public
  - Website pages for professionnals and patients
  - Directory of RC and facilities
  - Smartphone apps…





# Evaluation (not annual)

- **Evaluating centers and facilities**
  - This may be performed by an independent authority
  - This evaluation may impact the next fundings
- **Evaluating the overal system, the public policy**
  - Parliament-issued body, public health authority, independent inspection body…

Thanks for your attention.