

---

## CONFERENCE ABSTRACT

# Towards an Integrated Care System in France: the "Pioneer Territories" experiment

23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023

Antoine Malone<sup>3</sup>, David Laplanche, Sylia Mokrani, Sandra Gomez

1: French Hospitals Federation (FHF), Paris, France

2: Ecole nationale d'administration publique (ENAP), Montreal, Quebec, Canada

3: Chaire Sante de Sciences Po, Paris, France

---

Starting in 2018, the French Hospitals Federation (FHF) has developed a clinical integration model based on "Responsabilité Populationnelle" (accountability towards a population).

The model relies on locally developed "action plans" covering targeted populations, from "at risk" people to severely ill patients.

The model is developed and tested in five "Pioneer Territories", covering 1.3M habitants, and built around Territorial Hospital Groups.

The Five Territories "share" two common target populations: people at risk or suffering from Type 2 diabetes and Heart Failure. These populations represent around 60 000 ill persons, and 300 000 "at risk" individuals, in the Five regions.

They share a common methodology, developed by FHF's teams and leading medical experts in the fields of diabetology, cardiology and public health.

The model relies on extensive use of healthcare data, in particular the ability to "stratify" target populations into clinical profiles. To each profile are attached clinical guidelines that must be executed for every patient, according to its profile.

It is up to local actors to create their "action plans", leveraging local assets to create local pathways, and local resources to address local needs.

Large scale deployment started in January 2022. In September 2022, more than 700 healthcare professionals, as well as 60 "patient/partners" were actively involved in the program. More than 450 outreach/prevention actions had been performed, and more than 5 300 at risk individuals had been screened for T2D or HF. More than 1 700 patients were included in "clinical programs", according to their clinical profiles.

We are already measuring impacts in terms of hospital use for these populations: reduced ER utilization, reduced length of stay, increased planned admissions.

**Key Takeaways:** The model is inspired by other Integrated health systems. However, FHF having no regulatory power, the model is primarily built around clinical practices and intrinsic motivations. We rely on the ability of local healthcare professionals and actors to develop action plans that will improve coordination between them and the timely use of healthcare resources for the benefit of the populations.

So far, the model is producing positive results in five very different regions, providing valuable insight as to the scalability of the model in other regions, and/or for other target populations.

The Five regions have shown tremendous ability to mobilize their local ecosystems, ranging from community groceries to local authorities, to patient organizations and other community assets.

Data analysis and utilization, in particular the stratification methods developed for the program, are based on DRG's, making them highly transferable to other HC organizations that use ICD-10 coding. These tools were well received by local HC professionals and are used on a daily basis in the Five Territories.

Among the key challenges at this stage, the question of a unified Information System is the most pressing. At this stage, there is still no single EHR in France, making the connection between hospitals and ambulatory providers cumbersome.

Moreover, if we want the model to endure and to be generalized in France, regulatory intervention by National authorities will be necessary.