



Nous prenons soin de vous

“How will the Capiro integration benefit patients?”

Press Conference – September 2019

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INTRODUCTION

Pascal Roché

CEO Ramsay Générale de Santé

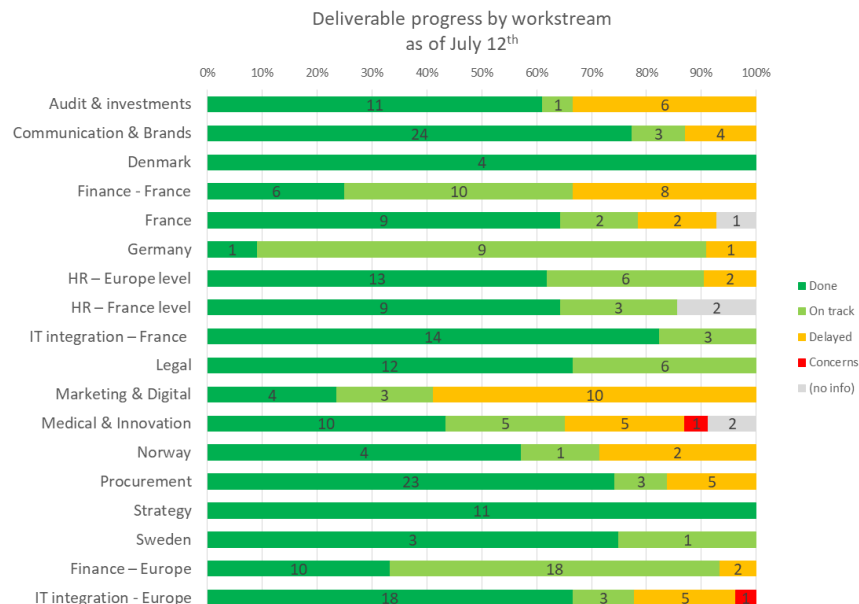
A strong drive towards integration

- Project organised into 18 components
- Motivated teams from the 2 groups
- Dedicated arbitration structures

- Weekly monitoring of progress against 330 deliverables



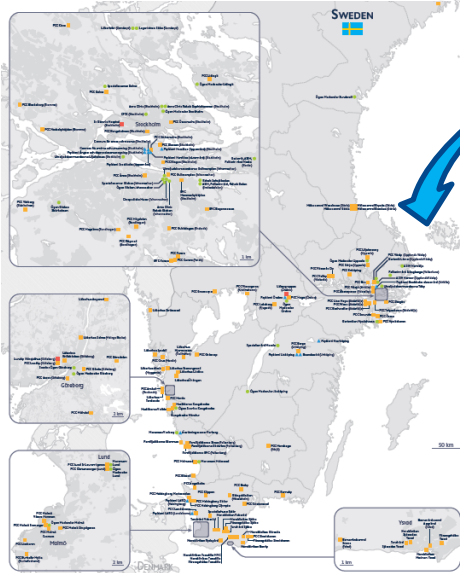
Integration Management Office (IMO)	
Chantiers fonctionnels	Chantiers géographiques
Achats	France
Informatique	
RH	Suède
Finance	
Juridique	Allemagne
Communication / Marques	
Digitalisation et marketing	Norvège
Médical et Innovation	
Audit et Investissements	Danemark



Additional expertise

- Acute General hospital
- Proximity Cares Center (PCC)
- Specialist clinic
- ▲ Mental Health facility

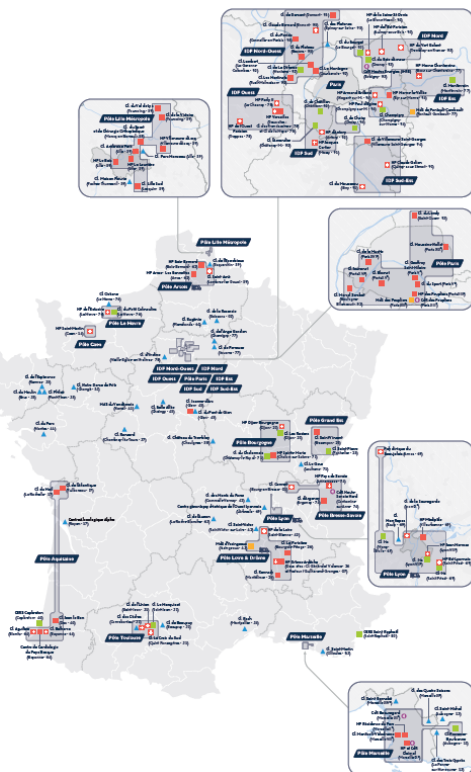
- Medicine – Surgery – Obstetric (MSO) with or without subacute department
- MSO with emergency department
- Subacute facilities
- Proximity Care Centers
- ▲ Mental Health clinics
- Healthcare transport
- Radiotherapy centers



160 facilities in Sweden



More than 340 facilities



140 facilities in France

The health sector itself is undergoing radical transformation

KEY TRENDS



People are more health conscious



Ongoing digitalisation of healthcare



Improvements in technology



Using analytics to provide personalised services that cater to individual needs



Democratisation of information



Increase in consumer consciousness (concern for privacy and confidentiality) in using technology



People are more connected than ever



Change in purchasing power



Cost of healthcare provision is increasing



1. Trial of proximity care centres based on the Swedish and Norwegian model

François Demesmay,

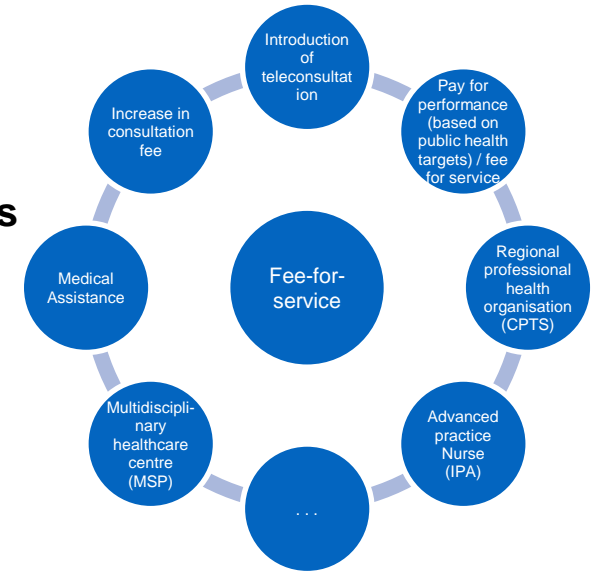
Director for Medical Innovation and the Patient Experience
Ramsay GdS Group

Need for complementary primary care solutions

in



- Difficult context of regions with limited availability of healthcare / **Reduced access** for an increasing number of patients
- Declining appeal for the profession
- Adverse impact on other facilities (emergency departments, etc.)
- **Challenge of transforming** a fragmented sector
- Made worse by the **advancing age of patients and practitioners**
- Solutions on the margins, but they are not sufficient



A paradigm shift is required

Trial of proximity care centres based on the Swedish and Norwegian model

With a lump-sum payment (capitation):

- The aim of the centre is to treat and maintain patients in good health
- The **patient chooses** a primary care provider
- Patients are treated by an **employed, multidisciplinary team**
- Patients are **referred** to the right professional following an assessment of their needs and symptoms
- Patients have access to primary care **free of charge**
- **Protocols** set out treatment procedures
- **Quality indicators** are defined, monitored and shared within the team
- The centre receives a **lump-sum payment**, which varies depending on the patient's age and medical history, whether or not the patient seeks a consultation.

Advantages of capitation

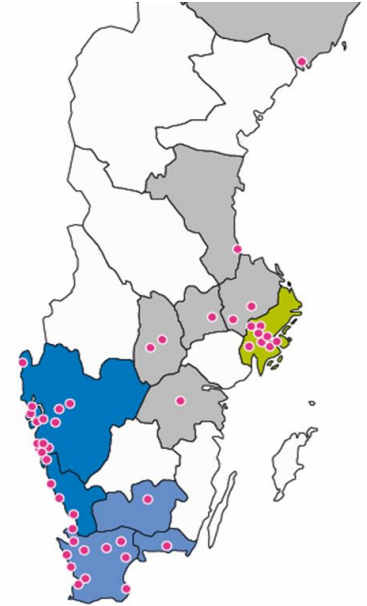
This new payment method:

- Encourages **coordination**
- Promotes **delegation of tasks**
- Develops a **quality performance-based culture**
- Improves **teamwork**
- Rewards the **relevance of treatment**, rather than volume
- Reduces the need for patients to attend secondary care facilities

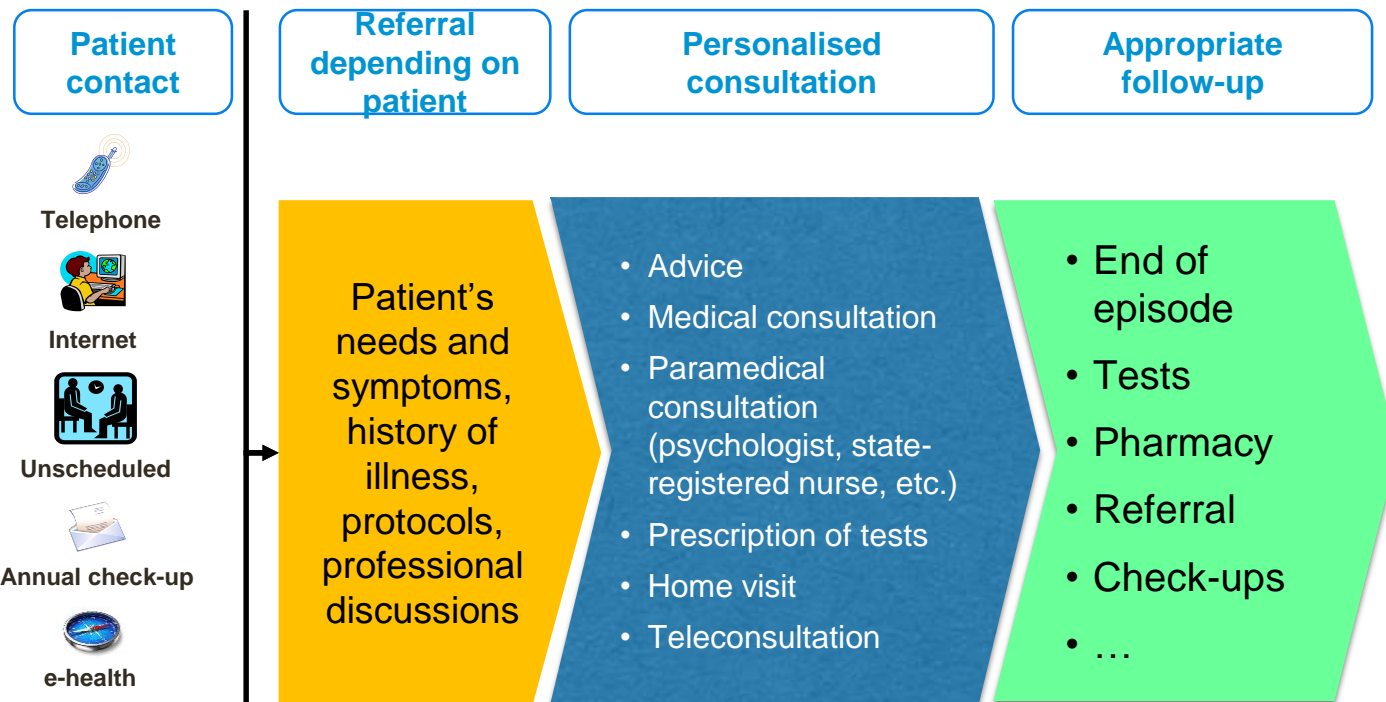
And experience proves it!

The reality in Sweden

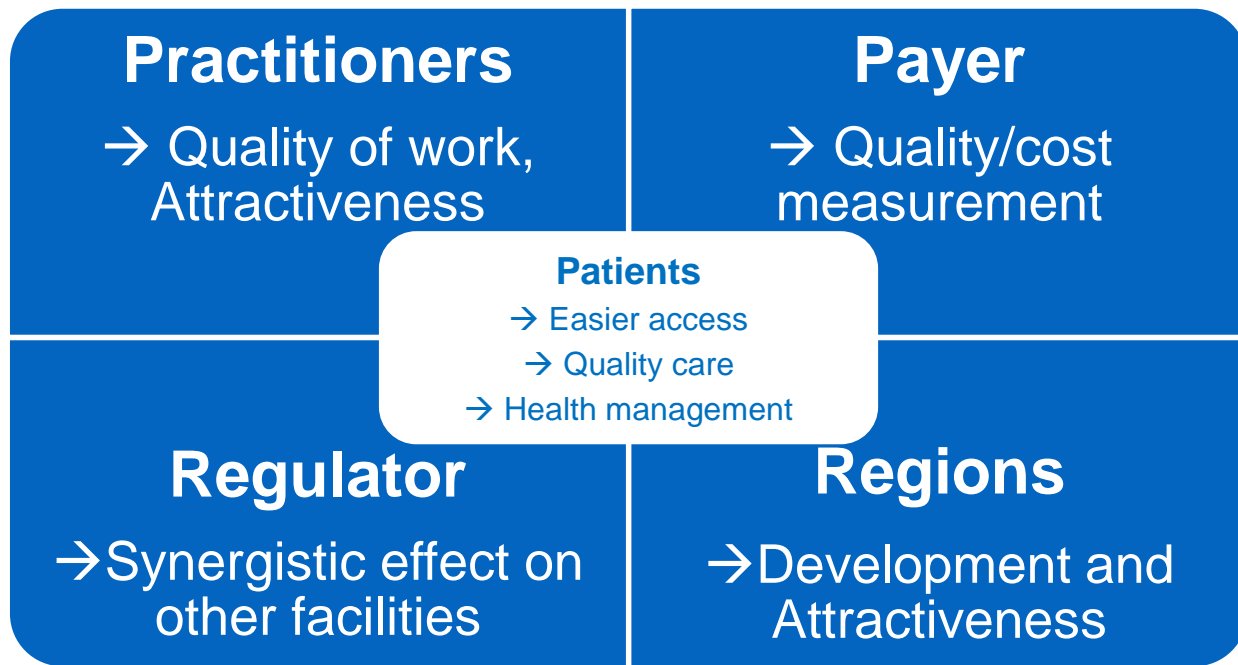
- **A capitation-based system since 2010**
- **Capio, a leading proximity care provider in Sweden**
- 104 primary care centres
- 900,000 patients monitored annually
- 1 million medical consultations
- 1 million paramedical consultations
- Transparency with respect to treatment quality
- Standardised medical procedures
- Digital offering adapted to the population



A personalised patient experience



A win-win for everyone



Possible via Article 51!

Art. 51: provides a tool for **experimenting** with new types of healthcare organisation using **innovative funding methods**:

- Projects appraised/monitored by the regional health agency (ARS) and local health insurance fund (CPAM)
- Aim is to improve access to care, the patient experience, the quality and relevance of care, and the efficiency of the healthcare system
- Exemption from at least one rule relating to funding or organisation
- “equivalent costs”
- Bespoke requirements drawing on the requirements for bundled payments to healthcare teams (PEPS).

Also an innovative solution for improving preventive healthcare

- ❑ A new payment method which encourages providers to engage in preventive healthcare...
- ❑ ... and which could benefit Ramsay GdS Foundation projects that are already underway
 - Establishment of a Level 2 University Diploma in Preventive Healthcare aimed at healthcare staff in partnership with the Brest Faculty of Medicine
 - Conditions required for the creation of a new Preventive Healthcare Manager role
 - Which would come into its own in this type of proximity care centre



Christian Berthou,
Dean of the Brest Faculty of Medicine



2. Roll out of quality indicators to improve the organisation and safety of treatment

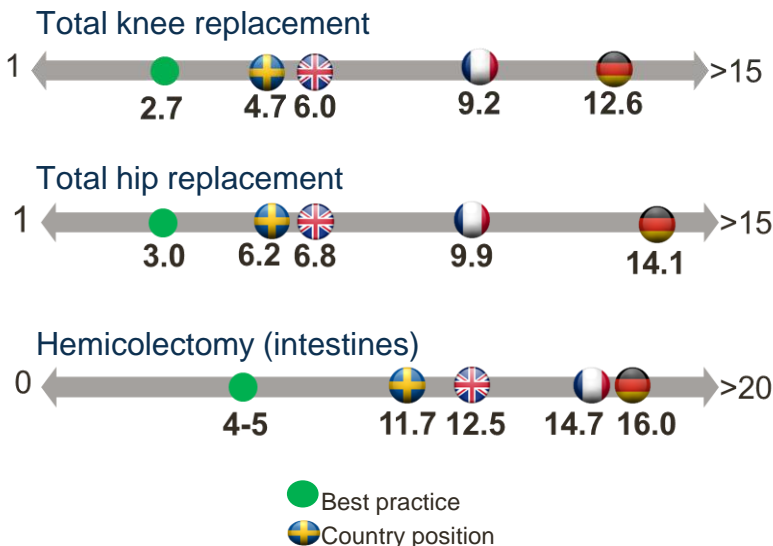
François Demesmay,

Director for Medical Innovation and the Patient Experience
Ramsay GdS Group

Use CPIs and QPIs to improve and measure quality

CPIs: Clinical & Processes Inputs - **QPIs:** Quality Performance Indicators - **KPIs:** Key Performance Indicators

Average length of stay benchmark (number of days)



QPI: no data for France

- In Sweden:
- Collection of more quality indicators (outcomes)
 - More widespread use of structured protocols (clinical pathways)

- Improvement of complication and rehospitalisation rates
- Reduction in recovery times
- Improvement in patient satisfaction

- Interest in rolling out these methods within the group / France
- Industrialisation of CPI and QPI implementation based on modelling Swedish expertise

Implementation of a QPI/CPI action plan in France

QPI action plan:

E.g.: PREM: quality information received

PROM: post-operative pain

CROM: rehospitalisation rate, treatment delay

CPI action plan

- Patient information
- Pre-operative assessment
- Multimodal pain management
- Mobilisation Day 0
- 0% Pyjama Day 0

The Annual Quality Report



Capho Vårdcentral Amhult

Antal listade: 7 062

Målsuppföljning

Vi har varit utan diabetesrelaterade större döden av 2016 det har gjort att uppföljningen av våra patienter inte blivit så bra som det borde. Vad gäller hypertoni så har vi haft enklare jobbat för östlig med den gruppen. Under 2016 har vi fått ordning på astma/KOL, mottagningen.

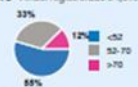
Planerade åtgärder och förbättringar

Under 2017 planerade möten varje månad med läkare och specialistsköterskor. Flagebunden genomgång av diagnosgrupperna i RAVE.



DIABETES TYP 2 - Antal patienter 182

HBA1C - Andel registrerade 94,0%



PROTEINURI - Andel registrerade 75,4%



BLOTRYCK - Andel registrerade 90,7%

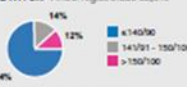


RÖKSTATUS - Andel registrerade 87,9%



HYPERTONI - Antal patienter 955

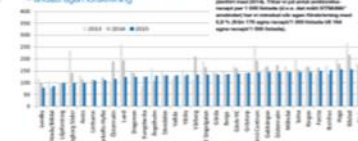
BLOTRYCK - Andel registrerade 92,0%



RÖKSTATUS - Andel registrerade 84,0%

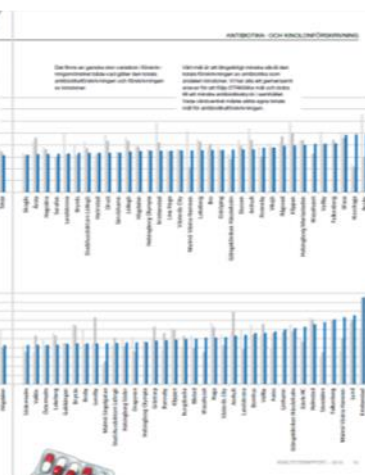
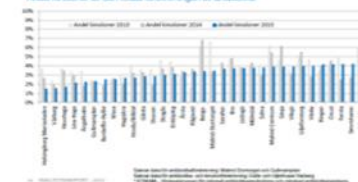
Antibiotikaförskrivning

Antal antibiotikaförskrivning 1 000 listade - endast egen förskrivning



Kinolonförskrivning

Antal kinolon förskrivning av den totala förskrivningen av antibiotika





3. Episode-based payment experiment

François Demesmay,

Director for Medical Innovation and the Patient Experience
Ramsay GdS Group

Episode-based payment – 3 principles



Lump-sum payment adjusted on the basis of risk and experience

- Facility, medical team
- Follow-up hospital care (physical medicine and rehabilitation), non-hospital care (private nurses, physiotherapists)



Sharing complication/rehospitalisation risk

- 3-month guarantee (colectomy, total hip replacement)
- 6-month guarantee (knee replacement)



Funding adapted to quality-performance indicators

- Patient outcomes (PROM, PREM)

Ramsay GdS is working with episode-based payment



3 trial facilities

- 30 facilities selected at the national level, including 7 private facilities
- Trial facilities are all Capio facilities: Sauvegarde (Lyon) / Claude Bernard and Domont (IDF Nord Ouest)



9 months spent jointly drawing up requirements

- Medical teams, healthcare staff, management, head office
- General Healthcare Directorate (DGOS) – National Health Insurance Fund (CNAM)
- National Health Authority (HAS)



3 care episodes

- Colectomy for cancer
- Hip and knee replacements

5-year commitment



Q2 2019

Q2 2022

Q2 2024

5 years max



12 months

Phase 1
Training



18 months

Phase 2
Retrospective funding

Phase 3
Prospective funding

General
implementation



4. Complementarity of our patient experience digital tools

























Two complementary tools, the cornerstones of our digitalisation strategy

Capio Go

Ramsay Services



Our digital initiatives will support our care pathway integration approach, benefiting our patients and our doctors

			PREVENTION	→	PRIMARY CARE	→	HOSPITALISATION	→	FOLLOW-UP
PATIENT		Social media		✓			✓		✓
		Appointment booking					✓		
		Admissions and services portal		✓			✓		✓
		Online consultations		✓	✓				✓
		Treatment follow-up	 	✓					✓
		Bots		✓	✓				✓
DOCTORS		Transmission of medical records			✓		✓		✓
		Clinical research		✓	✓		✓		✓
		Start-up incubator		✓	✓		✓		✓
		Tele-expertise	 				✓		✓
		Internet of Things	 				✓		

** this is not an exhaustive list of solutions