PROSPERE - 2009, 11th of June.

Interdisciplinary Partnership for Research on the Organization of Primary Care – Team PROSPERE (Partenariat Pluridisciplinaire sur l'Organisation des Soins de PrEmiers REcours).

http://www.irdes.fr/EspaceRecherche/Partenariats/Prospere/index.htm

PROSPERE is a multidisciplinary Health Services Research team. The main objective is to bring empirical evidence about current transformation in ambulatory care in France, by producing knowledge on performance of organization in primary care.

The objective at the end of the four years program is to contribute to strengthen research infrastructures and capacities in the field of primary care in France.

The team consists of 13 researchers from various disciplines (economists, sociologists, GP's, public health doctors, statisticians). They belong to three different entities (French Society of General Medicine, INSERM, IRDES).

The team received a research grant for four years from the National Insurance Fund.

The research program is organized around four principle themes.

I The pursuing of an analytical understanding of French Primary Care organizations, looking for relationships between their structure and results, and the contribution to the elaboration of performance indicators in primary care.

II A micro analysis of the economic factors in the Primary Care system, specifically looking at incentives for providers, user preferences, and by conducting an examination of the medical economy in France.

III An analyze of the organized forms of Primary Care from a sociological perspective looking at the redistribution of roles and activities amongst HC practitioners

IV The building of a research database made up of care and expenditure data in order to test methods and analysis of indicators and to establish a control group for evaluative research on Primary Care organizations.

Which systems for which results? The primary goal of this project is to assemble a knowledge base for the different structures of Primary Care organizations with an eye towards system restructuring, while at the same time developing a comprehensive understanding of the Primary Care system in France today.

Methods and organization of research:

PROSPERE will conduct the work using a sample of a limited number of "sites" with different organizational characteristics and geographic location (health centres, group practices, etc.). Researchers will conduct quantitative research through questionnaires and surveys, but also qualitative, through interviews and direct observation. This information will form the main reference source for the research.

Area 1 – Building an analysis framework of Primary Care organizations

Defining the framework in the French context:

The objective is to define the field of Primary Care, its primary missions and organization in France. Where are these organizations? What do they do? We will use a model for evaluating the performance of hospitals to this context.

Limits to evaluation in Primary Care: doctors have no frame of reference as to whether or not they are offering their services efficiently, especially for patients with chronic conditions. PROSPERE team will contribute to the establishment of a methodology for creating performance indicators which will allow doctors to improve the efficiency of their practices. Pulling insurance/claims data from OMG (Observatoire de la médecine générale), we will be able to test the validity of our indicators versus a homogenous sample pool.

Area 2 – Economic Analysis

The primary focus of political discussions on how to regulate the cost of health care revolves around demand rather than supply side questions. Today, payers are trying to de-incentivize the over consumption of medical care. A 1 euro co-pay for all services, penalties for not following care instructions, and deductibles are newly introduced examples of this.

Incentivization of providers. The team will try to identify how to best compensate providers.

Doctors function as independent agents with discretionary powers determining what kind of care, and how much care, their patients need. The introduction of capitation, prospective and retrospective payment systems is being studied for its effect on care and its abilities to produce efficiencies and savings. The team will construct a survey model that will capture detailed compensation information on providers, and allow us to overlay that data with patient activity data (# of pts, # of visits, etc..) in order to develop a typology of providers by compensation level. With this model in place, we can accurately compare incentivization versus doctor activity and to determine if fee-for-service vs prospective payment leads to more preventive treatment.

Demand-side preferences, what will the consumers pay in these new structures?

It is important to understand the consumer's point of view in these discussions about potentially restricting care. We will develop a participative approach for consulting consumers on what sacrifices they are willing to make in the name of quality.

We will examine the relationship between the structure of Primary Care organizations and their results by effectiveness, efficiency, and equity:

We will be working from the hypothesis that group practices and cooperation between doctors and nurses will yield better outcomes. We will overlay data about clinical practices with payments from insurers.

For example, in evaluating treatment for diabetes, we will look at whether the appropriate treatment was followed (recommended visits at the recommended frequency) compared to what outcome was achieved (blood glucose stabilized), while also looking at "soft" factors like satisfaction and quality of life.

Area 3 - Sociological analysis of new forms of organization and collaboration in Primary Care

The team will take two approaches to this analysis. First, at the micro level, we will observe how contrasted organizations negotiate the division of tasks between professions. Secondly, we will conduct a macro level analysis of the institutional arrangements between professionals and regulators, and observe how these arrangements shape local negotiations and what are their results.

The use of physician extenders in other countries, either to improve efficiency of doctors or, in the case of large practices, to transfer care to a specialist in a particular condition, will be observed. The aim is to examine the different steps of these task shifting practices, in order to see how and by whom the decisions were made, and what issues came up during the process.

Macro institutional factors: Task shifting between professions has not gone without problems in France with concerns from both doctors and nurses. We will examine the impact of these changes as they occur in France, by looking at the positions and actions of the major players in the debate (payers, regulators, professional organizations, patient advocacy groups).

Methodology: We will start by analyzing the literature on task shifting in ambulatory care from other countries. We will also conduct direct interviews with the players, in order to get a firm understanding of their position on the issue, and how they see their role in the debate. For the micro analysis, we will conduct a survey of practitioners, administrators and medical students, as

well as direct observation of patient care and intra-professional interactions. We will also look at meeting notes or at any other organizational material available.

D – Development and construction of a database and research tool:

Insurance companies do not release detailed information on compensation for clinical acts in ambulatory care, on the characteristics of their clients or connections between the clinical diagnoses and prescribed care. Consequently, it is impossible to draw conclusions from these variables.

Objective: Link patient information collected from the OMG medical panel with the expenditure paid out by insurers. This sample panel was used for a study of diabetes control in 2007. This network will have to be supplemented to produce the appropriate numbers of patients and practices.

Gathering this information will require coordination between a number of government bodies and the insurance companies while respecting the privacy of the patient; the completion of this project is projected at three years.

Composition of the research team: IRDES http://www.irdes.fr will head up the effort under the direction of Yann Bourgueil, MD, with the Center for Research in Medicine, Sciences, Health and Society (CERMES) http://www.vjf.cnrs.fr/cermes/ and the "French Society of General Medicine" (SFMG) http://www.sfmg.org/accueil/. Teams will be composed of 5 researchers from IRDES (medicine, economics, public health) 5 researchers from CERMES (economics, econometrics, sociology and management) and 3 physicians from the SFMG.

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