### **Dr Philippe BOUTIN**





#### • Liberal specialists have collective and societal obligations

- Accessibility for all : economical and geographical
- High level of scientific requirement
- Collective ensurance of permanence and continuity of care
- Transparent organization of competition

# • But they also expect the recognition of their rights by society and guardianship:

- Ensurance of the highest level training
- Legal security of the practice
- Defense of an evolutive and attractive income policy,
- The establishment of a sincere and loyal negotiation
- Political recognition of their functions and their realities





### Delegation of tasks

- Protocols
- Global response geographical and temporal to 2 structural problems : shortage of professionals in the field, problem of unequal supply of care in the territory
- Example : **ASALÉE**





## **ASALÉE**

- Liberal health action in a team.
- Born in 2003, Asalée has been working in the field since 2006.
- Multi-professional cooperation between general practitioners and nurses, Asalée's actions are integrated in the practice of practitioners, in order to adapt to the evolution of the care demand, in particular to the increasing place of chronic diseases.
- Asalée also corresponds to the **evolution of general practitioner practice** which requires more and more collaborative work.



## **ASALÉE**

### • Key strengths

- 1. A more diverse care panel focused on the patient's practice to:
  - a. handle patients with chronic diseases: diabetes, cardiovascular risk factors, memory disorders, COPD
  - b. facilitate screening: breast, colon, uterus and alert management
- 2. Help for chronic diseases management: follow-up, educational therapy and support for the patient throughout his illness.
- 3. Execution of derogatory acts: ECG spirometry mono filament test ...



## **ASALÉE**

### Key strengths

- 4. Proximity teamwork, federating the doctors of the medical practice but also the professionals of the territory. However, it is not mandatory to practice in a multidisciplinary health center (Maison et Pole de Santé Pluridisciplinaire)
- 5. Promoting the quality of management of patients with chronic diseases in outpatients through personalized educational therapy of proximity
- 6. Setting up easily and managing administrative tasks of the nurse provided by the association ASALEE
- 7. A **positive medical-economic evaluation** confirmed by the work of IRDES and CNAM



- Creation of the new profession of "course manager"
  - Concept of "doctor-time"
  - Significant valuation of the added value of the specific skills



#### New status for the doctor

- make the professional more enterprising, more daring, master of the essential change of the health system
- Single status





### Single status

- 215,000 French doctors, three broad categories: employees and liberals with almost equal numbers, and just over 10% who have a mixed practice.
- less than 1 in 8 young doctors choose the liberal exercise

#### → Difficulty:

- almost impossible to concretise a patient care based on **pathways** and no longer on isolated acts;
- cooperation between hospitals and clinics hampered by obstacles related to different status of practitioners-
- to practice from the city to the hospital, doctors have to pass **competitive exams**, even though the future is the recurrent certification of skills.
- to practice in the city, hospital doctors have to change their social status and social protection system.



### Single status

• Creation of a mixed status, at the same time employed, and at the same time liberal which allows the exercise of the profession whatever the place of exercise.

