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.







• 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 ...







• 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.





• 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.



