

Point Santé
Spa, 12 mai 2012

SOINS PRIMAIRES
TRAJET DE SOINS
INAMI

Définition des soins primaires

World Health Organization Primary care involves the

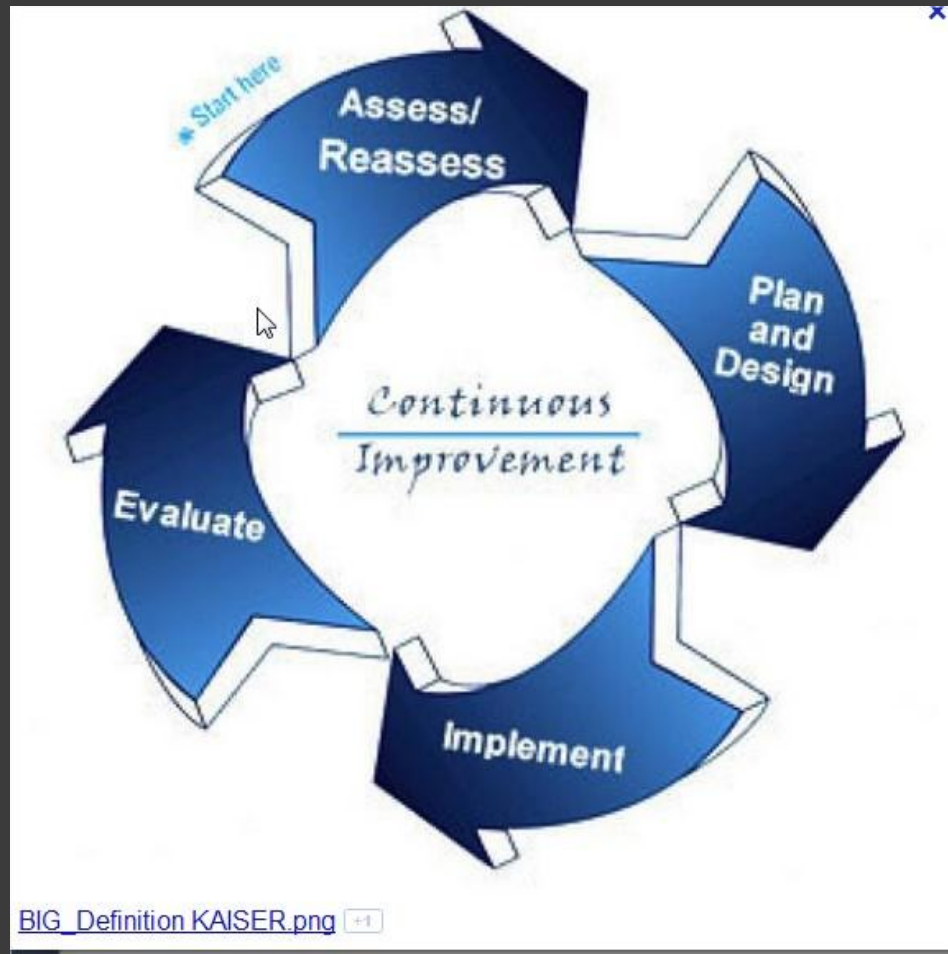
- widest scope of health care, including all ages of patients, patients of all socioeconomic and geographic origins, patients seeking to maintain optimal health, and patients with all manner of acute and chronic physical, mental and social health issues, including multiple chronic diseases.
- Consequently, a primary care practitioner must possess a wide breadth of knowledge in many areas.
- Continuity is a key characteristic of primary care,
- preventive care, health education, and every time they require an initial consultation about a new health problem.
- Collaboration (multidisciplinarity) among providers is a desirable characteristic of primary care.

Accent sur les soins primaires

Inami: Concept et initiatives en faveur de la première ligne

- Concept Organisation, structures (trajet de soins et RLM, pratique de groupe, gardes)
- Revalorisation financière
 - Prestataires: honoraires, forfaits, primes
 - Structures: Pratiques, Cercles, Garde, RLM,
- Outils: eHealth, e-prescription, autorisations en ligne, dossier partagé, GMD, GMD+, facturation en ligne
- Evaluation, formation (GP's performance report, **Achil**, accréditation)

Cercle de qualité



Trajet de soins, nécessité et opportunité

- ⊙ Accent sur les soins primaires (prévention, continuité, multidisciplinarité)
- ⊙ Accroissement des pathologies chroniques et complexes (cfr effets secondaires)
- ⊙ Participation du patient (« empowerment »)
- ⊙ Existence de recommandations de bonne pratique synthétiques et accessibles
- ⊙ Disponibilité de professionnels dans des disciplines complémentaires (éducateurs, diététiciens, infirmiers, médecins généralistes et spécialistes.....)
- ⊙ Disponibilité de ressources en matière de communication et d'information (eHealth, dossier partagé)

Pathologies Chroniques

Most common causes of death, US 2001

Most Common Causes of Death, United States, 2001*	
Condition	Rate
Diseases of the Heart	246.8
All Cancers	195.6
Stroke	57.7
Chronic lower respiratory diseases	43.6
Unintentional injuries	35.5
Diabetes mellitus	25.2
Influenza and pneumonia	21.8
Alzheimer's disease	19.0
Nephritis and nephrosis	13.9
All other causes	192.4* Rates are age adjusted to 2000 total U.S. population. Boldface type indicates chronic disease or condition.

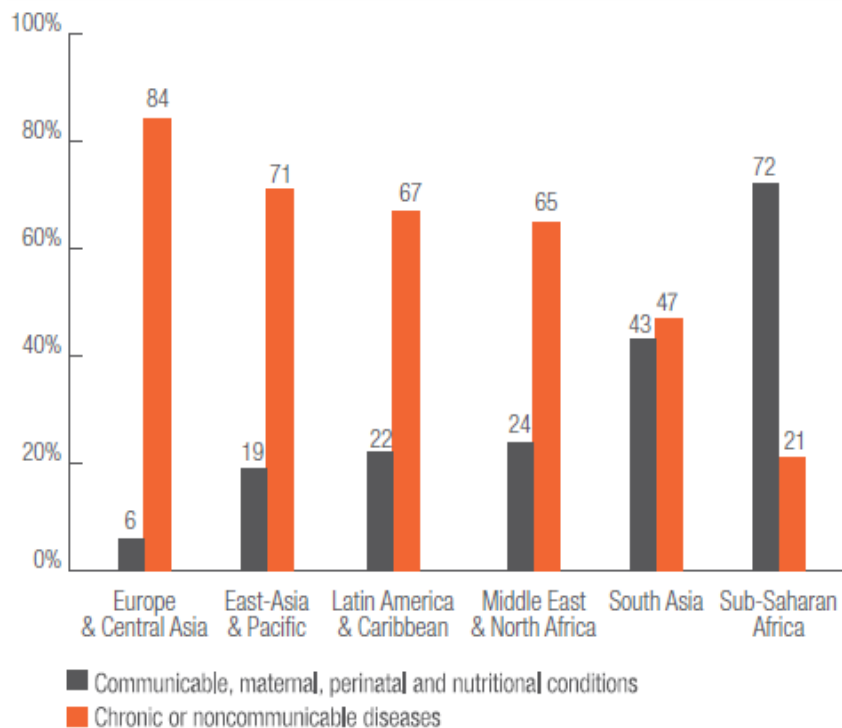
Five leading chronic diseases killers

US

Deaths due to Five Leading Chronic Disease Killers as a Percentage of All Deaths, United States, 2001		
Cause of Death	Number of Deaths	Percent
Five Leading Chronic Disease Killers	1611833	66.7
Diseases of the heart	700142	29.0
All cancers	553768	22.9
Stroke	163538	6.8
Chronic lower respiratory disease	123013	5.1
Diabetes	71372	3.0
Other	804592	33.3
Total	2416425	100.0

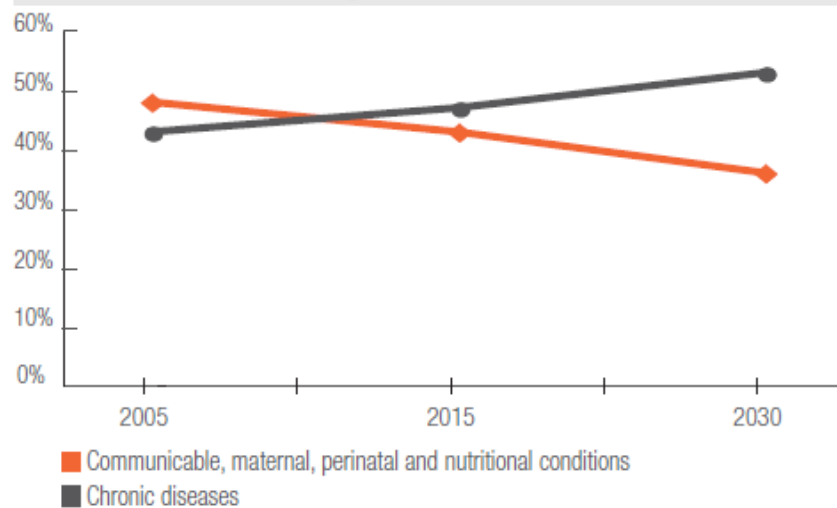
Chronic diseases, in function of incomes and in time

Figure 2 Worldwide share of deaths by cause and World Bank region (excluding high-income countries, 2002)



Source Mathers et al. (2003)

Figure 3 Projections of cause-specific deaths (as a percentage of total deaths) in low-income countries, baseline scenario



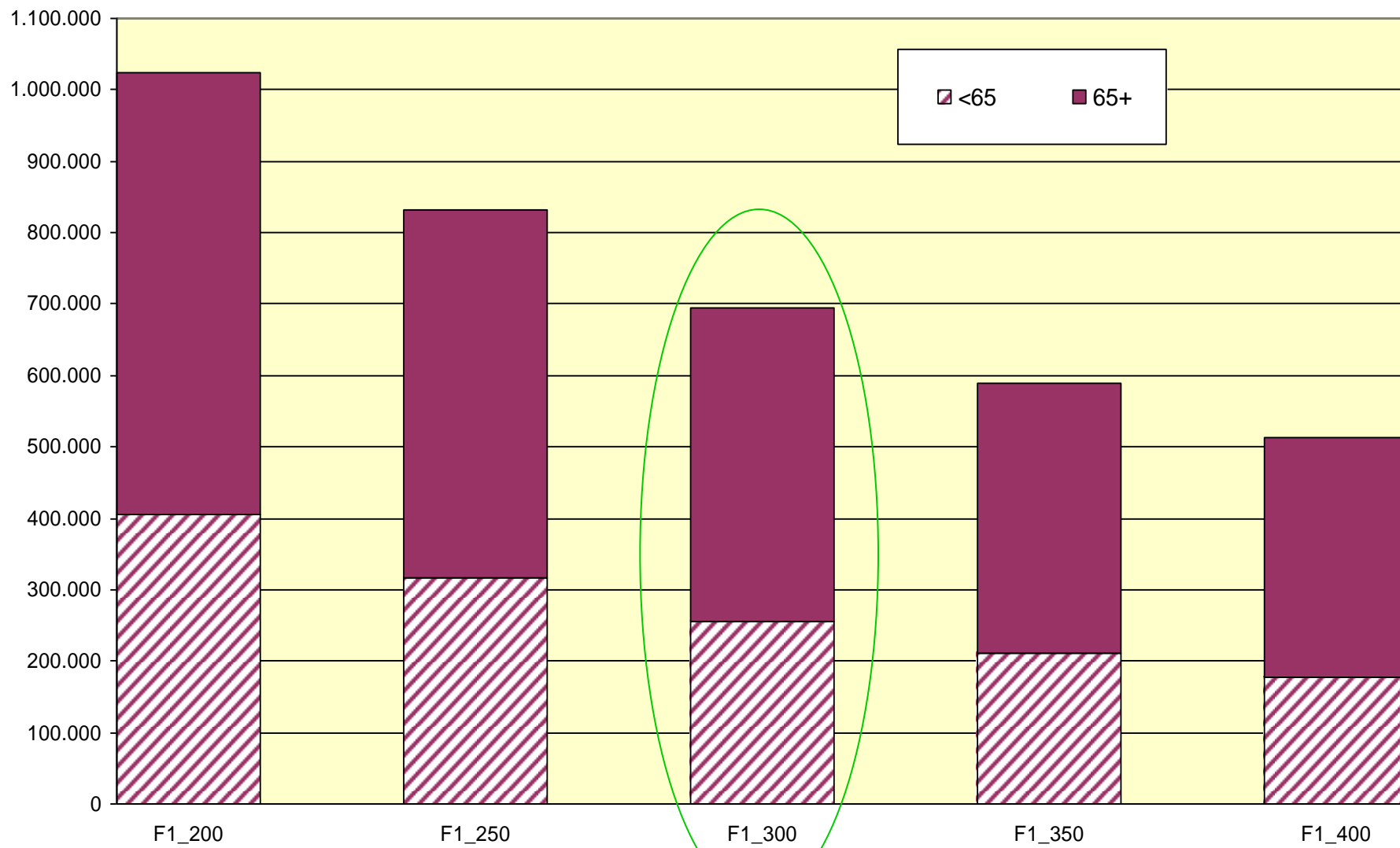
Source Mathers and Loncar (2006)

* The figures and tables of the Web-Annex are available through the Oxford Health Alliance website at <http://www.oxha.org/initiatives/economics>.

Patients Chroniques en Belgique

Coûts des soins supérieurs ou égaux à 300€
par trois mois durant 8 périodes de trois
mois consécutives

Aantal chronisch zieken op basis van F1 & 5 plafonds volgens <65 en 65+



Bron: Permanente steekproef 2006-2007, View RDQ versie 03

Chronic Care Model (Wagner 1996)

The *micro level* emphasizes the partnership between patients/families, healthcare teams and community partners. : **trajet de soins**

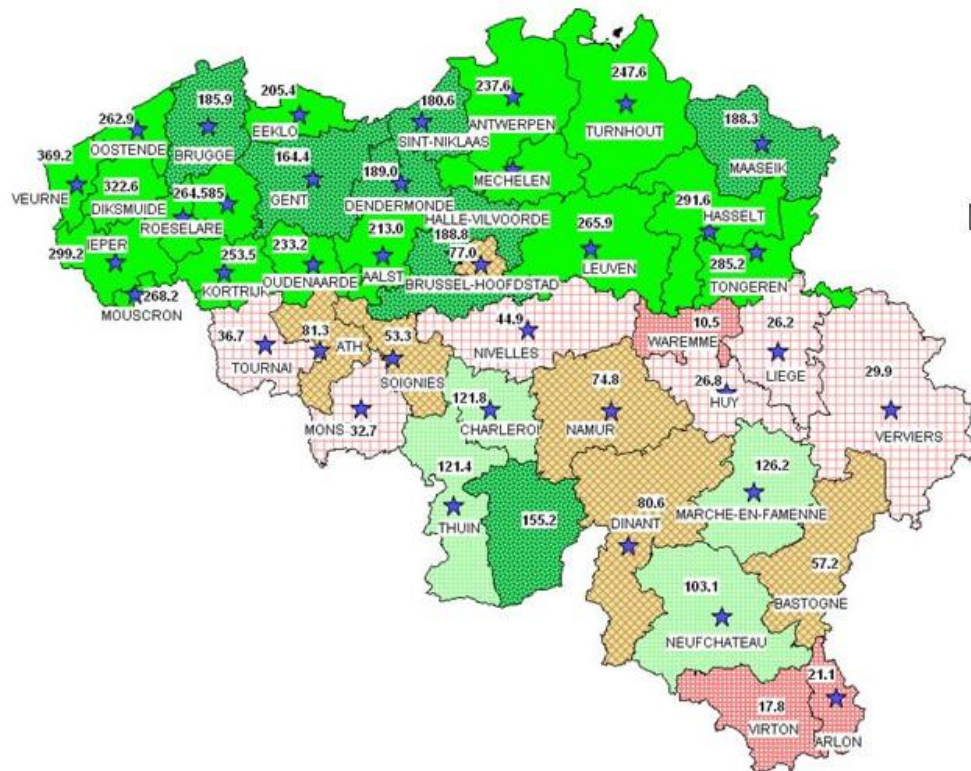
The *meso level* refers to the healthcare organization and community, with a particular emphasis on the need for continuity and coordination as well as for “organized and well-equipped” healthcare teams rather than decision support, in recognition that decision-support tools may not be applicable in low-resource settings.

RLM

The *macro level*, finally, explicitly considers the policy and financing contexts, which are seen as key factors in any successful system response to chronic conditions: **Inami** (Epping-Jordan et al. 2004).



Nombre de trajets de soins diabète type 2 – Répartition géographique



Nombre de trajets de soins diabète comptabilisés le 30/6/2011 (n=17.264)

Nombre de trajets de soins diabète par 100.000 assurés par arrondissement

10 à 24	(3)
25 à 49	(6)
50 à 99	(6)
100 à 149	(4)
150 à 199	(7)
200+	(17)

Centres de convention

★ Au moins un centre de convention

Points difficiles

- ⦿ Choix des pathologies
- ⦿ Complexité administrative
- ⦿ Complexité communication (Inami-
Professionnels, entre professionnels, avec le
patient, outils informatiques)
- ⦿ Equilibre entre les professionnels de la
santé

