

# FRANCE

Transforming primary health  
care during the pandemic

## COMMUNITY PARTNERSHIP IN MULTIDISCIPLINARY PRIMARY HEALTH CARE

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### MOTIVATION

The *maison de santé pluridisciplinaire* (MSP) is a multidisciplinary primary health care centre integrated in the community and the local ecosystem of social and health partners. Since this model was introduced across all regions of France in 2007, there are now more than 1600 MSPs across the country. This vignette will focus on how this primary health care model contributed to respond effectively to local community needs during the COVID-19 pandemic using the example of MSP in the town of Digne-les-Bains, France.

The MSP is a result of the collaborative effort of health-care professionals and the city authorities in their desire to cater to the health and social needs of their citizens. It is supported by the regional health authority and brings together social, medical, administrative and associated partners in the area. It adapts to the local community and its population needs, including during emergencies such as the COVID-19 pandemic, and operates in close coordination with its partners. The MSP is driven by collaborative teamwork and innovation that enables it to adapt to new demands, regional challenges and the needs of residents.

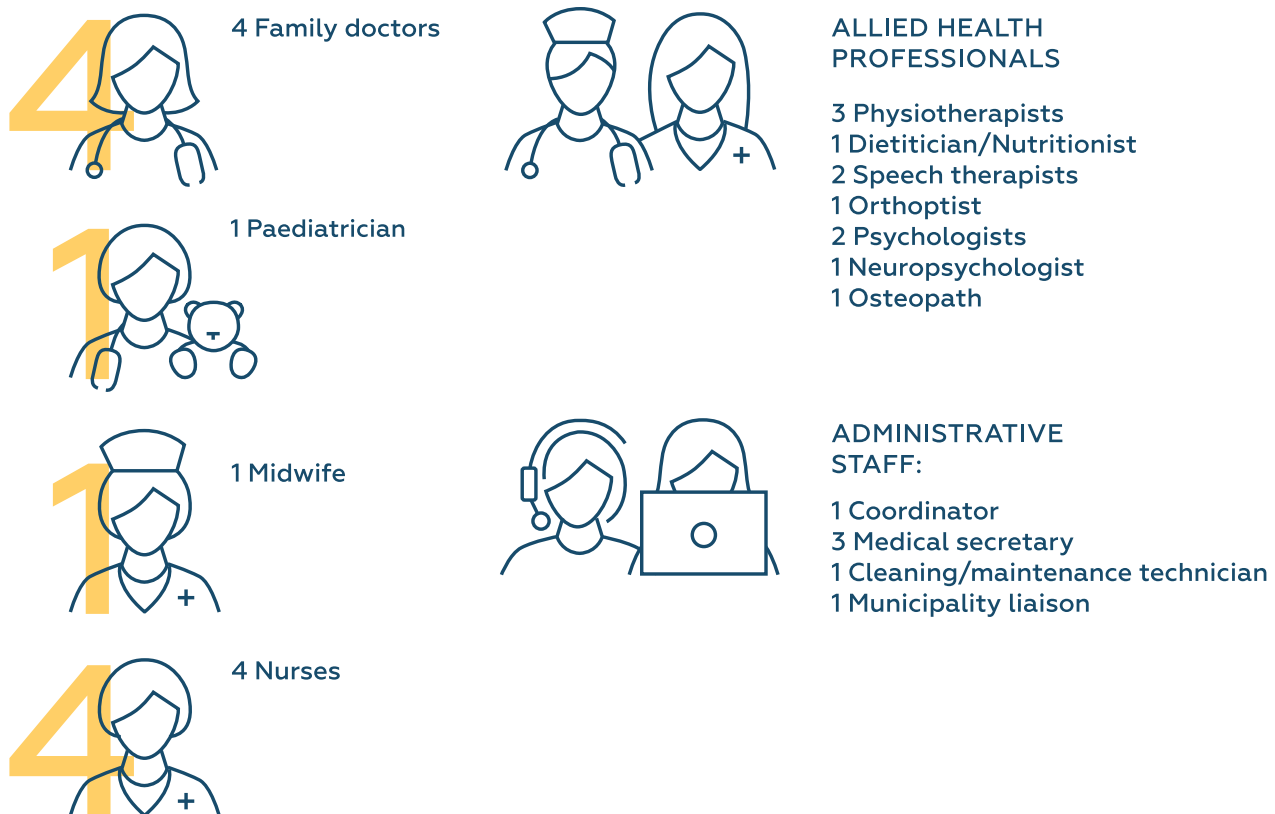
The sudden and unpredictable nature of the COVID-19 crisis presented a formidable challenge in terms of adapting the existing medical, paramedic and logistics activities. Thanks to its efficient organization, the MSP proved to be up to this challenge, developing new tools, services and organizations to sustain and improve the efficiency and quality of patient care. The close ties that have developed between the MSP and the Municipality of Digne-les-Bains have proven vital in protecting the people's health during the COVID-19 crisis as much as the connections that the MSP has forged with the regional health authorities.

# THE MULTIDISCIPLINARY HEALTH CENTRE: AN INNOVATIVE AND SUCCESSFUL SERVICE TACKLING COVID-19

The MSPs are primary care facilities introduced across the regions of France and tailor-made based on a territorial analysis of people's health needs and the availability of services conducted by a multidisciplinary team of health-care professionals and, in the case of the Digne-les-Bains MSP, in close collaboration with the local partners: the municipality and the town's community. The MSP brings together a multidisciplinary team of 20 health-care professionals, an administrative team of four people (secretaries and coordinator) and a project manager provided by the municipality (Fig. 1).

Fig. 1. Composition of the multidisciplinary MSP team, Digne-les-Bains, France

## MSP TEAM



In the Provence-Alpes-Cote d'Azur region of France, regional health authorities provide to MSPs a development framework that involves information and experience exchange, technical and financial support for innovation and encourage the integration of local stakeholders in developing and implementing this health project. The health project must be part of a regulatory framework integrating territorial issues and encouraging innovation. It should especially focus on improving the working conditions of health-care professionals, improving patients' equal access to care, attract new health-care professionals to the area and propose a coordinated team framework within each primary health care facility. The MSPs are thus responsible for implementing this regional health project, which continues to evolve in response to the local needs and opportunities. The MSPs structure their activities according to the health objectives agreed upon with the authorities (regional health agency and the primary health insurance fund). Financial assistance is contingent on achieving these health objectives, such as developing programmes for preventing chronic diseases, therapeutic patient education, case study professionals' meetings, introduction of multidisciplinary care protocols and shared information systems.

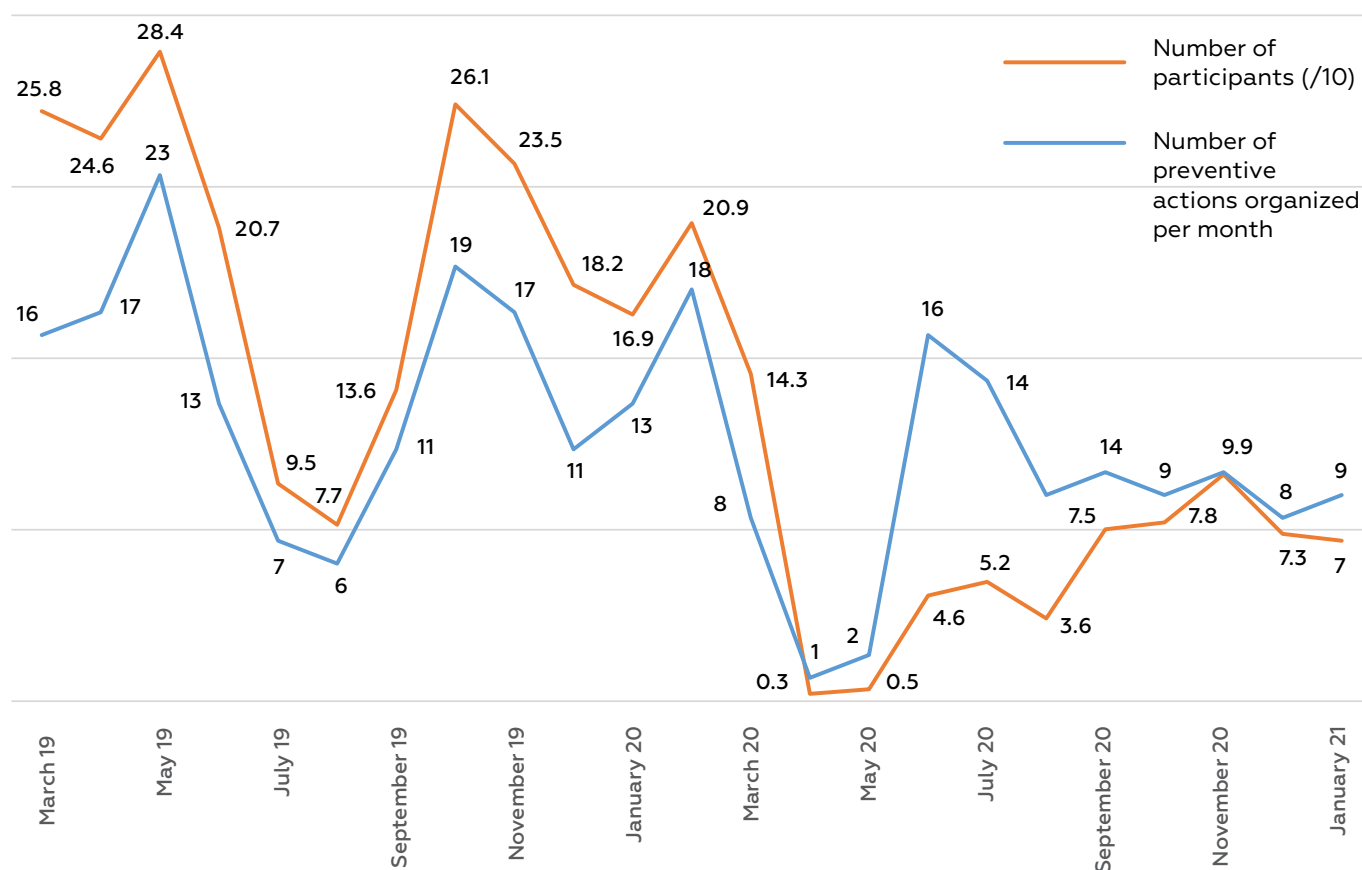
## Making use of alternative service delivery platforms to maintain the essential health services

### Preventive activities

Collective preventive activities (which had been suspended at the onset of pandemic) were subsequently adapted for remote delivery through videoconferencing. This tool has also been widely praised by MSP professionals for enabling multidisciplinary monitoring of complex patients. Digital solutions have been also made available to partner associations to enable them to carry out preventive activities and stay in touch with their patients. Therapeutic education activities for patients with chronic diseases, smoking cessation assistance and proper use of medication sessions were therefore provided remotely. In compliance with health standards, it was also possible to welcome a small audience through sessions of parenting assistance and dietetics.

Fig. 2 shows the delivery of the MSP's preventive activities before and during the pandemic. These activities were almost completely suspended in April 2020, with a spike in June 2020 indicating that some of them (remote and face-to-face consultations) had resumed. The figures then start to decline, suggesting that people were less willing to consult with their health-care provider remotely. Another reason is the health restrictions placed on private practices. Despite this, it shows that these new arrangements are again starting to attract patients (3.5 participants per session in June 2020 versus 9.9 participants per session in November 2020).

**Fig. 2. Trend in preventive care activities within the MSP before and during the pandemic, Digne-les-Bains, France**



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### Teleconsultations

Before the pandemic, the MSP's family doctors did not think that their work was suited to remote care. The start of COVID-19 has showed that remote care is invaluable in ensuring the safety of the caregiver and their patients while maintaining continuity. Similar to the preventive activities, all general practitioners have set up teleconsultations so that they could continue to treat patients and monitor their condition. Teleconsultations were used both for COVID-19 patients and for patients with chronic diseases to avoid disrupting their care pathway.

This practice is not limited to the Digne-les-Bains MSP: at the height of the crisis, general practitioners across all of France carried out an average of almost 1 million teleconsultations per week versus just a few thousand per week before the restrictive

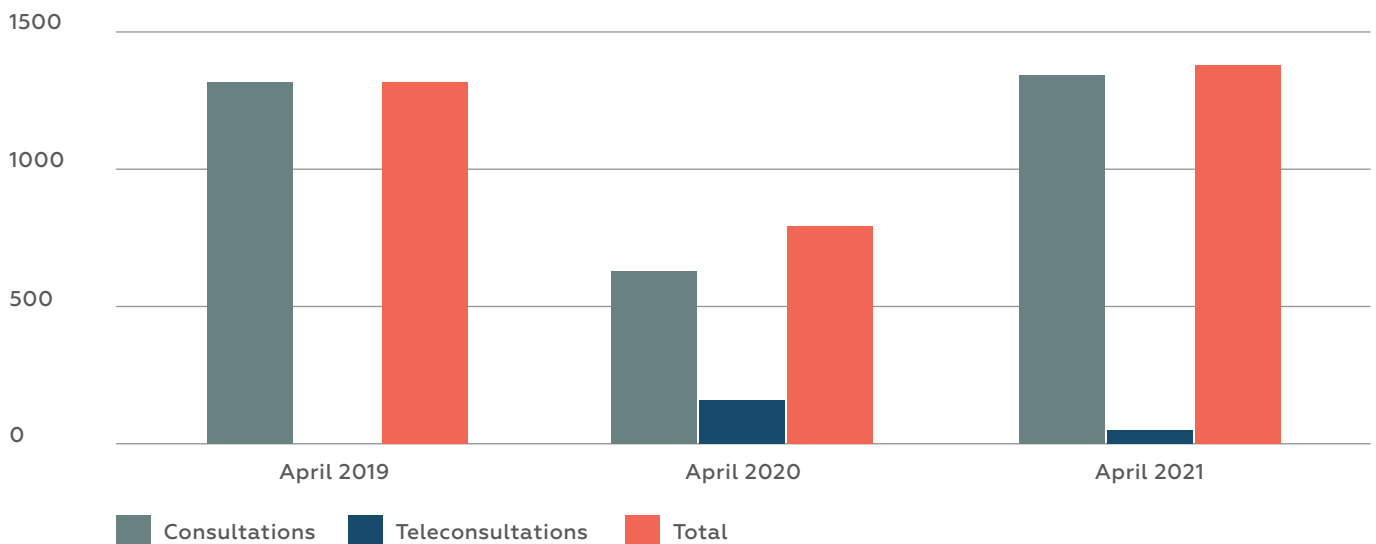


measures were announced. Teleconsultations thus accounted for as much as 27% of all medical consultations carried out in France during this period. The adaptation of the regulatory framework for teleconsultations has made it easier to develop this practice. There has also been a change in telemedical demographics, with a marked increase in the number of people older than 50 years using the service (1).

General practice activity at the Digne-les-Bains MSP declined nearly 41% in April 2020 compared with April 2019. At the same time, interventions that were not offered remotely in 2019 accounted for 20% of all consultations (158 procedures in total) (Fig. 3). Allied health-care professionals also made significant use of remote consultations, since they were not allowed to see their patients in person. Thus, some professionals provided telemedical support exclusively.



**Fig. 3. Distribution of general practitioners' face-to-face consultations versus teleconsultations before and during the pandemic, Digne-les-Bains, France**



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## Taking advantage of the existing partnership between the MSP, municipality, regional authorities and local community

For many years, the Municipality of Digne-les-Bains has been involved in developing, supporting and implementing health policies. The development of the MSP, which is co-managed by health-care professionals and the Municipality, is evidence of this. In addition, collaboration between health-care professionals and the Municipality in providing care for patients in vulnerable situations has helped to develop cooperative work practices. The commitment demonstrated by the municipal authorities and the collaborative work with health-care professionals have led to developing close ties between the MSP and the Municipality. This includes the distribution of logistics functions, pooling of resources, referral of patients and sharing of information.

The coordinated organization of services has made it possible to provide optimized care for patients during the pandemic. The pre-existing and continuous partnership over time between the Municipality's social services and the team of primary health-care professionals enabled fluid and direct exchange of information on vulnerable populations while complex and individual situations are regularly discussed within the framework of dedicated discussion times between the Municipality and primary health care. These ties have also proven crucial for mobilizing health-care professionals in the city's preventive, screening and vaccination activities. In fact, complex vulnerability situations, such as medical (multimorbidity) and psychosocial (social isolation, addictions, etc.), are managed on a case-by-case basis through direct relations and information exchange between health-care professionals and municipality's social care services.

For this purpose, primary health-care professionals are supported by the *plateformes territoriales d'appui* (territorial support platforms) established across France in 2016. They provide guidance to health-care professionals in their decision-making on managing complex social and time-consuming cases and orient them on referral options to the relevant social services, such as retirement home placements, care delivery to financially disadvantaged people or, for complicated family situations (dependent child and spouse disability), organizing home visits to people who are immobile or have disabilities. Thus, the territorial support platforms ensure continual communication and handover between primary health care and appropriate social services while also freeing the health-care professionals from the social work itself that they are not trained to do.

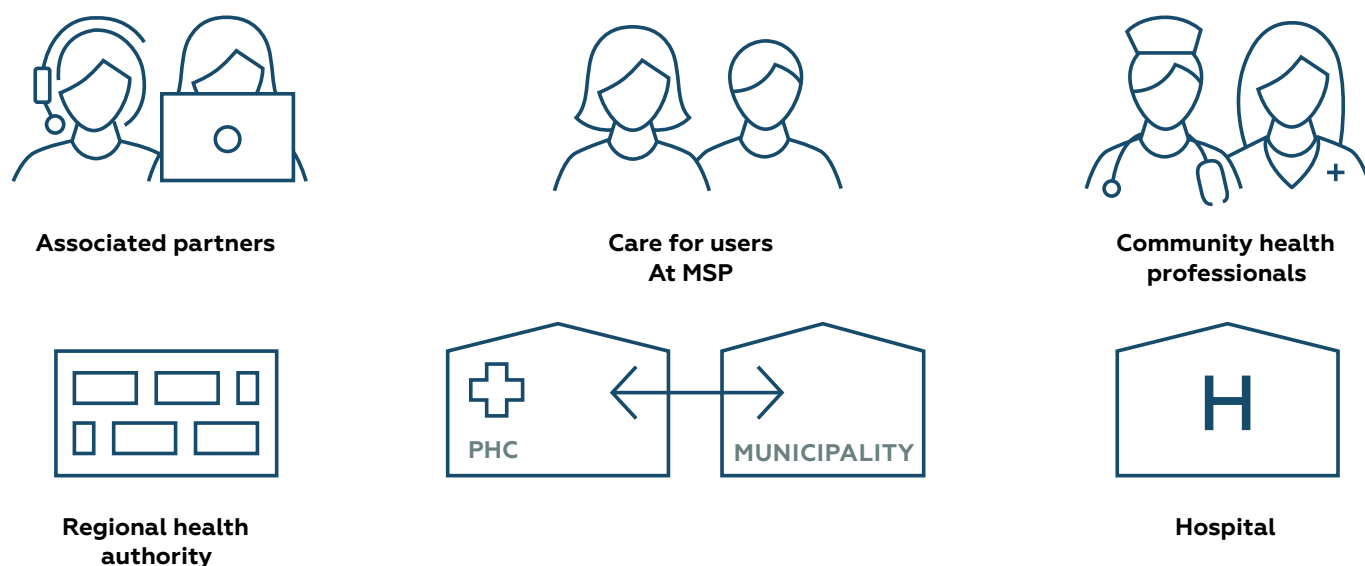
From the start of the pandemic, the Municipality gave priority to protecting individuals from COVID-19 by introducing barrier measures. Getting the right personal protective equipment to the population was thus a major concern. The municipal authorities, responsible for this task, have ensured the supply of suitable equipment for the MSP throughout the pandemic. This has allowed the multidisciplinary team to focus on providing essential health services.

More broadly, both the municipal authorities and the MSP have developed and introduced specific new services for patients during the health crisis (psychological consultations, telemedical support, prevention programmes, etc.). The constant flow of information between the MSP and the city regarding the resources each can offer has contributed to convincing the population to take advantage of these services.

### **Network of associated partners providing support to MSP**

The health project of the MSP includes several local associated partners collaborating with the MSP on its ongoing activities and on shaping the local health policy (Fig. 4). From the beginning of the COVID-19 crisis, the territorial support platform and the Comité Régional d'Education pour la Santé (CRES Provence-Alpes-Cote d'Azur, Regional Committee for Health Education) have been responsible for documenting and sharing the epidemiological data, providing prevention tools and specific clinical support protocols and monitoring, decrypting and analysing the regulatory texts. Data collection and analysis are extremely valuable at a time when everyone needs to focus on continuity of their core activities. The Comité Départemental d'Education pour la Santé (Health Education Committee) has joined forces with the Municipality and MSP to raise local community awareness about barrier measures (video clips, awareness-raising in schools, markets, etc.). More broadly, partners such as the Mutualité Française (the French Mutual Insurers Society) have continued to adapt and deliver workshops on COVID-19 prevention and screening, targeting the vulnerable populations in the area, thus ensuring better equality and limiting disruptions in health care for patients.

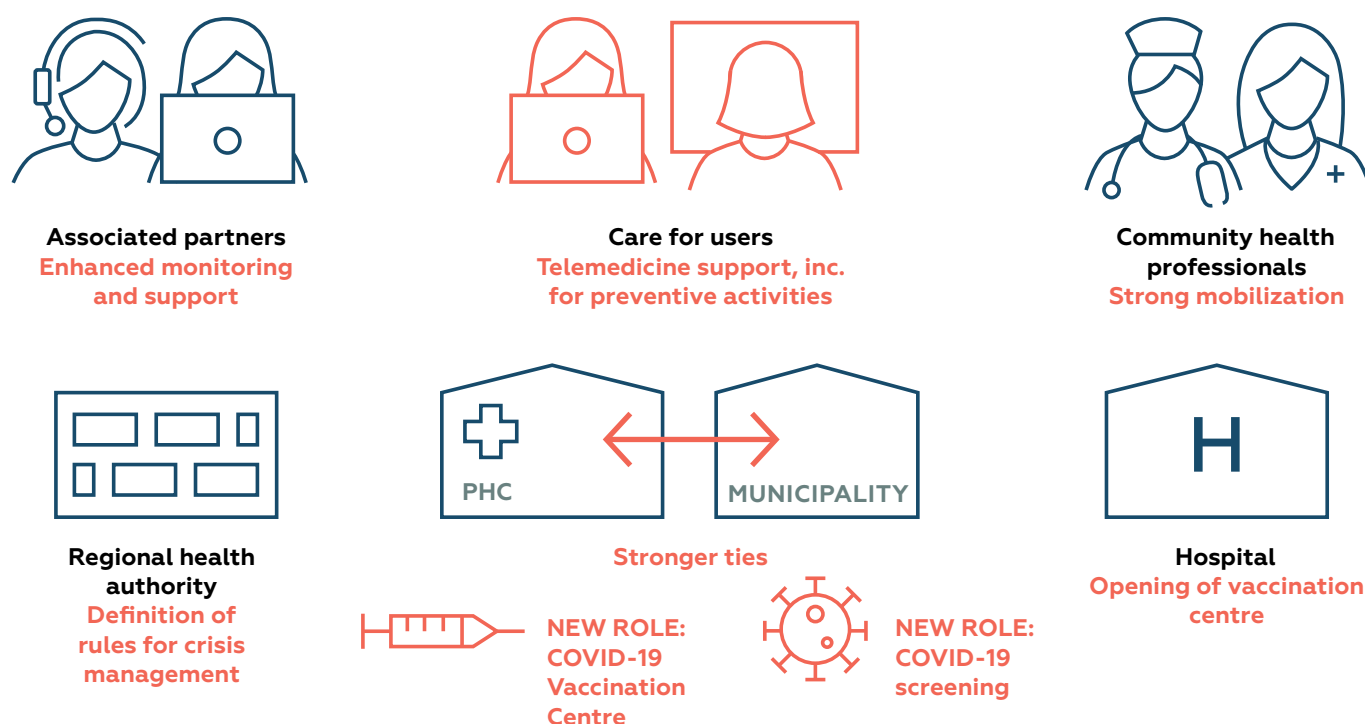
**Fig. 4. Relations between the MSP and partners before the pandemic, Digne-les-Bains, France**



#### **Working with the authorities in the COVID-19 crisis**

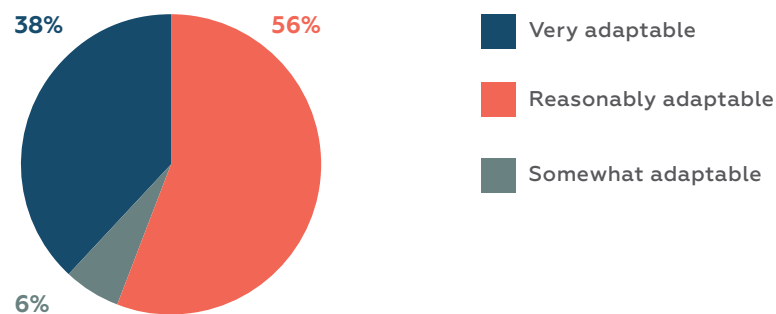
In crisis situations, the national and regional health authorities in France are responsible for applying the measures that must be deployed to deal with that situation. These include crisis management tools: deciphering regulatory texts and implementation methods (Direction Générale de la Santé, General Health Directorate); providing digital tools for monitoring the activities (Agence Régionale de Santé, Regional Health Agency); and organizing crisis pricing (Caisse Primaire d'Assurance Maladie, Primary Health Insurance Fund). It then relies on its partners in the field to implement its strategy. At this stage, the health authorities' detailed knowledge of operation of the MSP provided them with a good idea of which missions it can entrust to it (Fig. 5).

**Fig. 5. Relations between the MSP and partners during the pandemic, Digne-les-Bains, France**



Since the start of the pandemic, MSP health-care professionals have been concerned about the lack of clarity in certain areas and the fact that some pandemic-related statements were often contradictory. In addition, some of the objectives set by the health authorities were sometimes too ambitious and unattainable, creating tension among health-care professionals. Despite these issues, the links created between the local representatives of these institutions and health-care professionals have made it possible to maintain reciprocal support. In this context, the pre-existing cooperation between the institutions, the MSP and the Municipality (Fig. 6) makes it easier to implement strategies due to knowledge of needs and the situation and the pre-existing relationship of trust between the teams.

**Fig. 6. Evaluation by health-care professionals of strength of the links between the MSP and Municipality, 2021, Digne-les-Bains, France**



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### **Team-based delivery of COVID-19 services**

After the start of the pandemic and following the introduction of new national regulations, nurses started performing COVID-19 testing in the MSP. Patient screening was made easier by the way the MSP had been set up: a doctor referral system, the joint scheduling of appointments, shared software, joint secretarial services and available premises (treatment rooms). Similar to screening, the MSP set-up made it easy for MSP physicians to vaccinate patients. MSP health-care professionals and administrative staff were also involved in vaccinating patients and carrying out support functions at the municipal vaccination centre. As such, the MSP provided administrative and logistical support to the community. The existence within the MSP of an administrative team and a company under an agreement with the Primary Health Insurance Fund made it possible to take charge of the salaries of the temporary staff of the vaccination centre on behalf of the community.

The administrative team of the MSP played a crucial role from the outset of the pandemic, making sure that patients got the necessary time with their physician by taking care of all the non-medical administrative tasks needed to adapt to the pandemic response. The administrative team also made sure that all the hygiene procedures were followed and that workstations were properly disinfected and modified for operation in pandemic conditions. The team was responsible for providing staff with consumables and personal protective equipment and managing the premises and patient flow. It also monitored, consolidated and distributed information on COVID-19. Finally, the administrative team helped to set up teleconsultations, including explaining to patients about the process and demonstrating and installing telemedical support solutions for health-care professionals.

**"THE STRONG COLLABORATION AND CONSTANT INFORMATION EXCHANGE BETWEEN PRIMARY HEALTH CARE AND THE MUNICIPALITY'S SOCIAL SERVICES HAVE PROVEN CRUCIAL TO SUPPORT PEOPLE IN COMPLEX VULNERABILITY SITUATIONS, BOTH MEDICAL AND PSYCHOSOCIAL."**

## EARLY ACHIEVEMENTS

Strong mobilization and engagement of health-care professionals (especially through pre-existing structured networks) at the height of the COVID-19 crisis contributed to developing more effective care models. The experience of the pandemic further reinforced the importance of building and maintaining strong collaboration between the multidisciplinary primary health care centre, the Municipality and other associated partners.

Use of teleconsultations has been accepted by the family doctors (previously reluctant to use them) and continues to be utilized, representing 2–3% of all medical consultations at the MSP. The fact that teleconsultations continue to be offered shows that family doctors have grown more comfortable with this method and appreciated its added value, which was not the case before the pandemic. As a result, the MSP of Digne-les-Bains is now prompted to create a dedicated telemedicine space in its premises.

Preventive activities in the form of remote interactive workshops have been introduced. Participation and enrolment levels are steadily increasing. Because of current health restrictions, these activities make it possible to reach a higher number of participants than in a face-to-face setting.

The crisis has also led to the creation of completely innovative preventive actions delivered by the MSP. A sports and health programme for patients with long-term chronic conditions and senior citizens and supervised by adapted physical activity instructors has been developed. Fifty-nine patients have participated in the 12-week adapted physical activity bridge programme and 80 medical prescriptions have been registered. A specific programme for patients with long-term COVID-19 syndrome that persists more than two months is currently being developed. Screening for age-related decline has been introduced and care pathways adapted to this decline (ICOPE programme) have been established. This approach is set to be launched in the coming months and will include on-site screening as well as on-site or remote care by specialists not available in the region.

## SUSTAINABILITY PROSPECTS AND NEXT STEPS

Adaptation to the COVID-19 crisis has brought new working methods, new organizations and new tools that are now embedded in the practice of the MSP's health-care professionals and offer them new possibilities for patient care. It represents a good opportunity for the health authorities to take advantage of this experience to encourage the inclusion of these new methods over time.

In the post-COVID-19 period, the network of professionals involved in caring for the health and well-being of local residents will have to become more transparent so that each participant can rely on its partners and thus build a coordinated, understandable and supportive network. Although the MSP is already exploring these working organizations, they need to be expanded to the broader community for the local health network to work more efficiently.

**"PRE-EXISTING STRUCTURED NETWORKS (MSPs, ASSOCIATED PARTNERS, COMMUNITY WORKERS AND LOCAL ASSOCIATIONS OF INDEPENDENT NURSES) OFFER THE COMMUNITY AN AGILE AND REACTIVE TOOL IN TIMES OF CRISIS."**



## LESSONS LEARNED

**1. The COVID-19 crisis has enabled the various primary care providers to unite around new organizational strategies.** When the potential for mobilization was already present in primary health care before the pandemic, it appears that the potential for innovation, collaboration and adaptation can always be mobilized, provided that the demand is based on a shared vision and analysis.

**2. The pre-existing cooperation between health authorities, the MSP and the Municipality makes it easier to implement new strategies due to knowledge of needs and the situation and already established trust between the teams.** COVID-19 crisis has further strengthened this partnership. The need for health-care professionals was so great that the municipal authorities developed ties with health-care networks beyond the MSP, resulting in stronger, more cohesive health care for the whole community.

**3. Pre-existing structured networks (MSPs, associated partners, community workers and local associations of independent nurses) offer the community an agile and reactive tool in times of crisis.** It also offers better capacity to build local health policy integrating different approaches.

**4. Throughout the crisis, all partners were jointly involved in a mutual effort, including delivering medical and psychological care, screening tests and support services (social action) for patients.** This experience demonstrated the richness of the established local network and the unique added value of each of its participants: health-care professionals, social workers, preventive associations, administrative teams and others.

**5. Expanding and upgrading the role played by the administrative staff of primary health care proved crucial from the outset of the pandemic,** facilitating both the work of the primary health care multidisciplinary team and facilitating patients' access to care by making sure that they get the necessary time with their physician and receive necessary information.

**6. Although the pandemic accelerated the adoption of teleconsultations and a shift in the attitudes of family doctors previously reluctant to embrace new digital solutions,** it also demonstrated their strong potential in maintaining the delivery of preventive activities through innovative approaches.



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## ACKNOWLEDGMENTS

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**Jose Cerezo**, Policy Analyst, WHO European Centre for Primary Health Care

## REFERENCES

1. Teleconsultation and COVID-19: spectacular growth and evolution of practices. Health Insurance. [www.ameli.fr](http://www.ameli.fr), 21 July 2020.