

# Personnes âgées en risque de perte d'autonomie (PAERPA) : prototypes to evaluate ?

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Panel B: Improving care for older adults and individuals with dementia in the French and Canadian health care systems: insights and challenges in evaluating policy

*Learning from Each Other: Across Disciplines,  
Jurisdictions and Generations*

Annual CAHSPR Conference May 26 – 28, 2015

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- Context and origin of PAERPA
  - Evaluation; What for ?
  - Action and/or research ?
  - Some conclusions

# IRDES Context and origin of PAERPA

- Coordination/integration of healthcare and social care : a long history
  - 80's : coordination gérontologique
  - 90's : networks for elderlies
  - 20's : information and coordination centres
  - Maia : Health for Autonomy and integration of Alzheimer patients (250)
  - 2012 : Pathways - Paerpa -> Governance?

## Coordination et parcours

La dynamique du monde  
sanitaire, social  
et médico-social

Marie-Aline Bloch  
Léonie Hénaut

Préface de Daniel Havis



DUNOD

# Complexity as a result

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# Context and origin of PAERPA

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## ■ Context

- Need for efficiency in the contexte of economic crisis : High Council for Future of National Health Insurance (HCAAM 2011)
- Claims data available at a large scale : SNIIRAM
- Governance reform- regional agencies for health
  - Territory and population as reference
- Health care pathways an « including concept »
- Time for changing organisations : ACTION

# Context and origin of PAERPA

Contribution du HCAAM au débat sur la dépendance des personnes âgées Rapport adopté à l'unanimité lors de la séance du 23 juin 2011

*« le HCAAM recommande d'engager sans délai une démarche de préfiguration, reposant sur quelques dizaines de « projets-pilotes » animés au niveau national et mis en oeuvre par les ARS, destinés à démontrer, sur quelques thématiques exemplaires et prioritaires (amélioration des sorties d'hôpital, coordination en médecine ambulatoire, recueils partagés d'indicateurs de pratique clinique et sociale ...) qu'un emploi plus efficient de l'argent public est possible, dans l'intérêt des usagers et du système soignant dans son ensemble, en direction de l'accompagnement ambulatoire, du soin d'entretien et de l'aide sociale à domicile ».*

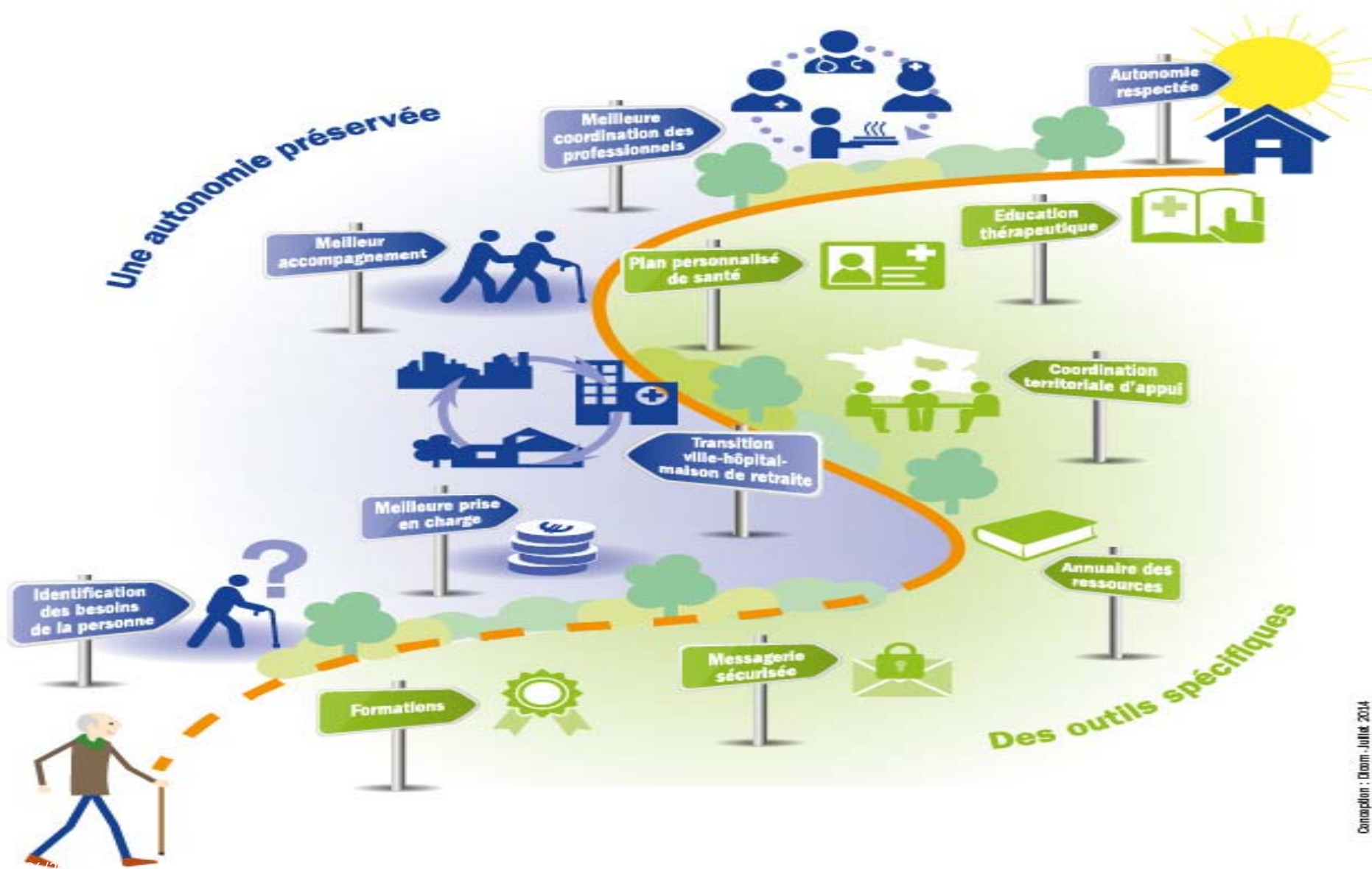
[http://www.securite-sociale.fr/IMG/pdf/hcaam\\_rapport\\_assurance\\_maladie\\_perte\\_autonomie.pdf](http://www.securite-sociale.fr/IMG/pdf/hcaam_rapport_assurance_maladie_perte_autonomie.pdf)

Modifications in laws : payment, share of information, finance

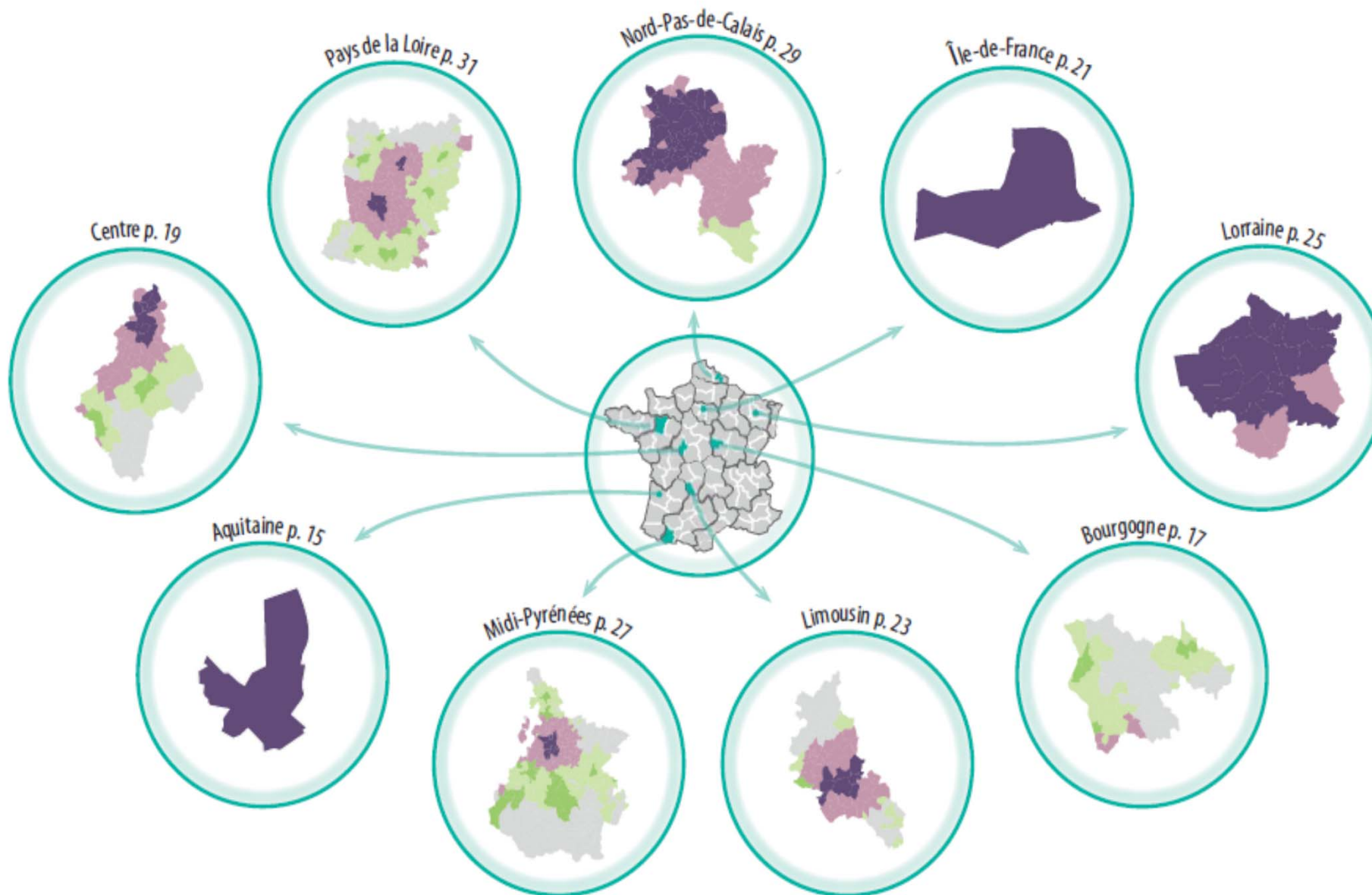
Specifications for experimentations (national piloting group)

Specific requirement for health economic evaluation - a condition for future generalization

## Un parcours mieux coordonné



# 1. Localisation et description générale des territoires pilotes





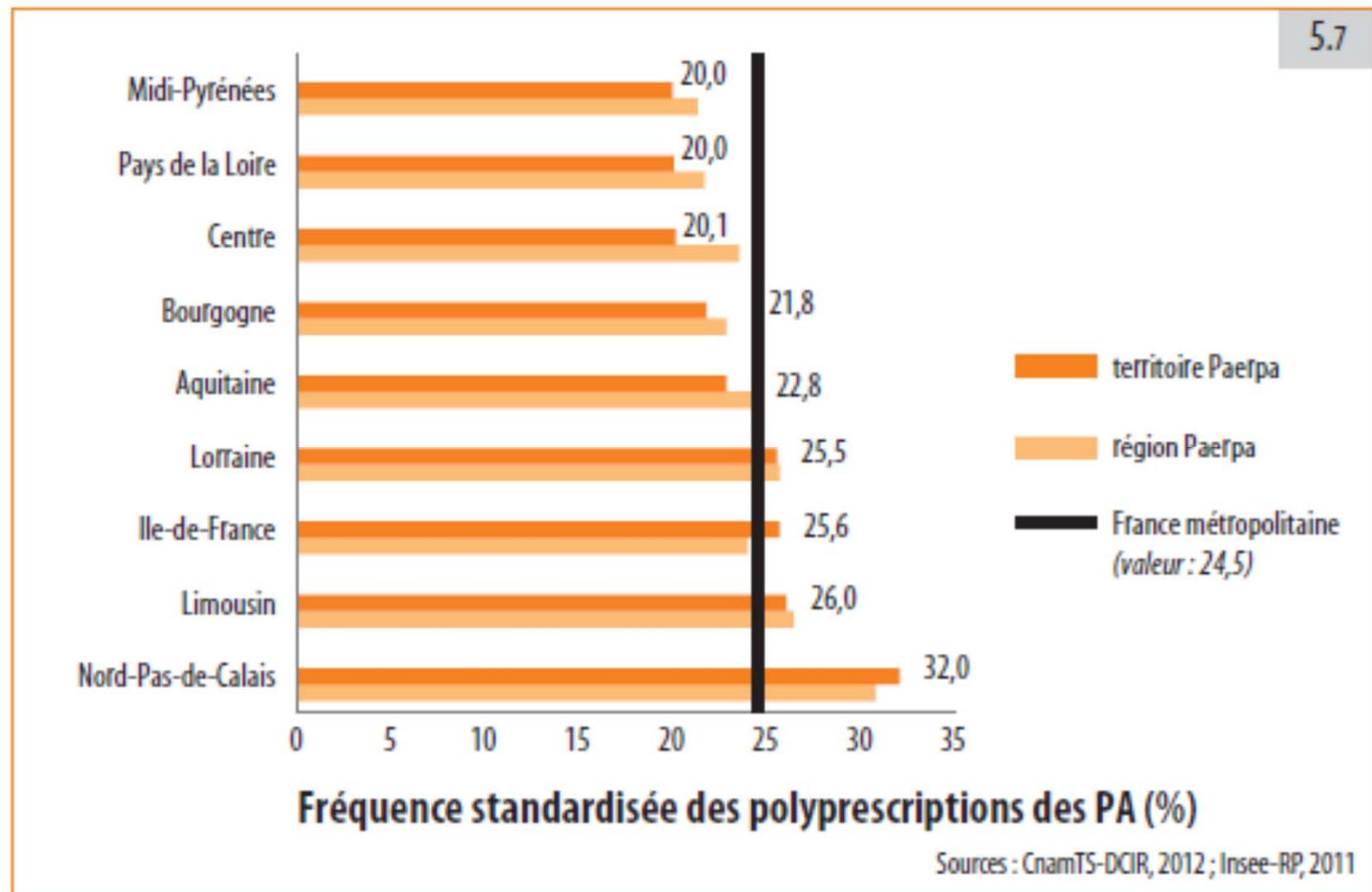
# IRDES Evaluation: What for ?

- To adapt and generalize (prototypes)
  - A requirement in specifications to assess efficiency
- Scientific legitimacy for modern public action ?
- Evaluation as a learning process (interest of actors)
- Opportunities for research

# IRDES Action and/or research ?

- Researcher to build an evaluation protocol and bring legitimacy
  - Protocol evaluation : a crucial step
    - To precise objectives, design (longitudinal and control group), dimensions to evaluate (patients experience, costs transfer, process and outcomes), data available and lacking and cost of evaluation, conditions for comparaisons,
- The evaluation as a project in the project
  - Piloting group for evaluation, evaluation as a mean to pilot and stimulate actors
  - Evaluation as a mean to access to data and to interest research teams (regional)
  - Combining actors, culture, levels and....agendas

# Comparative measures



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<http://www.Irdes.fr/english/issues-in-health-economics/204-polypharmacy-definitions-measurement-and-stakes-involved.pdf>

## **Polypharmacy: definitions, measurement and stakes involved** **Review of the literature and measurement tests**

**Marlène Monégat (Irdes), Catherine Sermet (Irdes)**  
**In collaboration with Marc Perronnin (Irdes)**  
**and Emeline Rococo (Institut Gustave Roussy – IGR)**

Polypharmacy, defined by the World Health Organisation as "the administration of many drugs at the same time or the administration of an excessive number of drugs" is frequent among the elderly as they often suffer from chronic diseases with concomitant pathologies. If polypharmacy is legitimate in some cases, it can also be inappropriate and in all cases carries the risk of adverse effects or drug interactions. In an ageing society such as ours, polypharmacy is a major public health issue in terms of quality and efficiency of care and health expenditures. It is thus essential to examine the definitions and measurement of polypharmacy.

Based on a review of the literature, different definitions of polypharmacy were identified (simultaneous, cumulative and continuous polypharmacy) and the measurement of polypharmacy was examined according to different thresholds. The five most frequently used tools to measure polypharmacy, according to the literature, were then tested using the IMS Health database, Disease Analyzer on 69,324 patients and 687 physicians. The aim was to compare the ability of indicators to identify polypharmacy and to evaluate the technical feasibility of their calculations.

# IRDES Some conclusions

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- Decision in health care is always political
  - Policy evaluation in health care as a crossroad for research and decision
  - Need for grey areas, traductors,
    - To build faith, to negotiate, to manage agendas (political, actors, research, data)
  - Need for multidisciplinary approaches
  - Need for recognition of invisible work for researchers