

CONFERENCE ABSTRACT

How does the installation of DACs contribute to the integration of the healthcare system and to shared values and vision in a territory?

21st International Conference on Integrated Care, Virtual Conference – May 2021

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Faced with the creation of numerous information and support programs for various populations in recent years, the National Health Strategy 2018-2022 has highlighted the need to : ""Simplify and merge programs, which aim to facilitate patient's pathway in complex situations"".

This recommendation was ratified by a national law of July 24, 2019, enacting the emergence of a single structure : DAC (Dispositif d'Appui à la Coordination).

By creating a single entry point for any complex situation, regardless of age, pathology or handicap, the legislator offers a unique opportunity to share values : patient's care pathways are to be co-constructed with all the partners, whatever their field of intervention, thus inducing a major change in practice.

The aim of this change is to simplify as much as possible the system by offering support to professionals in complex situations, which would consequently improve care provided to individuals. This reform also aims to centralize and rationalize the institutional management and funding of these structures.

The timeline set in the law requests a full coverage of french territory by July 24, 2022.

Ironically, the innovative character of this new system is not to create a completely new structure but to capitalize on the experience of the different structures set up over the years.

To date, the observable outcome is that the effective or imminent implementation of DACs significantly reduces the number of structures.

Writing into law this health policy gives hope for the sustainability of this new entity over time and throughout the French territories.

Legislation has been translated into a text which provides a broad enough framework allowing transferability within each french territory, in regard of its history and characteristics.

In conclusion, the 2022 deadline is a real challenge that can only be met by involving all stakeholders , professionals and public authorities, regardless of their professional origins.

Despite all the foreseeable added value of this reform, one can still discuss whether the commitment of the institution in charge of social issues, which in France remains different from health authorities , is sufficient beyond its mere involvement in governance for this project.

How can structures capitalize if legal and organizational mergers lead to professionals departure and thus a brain drain and loss of frontline skills?

Barriere: How does the installation of DACs contribute to the integration of the healthcare system and to shared values and vision in a territory?

Is there a risk that a single entry point may result in an unmanageable influx of requests ?

Will being essentially an assistance to health professionals confine DACs to the sole resolution of so-called ""social"" problems, further reinforcing fragmentation and compartmentalization?

So far, the first lessons learned are that if the final objective is the integration of structures, the starting point is indeed individual engagement and teambuilding . Subsequently, the success of a structure such as the DAC depends on the ability of this territorial project to gather all stake holders around a common vision.