CONFERENCE ABSTRACT

In depth analysis of health insurance data for the planning of integrated service networks - a territorial analysis

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Fragmented health services and lack of communication between levels of care and different sectors involved in chronic-care are dominant causes for ineffective healthcare delivery and rising costs. With its national health care strategy "Ma Santé 22" France calls for more integrated and multisectoral health care delivery system at primary care level. The regional health project (Projet régional de santé 2018-2028) of the Grand Est region proposes a territorial organisation of health teams (CPTS) and multi-professional units (MSP) to improve access to care and better coordinated services for citizens. Health promotion and physical activity programs (sport santé) add a layer of primary and secondary prevention programs to the system. However, effective planning, implementation and follow-up is required to measure efficiency and outcomes of new systems approaches.

The present study uses routine health insurance data combined of regional socio-demographic and socio-economic data available from public sources to determine specific needs and health care consumption patterns of patients for better planning of integrated services.

Methods: Data on healthcare costs from ambulatory care were used to analyse service consumption in the Strasbourg area. Patient data were linked to socio-economic data from local social deprivation index and the geographic distribution of services in territorial maps. The results will be used for planning of territorial service networks and complementary services where needed.

The present analysis was done for two common NCDs, Cardiovascular diseases and Diabetes for the city of Strasburg and surrounding communities. The analysis shows clear geographic disease patterns with higher prevalence rates in suburban regions than in central Strasburg. The distribution of health care providers, particularly for specialised care, is concentrated in the urban centre, possibly due to higher total patient numbers or personal preferences, which may limit patient access to care for suburban populations. The analysis shows that suburban family doctor cabinets may have a higher proportion of NC patients and a different case mix than city centre cabinets, which in turn may require a different set of associated complementary services, such as nursing care and rehabilitation services. which needs to be considered for health network planning.

Geographic analysis of patient data offers an opportunity for better planning of health systems' structure particularly in terms of creating provider networks and complementary preventive care services. The need for livelong disease management for NCD patients requires the organisation of care networks around patient needs, which is – considering the inability to travel of many elderly with NCDs – often a geographic issue. NCDs are frequently associated with physical impairment and reduced income, which may influence patient's capacity to pay inner-city rent. Provider mapping combined with patient needs assessment can facilitate accessible care. Combining the

assessment with a digital layer for long term follow-up of chronic care patients will make it possible to evaluate true health outcomes and to follow the development of healthcare costs. However, gaps in available health care data may require additional surveys for specific questions.