changing the initial prescription and the funding system of orthotic and prosthetic in France: Advantages, challenges, future

N. Martinet *, I. Loiret, J. Paysant
Institut régional de médecine physique et de réadaptation de Nancy, 75, boulevard Lobau, 54042 Nancy cedex, France
*Corresponding author.
E-mail address: noel.martinet@irr.u-nancy.fr.

The various medical devices (MD) added to the List of medical device Reimbursable (LPPR) in Title II, Chapter 5 eye and facial prostheses, Chapter 6 foot orthotic and Chapter 7 orthotic and prosthetic are grouped under the designation “grand appareillage.”

MDs are enrolled either in line or under generic brand name. The current description of MD on the LPPR and their classification based on technical specifications is old. The HAS has undertaken a review of generic lines based on medical and technical criteria.

The management of “grand appareillage” in France is subject to the advance informed agreement procedure of the medical examination. This procedure is based on an established medical prescription by a medical doctor and a request for prior agreement supplemented by a supplier (orthotists and prosthetists). The initial management and some renewals are now subjects to a prescription by practitioners; – the need to correlate the technical characteristics of devices and their clinical effect before the formal consensus; – an uncommon approach compared to the medical habits of the rating practitioners; – a difficult interpretation when no consensus is reached or in case of lacking healthcare disciplines.

Conclusion. – When high-level-evidence data is lacking, the formal consensus method is a good way to develop guidelines for reimbursement of medical devices in frequent locomotor system disorders. Clinical situations in which tubular orthoses and bandages are useful for the patient were defined. This work provides clinical guidelines in order to help health professionals choose the most appropriate medical device for each patient.

Further reading

http://dx.doi.org/10.1016/j.rehab.2012.07.216