Methodology— If the concept takes shape and is supported by “Trajectoire” tool, it would be however too simplified to reduce the function to the tool. According to the Larousse dictionary, “to conceptualize is defined as raising empirical practices on the level of the concept”.

We have thus proposed a concept in three dimensions:
- a vertical dimension or approach by sector: the course of ideal health care;
- an horizontal dimension or territorial approach: characterization of the resources;
- a temporal dimension or approach which takes into account the factors of time, taking responsibility of, reactivity time, blocking time…

Discussion–Conclusion— This design is supported by eleven years of practice since 2001. This reflection “… can generate method, knowing that “the method, it is what one discovers afterwards”. (Gaston Bachelard)”. From this concept, it seems to us that the action of coordination can be more easily put forth, in a territorial and regional dynamic.

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CSARR coding of rehabilitation-readaptation acts in three SSR Clinalliance clinics. Six-month experiment

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Keywords: CSARR nomenclature; Catalog of rehabilitation and readaptation acts; Notion of global act; CCAM (common classification of medical acts); IVA (indicator of activity value); PMSI (Program for medicalization of information systems); ICF; Common language

We present our statistics and our coding experience of CSARR (catalog of rehabilitation and readaptation acts) in neurorehabilitation, EVC-EPR, orthopaedics, geriatrics and cardiology, along with some protocol examples. A quantitative comparative between CDARR and CSARR reveals a similar increase of the IVA value (indicator of activity value) with a decrease of two-third of declared acts. The CSARR nomenclature, which codes PMSI (Program for medicalization of information systems) rehabilitation acts and will be mandatory on July 1, 2013, borrows from the CCAM (common classification of medical acts) in regard to the change towards T2A SSR tariffs announced for 2016. The CSARR introduces the notion of global act and is characterized by an appliance–dependent classification, a medical wording accessible to professionals, a significant part dedicated to orthoses, more collective acts and a chapter dedicated to therapeutic education. Part of the wording describes the entire performing of an act, enumerating the main elementary tasks. Modulators characterize the patient and/or the localisation of the performance. Operators (prepositions, conjunctions, phrases, punctuation signs), conventional symbols (brackets, parentheses) and notes define reading and coding rules thoroughly. The concept of the wording construction refers to the pre-norm prEN 1828 of CEN and to functions described in International Classification of Functioning, Disability and Health (ICF) and it never refers to a particular healthcare professional.

Experiment feedback exposes the advantages of CSARR which describes better the course of rehabilitation acts. Prescription is more intuitive, which suits classifying development, errors correction, function to the regrouping in GME.

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Prospective payment system in post-acute care: Impasse or opportunity for reform?

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Keywords: Rehabilitation; Post-acute care; Prospective payment system; Case-mix; Financing

Objectives— The transition to a prospective payment system (PPS) in french hospital sector of post-acute care (SSR) has been postponed to 2016. Assuming that the current impasse is linked to the construction methodology for the medico-economic groups (GME), the objective of this study is to provide, through analysis of the work of countries involved in the construction of pricing activity in post-acute sector, a method of classifying patients suitable for SSR and in particular the fair valuation of PRM activities.

Methodology— We analyzed the available foreign works on the Internet concerning the organization and financing of post-acute care. We selected the models developed in the USA, Belgium, Switzerland and Australia. Comparisons with the French system focuses on the health model selected, the identification of rehabilitation in the process of segmentation of activities, capture tool, taking into account outpatient care, construction methodology of patients classification systems and unit payment.

Results— The classification GME built by French agency for information on hospitalization (ATIH) foreshadows a payment “per case”. It does not reflect the different processes of care, but the categories of the 2008 decrees. Foreign models have in common the reference to ICF model, a clear definition of the concept of rehabilitation, a classification whose the first level is the medical purpose of care, and whose classes of patients are based on their needs, identified by a combination of disease and comorbidities, robust indicators of functional limitations, personal and environmental factors. The Australian system includes outpatient. The payment unit seeks a balance between payment per diem weighted by activity, payment per case, and fixed block grant.

Discussion–Conclusion— The first level of a coherent medico-economic classification in post-acute sector must match the major goals of medical management. Their description as care programs help to formalize clinical objectives for target populations by linking treatment modalities, predictable resources and evidence. A reform of PMSI-SSR must precede the fair valuation of rehabilitation activities. Their specification is complementary to better integrated care pathways.

Further reading


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Respective contribution of chronic conditions to disability in France: Results from the national disability-health survey

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Keywords: Disability; Culture; Healthcare; Life expectancy; Cohort;

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