

High Council for Public Health

Report on Therapeutic education within primary care

Synthesis and recommendations November 2009

Therapeutic education helps people affected by chronic diseases and the people around them to understand the illness and the treatment, to cooperate with carers and to maintain or improve their quality of life. Within many pathologies, it has been demonstrated that therapeutic education for patients makes care more effective and can reduce the frequency and severity of complications.

Taking into account the growing number of people affected by chronic diseases in France (currently around 15 million), the needs in this area are highly significant. Therapeutic education cannot just be assured by hospital establishments. It should be provided as close as possible to where the patients live and receive their care.

In 2008, the French Public Health Society stated that "most people with chronic diseases do not (benefit) from any therapeutic education programme"¹. Should we deduce from this therefore that they do not benefit from any therapeutic education, or in other words that no carer has taken the time to help them to take care of themselves? More presumably, a therapeutic education activity is undertaken in a more or less formalised way over the territory: alongside programmes - involving a process over a limited time, for which the contents and the development are provided in advance - therapeutic education is integrated within primary care professionals' work, particularly involving the attending physician. This report comprises describing it, identifying the measures that will permit its development and its articulation with the programmes implemented by different structures.

The HCSP considers that therapeutic education will be truly integrated within care when it presents the following characteristics:

- being permanent, present throughout the chain of care, integrated within an overall care strategy, regularly evaluated and readjusted;
- undergoing coordination and information sharing between carers;
- being accessible to all patients, without having to join a particular programme to benefit from it;
- being anchored in the carer/patient relationship, being an integral part of any carer's activities whilst being adapted to the each care context, being based on listening to the patient, on the carer taking on an educational position;
- being centred on the patient and not on the learning contents;

¹ French Public Health Society. Ten recommendations for developing therapeutic education programmes for patients in France. 13th June 2008.

- relying on a shared evaluation of the situation, between patient and carers, and on the decisions devised;
- set up working from an overall approach concerning the person that takes charge of the needs, the patient's expectations and possibilities and those of their environment, within their physical, psychological, cultural and social dimensions;
- officially recognised and assessed: mentioned in professional recommendations relating to the different pathologies, financed within the framework of professional practices and research activities, taught to health professionals in their initial and continuous training.

The work led by the HCSP has allowed it to identify several factors likely to encourage or dissuade the implication of attending physicians and other primary health care professionals when setting up primary care therapeutic education. Analysing these factors has led them to propose four strategic directions that can be broken down into five measures and fourteen recommendations.

STRATEGIC DIRECTIONS

In order to encourage fast development and structure for therapeutic education integrated within primary care, the HCSP proposes the following strategic directions:

Changing the scale

Whether they were promoted by professionals (possibly grouped together in a network), by associations, by health insurance regimes or by State departments, whether they have been financed by public or private funds, there is no shortage of experience aiming to develop therapeutic education in the immediate surroundings. It is now a question of learning from it to set up a generalised and long lasting device.

Reverse the perspective

Many establishments and hospital services set up therapeutic education structures and lament that relays are not taken up by primary care professionals when the patient leaves the establishment or when they live too far away. Rather than wanting to export or prolong what is done in the hospital environment, we should first take a look at primary care therapeutic education: recognising and assessing the role of the attending physician within this domain, taking into account what primary care professionals do or could be doing in terms of therapeutic education and using second attempt hospital programmes as a specialised resort.

Reasoning by territory

A person can suffer from several chronic diseases. General practitioners and freelance nurses potentially deal with all pathologies. These two facts lead us to imagine a common framework for organising therapeutic education over a territory, rather than a juxtaposition of different devices designed pathology by pathology.

Widening health professionals' training

It is essential to adapt health professionals' initial training to the realities of the chronic disease. It is medical schools that are most behind in this domain. So that doctors can be better at both caring for and supporting patients in the long term, real importance must be given to human and social sciences in training, systematically tackling prevention, health education, therapeutic education in classes and work experience, training students on relations with patients and listening to them and finally resorting to evaluation modalities that allow us to appreciate the skills that have really been acquired in these areas.

RECOMMENDATIONS

Establish a financing device for therapeutic education integrated within primary care and articulated with what is done in specialised environments

□ Recommendation No.1

For people affected by chronic diseases, establish a therapeutic education package allowing them to benefit, once a year, from an evaluation of their needs in this domain and a personalised activity programme (individual and/or collective activities that can be set up by a network, a multidisciplinary health centre, freelance professionals working together, an association or a hospital establishment, within the framework of programmes planned by the HPST law);

□ Recommendation No.2

Support, via Regional Health Agencies, setting up new professional organisations that allow therapeutic education to develop within territories linked to specialised services, particularly financing the time for consultation, coordination, multi-professional training in therapeutic education and information sharing systems

□ **Recommendation No.3**

Assess the attending physician's role as the main player in the patient's therapeutic education and main coordinator:

He evaluates the patient's needs in terms of therapeutic education at least once a year. He assures the link with the educational services available in their area and in the hospital departments. He keeps the patient's education file up to date.

To carry out these activities, he takes at least one fifteen hour therapeutic education training session (initiation) and then a two day continuous training seminar every five years.

In return, he receives a set share of the therapeutic education package for each patient involved.

□ **Recommendation No.4**

Recognise two other ways of implicating primary health professionals in therapeutic education for people affected by chronic diseases involving, for each way, allocation of a share of the therapeutic education package:

Programme structured into several consultations

o The attending physician, or any other primary care professional in coordination with him, conditions consultations dedicated to therapeutic education (awareness-raising, information, help to acquire skills, psycho-social support, evaluation, etc.).

o In addition to the initiation to therapeutic education, he follows fifteen hours of training in collective therapeutic education sessions.

Running collective sessions

o The attending physician, or any other primary care professional in coordination with him, runs the collective therapeutic education sessions.

o In addition to the initiation to therapeutic education, he follows fifteen hours of training in collective therapeutic education sessions.

Include teaching necessary therapeutic education skills in health professionals' initial training for doctors

□ **Recommendation No.5**

Include compulsory teaching permitting practice of therapeutic education (training on listening, helping relations, patient-centred approach, etc.) in the second cycle of medical studies on the basis of a national specification;

□ **Recommendation No.6**

Consequently include the contents of this teaching in questions for the national medical exam.

For doctors and other health professionals

□ **Recommendation No.7**

Make it compulsory, during all health professionals' studies, to gain work experience in a department, network, an association or alongside a professional that practices therapeutic education on their patient;

□ **Recommendation No.8**

Evaluate, particularly using role play, the skills acquired by students in the fields of listening, patient relations, caring for chronic diseases and therapeutic education.

Support setting up continuous training

Recommendation No.9

Include therapeutic education among priority topics for continuous training targeting different health professionals;

Recommendation No.10

Support, in the field of therapeutic education, organising training sessions bringing together different health professionals working in the same territory (thereby encouraging setting up "multi-professional, interdisciplinary and inter-sector" therapeutic education as recommended by the High Health Authority.

Define, for each region, an organisation schedule and a development plan for therapeutic education

Recommendation No.11

Include therapeutic education in the Regional Health Programme;

Recommendation No.12

Working from an analysis of the current situation define development priorities and targets in therapeutic education in each Health authority in order to progressively cover all needs and provide a consistent service;

Recommendation No.13

Set up a directory of therapeutic education resources (places, people, activities) including freelancers, networks, patient associations, in hospitals, etc.

Add these recommendations to the next public health law

Recommendation No.14

Translate these recommendations into operational targets and include them in the next public health law.