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Comparison of the medical service nurse vs the social insurance physician in the long-term disease advices (ALD)

Doctor Dominique LECOINTRE

Restreint

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THE OUTLINE OF THE PRESENTATION

- **First** I'm going to describe the issue : what can you do when we are not enough medical advisors? And who can do the job instead of them or how would it be possible to help the MA by the nurses ? With which quality ?
- **Second** and to understand the issue ; we will tackle the definition about the Long term affection(ALD)
- **Third** we decline the analysis and the results we'll move on to examine the quality of the answers between the nurses and the doctors for same cases
- **Then** the discussion about the results and
- **Finally** the perspectives to an evolution of a delegation to the nurses

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BACKGROUND

In the evolving framework of the multidisciplinary approach between the medical advisor and the other members of his team and to tackle the shortage in medical advisors, the Medical Service of Burgundy-Franche-Comte in June 2022 entrusted nurses from the Medical Service (ISM) to evaluate the medical elements of care protocols for long-term conditions (ALD).

In the French health fund, the ALD benefit requires a mandatory advice of the Medical Service (social insurance physician) obtained from a paper or e-support supplied by the GP or specialist

The objective of this study is to study the concordance of the opinions proposed by the ISMs with the final decision of the medical advisor physician (MA). The aim is to measure the guarantees of quality in the advice by ISMs in perspective to task transfer and free up medical time for the MA.



WHAT IS AN « AFFECTION DE LONGUE DUREE » ? = LONG TERM DISEASE

≠ CARE

= FINANCIAL BENEFIT

In France, the claimants with a long term disease, "Affection de Longue Durée", (ALD) are health expenditure exempt for care **direct** in relation with the disease,

This benefit is obtained through:

- a) **ALD 30 or ALD list:** from the diagnosis design, in a list of 30 diseases (Stroke, Myocardial infarction, seizure,,)
- b) **ALD 31 or ALD off-list .** If any other disease has serious, and/or has a heavy financial burden and/or disability consequences.

NB For the usual medical conditions, there is a co-pay, around 30% that can be covered by private insurance



THE MAIN LONG TERM DISEASES IN FRANCE

	Diagnosis related	Within a Limited list	Cut co-pay
ALD 30	+	+	+
ALD 31	±	-	+
Continuous care	-	-	

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THE THIRD LONG TERM DISEASE

≡ CARE

≠ FINANCIAL BENEFIT

Non-exempting ALDs (L 324.1)

A non-exempting ALD is a condition which requires a work interruption or treatment for a foreseeable duration of more than 6 months, but which does not give rise to the right to the cancellation of the co-pay. It opens the opportunity to have an allowance for sick-leave over 6 months for any health problem

Exempting and non-exempting ALDs are allowed after the agreement of the medical service's advisor.



METHODS

A Prospective analyse was conducted from June 24, 2022 to September 6, 2022 with the participation of 2 ISM and 8 MA.

It covered 238 ALD List files, 142 ALD non-List files, and 46 ALD files for continuing care of a foreseeable duration equal to or greater than 6 months (Article L. 324.1 of the Social Security Code). The ISM analyses the case and proposed an advice to the medical advisor. The study was single-blinded ; the MA ignoring the proposition from the ISM.

This study represented a sample of 20% of the ALD benefit in the period by the Medical Service Every day...the daily supervision of the tasks are carried out by the Chief Medical Officer, before validation in order to check the discrepancies between the decisions.



RESULTS OF THE ANALYSIS

Globally ,

for the ALD [1] Rate of concordance of opinions between nurses and MA :

Number <u>concordance</u> opinions	Number total opinion	% <u>condordance</u> opinions between ISM and MA
430	470	<u>91,3 %</u>

[1] ALD list files , ALD off-liste liles , non exempting ALDs (Article L. 324.1 code french SS

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RESULTS OF THE ANALYSIS

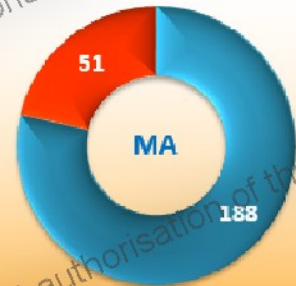
TYPE ALD	FAVOURABLE OPINION	UNFAVOURABLE MEDICAL OPINION	TOTAL
ALD LIST			
ISM	173	65	238
MA	188	51	
ALD NON LISTED			
ISM	69	73	142
MA	74	68	
ART L 324.1 CONTINUOUS CARE			
ISM	43	3	46
MA	44	2	



RESULTS OF THE ANALYSIS – ALD LIST

238 medical advice

ALD LIST



Favourable opinion

Unfavourable medical opinion

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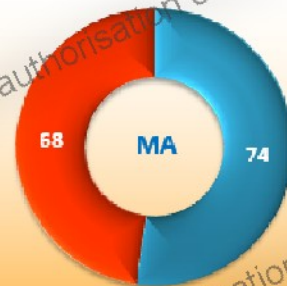
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RESULTS OF THE ANALYSIS – ALD NON LISTED

142 medical advice

ALD NON LISTED



Favourable opinion

Unfavourable medical opinion

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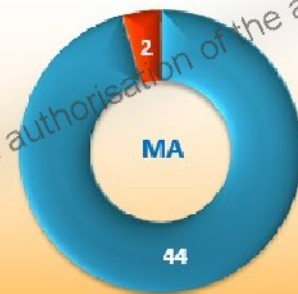
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RESULTS OF THE ANALYSIS – ART L 324.1 CONTINUOUS CARE

46 medical advices

ARTICLE L 324.1 CONTINUOUS CARE



Favourable opinion

Unfavourable medical opinion



RESULTS - CONCORDANCE RATE

Overall, the result (concordance rate) breaks down by benefit categories as follows:

91.2% for ALD list.

90.8% for off-list ALDs.

97.8% for non-exempt ALD (Article L 324.1 care).

For ALD 30, the acceptance rate for ISMs is 6.3% lower than for physicians.

For ALD-31, the acceptance rate is 3.5% lower than that of physicians.



DISCUSSION

The ISMs are more respectful of the regulatory framework of attribution (decree), particularly in the management of ALD non listed and propose Unfavourable Medical Opinions when the MA gives a favourable advice:

- 9 unfavourable ISM advices to favourable opinions by the MA.
- 4 favourable ISM advices amended into unfavourable opinions by the MA.

The differences are explained in a more documented and argued analysis by ISMswho use to systematically check the care consummation.



PERSPECTIVES

The perspective is the task transfer to the nurses without harm for the claimant nor for the health fund

The slightly higher rate of medical refusal pronounced by the ISM may increase the appeals by the claimant; that could be necessary to check.



THANK YOU FOR YOUR ATTENTION

Doctor Dominique LECOINTRE
Deputy Regional Medical Officer
DRSM Burgundy–Franche-Comté

