

Care in a “*wealthy*” health system

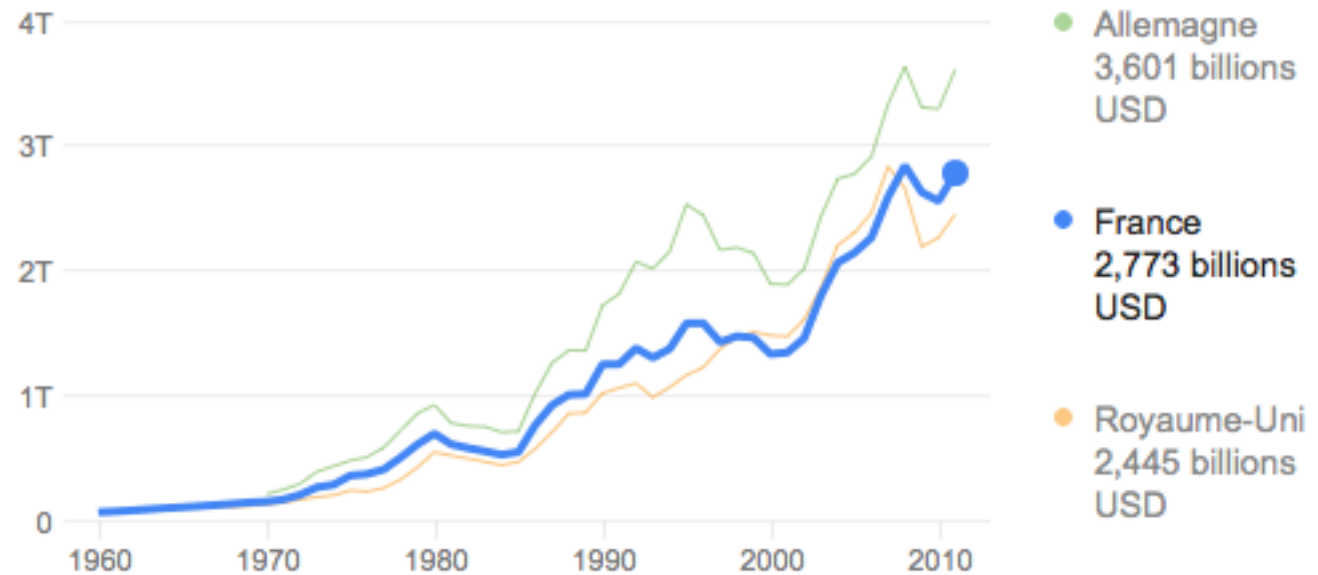
Does it translate into better outcome ?

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How wealthy ?

2,773 billions USD (2011)

France, Produit intérieur brut



In 2011, France spent 12,1% of its GDP and 21,3 % of its public expenses in Health = 252 Billions Euros = 3900€ / person /year

Demographic data

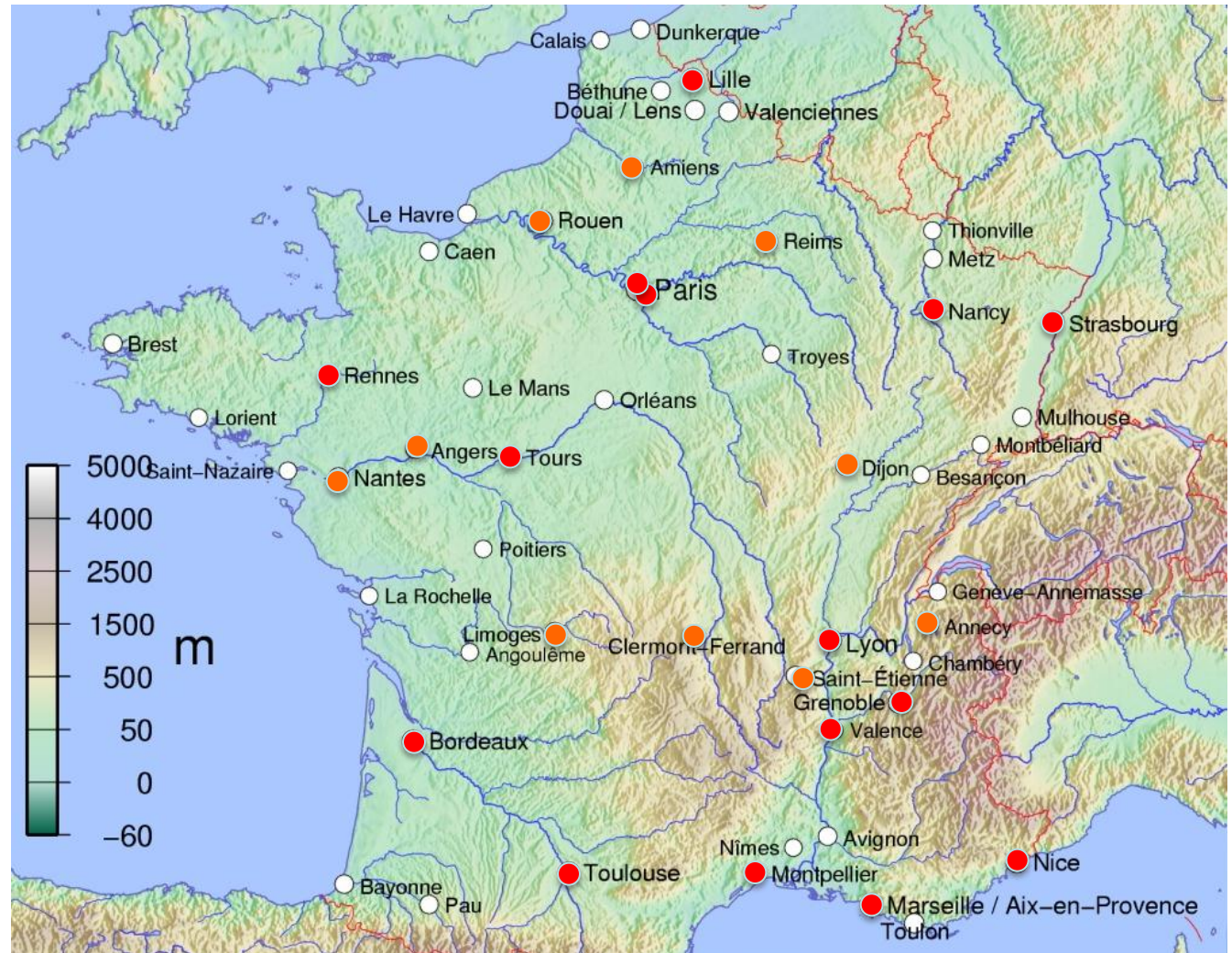
- 65.8 millions inhabitants:

- 350.000 to 500.000 persons with epilepsy
- 100.000 to 150.000 persons with drug resistant epilepsy

- 2000 Neurologists:

- 1/3 with an interest in epilepsy (about 600)
- 100 epileptologists (1/3 in pediatrics)
 - within 30 centers
 - including 15 main centers with pre-surgical evaluation
 - almost all perform EEG
 - almost none have private clinical activities
 - between 3 and 6 months waiting list for an outpatient visit
 - average visit duration = 30 min., 1st visit = 1 hour

Main French Epilepsy Centers



Access to epilepsy care

- # of **Epileptologists / person with epilepsy:**

- At best: 1 / 3500 persons with epilepsy

- 1 / 1000 persons with refractory epilepsy

- Average pool of patients per epileptologist

- 200 persons with epilepsy

- About 2/3 with drug resistant epilepsy

- About 1/3 turn-over

- **20% of persons with drug resistant epilepsy regularly followed by and epileptologist, and less than 5% with well controlled epilepsy**

Lay associations

- **Epilepsie-France** is the main epilepsy patients' group
- Other smaller associations specialized in specific syndromes or epilepsy types (e.g. severe epilepsy with handicap)
- **Comité National de l'Epilepsie (CNE)**
 - Includes main associations (e.g. Epilepsie France), French chapter of the ILAE (LFCE) and French Foundation for Epilepsy (FFRE)
 - French IBE representative, via Epilepsie-France
 - Primary role is to organize national epilepsy day and lobby health ministry

Health insurances



- **“*Sécurité sociale*”** available for everyone
 - reimburse about 76% of medical expenses
- **Additional reimbursement is organized through:**
 - Private insurances (14%)
 - 100% health coverage is offered to:
 - persons fulfilling the criteria of “Affection Longue Durée” (ALD 9), which typically corresponds to drug resistant epilepsy
 - persons with very low income
- **Overall, decision to visit an epilepsy expert, to take modern AEDs, or to undertake a pre-surgical evaluation is usually not dependent in financial issues for the majority of patients**

Impact on Epilepsy outcome



- **Not assessed, yet**

- **Impressions**

- Proportion of patients who benefit from appropriate expertise remains low

- Proportion of patients suffering from misdiagnosis and inappropriate treatment remains high

- Referral to epilepsy surgery centers remains delayed and underused

- Proportion of drug resistance remains high despite “free” access to all AEDs

Conclusion

- **Wealthy “social” health systems**, such as that available in France, allow any patient to get access to expensive care, such as polytherapy with expensive AEDs and epilepsy surgery
- **BUT** they do not address major issues responsible for treatment gap in epilepsy:
 - Physician’s knowledge about epilepsy to reduce the high rate of misdiagnosis and inappropriate treatment /care
 - Organization of care to allow more persons with epilepsy having timely access to experts in epilepsy
 - Novel treatments for preventing epilepsy and control currently refractory epilepsy
- **The scale of the challenges requires ambitious healthcare programs that need to be developed at the European level.**