

FINAL EVENT

FRIDAY – JULY 21st

French public policies on the rehabilitation of the visually impaired

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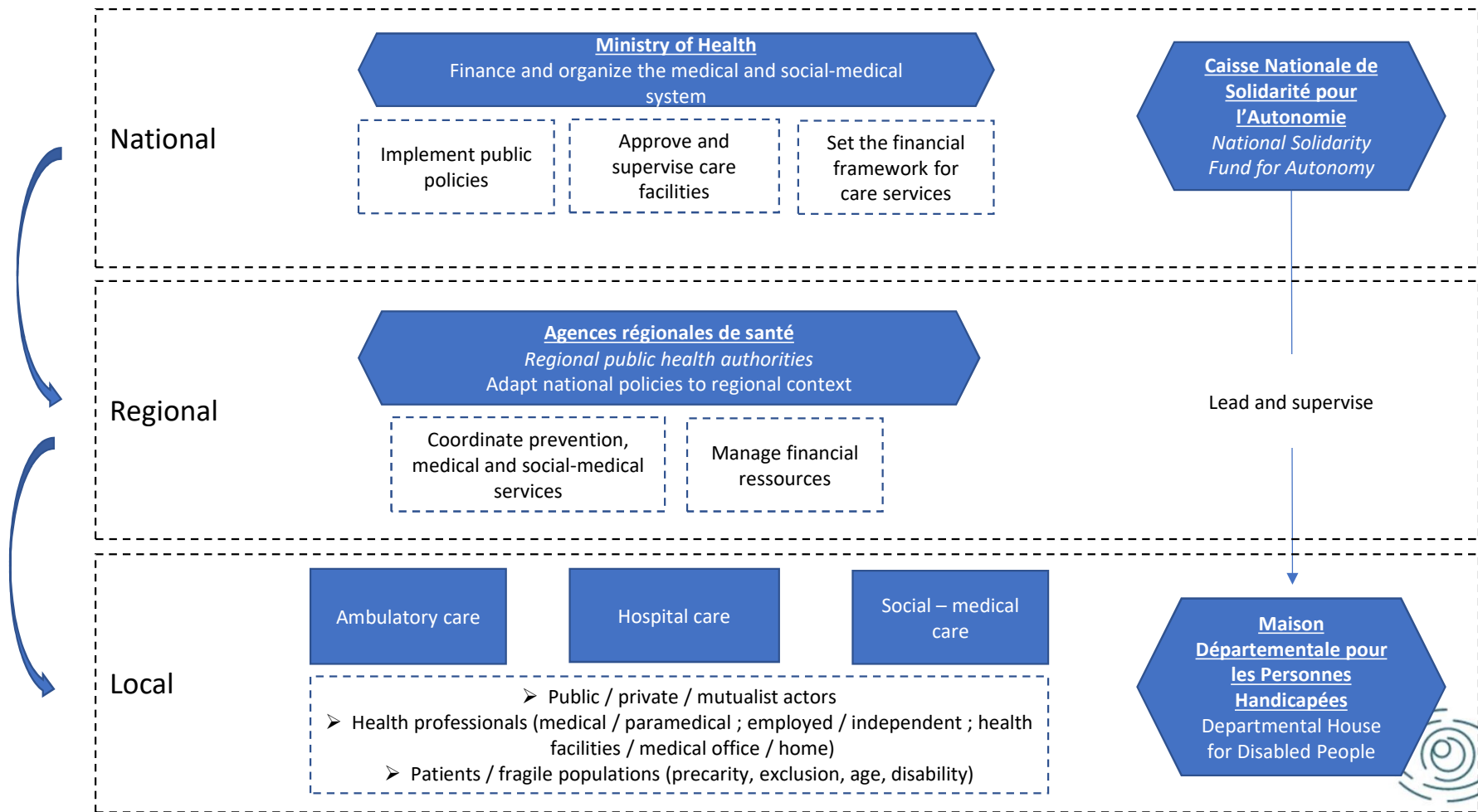


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OMERO
PROJECT



French health care organization



Disabile care organization

Welcoming, informing, accompanying and advising persons with disabilities and their families, as well as raising the awareness of citizens with disabilities

Maison Départementale pour les personnes handicapées

Single window for Disability under the administrative and financial supervision of the Department

Advisory board

Chaired by the Chairman of the Department
Department Representatives 50%
Representatives of the State and social protection 25%
Representatives of user associations 25%

Multidisciplinary team

Evaluates and recommends compensation needs

Doctor, Social worker, Occupational therapist, Psychologist, Nurse, Special teacher, etc.

Executive commission

Allocate ressources and services (academic, professional, social-medical)

Representatives of the General Council, the State, the social security funds, trade unions and employers and associations of disabled people



Progressive transformation to Departmental House of Autonomy for a better management of the loss of autonomy (age and disability)

- Centralisation of humans and financial resources and expertise
- Role of coordination for health professionals and disabled people

Issues with impacts on the visual impairment care

Health care organization

- Focus on care as opposed to prevention
- Lack of coordination between ambulatory care and hospital care
- Silos between medical care and social medical care

Health care professionals education

- Academic degrees in specialized expertise (ophthalmologist, optician, orthoptist) without degrees in global rehabilitation
- Heavy and complex regulatory context for the design and implementation of new nationally recognized degrees
- Strong and cultural influence of professional corporation providing recognised training courses but without national academic equivalence and/or master level

Prospects for improvements and Omero Impact

The health system being reorganized based on emerging needs

- “integrated” care around people needs and wants (organized and coordinated health care)
- Home-based policies in response to the limits of dependent people establishments
- Prevention policies, identification of fragilities before loss of autonomy
- **Development of new functions, skills, territories organization**

Experimentations and local partnerships on new expertise and new health care organization

- Pilot program ICOPE developed by WHO (early assessment of physical and mental capacities)
- Implementation of coordinative platforms and territorial health professional communities
- Partnership between professional confederation (FISAF) and national training institute for the co-design of a double degree Master 1 and 2 on inclusive education

The impact of the Mutualité Française National Federation as a political actor of change

- Implementation and management of care facilities
- Consultative voice and inputs on national public research for improving the health care system and organization
- **Relaunch of research on low vision in partnership with *hôpital des 15-20* (major public actor on visual pathologies treatment) partly motivated by the project Omero whose results are premature to be implemented in the french health care organization**

