The French medico-administrative database for psychiatric care: the RIM-P

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Introduction

The RIM-P stands for « Recueil d'information médicalisé en Psychiatrie » (medicalised gathering information on psychiatry). It is a set of medical and administrative data about psychiatric care.

In France, every public or private psychiatric care provider has to collect data using the RIM-P and to transmit it to the ATIH (Technical Agency for Hospital Information) once every three months. The volume of activity recorded in 2014 by the RIM-P is shown in table 1.

Methods

The activities of the 3 types of healthcare services are reported:
- Inpatient, including Inpatient hospitalization, rehabilitation unit, therapeutic host families, therapeutic apartments, hospitalization at home;
- Outpatient day or night services, therapeutic workshops;
- and Ambulatory services including ambulatory care centers and liaison psychiatry (only for public providers).

General practitioners and psychiatrists practicing in private office don't have to collect data for the RIM-P. The variables of the RIM-P describe both the patient and the provider and could be divided into groups related to five questions: where? Who? How? How long? and when?

The French version of the ICD-10 is used for encoding the diagnoses (main and secondary) and conditions.

Dependency is described for inpatients using a daily living scale (AVQ scale).

A specific nomenclature is used for ambulatory care: EDGAR. It allows to describe the purpose (meeting, therapy, etc), the type of the personnel (psychiatrists, nurses, etc) and the site of the practice.

Data related to using isolation rooms and compulsory care is also collected.

A unique anonym national patient identifier allows to follow the patient within the different providers and type of care (acute care, rehabilitation, etc.) and to describe his care trajectory.

Results

To improve the quality of the RIM-P data and to promote its use by stakeholders, two main tools have been developed by ATIH:
- DALIA Psy, software for encoders to check data before transmission
- and RME-Psy, a routine dashboard.

Furthermore, meetings with stakeholders are regularly hold to discuss relevant variables to differentiate the arduousness involved in the management of some cases, as treatment-refractory for example. In the same way, improving the AVQ scale or moving to a different scale to describe dependency is another point of reflexion.

Indeed, improving data quality means not only having more accurate data but also having data with a common and shared meaning for the different stakeholders.

Conclusions

In 2015, 8 years after the official beginning of the RIM-P, 5% of mental health providers still don't transmit data to ATIH. Besides, the database analysis shows that secondary diagnoses and conditions variables are rarely filled in.

Our challenge is : How to incite psychiatric care providers to collect reliable, robust and exhaustive data for the RIM-P even if it is not used for funding purposes"¹ at least not for now.

Table 1

<table>
<thead>
<tr>
<th>RIM-P</th>
<th>Unit of count</th>
<th>Public + Private non-profit-making providers</th>
<th>Private profit-making providers</th>
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1. ATIH : Agence technique de l'information sur l'hospitalisation, Paris, France.