

Challenges and new scenarios for changing Health care



To improve Healthcare we need new concepts, ideas, services, process, or product aimed at improving treatment, diagnosis, education, outreach, prevention and research, and with the long term goals of improving quality, safety, outcomes, efficiency and costs

Challenges and new scenarios for changing Health care



National health policy guiding principles for changing health care system in France today are :

-Health care quality and security

-Equal access to prevention, treatment, care and support

Concretely : Finances, Reform of the Health care system to better adapt it to the requirements of the population

Scenarios for changing



Scenarios for changing :

-Biology : theory of evolution of species, embryonic development => progressive and orderly adjustment take into account the context

-History and sociology : Values

- **Revolution : French revolution, Marx, industrial revolution, scientific paradigm...**
 - Sudden change
- **Reform : the reform of Luther, political reform...**
 - Gradual change

Politics



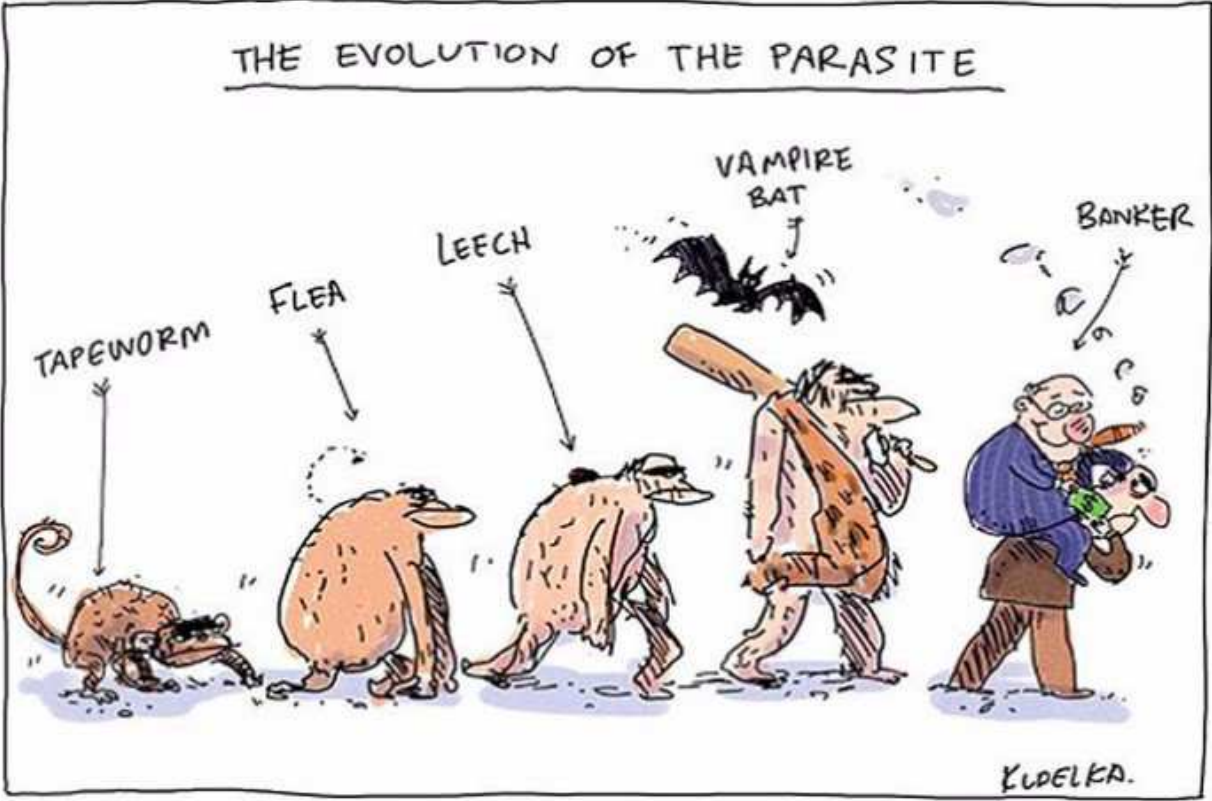
Emmanuel
Macron

Révolution

C'est notre
combat
pour la France

XO

The theory of the evolution of species



Financing



Just over three-quarters of total health care expenditure is publicly funded, principally through **SHI (Statutory health insurance)**.

The proportion of costs covered by SHI varies across goods and services: from 15% for drugs with low medical benefit (service medical rendu; SMR) to 80% for inpatient care.

There are several conditions for which **patients are exempted from paying a part of the costs**, such as **chronic conditions or pregnancy after the fifth month**. **Additional co-payments that are not allowed to be covered by voluntary health insurance (VHI)** have been created with the aim of **reducing demand and thus SHI expenditure**.

SHI resources VHI

SHI resources mainly come from income-based **contributions from employers and employees (including retirees).**

Since 1998, as a result of attempts to broaden the social security system's financial base, employees' payroll contributions have been almost fully replaced by a **dedicated tax called the "general social contribution" (CSG) based on total income rather than on only earned income.**

Additional revenue harmful consumption (tobacco, alcohol) and taxes on pharmaceutical companies.

VHI provides complementary insurance, such as for co-payments and better coverage for medical goods and services that are poorly covered by SHI. **It finances 13.8% of total health expenditure and covers more than 90% of the population.**

OOP, Medical activity-based payment system



Even after complementary insurance, **out-of-pocket (OOP) payments from patients themselves account for 7.5% of total health expenditure.**

Funding for long-term care for the elderly and disabled is partly provided by a dedicated fund, the **National Solidarity Fund for Autonomy (2004).**

Hospital acute care and hospitalization at home providing care equivalent to hospital care but in the patient's own home, are paid by a diagnosis-related group (DRG) method under the medical activity-based payment system (T2A).

Tariffs

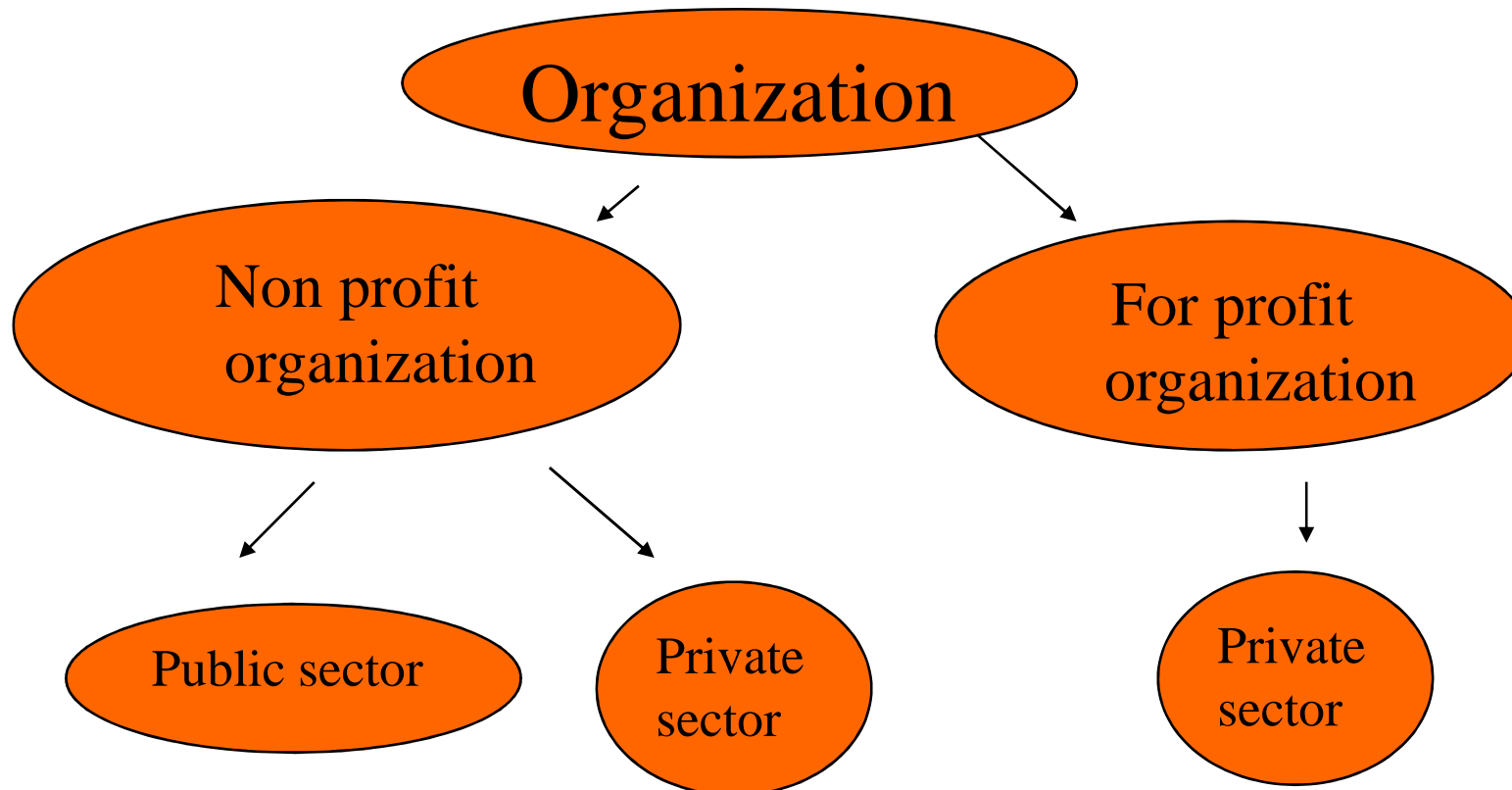


Self-employed professionals are paid on a FFS (Fee-for-service) basis.

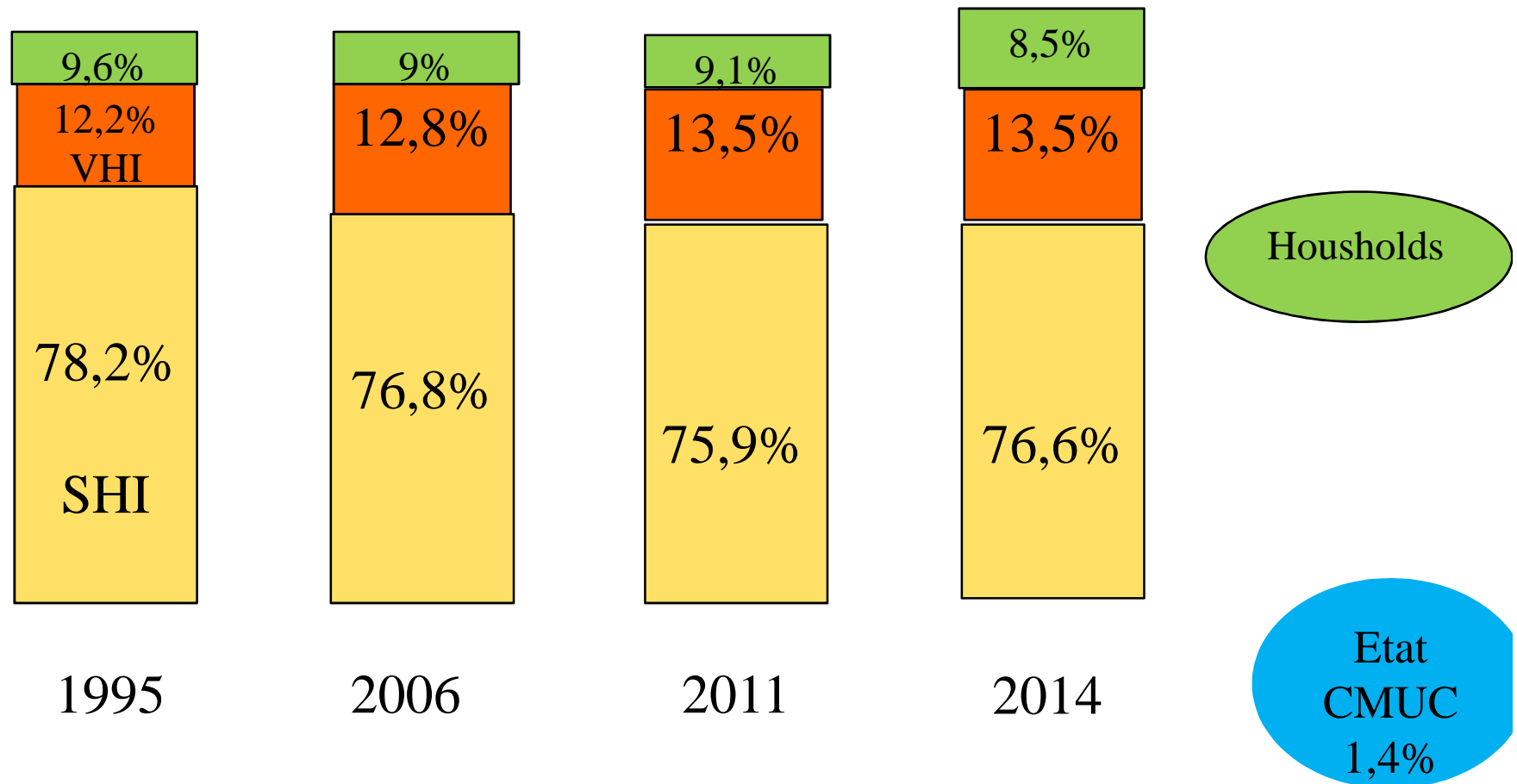
Tariffs are negotiated between SHI and representatives of health professionals and approved by the Ministry in charge of Health, although extra-billing by doctors above that tariff is allowed in some cases.

Pay-for-performance (P4P) financial incentives to improve quality and efficiency of doctors' practices were recently implemented through individual contracts with general practitioners (GPs).

France Health system



France National Health Accounts evolution of the system's financing



Reform



Augustin Martin Luther

Principal health care reforms 1



The main objectives of the reforms to the health care system since 2010 were to :

- increase the **governance and transparency** of the system,
- contain **SHI expenditure** without damaging **equity in financial access**,
- increase **geographic equity** in access to care,
- meet the needs of **vulnerable populations**, particularly by ensuring access to care of **the frail elderly people** and by decreasing social **health inequities**.

Cost-containment measures have focused particularly on drug expenditure, with a continuous trend of de-listing drugs with insufficient **SMR**.

Principal health care reforms 2



2009 : The **HPST law** created the **ARSs**, which merged and replaced other regional state and SHI institutions, with the goals of improving local access and quality of care, encouraging preventive medicine and modernizing hospital organization. **SHI** began to offer **individual contracts for professional practice quality improvement to GPs** on a voluntary basis.

2010 : The **coverage rate for drugs** with insufficient relative medical benefit was decreased from **35% to 15%**.

2011 :The **coverage rate for drugs** with moderate relative medical benefit was decreased from **35% to 30%**.

Principal health care reforms 3



2011 : Health Security Law enacted in December. The renamed and reformed **ANSM** was given **expanded authority**, including the ability to require **drug manufacturers** to undertake **comparative trials to measure the increased benefit of a new drug** over an existing one and the power to impose **criminal sanctions**.

- a **P4P (Pay-for-performance)** was incorporated into the physicians' 2011 collective bargaining agreement, with an expanded list of objectives and extended to additional specialties (**ROSP, Payments based on public health objectives**). **GPs** participating in **ROSP** receive **additional remuneration on top of their normal FFS income**, which takes into account the **size of the population treated by the doctor and 29 quality indicators** with intermediate and final targets.

Principal health care reforms 4



2012 : An agreement with **physicians' unions** to address **excessive extra-billing** was reached in **October 2012**.

- **The national convention with pharmacists signed in April 2012 included P4P incentives.** The indicators upon which **the remuneration** is based include **increasing the rate of generic substitution for a list of 30 drugs**, with an overall goal of **85%**.

- **The 2012 Social Security Finance Act** expanded the scope for **economic evaluations by HAS.** The **CEESP** evaluates **drugs with improvement of medical benefit (ASMR) ratings of 1, 2 or 3** that are likely to have a significant impact on SHI expenditures. The goal of the evaluation is to measure the interest to society of a **new drug** compared with existing treatments based on its **cost-effectiveness.** **The advice of the CEESP** should then be used by the CEPS in its **price negotiations with the manufacturer.**

Principal health care reforms 5



2013 : The Employment Protection Law : all employers must provide group VHI coverage for their employees .

- **The 2013 Social Security Finance Act created the CASA, a 0.3% tax on retirement and disability pensions, for the purpose of financing a planned Aging and Dependency Law.**
- **The revenue ceilings for access to CMU-C and financial assistance to purchase a private VHI contract (ACS) were exceptionally increased by 7%. While the ceilings are adjusted annually for inflation, to improve financial access to care by expanding VHI coverage for the less well-off population.**

2014 : The 2014 Social Security Finance Act included a programme of regional pilot projects aimed at improving care coordination for frail elderly people and finding alternatives to the existing fragmented care organization.

Principal health care reforms 6



2016 : Health Law :

-**drug shortages**; target the drugs for which they are the most detrimental: the **major therapeutic interest** (MTI) drugs; The text reinforces the legal obligations of pharmaceutical companies and of wholesalers for drug shortages and sets out the enforcement of sanctions in case of breach of these obligations;

-**Healthcare datas** : Possibility for the appointed Doctor to access personal medical data of its patients; **Secure Messaging for Healthcare** (“MSSanté”): follow-up letters between attending physician and Healthcare facilities can be dematerialized; **Shared Medical Record**;

-**Health prevention actions** : food, hygiene, sexuality and risk behaviors (smoking, alcohol), school educational programs;

Principal health care reforms 7



2016 : Health Law :

-Third party payment;

-Public service for health information opened to citizens;

-Organization in territories :

-Coordination of care;

-Patient treatment pathway, standard care pathways; Territorial health care services;

-Territory hospital groups (GHT, groupements hospitaliers de territoire);

-Health regional project;

-Primary care team;

-Continuity of care;

Bureaucratic and technocratic solutions 1



New modes of health regulation benefit the ministerial bureaucracy :

Continued convergence of the private hospital sector into the regulatory system applicable to public hospitals :

- The private sector is included in regional health resources planning;**
- It is subject to the same standards of assessment and certification as the public sector;**
- The same prepayment financing** rules have been imposed on establishments in the public (for their medical, surgical and obstetric services only) and private sectors;
- Public and private sectors are engaged in the same quality assessment procedures;**

In 2009, hospital directors were made more subordinate to the regional agencies.

Bureaucratic and technocratic solutions 2

Hospital directors power within their hospitals was **reinforced**, to the **detriment** of the local decision--making bodies where, traditionally, **medical professionals had played a primary role.**

The relations among the **central government ministries, agencies and hospitals are in principle contractual**, in an administrative concept guided by the new public management.

They reinforce an **hierarchical administration** deeply rooted in **French Bureaucratic culture.**

The use of **quality indicators : a formal and bureaucratic exercise** reinforcing national and regional levels on hospitals.

Bureaucratic and technocratic solutions 3



National agencies were created for strengthen **security and safety** in pharmaceutical drugs, food and environment.

High Authority for Health (HAS) : regulation of health care.

These agencies have reproduced and strengthened **bureaucratic characteristics;**

These agencies jurisdictions overlap

Instead of transparency requirements they are expected to fulfil, **they produce formalism and numerous technical standards.**

New scenarios for changing Health care

La femme est l'avenir
de l'homme
(L. Aragon)

La donna è il futuro
dell'uomo

The Missing Link



soffrano la fame
Giornata internazionale della donna

Values and choices 1



Health insurance coverage remains **broad and redistributive**, with an important role in **social cohesion**.

Access to basic healthcare is considered as a **fundamental human right** and **health** is considered as a good under the **responsibility of the government**.

State administrations and agencies played gradually a **dominant role** in regulating health insurance and healthcare provision.

Institutional fragmentation and lack of coordination remain serious policy challenges for effective healthcare services.

Values and choices 2

For reformers, the solution was : **stricter accountability, assessment through State public agencies, and geographic and budgetary planning.**

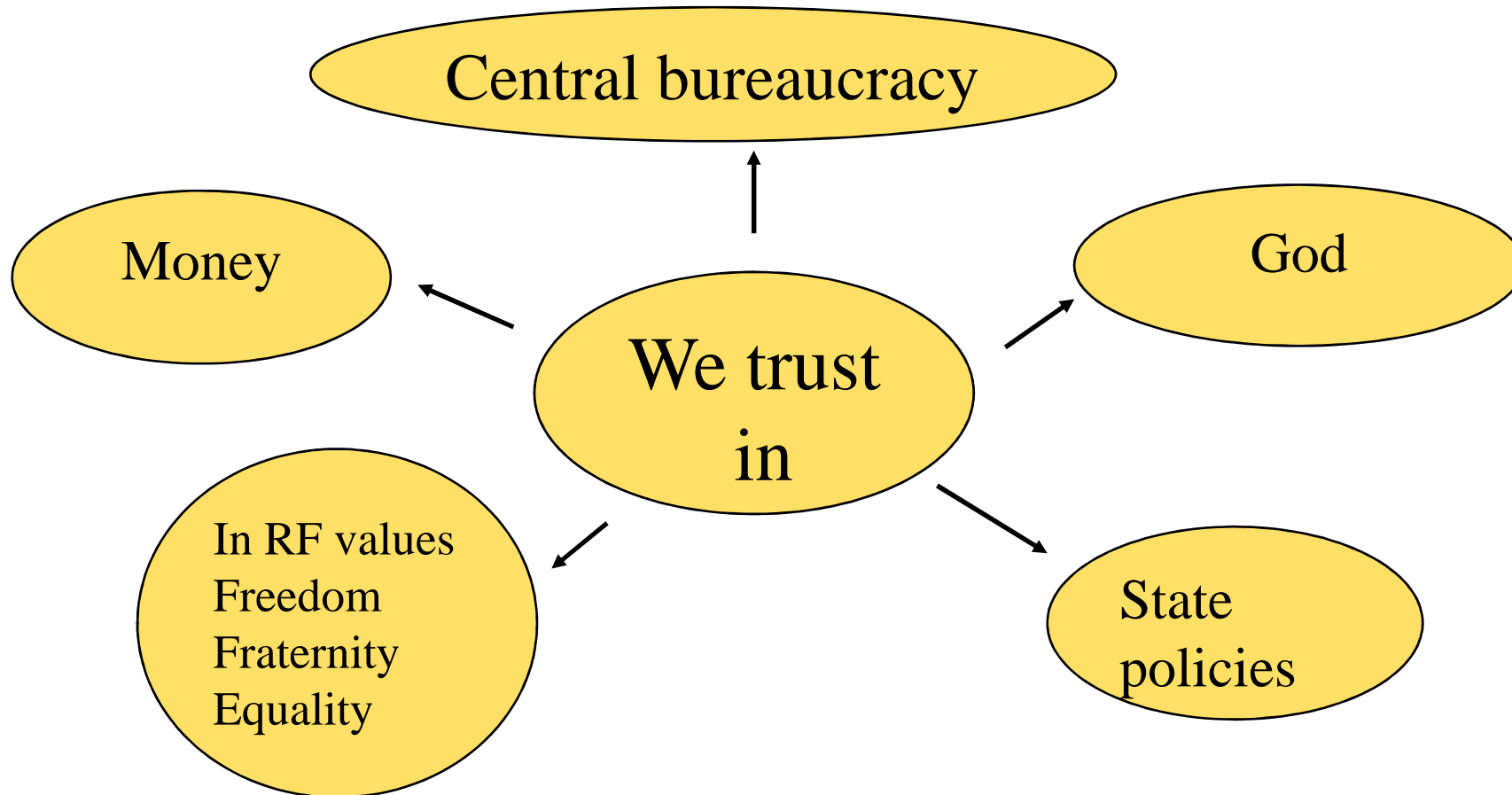
Quasi--market regulatory tools => result--based management and use of incentive mechanisms;

Redistribution have a social or moral goal and improves health nationally.

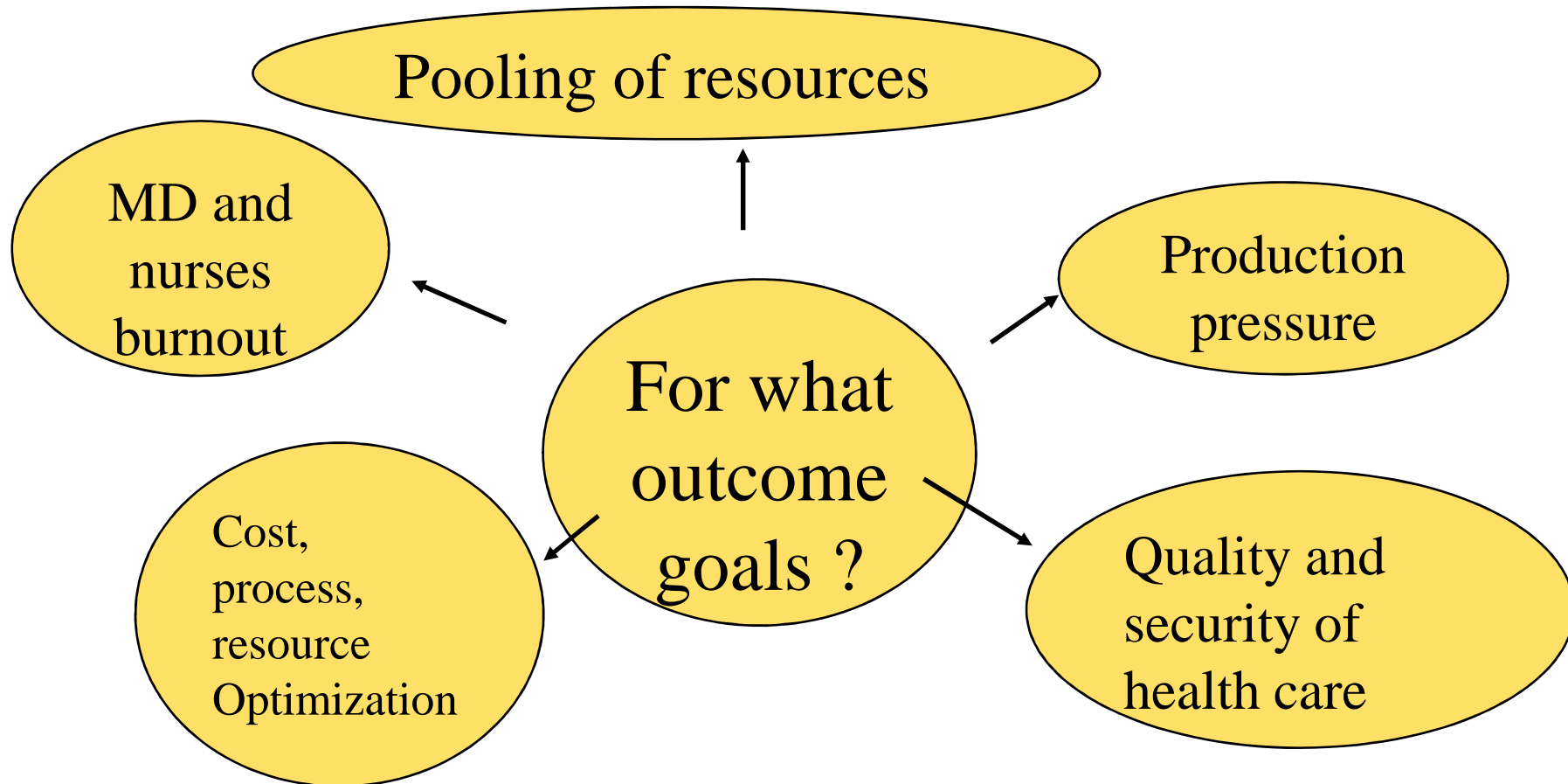
Nonetheless, the **redistributive system** still does not provide an effective response to **social inequalities in health.**

State have to develop more effective policies targeting the causes of inequalities outside the healthcare system to reduce health inequalities.

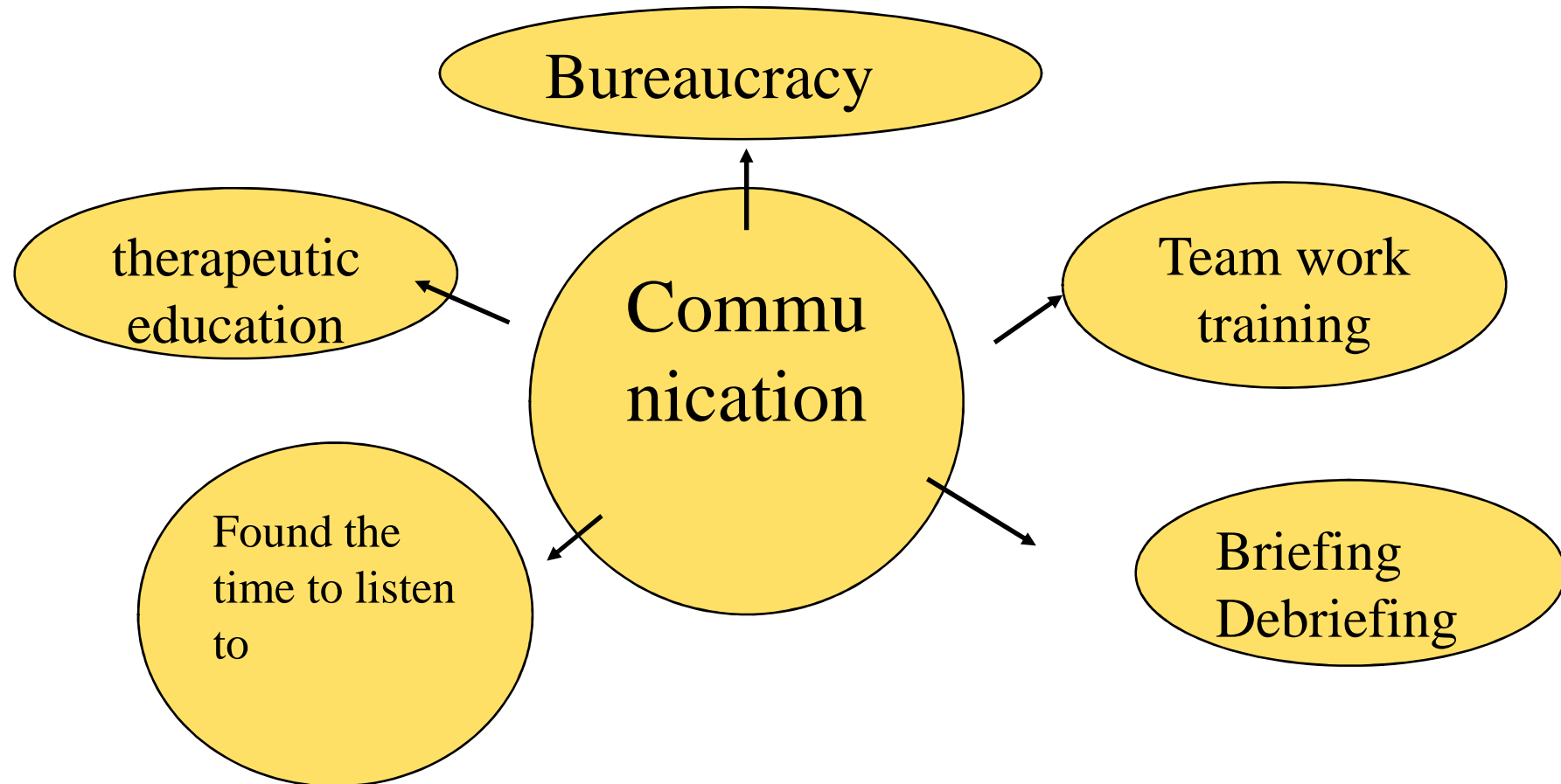
An history of Values



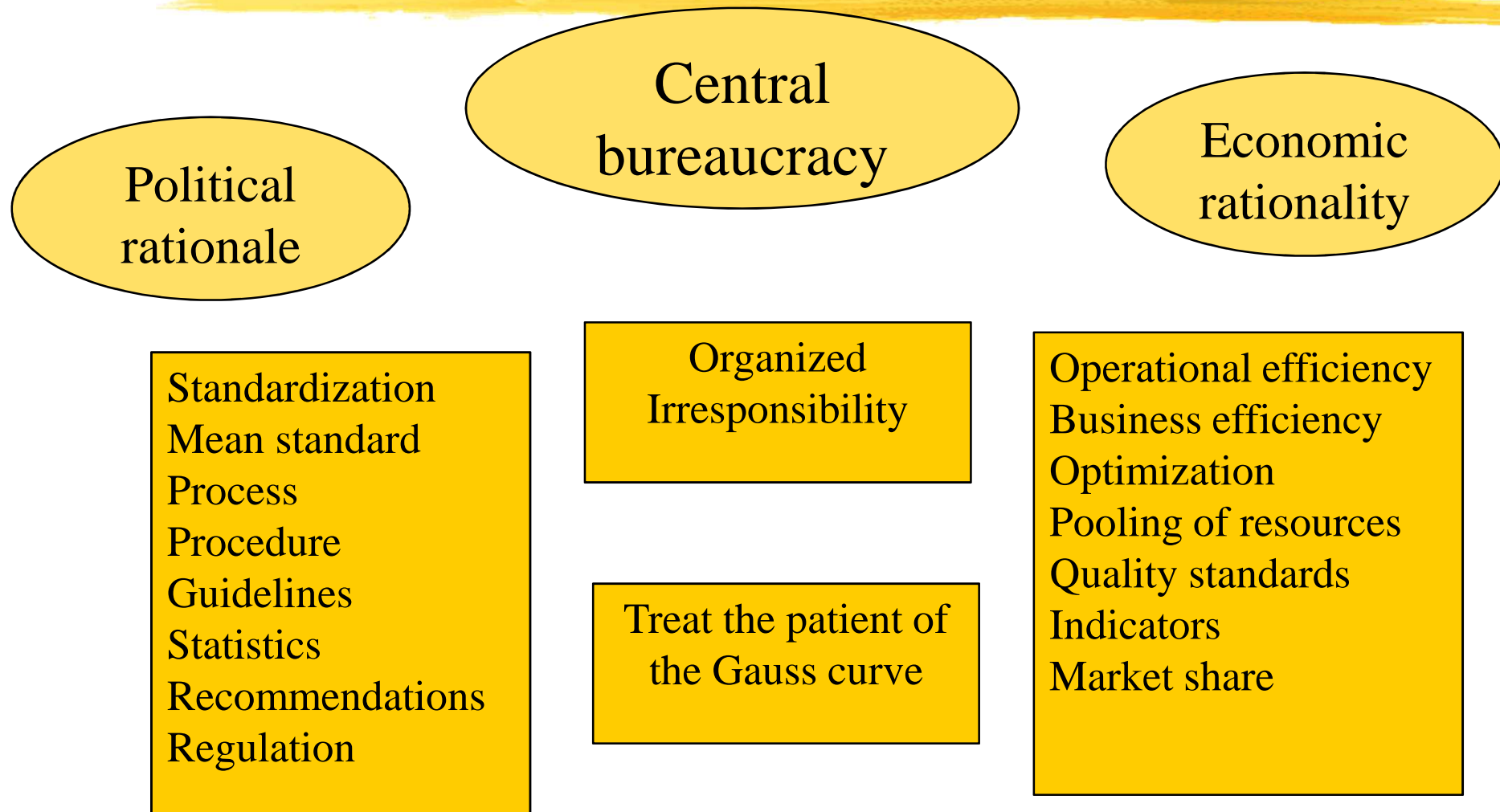
Value conflict



For health care professionals and patients



Decision process and rationalities



When it is time to conclude 1



Despite health outcomes being among the best in the European Union, **social and geographical health inequities remain.**

Inequality in the distribution of health care professionals is a considerable barrier to equity. **The rising cost** of health care and the **increasing demand for long-term care** are also of concern.

Reforms are ongoing to address these issues, while **striving for equity in financial access**; a long-term care reform including **public coverage of long-term care** is still pending.

When it is time to conclude 2

Increasing prevalence of **chronic diseases among an ageing population** calls for a new **transversal scheme articulating** hospital services with ambulatory and social care.

Combining excellence in **health services and social equality in health** appears **hardly sustainable**.

Parliament's increasing role and participation of patients and users associations show the need for an **inclusive health care system**.

The moment of truth



Risk to evolution into a **socially fragmenting “two- tier” system**, that may reinforce gradually a **“high quality– high price – no waiting – private healthcare sector”**.

Economic globalisation, moreover, permits **the wealthiest segments of society to off-shore their income** and thus **escape solidarity contributions**.

The most disadvantaged and the lower middle class are tending to **renounce healthcare**.

Social health inequalities result from social and professional factors distinct from the healthcare system

Big data, knowledge, and the choice of value

The data problem is therefore a **political issue**

Data-ism is a recently coined term for a kind of data **philosophy** or **ideology**.

*“**Dataism** declares that the universe consists of data flows, and the value of any phenomenon or entity is determined by its contribution to data processing”. ~ Harari, Yuval Noah (2017-02-21). Homo Deus: A Brief History of Tomorrow*

Data-ism: The Revolution Transforming Decision Making, Consumer Behavior, and Almost Everything Else - Steve Lohr

When God create computer technology and digitalization or rather its opposite.

In Monica we trust



Santa Monica
California US



331 nata a Souk Ahras,
Algeria, deceduta 387 a
Ostie, Italia