Preventive health-care system in France: Organisation, financement

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VHPB Veyrier du Lac 18-19/XI/2004
General context
- **Demography**: 59 millions inhabitants
  - 1/6 more than 64 years old, 1/5 in 2010
  - life expectancy: Women 82.7, Men 75.2
  - mortality rate: 9.1/1000
  - fertility rate: 1.9

- **Economy**:
  - people active in labour market: 26 millions
  - unemployment rate: 9.9%
  - people under poverty level (<602 €/month/isolated person): 3.5 millions

- **Health status**:
  - main causes of death: cardiovascular diseases (31.1%), cancer (27.7%), accidents (8.3%), respiratory system (8.1%) … infectious diseases (1.4%)
  - inequalities between regions: mortality rate higher in some regions
  - premature mortality
• Political structures and administration
  - Centralised political administration at national level: legislative power, executive power

  - 3 levels of administration: regions (26), local authorities or departments (100), municipalities (36 679)

  - Deconcentrated administrations at departmental and regional level: control of regulations, implementation of national policies (in the health sector: planification of health institutions, controls, development and implementation of public health programs)

  - Decentralized administration: Regional, departmental and municipal elected councils have decentralized powers, but few in the field of health (powers essentially in the fields of economical development, social sectors, local activities)
General organisation and financement of health care and prevention system in France
Government Ministry of health, other ministries

Health policy

- 4 general directorates - public health, hospitals and health care organisation, social insurances, social actions

Agencies:
- INVS, AFSSAPS
- AFSSA, AFSSE, DGSNR, EFS, EFG

Comittees:
- HCSP, CNS, CNSP, CSH...

Funding

Social Insurances 74% contributions of employers (51%), employees (3,5%), taxes - CSG (39%) State compensation and others (6,5%)

Householders 14 %

Mutual and private insurances 11%

State 1 %

Householders
Expenditures in 2003

sources: IRDES-DREES comptes nationaux de la santé France 2004

<table>
<thead>
<tr>
<th>Spending</th>
<th>Millions €</th>
<th>%</th>
<th>Par personne En €</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goods and services, sick leave indemnities, health system subventions</td>
<td>157 640</td>
<td>93,8</td>
<td>2562</td>
</tr>
<tr>
<td>Prevention *</td>
<td>3 874</td>
<td>2,3</td>
<td>63</td>
</tr>
<tr>
<td>Health system (pharmaceutical research, training)</td>
<td>7 388</td>
<td>4,4</td>
<td>120</td>
</tr>
<tr>
<td>Management</td>
<td>2 934</td>
<td>1,7</td>
<td>48</td>
</tr>
<tr>
<td>Doubles accounts</td>
<td>- 8758</td>
<td>- 2,2</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>168 084</td>
<td>100 %</td>
<td>2731</td>
</tr>
</tbody>
</table>

* occupational health (23), school health (7) PMI (9) Vaccinations (7) public health programmes (3) others (14)
## Expenditures

sources: IRDES-DREES comptes nationaux de la santé France 2004

<table>
<thead>
<tr>
<th></th>
<th>Inpatient care</th>
<th>Ambulatory care</th>
<th>Medical goods</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Health Insurance</td>
<td>91.4 %</td>
<td>64.2 %</td>
<td>60 %</td>
</tr>
<tr>
<td>State/public sector</td>
<td>1.2 %</td>
<td>1.2 %</td>
<td>1 %</td>
</tr>
<tr>
<td>Mutual insurance</td>
<td>2 %</td>
<td>11.1 %</td>
<td>11.4 %</td>
</tr>
<tr>
<td>associations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private and persons</td>
<td>5.4 %</td>
<td>23.4 %</td>
<td>27.5 %</td>
</tr>
</tbody>
</table>
Health Insurance Act (13-8-2004)

• The Government objective is by 2007:
  - 10 billion Euro savings on expenditures,
  - 5 billion Euro additional revenue.

• The reform includes:
  - financing measures >> at the equilibrium,
  - structural measures >> better quality and more cost effective care through
    - a new independent institution: Haute Autorité en Santé

• The objective:
  - to involve and commit all the actors: state, managers of the statutory health insurance, health care workers and patients.
GOVERNMENT
- Decides the main orientations for health and the conditions of the pluriannual financial equilibrium
- Ensures the good functioning of the system, de la legality, of public health, access to health (cares and prevention)

CONSEIL D'HOSPITALISATION
Takes part to the elaboration of the health care facilities financing policy

HOSPITALS

ECONOMIC COMMITTEE FOR HEALTH PRODUCTS
Takes part to the decisions for the policy for health products

DRUGS

HAUTE AUTORITÉ DE SANTÉ
- Scientific evaluation
- Recommendations for reimbursements
- Writes medical referential
- Informs the actors
- Takes over Anaes issions (accreditation)
- Independant authority

THE PATIENT

HEALTH CARE STAFF

CNAMTS
- MSA
- CANAM
Propose and manage the budget of their scheme

UNCAM
Union nationale des caisses d'assurance maladie
- Makes the list of medical services qualified for reimbursement
- Can make changes in the reimbursement rate in the limits allowed by the government
- Negotiates with the professionals

UNPS
Union nationale des professionnels de santé
- Issues opinions on certain decisions and proposals of UNCAM
- Negotiates with UNCAM The inter professionals agreement

UNOC
Union nationale des organismes complémentaires
Issues opinions on certain decisions and proposals of UNCAM
Can be associated to the agreements between UNCAM and professionals
The preventive system: organisation, evolution and financement
The Public Health Policy Law (9/08/2004)

• Objectives:
  – improve the population health,
  – to be accountable for it.

• Clarifying roles and responsibilities:
  – Government and ministry of health: define the objectives and the strategic orientations
  – Parliament: debate and validate the orientations
  – Regions: implement program, support local initiatives and commitment

• A better co-ordination:
  – National level: between ministries
  – Regional level: funders and operators
  – Department and local level: implementers
Stakes

• To improve the population health:
  – To prevent the avoidable mortality and morbidity
  – To maintain the quality of life of persons with handicap or loss of autonomy (particularly linked to the increase of life expectancy)
  – To reduce health inequalities
• To be able to monitor the implementation, to assess the impact, to be accountable
Difficulties / Challenges

• To improve the co-ordination:
  – State, elected representatives, local authorities, statutory health insurance, voluntary health insurance (mutual insurance associations), organisations, hospitals, health care staff...

• To clarify the relations between the national and regional levels
  – Objectives for health, priorities, programmes, resources allocation and financing, implementation and evaluation
Prevention at national level

Expertise, concertation, co-ordination

HCSP
Expertise Evaluation

CNS
Concertation

CNSP
Coordination between Ministries and between institutions

Agencies
INVS, AFSSAPS, AFSSA, AFSSSE

Definition of objectives, Steering

MINISTRY OF HEALTH
DGS
Defines the objectives of Public Health Designs and assesses the programmes.

Annual monitoring of the application of the law (plans and programs)

Implementation

Statutory Health Insurance

INPES
Implements the Public Health programmes ...

Agencies

Other Institutions
Regional groups for Public Health (GRSP)

• To reduce the dispersion and co-ordinate the resources.
• To reach a critical size.
• Mission: to implement the regional plan for public health.
• Possibility of inter-regional competence
Prevention at regional level

Consultations, concertations

Regional conference for health
- Local authorities,
- Statutory health insurance
- Users
- Professionals
- Institutions and facilities
- Regional observatory of health
- Regional committee of social and medical organisation
- Regional committee for health promotion
- Qualified persons

Definition of the objectives, Steering.

ARH (supply)

Préfet de région (DRASS)
Implementation in the region of the national plans
Definition of the regional plan for public health (including PRAPS)
Evaluation of the public health programmes

Conseil Régional
Can define and implement public health actions specific to the region

Implementation

GRSP
CA du GRSP
Coordinates and implements the whole actions for public health and prevention

Partners

Region, department, municipalities
- URCAM
- URML
- Organisations with special competence ORS, ORST...
- INPES - CRDES
- INVS-CIRE
Prevention at local and departmental levels

**Steering**

- Prefet-Departmental directions for sanitary and social actions
- Local authorities councils (Department Municipalities)
- Local social insurance institutions

**Institutions and services**

- Local Fund (Statutory health insurance)
  - School health services
  - Mother and child services
  - Tuberculosis centres
  - STD’s and HIV centres
  - Vaccinations services
    - Hospitals
    - Health centres
- Municipal services for hygiene and health
  - Departmental committees for health promotion
    - Ordres départementaux
      (doctors, dentists, pharmacists)
- departemental non profit organisations

**Actors implementation**

- medical doctors and nurses with private practice
  - doctors and nurses from department services
    - hospitals staff
- non profit organisations staff
  - dentists
  - pharmacists
  ...

100 objectives of public health: at 5 years

• Results achievable for the population
  – Health, behaviour, exposure

• Measurable
  – But sometimes prerequisite: epidemiological data, other scientific data, assessments

• Indicators
  – Operational definitions in elaboration
Plans 2004-2008

5 strategic plans:

- cancer,
- environment health including occupational health
- at risk behaviour (for example addictions) leading to or linked with violence,
- uncommon or orphan illnesses
- quality of life of chronic illnesses patients (including ongoing plans: chronic hepatitis C and B, cardio-vascular diseases and diabetes)
- other plans: drugs addiction, alcohol, tobacco, nutrition, infectious diseases (hospital acquired infections, antibiotic resistance, response to epidemics, AIDS, in project plan community infections including vaccination policy),
Prevention actions in general practice

TOP 25 / Les diagnostics les plus fréquents

Classement des 25 RC les plus fréquents
par actes pour tous les patients
pour l’année 2003

<table>
<thead>
<tr>
<th>Rang</th>
<th>Résultat de consultation</th>
<th>Nombre d'actes</th>
<th>Pourcentage</th>
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<tbody>
<tr>
<td>1</td>
<td>HTA</td>
<td>37270</td>
<td>13.480</td>
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<tr>
<td>2</td>
<td>EXAMENS SYSTEMATIQUES ET PREVENTION</td>
<td>25449</td>
<td>9.205</td>
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<tr>
<td>3</td>
<td>ETAT FEBRILE</td>
<td>23294</td>
<td>8.425</td>
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<tr>
<td>4</td>
<td>HYPERLIPIDÉMIE</td>
<td>21691</td>
<td>7.846</td>
</tr>
<tr>
<td>5</td>
<td>ETAT MORBIDE AFEBRILE</td>
<td>14257</td>
<td>5.157</td>
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<tr>
<td>6</td>
<td>VACCINATION</td>
<td>13904</td>
<td>5.029</td>
</tr>
<tr>
<td>7</td>
<td>ARTHROPATHIE PERIARTHROPATHIE</td>
<td>10629</td>
<td>3.844</td>
</tr>
<tr>
<td>8</td>
<td>RHINOPHARYNGITE</td>
<td>10572</td>
<td>3.824</td>
</tr>
<tr>
<td>9</td>
<td>LOMBALGIE</td>
<td>10369</td>
<td>3.750</td>
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<tr>
<td>10</td>
<td>DIABETE DE TYPE 2</td>
<td>9280</td>
<td>3.357</td>
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