

Preventive health-care system in France : Organisation, financement

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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

Health policy

Funding



Expenditures in 2003

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

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

* 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

	Inpatient care	Ambulatory care	Medical goods
National Health Insurance	91,4 %	64,2 %	60 %
State/ public sector	1,2 %	1,2 %	1 %
Mutual insurance associations	2 %	11,1 %	11,4 %
Private and persons	5,4 %	23,4 %	27,5 %

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 pluri annual financial equilibrium
- Ensures the good functioning of the system, de la legality, of public health, access to health (cares and prevention)

HAUTE AUTORITÉ DE SANTÉ

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

CNAMTS
MSA
CANAM

Propose and manage the budget of their scheme

CONSEIL D'HOSPITALISATION

Takes part to the elaboration of the health care facilities financing policy

HOSPITALS

THE PATIENT

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

ECONOMIC COMMITTEE FOR HEALTH PRODUCTS

Takes part to the decisions for the policy for health products

DRUGS

HEALTH CARE STAFF

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

Coordination

Care

Coordination

Soins

Delegation

Reimbursement

Négotiation

Care

Coordination



**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, AFSSE

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)

**Strategic
plans and
national
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

Definition of the objectives, Steering.

Implementation

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

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

Regional plan for public health

GRSP

CA du GRSP

Coordinates and implements the whole actions for public health and prevention

partners

Region, department, municipalities

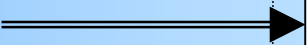
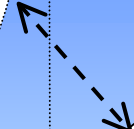
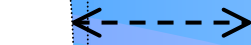
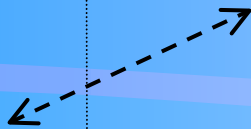
URCAM

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)
 - departmental 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



omg.sfm.org

Observatoire de la Médecine Générale

Informations épidémiologiques sur les pathologies et leur prise en charge en ville

Présentation Méthode Dictionnaire Réseau Publications

TOP 25 / Les diagnostics les plus fréquents

Patients Actes

TRANCHE D'AGE

Toutes

SEXE

Les deux (cumul)

VALIDER

Classement des 25 RC les plus fréquents

par actes pour tous les patients
pour l'année 2003

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