

FRANCE

Answers provided by:

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HEALTHCARE AND HOSPITAL EXPENDITURE

HEALTHCARE SYSTEM EXPENDITURE	2001	2006	Difference
1. Total health expenditure, PPP\$ per capita	2.718,00	3.423,00	+25,94%
2. Total inpatient expenditure, PPP\$ per capita	1.026,00	1.270,00	+23,78%
3. Total inpatient expenditure as % of total health expenditure	37,80%	37,10%	-0,70

What main factors have determined the rising of health expenditure in your country in the last 5/10 years?

- Ageing has certainly been a factor, although indicators are lacking. But the most important one is the lack of regulation of the outpatient private practice outside hospitals. The multiplication of diagnostic and non invasive activities is considerable. Imaging has been fast growing; endoscopies have even reached a 17% yearly increase. On the opposite, the growth of inpatient care is also strong but remains within the limits defined at national level.

What does explain the changes of the level of inpatient care expenditure in the last 5/10 years? Which types of hospital costs have been the driving forces?

- The share of inpatient expenses is constant. Here, the major driving forces are new drugs, which increase by 15% a year. Drugs and medical devices now cover around 11% of hospital budget.
- At the same time, the working time legislation in hospitals has made human resources increase faster than the health expenses growth. But this has stopped in the recent years.

What impact is the current crisis having and what impact is it likely to have in the future on healthcare level of expenditure?

- There is no visible impact now and agreements have been made for yearly increases of healthcare expenses by 3%.

HOSPITAL PROVISION

HOSPITAL PROVISION	2001	2006	Difference
4. Total number of hospital beds per 100.000 population	796,66	716,78	-10,03%
5. Acute care hospital beds per 100.000 population	398,42	361,83	-9,18%

Could you explain the trends affecting hospital care and, in particular, acute care, such as shift to primary/home care, increase in hospice care, improved treatment times, etc...?

- ▶ The overall reduction of beds is the consequence of a political will to reduce all kind of beds.
- ▶ The management of beds is improved but has however reached its limits, as pandemic episodes show.
- ▶ The shift to primary/home care, which is a general trend in France, can also be an explanation.

ACUTE CARE HOSPITAL INDICATORS	2001	2006	Difference
6. Acute care admissions/discharges per 100 population	16,58%*	16,28%	-0,30
7. Average length of stay for acute care hospitals (bed-days)	6,1*	5,9	-0,2

Note. Indicators 7 and 8, comparative data years 2003- 2006.

Please, comment the figures about the rate of hospital admissions and the average length of stay for acute care hospitals. What do these figures highlight about hospital healthcare in your country?


- ▶ The reduction of admissions as well as of the average length of stay has been limited in the recent years. Activity increased more recently as a consequence of the implementation of DRGs. This might change the picture in surgery as this will lead to more day surgery; however it might not be visible on inpatient care as a whole.

HEALTHCARE WORKFORCE

HEALTHCARE PROFESSIONALS	2001	2006	Difference
8. Physicians per 100.000 population	331,12	337,85	+2,03%
9. % of physicians working in hospitals	28,50%	29,80%	+1,30
10. Nurses per 100.000 population	671,55	764,45	+13,83%
11. Rate of nurses per doctors	2,03	2,26	+0,23

Do you consider the ratios of doctors and nurses to population in your country sufficient? Please, mention any local/national initiatives and policy shifts that will affect this.

- ▶ The main issue is the dispersion of doctors on the territory. There are important inequalities: some regions are over populated, when others are under-populated as far as doctors are concerned. However, we can notice a collective will to find solutions to these demographic concerns. For instance, in the 2009 hospital reform, some incentives are foreseen, such as scholarship for students who agree to work in under-covered zones. Moreover, to give doctors more time, the trend is to let nurses have a more and more important role and to transfer tasks from doctors to them.

 Do you consider the ratios of doctors working in hospitals in your country sufficient?

- ▶ As a whole yes, since the full time equivalent medical staff has increased significantly. This is not true for some specialities such as ophthalmology and radiology for example, where doctors have strong financial incentives to work in their own private practice.