



## **PRESS RELEASE**

### **ENTITIES AND PUBLIC POLICIES**

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## **THE FUTURE OF HEALTH INSURANCE**

**Ensure the efficiency of spending,  
empower the actors**

**The health insurance system created in 1945 has enabled France to show good results in terms of life expectancy. However, the prevalence of practices at risk, a high infant mortality rate and increasing inequalities in access to care, qualify these results, which, moreover, are obtained at the expense of recurrent deficits. France is characterized by high health spending as a proportion of GDP and the large share of supplementary health insurance in its financing. Faced with the structural increase in spending, while the current regulatory tools have reached their limits, quality and equal access to care can only be maintained or strengthened by reforming the organization and the management of the health system.**

### **Satisfactory results overall but persistent weaknesses**

France is characterized by one of the highest levels of life expectancy in the world, but also by high mortality linked to the prevalence of avoidable risk behaviours (alcohol, tobacco). Difficulties are developing or worsening in areas of public health, access to care, equality and quality of patient coverage and support for health professionals.

Persistent deficits and a significant social security debt undermine the strength and legitimacy of the health system by putting the burden on subsequent generations, while the ageing of the population, the development of chronic diseases and the rising cost of care techniques imply increasing funding difficulties.

### **Spending containment policies are too often flawed**

The Cour has identified efficiency issues in the organization of the healthcare system amounting to several billion euros. However, existing tools do not enable the obstacles that prevent improvement in services and reduce their cost to be overcome. In addition to the necessary streamlining of its organization, health insurance could be given more ambitious objectives, such as redefining the respective areas of mandatory and complementary coverage, or setting up a "healthcare shield" that will equitably limit the excess to be paid by the patient. Price excesses, which hinder equal access to care, should be better controlled, and the conventional negotiation framework reviewed in depth. As is the case in Germany, healthcare professions could be more accountable in terms of installation, contractual agreements and remuneration.



The division of competences between medical practitioners and auxiliaries, as well as the modalities for their cooperation, should also be reviewed. Better coordination between community medicine and hospitals, which is necessary in particular to improve the response to medical emergencies, involves breaking away from the current logic, centered on the hospital, to build real care pathways.

### **Regulatory methods held in check**

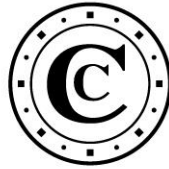
The Cour has identified several flaws in the health system, which should be remedied: a costly predominance of the hospital, the lack of regulation of heavy healthcare equipment, compartmentalization among professions, territorial distribution of supply of care that is unbalanced and disconnected from needs, poor planning, inoperative rules on the installation of professionals and shortcomings in health insurance coverage decisions.

In addition, the current mode of remuneration for facilities and professionals, discussed in a partnership framework that is often impeded, encourages the multiplication of acts, becomes far removed from real costs and does not take enough account of public health objectives.

### **Prioritize public health and quality of care objectives**

Prevention, which is insufficient in France, must be reorganized and placed at the heart of public action by involving and empowering patients and health professionals. The appropriateness, quality and safety of care could be the central axis of a reform that should also focus on fighting fraud more effectively and strengthening controls. In this respect, the digitisation of healthcare provides the opportunity, through active exploitation of data, to improve treatments and prevention, to better coordinate care and to develop telemedicine.

The steering of the healthcare system needs to be clarified and the means of action available to regional health agencies strengthened, by envisaging, in particular, spending envelopes at the regional level, which would allow for restructuring of healthcare provision to be more ambitious and better adapted to needs. The creation of a National Health Agency, bringing together the competencies of central administration and health insurance, would also be a step forward.



## Recommendations

The Cour has formulated 17 recommendations centered on seven key issues:


- revamp the framework for health insurance financial management;
- reorganise health insurance;
- make access to care more equitable;
- better organize the healthcare system to adapt it to the needs of patients;
- ensure quality and safety of care in all areas;
- encourage the optimal use of health insurance resources;
- reunify and strengthen the steering of the healthcare system.


**[Read the report](#)**

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