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Forecast of the supply of healthcare in France☆

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ABSTRACT

The aim of this article is to identify the main breakpoints liable to impact on the development of healthcare provision in France. The argument presented is based on the views of several health experts brought together as part of a working group chaired by the authors. The problems raised concern the nature of the patient–doctor relationship, the organisational characteristics of healthcare provision, the place occupied by protocol in medical practice, and the position of healthcare players in the value chain.

1. Introduction

Every year the World Health Organization (WHO) publishes a report on the state of health of the world's populations. Beyond the publication of statistics enabling a comparison of the level of well-being of the world's populations, the WHO used this report to deal with a specific problem. In 2000, the WHO wanted to shed light on the performance of the different health systems and presented a ranking of the 191 countries recognised by the international community [1]. France was ranked first over the 190 other countries. The composite index used by the WHO to justify this ranking incorporated five criteria. The first was related to the general level of health of the population, measured in terms of life expectancy corrected for infirmity, i.e. the number of years spent in good health. The second was related to the inequalities of health, evaluated according to the distribution of the state of health across different categories of the population. The third dealt with the level of responsiveness of the health system, based on respect for dignity, autonomy and confidentiality, speed of treatment, quality of the environment, access to the social support networks during care and the choice of care provider. The fourth was related to inequalities in the responsiveness of the health system for certain categories of residents: the poor, women, elderly people and victims of racial discrimination. Finally, the fifth was focused on the distribution of the financial burden for the provision of healthcare.

Every year, the Organisation for Economic Cooperation and Development (OECD) also publishes a study which aims to compare several aspects of the performance of health systems within the member countries. Since 2007, this annual study has devoted a chapter to the quality of the healthcare provided [2–6]. The indicators selected to evaluate this key variable include avoidable hospital admissions, acute exacerbations of chronic conditions, the survival rates of certain cancers and postoperative complications. For the majority of these criteria, France scored results above the average for the OECD countries. More specifically, France is not far above the other nations in terms of avoidable hospital admissions and acute exacerbations of chronic conditions but France shows remarkable survival rates for different cancers and postoperative

☆ Certain developments presented in this article come from the points raised by a working group of health experts from all backgrounds. We would like to express our sincere thanks to all those who participated in the collective consideration sessions, and who provided documents and references. The authors alone take responsibility for the subjects and ideas set out in this paper.

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complications. Over 17 countries for which data are available, France is the best nation concerning the breast cancer survival rate, the fourth best concerning the colorectal cancer survival rate and the third OECD nation where postoperative complications are the lowest.

Upon reading the international reports, it would thus seem legitimate to consider the French health system as successfully meeting the needs of French citizens. But despite this, for several years the economic model on which the French health sector is based has revealed an increasing level of instability to a sufficient degree as to call it into question. The lasting and pronounced increase in expenditure on healthcare and medical goods, the continual increase in life expectancy, the permanent and increasing deficit in health insurance and even the underlying lack of certain health professionals are sufficient to dispute the robustness of the mechanisms and operations in place today. In the short or medium term, there is a risk of major disruptions affecting this sector of activity. Consequently, rigorous predictive works need to be undertaken to anticipate any possible transformations of the health system. The objective of this article is to precisely identify the main breakpoints liable to impact on the future development of healthcare provision. Further in this paper, we will call these breakpoints "changes".

The forthcoming changes will involve the properties of healthcare provision, but also the characteristics of the demand for health care and the forms of regulation within the sector. These developments in different parts of the market will not only be simultaneous, they will also influence each other. It would seem also pointless to forecast healthcare provision without considering the way in which concomitant developments in the demand for healthcare and regulations could impact on this provision. This article is entirely dedicated to the development of healthcare provision, however it proposes an argument supported by a broader reflection on any changes affecting demand for healthcare and the governance of the sector, and specifically when they will be liable to impact on healthcare provision.

Several works have already been produced with the aim of understanding developments in healthcare provision. Some of these studies envisage a profound transformation of the medical activity due to curative medicine spilling over into the fields of prevention, or even prediction [7–10]. Several scenarios where prevention becomes dominant are considered by the Institute for Alternative Futures [11]. If prevention is accompanied by a surge in health information technologies, we could even have an aspiring future where the Patients-Centered Medical Home would evolve into Community-Centered Health Home and where the patients would be able to take over many functions of primary care for themselves. The development of innovative technologies is thus seen as an opportunity. Health technologies are used to enhance self-care, transparency in medical knowledge, widespread implementation of personalised medicine and more generally to support a Culture of Health [12]. The progress in medicine, in nano-medicine, in pharmaco-genomics and artificial intelligence are also likely to impact the future and change the activity of General Practitioners [13]. Depending on the scenarios, certain functions of the General Practitioners could be eliminated by artificial intelligence. Their role could evolve and they could become knowledge navigators who guide their patients. This mission which focused on orientation could lead them to perform a function which has more to do with e-consultancy by advising the patient on the reliability and relevance of his information sources. If health technologies are capable of doing medical procedures – propedeutic, diagnostic, therapeutic – the General Practitioners could also focus their activity on the population who does not have access to the latest technologies.

However, these aspiring futures will occur if the countries (individuals, organisations and communities) have a long-term vision and understand better the threats and opportunities health will be facing [14]. They have to grasp the deeper causes and implement systemic solutions [15]. A small-scale reform of the health care system may not be enough. We have to create healthy communities which will be focused on environmental, social and human development [16].

Other analyses question the future of the health systems and thus healthcare provision in emerging countries [17,18]. Of these articles, some perceive health technologies as a powerful instrument of the changes to come [19], while others stress the new form of governance and regulation necessary for the development of a satisfactory and durable health system in these economies [20,21].

All of these works question the future of healthcare provision, and in this respect have directly or indirectly fuelled our thoughts. But for all that, these articles present at least two major differences to our article. First, the majority of these works relate to countries with health systems incomparable to that of France. Second, the scope of the analysis is often limited to one dimension of healthcare provision, which reinforces the argument of the authors on the subject in question, but prevents them from the dealing with the subject of forecasting healthcare provision from a systemic point of view, by considering all of the players and organisations in place.

Our article is based on the considerations of a working group of health experts from all backgrounds to ensure a wide range of opinions. It is by contrasting the opinions of each participant that the changes underlined in this article have been built up. The selected timescale was the medium and long term. Our definition of the concept of "healthcare" was sufficiently broad as not to remove any of its dimensions a priori. In the appendices, the reader will find precise information on the methodology used to conduct our analysis.

The article is structured into four parts. Each of part presents a change regarded as essential by the entire working group because of its capacity to highlight the possible future focus of healthcare provision. The conclusion presents an opportunity to link together the main lines of enquiry developed in the body of the text in order to underline the logic that could underlie and direct the development of healthcare provision in France. Each part of the article pays particular attention to the way in which the envisaged changes impact on the role, place and activity of the various players involved in the health ecosystem.