Skill-mix in France: Chances and Challenges

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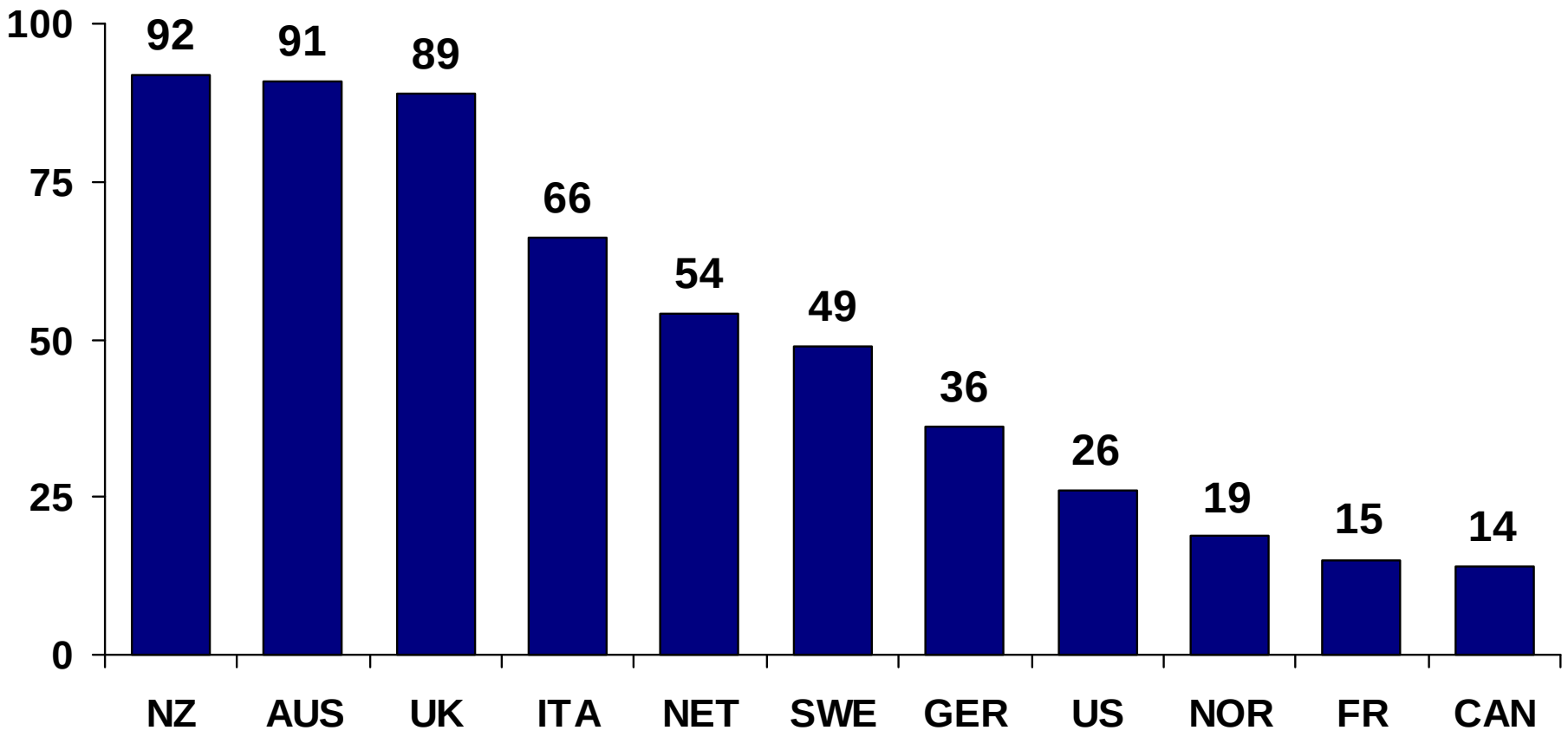
French health care context

- Number of doctors are relatively high (3.4 per 1000 population)
- Large number of doctors reaching retirement age
- Number of practicing nurses lower than the OECD average (7.7 per 1000 population)
- Geographic distribution of doctors across the country is uneven
  - More than two fold difference between south and north
- Doctors and nurses are private practitioners paid on a FFS base
- Most providers work in solo practice
- Medical practice defined by list of acts
- Nurses:
  - Diploma obtained after professional education of nursing is only recognised in education system (= 3 years) in 2007
  - Specific council of nurses created in 2007 (without any public financial support)

Practices with Advanced Electronic Health Information Capacity

Percent reporting at least 9 of 14 clinical IT functions*



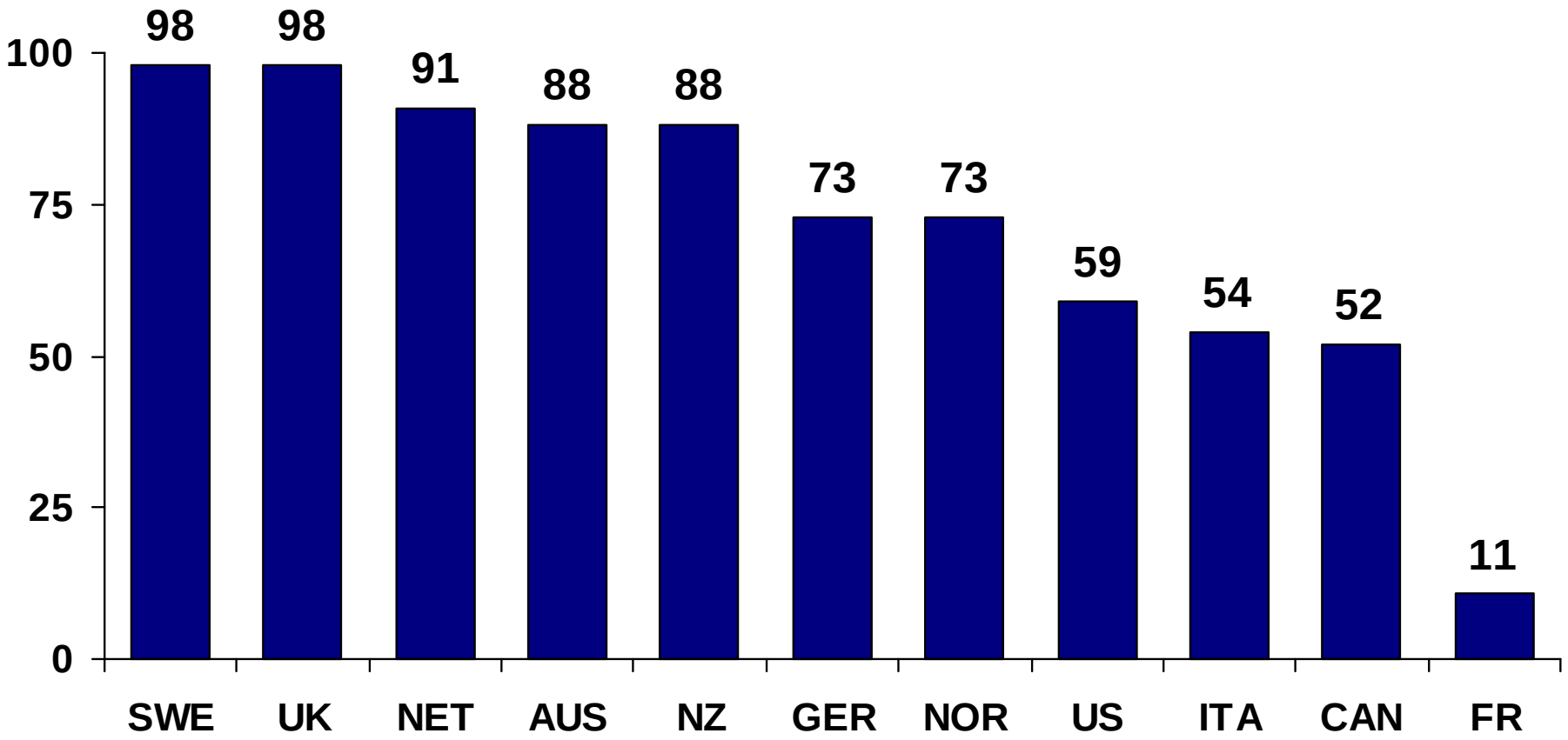
* Count of 14 functions includes: electronic medical record; electronic prescribing and ordering of tests; electronic access test results, Rx alerts, clinical notes; computerized system for tracking lab tests, guidelines, alerts to provide patients with test results, preventive/follow-up care reminders; and computerized list of patients by diagnosis, medications, due for tests or preventive care.

Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

THE COMMONWEALTH FUND

Practices Use Nonphysician Clinical Staff for Patient Care

Percent reporting practice shares responsibility for managing care, including nurses, medical assistants



THE COMMONWEALTH FUND

Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

Pressures on medical workforce

- Work legislation : introduction of 35 hours working week in France (in hospitals) and European working time directive
- Change of attitude towards work
  - Increasing feminisation medical profession (60% of all new medical student in 2002)
  - Interest for less out of services hours and other organizations of work (networks)
- Increasing demand: population ageing, chronic diseases
- Pressure to reduce health expenditure

Political responses

- Increasing the number of doctors (and % of GP)
  - No of entrants to medical school increased from 4700 in 2002 to 7000 for the period 2006 to 2010
  - Quota is doubled for nurses since 1990
- Developing incentives to practice in medically deprived areas
- Develop skill-mix

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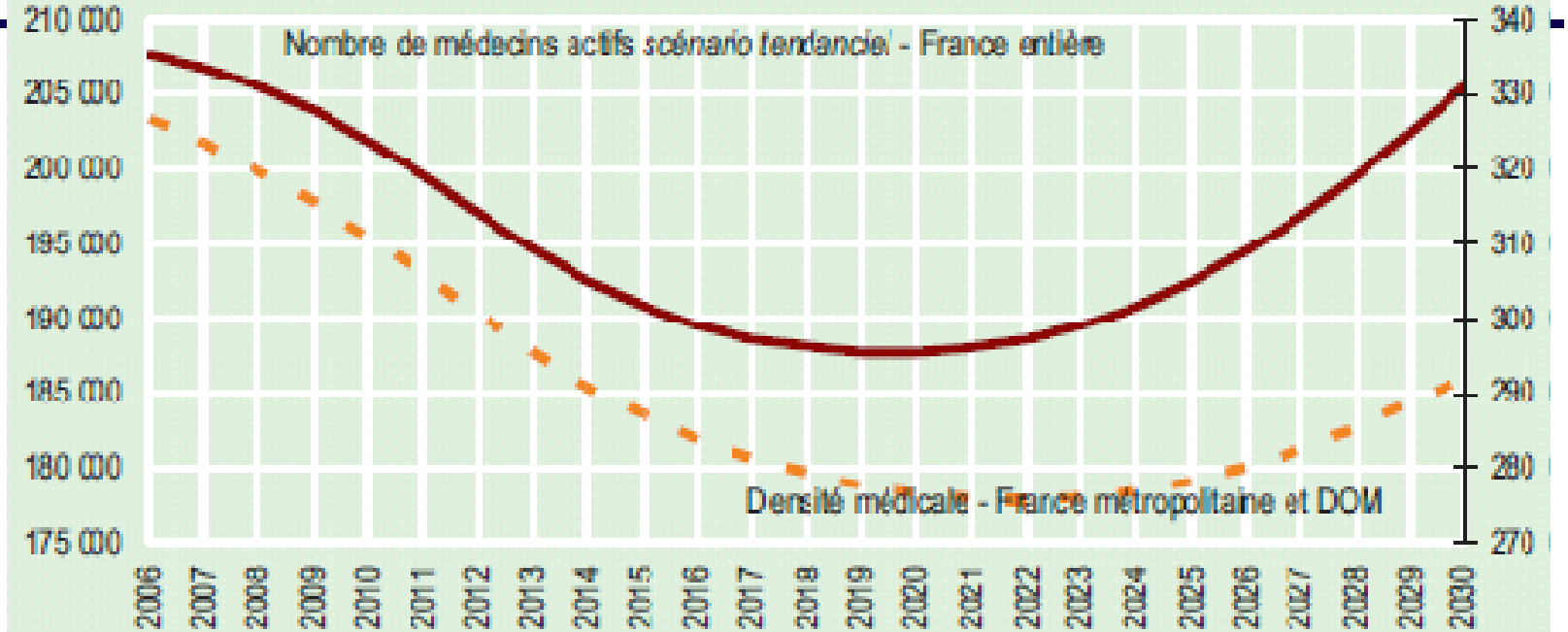
Nombre et densité de médecins en activité d'après le scénario *tendanciel*



Champ • Médecins en activité régulière ou remplaçants, hors médecins en cessation temporaire d'activité, France entière.

Sources • Fichier du Conseil national de l'Ordre des médecins pour l'année 2006 (traitement DREES), projections DREES.

Source DREES : la démographie médicale à l'horizon 2030 : de nouvelles projections nationales et régionales – Etudes et résultats - février 2009, n° 679.

Skill-mix policy in France

- Delegation of tasks from physicians to other health care professionals (initiated by HAS and ONDPS)
  - Experimented in pilot schemes (14 projects in 2003)
  - Limited to very precise situations in few practices (e.g. Role of nurses in dialysis or radiotherapy follow-up by nurses; conducting eye-sight tests by orthoptists)
  - For certain health problems (follow up of type 2 diabetes patients)
  - Positive results from the evaluations (in terms of patient outcomes and professional satisfaction)

- National recommendations by HAS for generalizing better cooperation between doctors and nurses (2008) based on:
  - Assessment of experimentations
  - Analysis of a web-survey by HAS
  - Advice from expert groups

HAS Recommendations

- New forms of skill mix represent a real opportunity for improving health system
- Skill-mix = group practice = better quality = lower cost (?)

- Propositions for developing new forms of cooperation:
  - Renew education curriculum to reduce the gap between medical and paramedical professions (continuous education and training for all)
  - Develop a Masters degree for advanced practice nursing
  - Change legal definitions of health professionals, referring to missions rather than exclusively predefined acts
  - Encourage cooperation by appropriate remuneration and career perspectives (new modes of payment!)
  - Setting up a new structure to assist/follow-up new forms of cooperation

Reactions

- Strong opposition from all parties

Reactions

- Nurses:
  - Refuse a broader definition of the scope of their practice
  - More tasks and responsibility without additional financial recognition
  - Not keen on working as salaried under doctors (want to keep FFS in ambulatory sector)
  - More control on their medical practice (e.g. continuous training)
- Doctors
  - Feel threatened by loosing their part of market
  - Push for increasing the number of doctors
- Other paramedics
  - Worried about changing *status quo*

Current approach

- New regional governance law voted in July 2009
  - No modification of the regulatory framework (definition of acts
  - No modification of financing modes
  - Reforms on education & qualification continues (slowly)
- In parallel a bottom-up process:
  - Health professionals are encouraged to develop initiatives and submit their proposals to Regional Health Authorities, describing:
    - Nature of cooperation, tasks shifted, care process
- Questions: cost efficiency of this process ?

Process of cooperation as defined in the regional governance law