How and why will hospitals have changed in France by 2029?

In 2040, 14.6% of the French population will be 75 or more. They were only 6.6% in 1990. The rapid growth of the elderly and the consequent increase of chronic diseases require an important adaptation of the health system. Hospitals are in the front line: they will have to adapt their way of working to provide care to older patients who need fewer hospitalizations but more home-based care or day admissions. The ambulatory shift is going to change hospitals for years to come: adaptation of technologies in hospitals, reduction of the length of stay, etc. Moreover, hospitals will have to consider that they are only one step in the pathway of the patient – an important step but not the only one. This requires considering all the previous and the following steps in the patient’s pathway and thus to reinforce the dialogue with ambulatory care.

Linked to the previous one, the second important challenge for French hospitals is to contribute to overcoming the different gaps: between hospitals and independent general practitioners, between care and prevention, between healthcare and social care... As a result, there was until recently still limited cooperation between all players of the patient’s care pathway. The hospital of 2029 will be in permanent contact with ambulatory care, with many bridges with organizations providing care for the elderly and for disabled people, and with many prevention activities. The introduction in 2016 of “territorial hospital groups”, which are regrouping one large hospital with several smaller ones, including nursing homes, long-term care facilities, etc. is an important step forward.

The third crucial challenge French hospitals have to face is the issue of medical demography. Most French regions face medical workforce shortages since the number of active general practitioners has been diminishing for several years. As a result, “medical deserts” are becoming a reality in the country, creating important disparities between urban and rural areas. Local hospitals in remote rural areas are struggling to attract medical and non-medical staff, thus creating important geographical inequalities in the access to safe, equal and efficient care. As a result, they must fall back on temporary jobs, which affect their budgets. The hospital of tomorrow will promote new forms of practice, shared with ambulatory care.

Opportunities

Several solutions already exist: telemedicine is now for instance reimbursed by social security as a medical act, thus contributing to better access to healthcare in rural areas. Moreover, in several areas hospitals and independent doctors have started to work together to improve the coverage of the territory (continuity of healthcare, the participation of independent structures in the territorial hospital groups, presence of ambulatory structures within hospitals’ premises...) and the way they address patients’ needs. To go further, two important laws should be mentioned. The French Hospital Federation regrets the division in two different laws, thus reflecting the scission between healthcare and social care that affects patients’ pathways. But there are enough elements to move forward.

The first law is on “the organization and the transformation of the health system” was adopted in July 2019. It offers some very expected tools and solutions that the French Hospital Federation had been, such as the end of the numerus clausus for doctors, the creation of a “healthy digital space” and the introduction of a “territorial health project”, in order to better coordinate all the players in the patient’s care pathway. A new labeling system of “proximity hospitals”, mainly based on polyvalent medicine and geriatric network, should strengthen the territorial grid of community hospitals. This measure is very welcomed but discussions concerning the future missions and financing of these proximity hospitals are still ongoing. In any case, the law lacks new modalities of governance, of concertation and lacks measures regarding the attractiveness of medical and paramedical careers in public hospitals.

The second one is about the elderly and autonomy. It should be presented by the Government in the summer of 2020. This law could lead to important changes, notably with a restructuring of public nursing homes.

Uncertainties

Of course, all these opportunities come with uncertainties. Building tomorrow healthcare also needs to consider today needs. In a survey commissioned by the French Hospital Federation in February 2019, 85% of French people declared themselves satisfied with public hospitals, but 90% of them believe that public hospitals are in danger. Financial issues are clearly the most important uncertainty for public hospitals and they already face it. From 2005 to 2019, healthcare facilities have suffered saving plans of more than 8.6 billion euros; including 960 million only for the year 2018. These budget cuts have important consequences regarding daily functioning but also regarding investment, research and innovation. More than ever, hospitals are willing to participate in the mutations of the society but they need to be sure that they will have the means to reach their ambitions.