Insight into the French Hospital Federation (FHF)

Interviews of Cédric Arcos, IHF Governing Council member, and Alexis Thomas, FHF Chief of Staff

Cédric Arcos, FHF representative at the IHF and deputy CEO of French Regional Council
I hold the position of Deputy CEO of the Regional Council of Île-de-France, in charge of health and solidarity policies in the region. I represent the French Hospital Federation (public hospitals federation) in the IHF.

The Regional Council of Île de France is France’s richest and most populated administrative region, with 12 million inhabitants and a €669 billion GDP. It is one of the world’s foremost business hubs and an attractive territory for health, education, research or tourism.

Considering the role of the healthcare system in the cohesion of the territory, considering the importance of hospitals for the access to care, the Regional Council has decided to lead an ambitious program to make Île de France a land of research, a land of relationships between hospitals and industry and a land of initiative to improve the health of the population. New initiatives are also being launched, such as supporting housing for health professionals or increasing the transparency of the health system.

Alexis Thomas introduces the FHF
I hold the position of Chief of Staff of the French Hospital Federation (FHF).

Since 1924, the FHF has brought together over a thousand hospitals and as many social care institutions, accounting for almost all the public healthcare sector.

Its national dimension, combined with its federative organization, enables the FHF to carry out three missions: Promoting public hospitals and social care services; informing healthcare professionals; advocating for public hospitals and social care services.

Every year, the FHF also organizes several seminars and workshops for healthcare professionals on various themes such as communications, management, finances, …

The FHF also regularly launches campaigns aimed at promoting public hospitals and hospital staff.

Since its foundation, the FHF has always exerted influence on the evolution of hospital legislation in France. The FHF remains a strong partner for public authorities in elaborating proposals and supporting the implementation of reforms. Keeping up with changes and projects, the FHF is a constructive but demanding partner, promoting hospital and social care institutions.

Key challenges and accomplishments for service delivery in France

“French President Emmanuel Macron recently unveiled a plan to overhaul France’s Healthcare system. One of its highlights is an effort to improve the scaling of the healthcare system, by distinguishing clearly three types of hospitals, that deliver local, specialized or state-of-the-art care. The plan of transformation also calls for a major reform of healthcare’s funding system. The new system will depart from an activity-based funding that had reached its limits. It will better compensate coordinated care based on community-hospital networks, which have long suffered from excessive compartmentalization of funding. The new system will also reward quality of care.

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Lastly, the presidential plan aims at reducing unequal territorial access to care. Advantageous positions will be offered to general practitioners in underserved areas. What’s more, restrictions put on the number of places for medical students in University will be lifted.” C. Arcos.

“Indeed, some of the reforms announced by President Macron are clear recognition on how accurate several proposals already made by the French Hospital Federation were: the need of a wide reform of the healthcare system; the need for appropriate care delivered; a digital plan centered on patients. However, the main issue is that the proposals of President Macron do not tackle burning immediate challenges of the hospital sector. The financial gains will not be obtained before several years. In the meantime, hospital is facing major financial difficulties.” A. Thomas.

Key challenges and perspectives in healthcare at the international level

“Healthcare has become one of the world’s most innovative sectors in recent years. Countless corporations and start-up are competing to develop new treatments or better diagnostic tools. The use of Artificial Intelligence and personalized medicine are the bearers of great hopes for many patients. Unfortunately, many people do not have access to such high-end care, in developing nations of course, but also in industrialized ones, where life expectancy gaps across social class not only persist but widen. The main challenge for the coming years will be to ensure that healthcare’s improvements benefit to the largest possible number and not only to the most affluent of our citizens. What is at stake is the capacity of countries to build and to preserve egalitarian social protection systems, that effectively cover their populations’ needs and ensure social stability.” C. Arcos.

“Universal health coverage is at the core of the present and coming decades. The ability of countries to show things moving in this direction as they did with the sustainable development goals will be crucial. Having this in mind, more than ever healthcare should be perceived as an investment creating value and not as a cost. With the global environment issues being more and more visible, a comprehensive approach of health with its direct factors such as food, air and water is vital. Prevention and health promotion should come first in the healthcare world.” A. Thomas.

Expectations from IHF

“The world is facing new global challenges such as large-scale pandemics and major environmental risks. Nation-States also have to address issues including rising inequalities and ageing populations, especially in Western countries. In the light of these rapid changes, developing innovative therapies is necessary, but not enough to answer the challenges of our healthcare systems. International Hospital Federation should take to heart the public’s call for a more comprehensive protection of the citizens’ health, no matter their social status or their age. The Federation has an important role to play in enabling the sharing of global good practices centered not only on delivering state-of-the-art care, but also on providing each citizen with access to efficient and appropriate care.” C. Arcos.

“The IHF is also here to help its members exchange with each other. As a membership organization that will depend on the good will of those members, it should not forget this and work closer to them getting their needs, understanding how to respond to them and helping pair them more systematically with each other. And as group IHF should be able to deliver strong message regarding the world health.” A. Thomas.
Evolution of the IHF in the next five years

“IHF is today the only entity that has the power to bring together the best in health in the world. I hope the Federation feels empowered to lead necessary and important changes in health, mainly related to models of health care, sector remuneration and efficiency. We believe that some issues such as financing health, population ageing and chronic diseases will be kept as big challenges to the nations. For this reason, the exchange knowledge and experiences among the IHF’s members is relevant because some local solutions, sometimes, can be answers to global problems.” C. Arcos.

“The IHF should diversify its membership to cover a larger group of countries with a wide range of levels of development. This will allow avoiding losing grip with the reality of the world. It should as well challenge the hospital centric vision by using the diversity of its kind of members. In line with what was previously said a focus on prevention is clearly needed as well as on the state of health of the world.” A. Thomas.

Health care delivery setting in France

The provision of health care in France is a national responsibility. Planning and regulation within health care involve negotiations among provider representatives, the state, and Statutory Health Insurance. The central government sets national strategy, allocates budgeted expenditures among different sectors (hospitals, ambulatory care, mental health, and services for disabled residents). The ministry is represented in the regions by the regional health agencies, which are responsible for population health and health care, including prevention and care delivery, public health, and social care.

Total health expenditures represent around 12 percent of GDP, of which around 75 % is publicly financed. Coverage is universal and compulsory, provided to all residents by Statutory Health Insurance.

There are 221,000 general practitioners and 119,000 specialists in France (3.4 doctors per 1,000 inhabitants). About 36 percent of outpatient specialist care providers are exclusively self-employed and paid on a fee-for-service basis; the rest are either fully salaried by hospitals or have a mix of income.

Public hospitals account for about 65 percent of hospital capacity and activity, private for-profit facilities account for another 25 percent, and private non-profit facilities, the main providers of cancer treatment, make up the remainder. Since 2008, all hospitals and clinics are reimbursed via a diagnosis-related group system, for all inpatient and outpatient admissions that covers physicians’ salaries in public and not-for-profit hospitals. Public hospitals are funded mainly by statutory health insurance (80%), with voluntary insurance and direct patient payment accounting for their remaining income. Public and private non-profit hospitals also benefit from grants that compensate research and teaching (up to an additional 13% of the budget) and from the provision of emergency services, organ harvesting, and organ transplantation (on average, an additional 10%–11% of a hospital’s budget). Private, for-profit clinics owned either by individuals or, increasingly, by large corporations have the same funding mechanism as public hospitals, but the share of respective payers differs.

Services for mentally ill people are provided by both the public and the private health care sector, with an emphasis on community-based provision. Public care is provided within geographically determined areas and includes a wide range of preventive, diagnostic, and therapeutic inpatient and outpatient services. Ambulatory centers provide primary ambulatory mental health care, including home visits.
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Its national dimension, combined with its federative organisation, enables the FHF to carry out three missions: Promoting public hospitals and social care services; Informing healthcare professionals; Advocating for public hospitals and social care services.

The FHF promotes public hospitals and social care public institutions through the organisation of an annual major event: Paris Healthcare Week. Every year, the FHF also organizes several seminars and workshops for healthcare professionals on various themes such as communications, management, finances, ... The FHF also regularly launches campaigns aimed at promoting public hospitals and hospital staff.

One of the core missions of the FHF is to advise its members on the daily practical issues public hospitals and social care services are faced with. Hospital and social care professionals can ask FHF for advice on countless issues regarding human resources, finances, legal responsibility, the organisation of health and social care, etc. The FHF website, www.fhf.fr, is a major source of information for healthcare professionals as well as institutions. The FHF also provides information through publications available in French only.

The FHF appoints representatives to several key ministerial committees dealing with the organisation of hospitals and social care services. Since its foundation, the FHF has always exerted influence on the evolution of hospital legislation in France. The FHF remains a strong partner for public authorities in elaborating proposals and supporting the implementation of reforms. Keeping up with changes and projects, the FHF is a constructive but demanding partner, promoting hospital and social care institutions.