



# **Physician Disempowerment: A Transatlantic Malaise**

**Understanding French  
physicians' key challenges/ needs**

*Key learnings from a survey  
of French medical practice and environment*

*François Sarkozy*



## **A study, sponsored by Pfizer, was conducted by AEC Partners between February and April 2008**

- **Objective of the study : Identify and prioritize the current and future challenges and needs of the medical profession in France**
  
- **The survey approach encompassed 3 different components...**
  - Interview of 25 top level French opinion leaders and decision makers
    - Authorities
    - Policy decision makers
    - Physician professional organizations
    - Members of Medicine Academe and Health policy academe
    - Public and private payer organizations
    - Healthcare related think-tanks
    - Marketing and media companies specialized in communication to Physicians
    - Patient associations
    - Health networks
    - Managers of 'medical houses'
  
  - A review and analysis of existing literature, including the numerous reports issued in preparation of the major healthcare rule to be discussed at the Parliament Q4 2008
    - HAS recommendations on delegation of tasks
    - 'Larcher' report on Hospitals
    - 'Bur' report and 'Ritter' report on regionalisation
    - 'Berland' report on demography
    - 'Vallancien' report on surgeons remuneration
    - EGOS (Etats Généraux de l'Organisation de la Santé – Global Healthcare System Organization Conference),...
  
  - Collection of insights from Pfizer's best internal experts



## Key messages

- **An increasingly difficult environment for the medical practice**
  - The demographic evolution of MDs is challenging patient access to care...
  - ...while the environment of MDs is becoming more complex with ever increasing constraints and pressures from key stakeholders ...
  - ... and the profession of physicians in France is becoming increasingly difficult and complex, especially for PCPs
  - As a consequence independent private practice has become less attractive and for the past 10 years, physicians are increasingly accepting salaried positions
  
- **Upcoming reforms focus on improving the quality of patient management and of the healthcare offer...**
  
- **...which will have a potentially important impact on day to day medical practice and may reinforce the physicians malaise...**
  
- **...although they could also represent an opportunity for the medical community !**

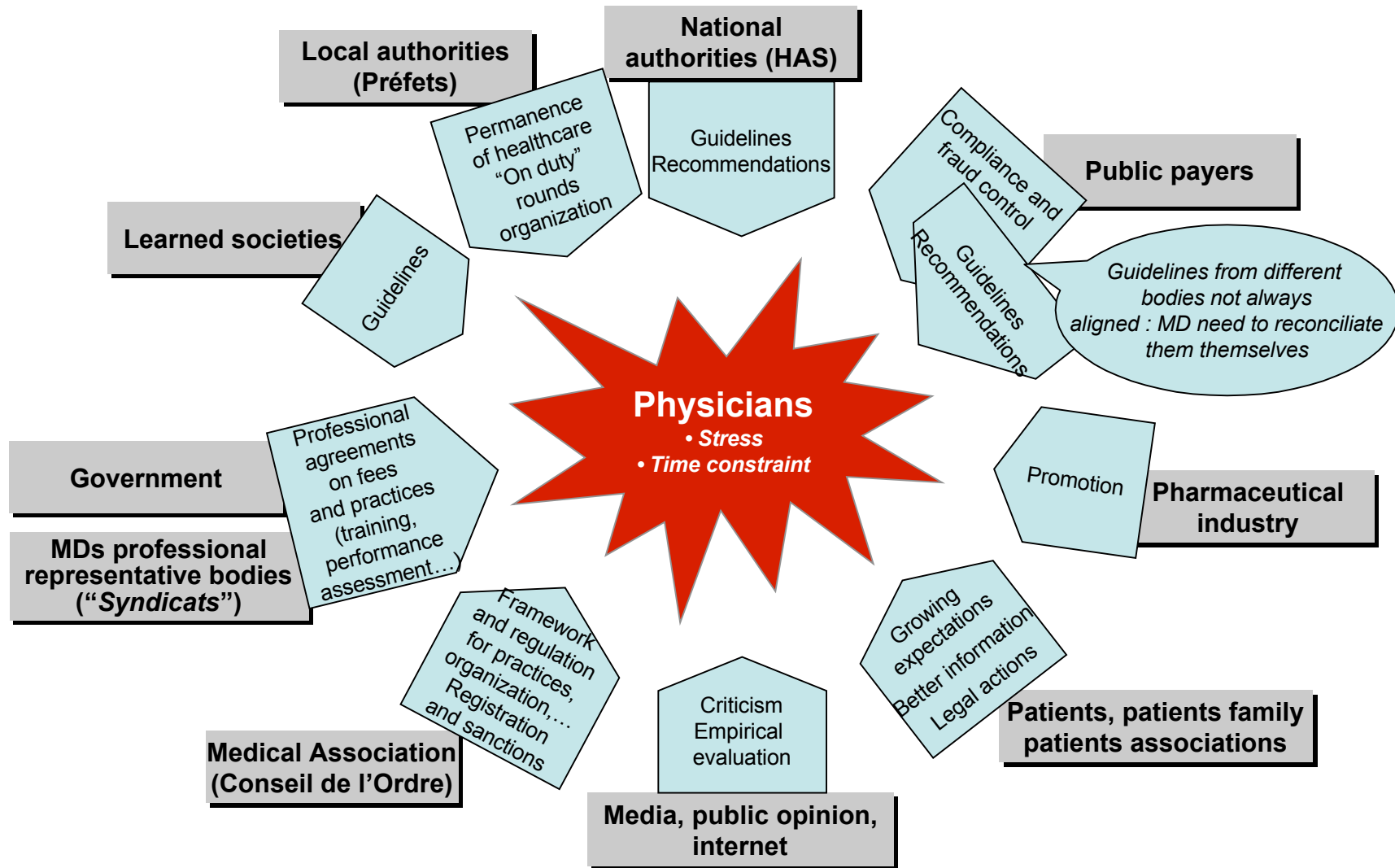


## The demographic evolution of MDs is challenging patient access to care...

- **Although the number of MDs in France is at an all-time high...**
  - Number of MDs has nearly doubled in 30 years : 215 000 active MDs in 2008, vs 112 000 in 1979
  - France enjoys a rather high density of active MDs per 1,000 inhabitants : 3.3 vs 3.0 (OECD average)
  - One out of two MDs is a GP
  
- **...access to care is becoming difficult for some patients due to various structural causes**
  - The highly **unbalanced geographic distribution** of MDs (mainly due to freedom to set up practice)
  - ... is causing difficulties in access to primary care in some regions (e.g. Brittany) as well as secondary care
  
- **The anticipated shortage of FTE physicians (as well as nurses) and available “medical time” will likely worsen the current situation, unless significant reforms are passed**
  - 48% of MDs are more than 50 years old and will retire within the next 15 years...
  - The recent increase in the “*numerus clausus*” will not compensate the estimated retirement flow
  - Many MDs do not work full time as health care providers
  - The strong feminisation of the profession will accentuate the scarcity of medical time (up to 25% to 50% less time dedicated to the practice)

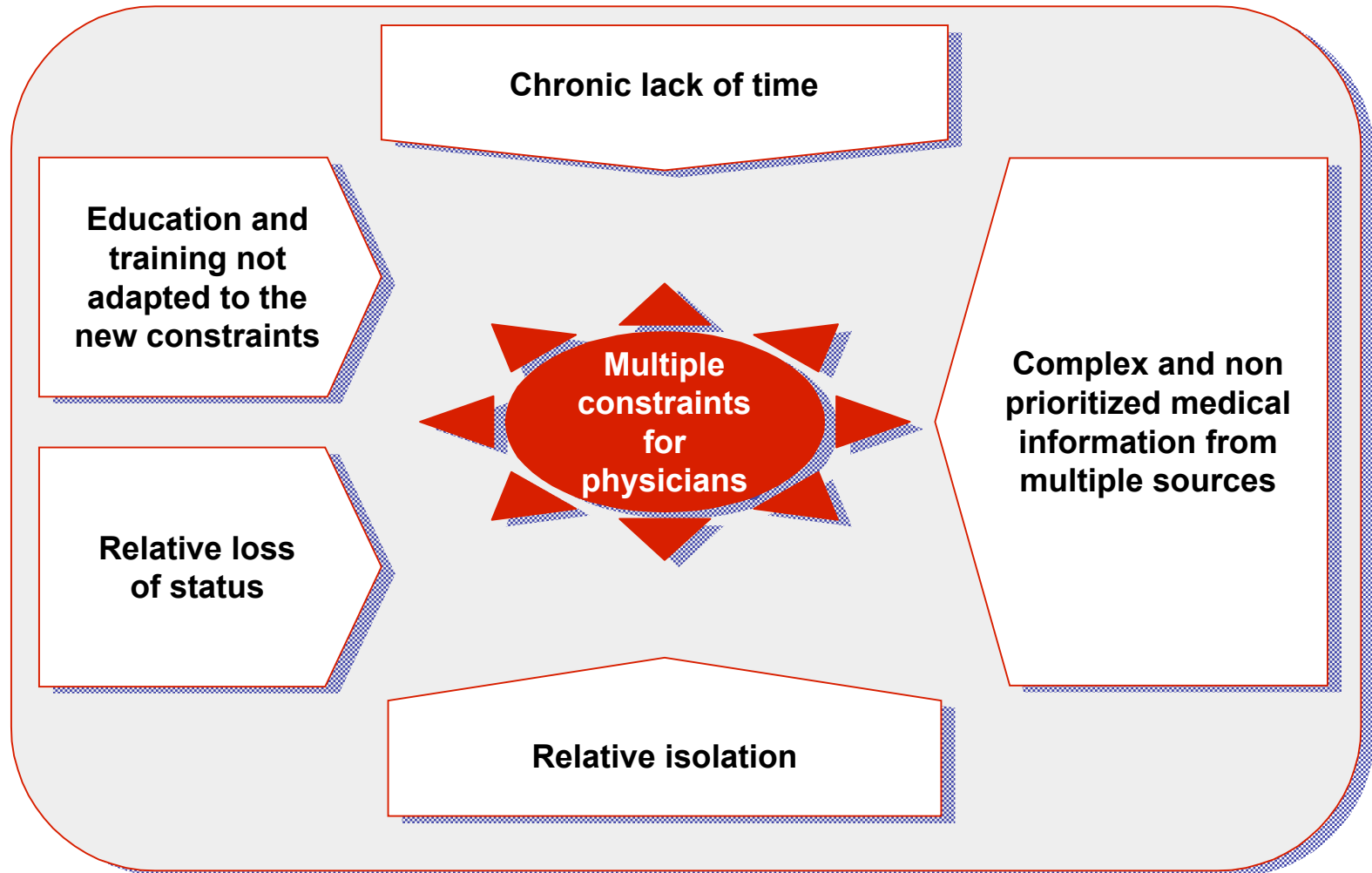


...while the environment of MDs is becoming more complex with ever increasing constraints/ pressures from key stakeholders ...





**... and the profession of physicians in France is becoming increasingly difficult and complex, especially for PCPs**





**... and the profession of physicians in France is becoming increasingly difficult and complex, especially for PCPs**

**Chronic lack of time**

**Multiple  
constraints  
for  
physicians**

- **≈ 30% of GP time is spent on non medical activities** (administration, CME, professional assessment/ EPP, meetings,... - linked to sub-optimal organization in some cases)
- **Duty of ensuring continuity of care goes against a legitimate wish for more personal time and flexibility**
- **The structure of the fixed fee per visit and per medical intervention may represent an incentive to decrease time spent per patient and increase number of consultations and medical interventions**



**... and the profession of physicians in France is becoming increasingly difficult and complex, especially for PCPs**

➤ **Lack of patient management training to handle new types of relationships with patients**

- Patient = Informed Consumer with increased expectations
- The definition of a legal framework for the protection of patients
- Budget communication and management,...

➤ **No business management knowledge (economics, team work and people management, organization,...)**

➤ **CME is not adapted to current professional practices and constraints (time management, cost,...)**

**Education and training not adapted to the new constraints**

**Multiple constraints for physicians**



## ... and the profession of physicians in France is becoming increasingly difficult and complex, especially for PCPs

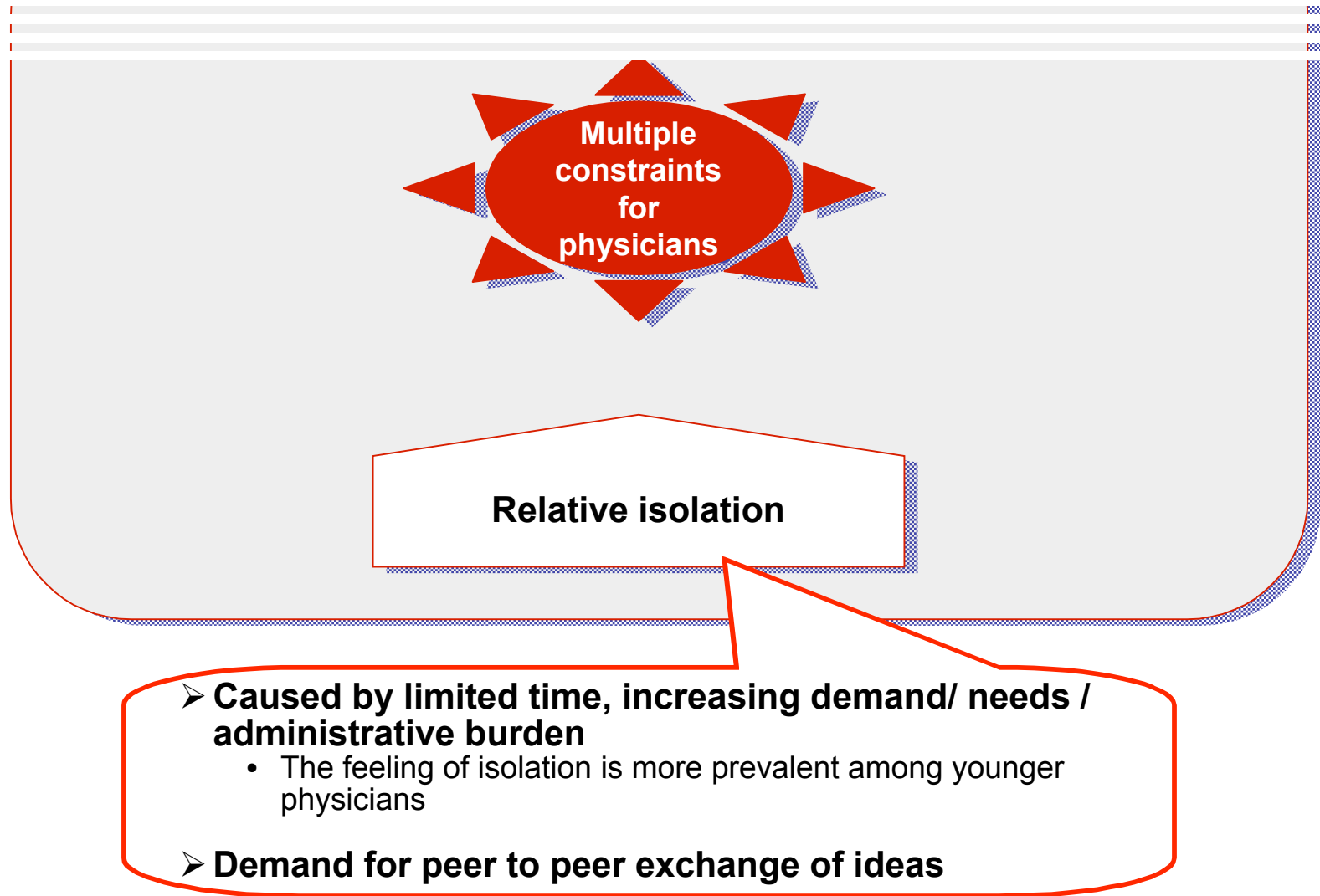
- The physician ***“is not anymore a reference in the French society”***
- Finger pointing at physicians responsible for ***“multiple prescription contributing to drug overuse in France”***
  - The perception of collusion with the pharma industry is emphasized by some media ...
  - ...in a context of increasing healthcare costs
  - Even though, some patients do not want to leave the office without a prescription and may consult another physician (*“medical nomadism”*)
- Reluctance vis-à-vis the payer's controlling bodies (suspicion of fraud, complexity of regulations,...)

**Relative loss  
of status**

**Multiple  
constraints  
for  
physicians**

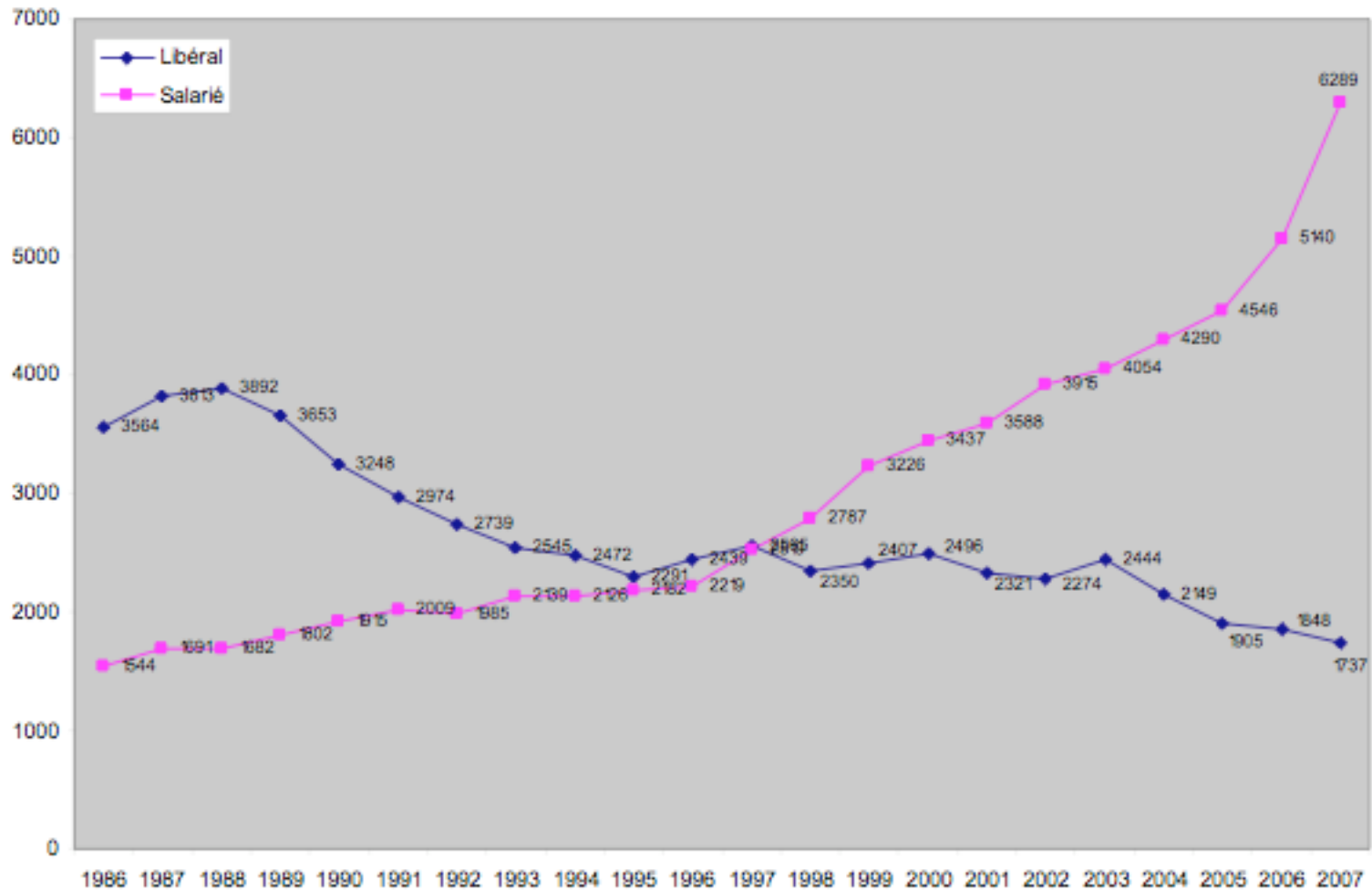


**... and the profession of physicians in France is becoming increasingly difficult and complex, especially for PCPs**





**As a consequence, independent private practice has become less attractive, and for the past 10 years, physicians are increasingly accepting salaried positions**



Source : ATLAS DE LA DEMOGRAPHIE MEDICALE EN France, Situation au 1er janvier 2008, Conseil national de l'ordre des médecins



## Key messages

- An increasingly difficult environment for the medical practice
- **Upcoming reforms focus on improving the quality of patient management and of the healthcare offer...**
  - The main focus of the new healthcare reform is the quality of the French health care system while improving its efficiency (*“Invest more if we spend wisely”*)
  - Recent messages from Political decision makers confirm the focus of upcoming reforms on quality, efficiency and global patient management
- **... which will have a potentially important impact on day to day medical practice and may reinforce the physicians malaise...**
- **... although they could also represent an opportunity for the medical community**



## The main focus of the new healthcare reform is the quality of the French health care system while improving its efficiency (*“Invest more if we spend wisely”*)

- **The necessity to reform the overall healthcare system is acknowledged by most authorities and stakeholders**
  - Problems of heterogeneous access to health care
  - Endemic increase in expenditure
  - Numerous reports and initiatives in the past months
  
- **The political medical and economical plans seem to be focusing on quality, efficiency and global patient management**
  - Regionalization (*“decentralization”*) of risk management and organization of health care
  - Organization of the health care chain around patient management
  - Coordination between hospital and private practice
  - Increased patient responsibility (therapeutic education, payment for *“small risk”*)
  - Prevention
  - Elaboration of protocols, framing of continued medical education (CME) and the assessment / certification of professional practices
  
- **This evolving environment may offer opportunities at many levels**
  - Health care professionals may have their say in the reorganization of the healthcare supply, in particular in primary care
  - A more efficient healthcare sector is a potential booster to economical growth ...
  - And can benefit from the support of the different actors

*An important healthcare organization reform/ new legislation is expected shortly*



## **Recent messages from Political decision makers confirm the focus of upcoming reforms on quality, efficiency and global patient management**

- **Healthcare policy speech in Bletterans, on Sept. 18, 2008**
  
- **Video : abstract from the interview of the French Health Minister, AEC Partners, June 2nd, 2008**



## Key Messages

- An increasingly difficult environment for medical practices
- Upcoming reforms focus on improving the quality of patient management and of the healthcare offer
- **... which will have a potentially important impact on day to day medical practice, and may reinforce the physicians malaise...**
  1. Regionalization of the organization of healthcare
  2. Prescription framework and individual contracts
  3. Delegation of medical tasks/ activities
  4. Need to adapt physicians remuneration mechanisms,
  5. Medical Houses : a tool to professionalize patient management
  6. Willingness to improve the efficiency of “healthcare networks”
  7. Difficult implementation of efficient information systems
  8. Distribution of practices throughout the territory needs to be optimized
  9. Evolution of CME/ performance appraisal to adapt to current needs
- **... although they could also represent an opportunity for the medical community**



## A strong impact on day to day medical practices (1/4)

1. **Regionalization of the organization of healthcare (ARS) : removal of silos through the creation of the ARS**
  - 4 main healthcare provision axes: prevention, hospital, ambulatory care, medico-social
  - Regions considered as the right organizational level
  - Some key questions remain on scope, governance, missions, and implementation timing
  - But ARS will most certainly be a key part of the upcoming reform
  
2. **Prescription framework/ guidelines and individual contracts are levers to balance healthcare expenses and to initiate a disease management approach**
  - Two major levers to frame prescription practices are subject to debate within the medical community
    1. Social Security network of information representatives (DAMs) : implemented 3-4 years ago
    2. Upcoming individual contracts with commitments to limit prescriptions
  - The evolution from a “cost of treatment” approach towards a “disease management” approach may also rely on other measures
    - \_ Tighter guidelines from HAS, including guidelines regarding specific diseases or therapeutic classes selected by payers
    - \_ Development of computer aided prescription
    - \_ Possible definition of prescription guidelines at the regional (ARS) level
    - \_ Rising interest of market access authorities (EMEA / Afssaps and HAS) in working on overall treatment strategies and algorithms



## A strong impact on day to day medical practices (2/4)

3. **Delegation of medical tasks/ activities will be developed on the basis of pilot programs**
  - Organization of healthcare professions around a medical project where the **patient is central**
  - Possible enlargement of some professions areas of competences (up to a role in drug prescribing – e.g. for nurses, pharmacists, physiotherapists )
  - The capacity of paramedical professions to carry out certain acts is today recognised as a lever to **improve efficiency** and **productivity** in patient management
  - Policy makers and health authorities have confirmed their support for the development of “**delegation of intervention**” depending on the output of some pilot initiatives
  - **Diverging view points** remain among actors **regarding the activities** that could be delegated, **responsibilities**, and **impact on revenue schemes**
  
4. **A consensus on the need to adapt remuneration mechanisms, but no clear proposition to date**
  - Remuneration per act no longer appears to correspond to the expectations of the new generation of PCPs, nor to the vision of authorities and payers
  - Several options are being studied
  - The more advanced ideas all rely on a mix of schemes, adapted to various activities and situations, more likely to be accepted and avoiding too high a break with current practices



## A strong impact on day to day medical practices (3/4)

### 5. Medical Houses, multi-disciplinary primary care practices, are now viewed as an optimal setting to professionalize patient management

- A concept, implemented 10 years ago in France, is now attracting attention
  - \_ ≥ 10 healthcare professionals focusing on primary care (GP's, nurses, physiotherapists,...)
  - \_ Partnering in a common "healthcare provider platform" )
    - Common patient base
    - Shared patient medical file database
    - Common protocols (diagnosis, treatment,...)
    - Daily staff meetings
  - \_ Leveraged training and practices assessment, including nurses and support staff
  - \_ Optimization of delegation (within current regulation)
  - \_ Optimized organization of premises
  
- Unanimous agreement that they are an area with a potential for development
  - \_ Current plans for the creation of approximately 100 more houses (100 already exist)
  - \_ Estimated need for 2 000 medical houses in France (1 for 25 000 inhabitants), with 25 000 to 30 000 GPs working in such structures
  - \_ According to local environment / regulation, possibility to include
    - Specialists : orthopedists, pediatrics, gerontologists, gynecologists, cardiologists, ophthalmologists, rheumatologists, radiologists and even surgeons (pre surgery)
    - Other professionals : pharmacists, social assistants
    - Social security card terminal



## **A strong impact on day to day medical practices (4/4)**

- 6. Willingness to improve the efficiency of current “healthcare networks” may lead to concentration, organization improvement and protocols harmonization**
  - Healthcare network is a multidisciplinary patient management organization with specific protocols defined for the network and inspired from national guidelines
  - The networks appear particularly adapted for chronic diseases, specifically for prevention and therapeutic education (ex. 80 diabetes networks in France)
  - However, as results are not always in line with expectations, government funding is now reserved for networks able to prove their medical and economical added value
  
- 7. Difficult implementation of efficient information systems**
  - The implementation of a shared patient medical file (DMP), critical tool for patient management and coordination between professionals is facing many hurdles
  - Medical practices information systems also show a strong potential for improvement
  - The foreseeable development of telemedicine will also impact tools (high speed communication, investments, training...)
  
- 8. Distribution of practices throughout the territory needs to be optimized**
  - Incentive to settle in some regions ?
  - Revisiting the freedom to establish a MD practice anywhere in France ?
  - Possibility for a physician to work in a primary and secondary practice ?
  
- 9. Regulation regarding education, training and practice assessment (CME and EPP) may be changed to adapt to real needs of public health and MDs**



## Key Messages

- An increasingly difficult environment for medical practices
- Upcoming reforms focus on improving the quality of patient management and of the healthcare offer ...
- ... which will have a potentially important impact on day to day medical practice and may reinforce the physician malaise...

➤ **... although they could also present an opportunity for the medical community**



## Upcoming changes could also present an opportunity for the medical community

- **PCPs might have a unique opportunity to regain a central place in the healthcare system and recoup some of their lost status and recognition**
- **Delegation can allow many physicians (GPs and specialists)**
  - To focus on value-added activities and,
  - To optimize their revenue / work time ratio
- **Succeeding in such a shift of paradigm will not be easy ...**
  - Strong inertia of many actors
  - Many diverging views (sometimes confusion)
  - Objective complexity of the healthcare system
- **...but many stakeholders are convinced that there is no alternative**

***“The right expertise, for the right patient  
at the right time and the right cost”***