

France

HOPE Agora 2025

“Together for Quality”

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Context: A complex French health system

Multiplicity of stakeholders in the healthcare system

At strategic, political, professional, public and private level.

Result: a highly complex ecosystem, sometimes with poorly connected silos, resulting in redundancies and disruptions in the patient journey.

Territorial Context and Disparities

Healthcare resources vary across urban and rural regions. A shortage of professionals, unequal distribution, and pressure on healthcare specialties.

Result: Access to care is difficult for disadvantaged populations and other vulnerable groups, with medical deserts growing.

Coordination and Integration Issues

Lack of coordination, shared information systems, and financial arrangements.

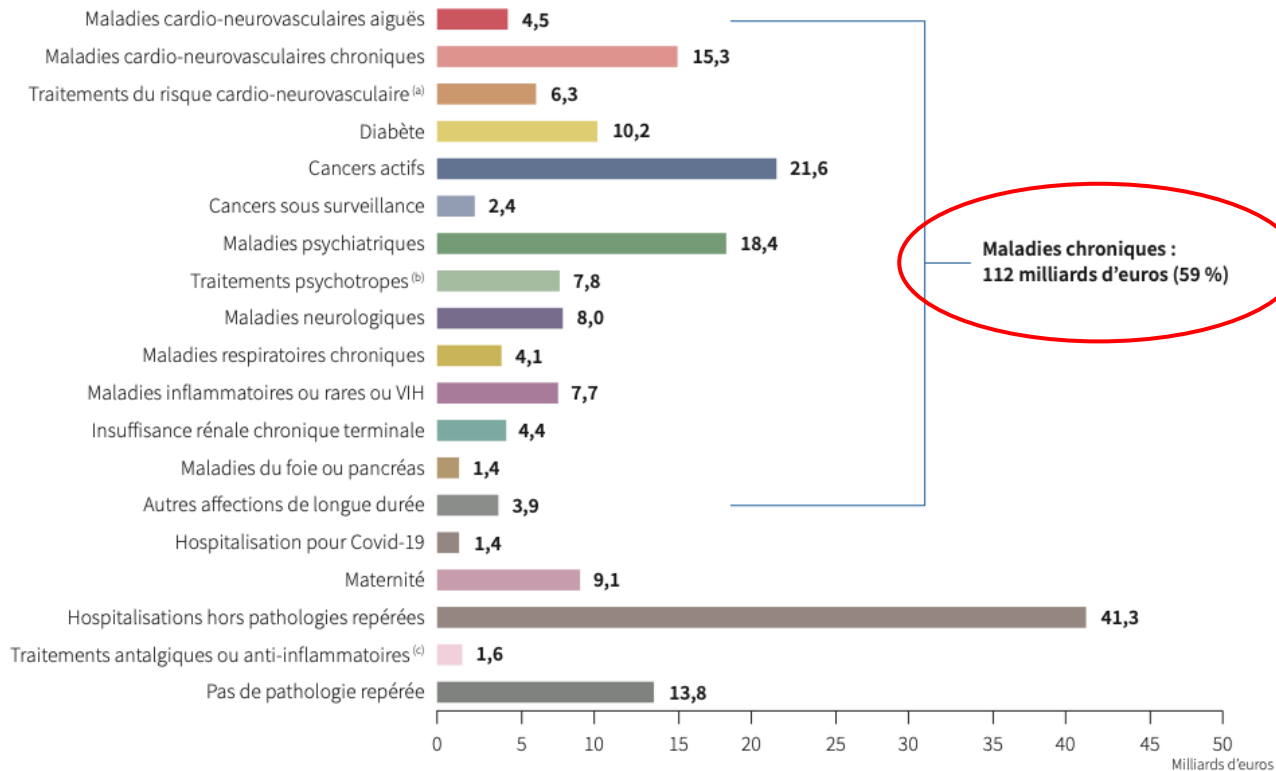
Result: Need for integrated care approaches to improve the quality of care, streamline pathways, avoid disruptions, and increase patient engagement.

Solutions: *Multidisciplinary and Integrated Approaches to Improving Health*

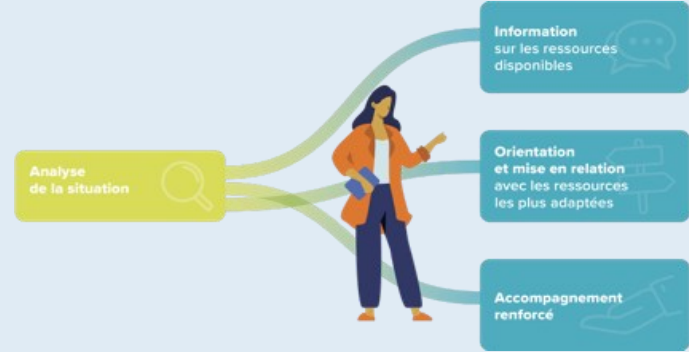
- DAC – *Dispositif d'Appui à la Coordination*
- IHAB – *L'initiative Hôpital Ami des Bébés*
- UTEP – *Unité Transversale d'Education Thérapeutique du Patient*
- IPAs – *Advanced Practice Nursing*
- RESPOP – *La Responsabilité populationnelle*
- HAD – *Hospitalisation À Domicile*
- and more!

The burden of chronic disease in France

Répartition des dépenses d'assurance maladie (en Md €)



Integrating Existing Networks: Dispositif d'Appui à la Coordination (DAC)



DAC coordinates regional stakeholders by:

- 1 facilitating mutual understanding between actors;
- 2 supporting interprofessional practices and local initiatives;
- 3 analyzing needs and structuring complex health pathways



Baby Friendly Hospital Initiative (BFHI) in France

L'initiative Hôpital Ami des Bébé (IHAB)

Fundamentals

- Program supported by WHO and UNICEF
- Promotes maternal breastfeeding, humanised care, and parent-child bond

Principles

- Personalized and family-centered care
- Integrated, networked work across professionals for continuity of care
- Staff training and compliance with health plan

Results

- 78 certified maternity units (17% of births)
- Over 60% exclusive breastfeeding on discharge
- Over 80% immediate skin-to-skin contact
- Over 85% parental satisfaction

Personalized and safe care for the mother and child

Multidisciplinary team available 24/7

- Obstetrician-gynecologists, anesthetists, pediatricians, midwives
- Pediatric nurses, nursing assistants, psychologists, hospital staff
- Social workers, dietitians, physiotherapists

Planning and support

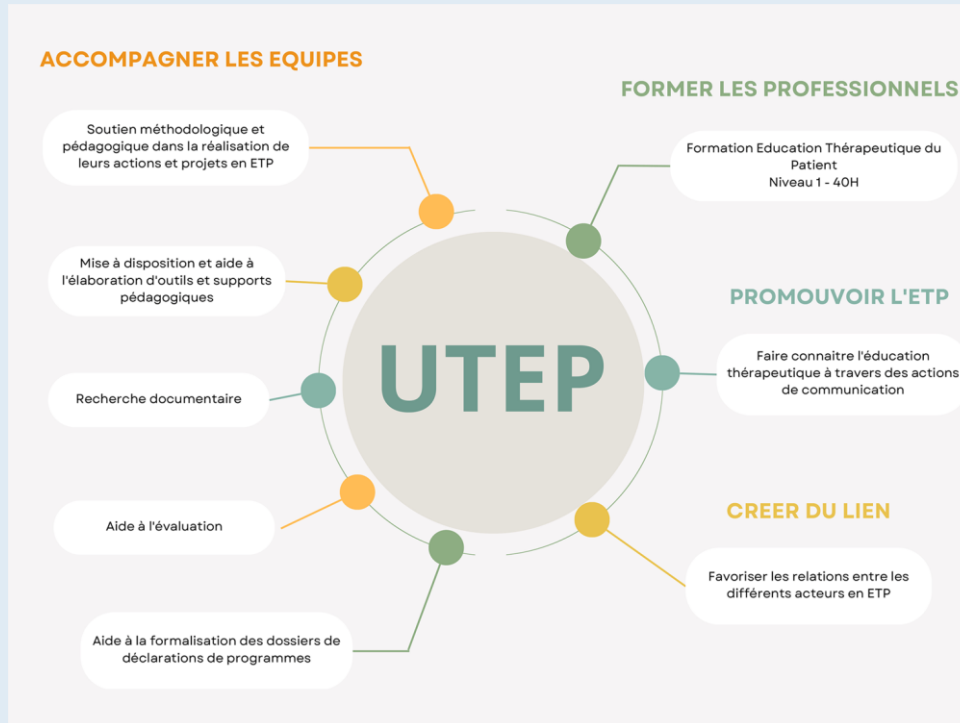
- Consultation, acupuncture, smoking cessation support, psychological follow-up
- Birth and parenting preparation (parenting café, father support sessions)
- Breastfeeding workshops
- Assisted discharge through the **PRADO program**

=> **BFHI Label** (WHO/UNICEF) : a maternity ward committed to humane, compassionate and **high-quality care**, recognized internationally



UTEP: Patient Therapeutic Education Unit

Unité Transversale d'Education Thérapeutique du Patient: To improve the quality of life of patients with chronic illnesses and their families





HAD – Hospitalisation at Home

Hospitalisation À Domicile

Part of a national dynamic aimed at transforming the healthcare system:

- ❑ Promoting care close to the patient
- ❑ Reducing avoidable hospitalisations
- ❑ Streamlining care pathways between hospitals, outpatient services and nursing homes
- ❑ Meeting the increasing demand for complex care at home





HAD – Key Objective

Hospitalisation À Domicile



“To provide equivalent and competent care to the hospital, while keeping patients as much as possible in their living environment”

Responsabilité populationnelle (RESPOP): Principles



Collaborative care: Collaboration with multidisciplinary health and community stakeholders



Data-driven decisions: Use health data to stratify the population (pyramid), design tailored interventions, implement and monitor



Community engagement: Patients are key stakeholders with greater capacity for action, relationship based on care



Complex health needs: Effective for managing chronic and long-term health conditions (diabetes, heart conditions)



Better outcomes: Better health outcomes for the population, greater job satisfaction, more efficient use of resources and less hospitalisations



Focus on prevention and screening: Early identification of those at-risk, allowing for greater focus on prevention

Responsabilité populationnelle: Expansion across France

5 Pioneer regions → Wave 1 → Wave 2 → Wave 3



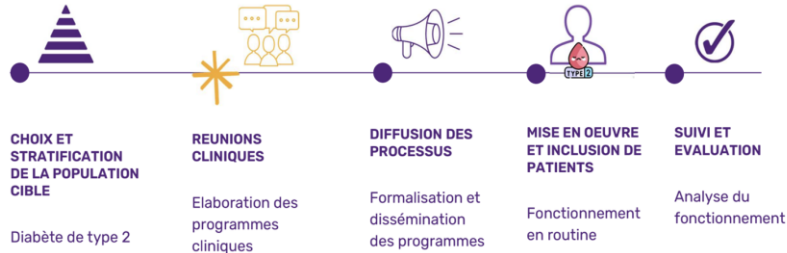
2017

Today

Launched by the Fédération
Hospitalière de France (FHF)

A local example: Using RESPOP for Type 2 Diabetes in Gap

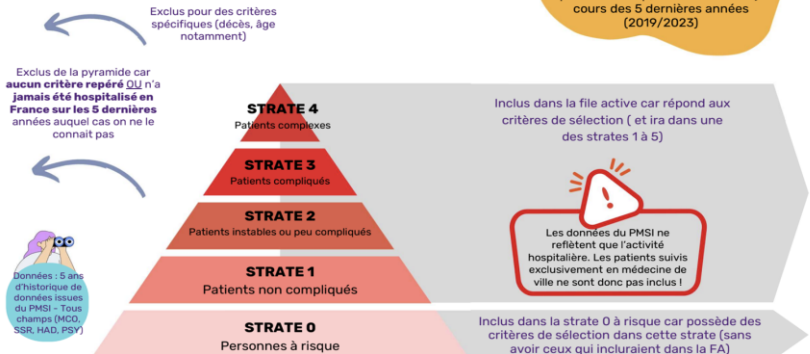
Les étapes



Caractéristiques population cible DT2 Alpe du sud

- Population des Alpes du Sud : **167 861**
- Plus de **60 000 personnes concernées** (*personnes à risques et patients DT2*)
- **3 853 personnes dans la file active** (strate 1 à 4)
- **44%** sont âgés entre **65 et 79 ans**
- **55%** ont été **hospitalisés au moins une fois en 2023**
- **39%** des patients hospitalisés en MCO **sont arrivés par les urgences**
- **21%** des patients hospitalisés **sont restés entre 31 et 90 nuitées**
- **17 patients amputés**

Construction de la pyramide

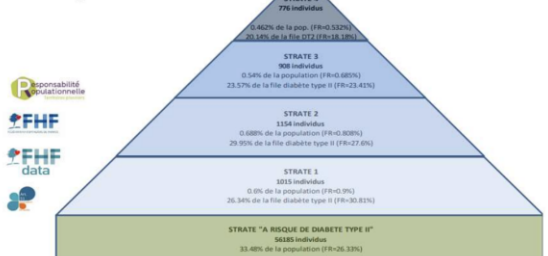


Chiffres DT2 - Alpes du sud

Plus de **60 000 personnes concernées** sur la population des Alpes du Sud, soit **36%** de la pop. du territoire

3 853 personnes dans la file active DT2, soit **2.3%** de la population des Alpes du Sud concernée

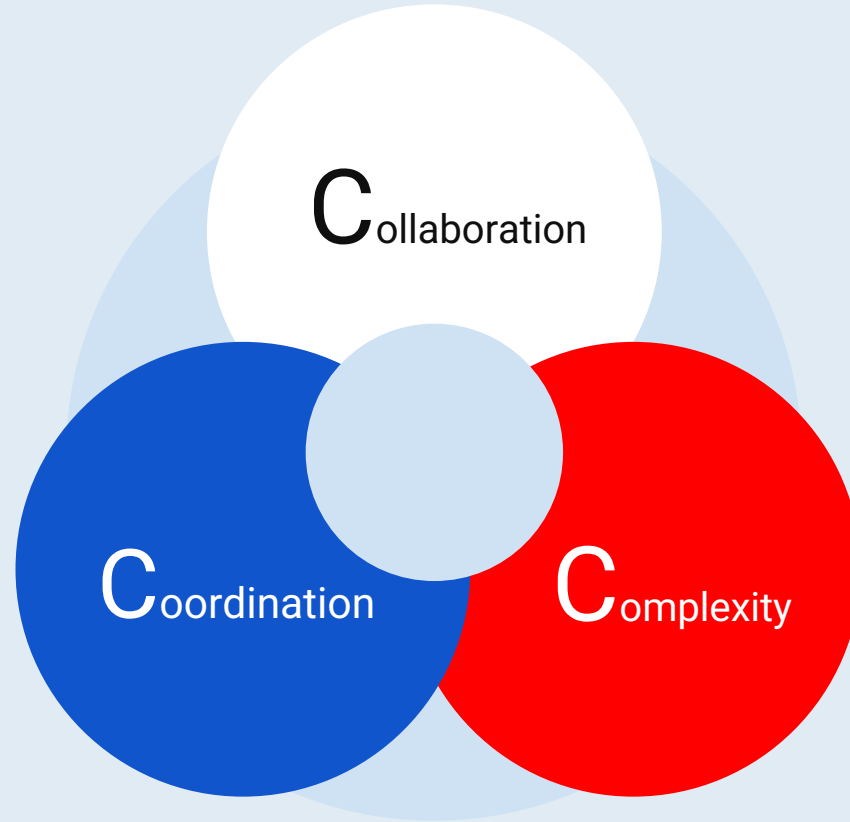
Parcelle "Alpes-du-Sud" fin de période 2019-2023



| Strate | % Femmes | Age moyen | BR AM sur 5 ans (48 MCO) | % ayant Fréq. le moyen sur 5 ans (MCO) | % ayant Fréq. le moyen sur 5 ans (MCO) | % ayant Fréq. le moyen sur 5 ans (MCO) | % ayant Fréq. le moyen sur 5 ans (MCO) | % ayant Fréq. le moyen sur 5 ans (MCO) | % ayant Fréq. le moyen sur 5 ans (MCO) | | | |
|--------------------------------------|----------|-----------|--------------------------|--|--|--|--|--|--|-------|------|------|
| Strate 4 | 77% | 39.2% | 27,7 | 47 972 (4) | 103,7 | 100,0% | 4,7 | 2,4 | 51,1 | 59,0% | 6,2% | 1,9% |
| Strate 3 | 90% | 32,0% | 73,3 | 28 632 (4) | 74,6 | 100,0% | 4,7 | 1,7 | 2,2 | 51,0% | 2,4% | 2,8% |
| Strate 2 | 1 254 | 41,3% | 71,4 | 28 104 (4) | 66,3 | 99,9% | 4,6 | 1,5 | 2,4 | 45,4% | 2,4% | 4,0% |
| Strate 1 | 1 011 | 44,9% | 71,2 | 16 013 (4) | 40,7 | 99,9% | 3,3 | 1,0 | 1,2 | 21,4% | 0,8% | 3,1% |
| Strate "A Risque de Diabète Type II" | 66 386 | 52,6% | 66,1 | 10 974 (4) | 27,5 | 98,4% | 3,4 | 0,4 | 1,4 | 19,3% | 0,7% | 2,6% |

Integrated Models of Care: Conclusions and Next Steps

- ★ Ambitious, complex approaches are essential to address the current challenges of the French healthcare system.
- ★ This is a change of mindset that requires: Communication and coordination, mobilisation and motivation, data, team and trust, culture and collaboration, pragmatism and customisation.
- ★ The financing system must evolve to incentivise prevention and integration
- ★ Continuous evaluation and sharing of results and impact will be essential for the scale and spread of integrated models of care.
- ★ A clear and shared vision and mission are essential for the integration of health workers, patients and other community members.



Thank you

Merci

Grazie

Gracias

Mulțumesc

