Unit 5: Are hospitals a business like any other ?

7. Territorial Hospital Groups

Hello. My name is Clémence Mainpin. I work for the Ministry of Solidarity and Health where I manage the reform of Territorial Hospital Groups, which I will discuss today. This reform is relatively recent, and is part of the 26 January 2016 Health Care Law that aims to modernize the French health care system. This reform is a complete overhaul of the French public hospital system. Specifically, the law now mandates that public health care facilities cooperate with each other, so as to progressively increase patient care and treatment in a joint and coordinated manner. Why implement the Hospital Territorial Group Reform? Why was there a need to overhaul the system? We observed that, in the context of an aging population, the rise of what we call polypathology, and of chronic diseases, a growing number of patients were being treated simultaneously in multiple health care facilities in the same area. At the same time, we also noted that public health care facilities were not doing enough to work together and coordinate their efforts with regards to patient treatment and care. To illustrate this issue, I will share a few findings. We found that two thirds of patients of the smallest health care facilities in France, i.e., local hospitals, had undergone treatment in another hospital within the same area in the three previous years. Concurrently, only 25 percent of public health care facilities were involved in some type of cooperation towards establishing a joint medical project. The discrepancy between these findings underscored the need for reform, and a comprehensive reform at that, because it affects all public health care facilities with a very few exceptions. Among these exceptions, you will find the public hospital system of Paris and its suburbs, which already groups a large number of public health care facilities into a single hospital system. So this reform is not only comprehensive in terms of scope, but it is also binding and demanding, because it is the first time that health care facilities are required to cooperate with other facilities. The reform is also demanding in terms of timing. It was enacted fairly recently, on 26 January 2016, and it gave facilities six months to define the perimeter of their cooperation, which is why we speak of Territorial Hospital Groups. Next, facilities were given one year to develop what is known as a joint medico-nursing project. This is then used by facilities as a roadmap to organize the progressive increase in care. Facilities were then given an extra six months or so, through early 2018, to share and pool a number of support functions deemed as critical in the implementation of this joint medico-nursing plan. Examples of such functions are: information systems management; medical data management; purchasing; and staff training policies. These functions are assigned to a facility in the group, known as the support facility. The support facility will implement these functions at the group level, and no longer at the facility level. In less than two years, we went from about 850 public hospitals to 135 Territorial Hospital Groups. Why Territorial Hospital Groups are extremely heterogeneous. These groups are heterogeneous because they were implemented in areas that were heterogeneous in terms of the pre-existing supply of health care services. They are also heterogeneous in that they account for a wide variety of projects. The respective areas of the 135 Territorial Hospital Groups were not set up based on administrative areas but based on projects that were determined jointly by public health care facilities and their supervising authorities, the regional health care agencies. So, we ended up with 135 Territorial Hospital Groups, covering areas that serve populations ranging from tens of thousands to over two million people.

Facilities in these groupings may be as close as one kilometer or as far as over 1,400 kilometers apart, as is the case for the Territorial Hospital Group formed by Mayotte and La Réunion islands in the Indian Ocean. Territorial Hospital Groups are also heterogeneous in terms of staffing. Staff sizes range from about 1,000 so-called full-time equivalent staff for the smallest groups, to over 25,000 for the largest ones. As a result, there is also a wide discrepancy in budgets, ranging from 100 million euros for the smallest groups, to over two billion euros for the largest. These 135 Territorial Hospital Groups also represent 135 different projects. This is quite obvious when you look at the nature and the objectives of the joint medico-nursing plans that were developed by Territorial Hospital Groups in 2017. Joint medico-nursing plans tend to focus on specialties for which it makes sense to pool resources locally or regionally. For instance, psychiatry; perinatal medicine; emergency services or treatment of chronic conditions such as chronic heart failure. The specificities of the populations served also influence the specialties chosen for these plans. Today, roughly two years after the reform was implemented health care facilities are about to implement the joint medico-nursing plans they developed as part of their joint medico-nursing projects. Key objective: progressively increasing and coordinating care These plans are structured around a key objective: progressively increasing and coordinating care. Key themes include telemedicine, which comes up in 90 percent of joint medico-nursing projects, and in about 50 percent of the specialties covered by these projects. Other key themes are the implementation of specialized consultations for specialties previously unavailable locally, or the organization of after-hours services in health care facilities. Over the next few months, we will observe how the implementation of these joint medico-nursing projects will help change the face of public hospital services in France.

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