



Healthcare establishments: what for?

Charles Guépratte, Elisabeth Hubert, Jérôme Nouzarède, Marc Penaud
Moderator: Jean-François Lemoine

1. Hospital stays are no longer the only hospital business

Heavy and complex surgery represents a declining share of hospitals' activity. With the development of outpatient care, hospitals need less beds while they gradually become a support system for the patients along their health care journey. Alongside hospitals, therefore, there is a growing number of health care homes, which could host medical activities not related to surgery and not requiring a hospital stay.

2. Is it the end of hospitals?

Are hospitals bound to disappear? Perhaps. But we have already heard about their death for a number of years. Hospitals have a thick skin.

3. Are patients turning into hospital killers?

The development of outpatient clinics in hospitals is irreversible and all the more so that patients will eventually be part of the debate. Patients are now aware that many treatments can be accessed at outpatient clinics and no longer require an hospital stay. Contrary to what hospital staff sometimes think, patients don't necessarily expect to become inpatients with a hospital bed.

4. There is a lingering ignorance of outpatient care and of the actual cost of hospital stays.

Few patients are aware that hospital care can be dispensed on an outpatient basis. An educational effort will therefore be needed. In this context, it would be interesting to communicate on the real cost of inpatient hospital care. As inpatients pay only for a small part of their hospital stays, they have a limited knowledge of their impacts on the health system budget.

5. Economic impact of in-patients.

Inpatients use a hospital bed at night and during week ends. To care for them the hospital needs an extensive staff. Considering the economic constraints on hospital budgets, medical facilities and care givers work under permanent pressure, causing suffering among the professionals. Consequently the development of ambulatory care is a smart and sensible policy. The spreading of the hospital-at-home solutions should contribute to the evolution.

6. Are public hospitals doomed to do what their private competitors refuse to do?

In University Hospitals most of the long stays are not necessary. That situation exists because the overall health care system has no other solution but keeping them in hospital beds. Having said that, private hospitals can't be accused of being too selective considering that their average net profit is around 2% with 90% of their revenue coming from medical procedures covered by health care insurance.

7. In the end, public hospitals face an organizational problem and not a brick and mortar issue.

Faced with a shortage of beds downstream, with the appropriate medical care, hospitals and public authorities found solutions in building new facilities, whereas the solution lies in changing the organization and transforming the way medical care is dispensed.

8. Actions planned for public hospitals.

Some want to change the funding system by switching from a pricing of medical procedures to a pricing based on quality. It would make sense to move from quantity to quality. For the time being, medical institutions are not motivated to move beyond an assessment of hospitality and hotel services. It's high time for a change in the health care culture.