

WHICH AIM FOR PUBLIC AND PRIVATE COMPANIES?

Speakers: Philippe CHÊNE, President of the SNITEM | France, **Thierry CHICHE,** President of Elsan | France, **Frédéric COLLET,** President of the LEEM | France, **Anna NOTARIANNI,** President of Sodexo France | France, **Marc PENAUD,** General Manager of the CHU Toulouse & Vice President of the Conference of the General Managers of the CHUS | France

Debate led by Thierry GUERRIER, Journalist, Television and Radio Host | France

The health crisis empowered a collective intelligence system between all the stakeholders of the French healthcare sector

The coronavirus crisis and its constraints which were placed on the organization of healthcare in France has reminded us that all healthcare stakeholders, private or public, are in charge of the same patients, the same missions, and are converging towards common objectives. A collective intelligence has been established and the various healthcare stakeholders in France have begun to communicate and work together successfully. The many examples of collaborations resulted in: a better allocation of drugs according to territories and pathologies, maintaining the production of drugs in factories, shortening the time required to set up clinical trials and creating a vaccine within cca 2 years. In addition, the creation of the Health Innovation Coalition has created synergies between the public and private sectors in order to relieve the healthcare system of the burden of caring for patients with chronic diseases and to find digital solutions as a patient path facilities for these patients. This coalition is a successful example of desegmentation and cooperation between the stakeholders, which needs to be maintained, not only in times of crisis but especially in times of routine.

France's over-regulated healthcare system does not encourage players to innovate and cooperate

We are currently facing economic, social and ecological challenges that require to abandon all postures and statuses. The over-regulation of public health prevents cross-disciplinary work to start thinking about innovation. Ségur 2020 is moving in the right direction. For example, reforming the patient path could improve relations between public and private stakeholders, by giving them more freedom. Experiments with bundle payments by pathway and by quality, as well as giving doctors and caregivers the ability to share their working time between the public and private sectors are also measures that need to be explored more.

Beyond over-regulation, it is also the overall structure of the system that is too imposing and constraining. For example, public tenders increasingly contain socio-environmental and social inclusion criteria, but private companies, anxious to meet these criteria, deplore the lack of budget allocated to the projects. Those budgets are not in line with their stated ambitions, as is the case for Sodexo company. In the same spirit, telemedicine must be written in the common law and must become a standard. We must capitalize on the strengths of all the innovations and technologies that exist, with the aim of relieving and improving the healthcare system.



The common challenge for health actors must be prevention

The French healthcare system is an excellent system, especially when it comes to treatment and care. However, the system is not strong enough in the prevention actions: life expectancy in France remains good, it is in the average range of expectations of European countries, but remains 10 years lower than in Sweden, which is mainly due to this lack of prevention. The prevention is a major challenge for our system, and we need to allocate more resources, both human and financial, to innovate and to progress.