

Interview of François BRAUN

Minister of Health, and Prevention | France

With: **Guy VALLANCIEN**, President, CHAM | France

The Minister of Health, and Prevention set three governmental priorities: to fight against health inequalities, to provide health professionals with the appropriate tools needed for their actions and to break down the barriers in the health system.

Immediate and concrete solutions for each region to ensure a profound change in the French health system

The possibility of presenting ideas developed at the local level is the first and most important aspect of the current health system. This aspect is the main preoccupation of the National Council for Health Refoundation. Secondly, it is essential to be aware that it requires collaborative work between health professionals, citizens, and elected representatives.

Two main areas stand out in the current difficulties:

- A first line of action attempts to respond immediately to the citizens' difficulties and offers to directly seek out ideas emerging from the local level. These will then be implemented and submitted in the "toolbox principle" set up during the summer of 2022. These concrete actions focus on linking people with long-standing illnesses with a general practitioner, on the permanence of care, on the attractiveness of the care professions and on prevention. These are the unavoidable themes that will be addressed at the territorial level with the French Regional Health Agencies, the prefects, the elected representatives, and the citizens. The so-called "*free figure*" topics will emerge depending on the local issues.
- A second line of action focuses on multifactorial issues such as the fourth year of medical studies or the general simplification of the healthcare system which requires more discussions at the national level.

Immediate actions will be addressed until the end of the year and the transversal issues will be presented at the National Council for Health Refoundation (CNR) implementation meeting until the end of the first quarter of 2023. The aim is to speed up the process to respond to immediate needs. The National Council for Health Refoundation does not intend to identify already known issues, but rather to be proactive with the objective of implementing the identified appropriate responses to these issues.

It is also necessary to plan for the health system's future and to consider the demographic transition, both at the population level and at the health professional's level. It is important to consider the evolution of pathologies, treatment and the tasks and skills transfer between professionals. The ecological transition of the health system must also be considered with the new emerging risks, with the creation of the Committee for Monitoring and Anticipating Health Risks, a new scientific committee under the direction of Brigitte AUTRAN which will work on a global health approach on the prevention of zoonoses or any other pathologies that may occur in the next 10 years.

The issue of health systems' governance should not be overlooked. Discussions are needed on this subject, with priority given to the reform of the ministries. Finally, all this logic must be based on the health systems' financial sustainability and on seeking new ways of financing it.

Therefore, there is work to be done. Immediate actions can be implemented. Also, some reflection and discussions on the health system's future in the medium (2023) and long-term should be held.

Longer medical studies in a digital world

Two factors must be considered on this issue: the use of simulation in healthcare (corresponding to the use of equipment or virtual reality to reproduce care situations in the training process) and the issue of the

lengthening of studies. These two matters go hand in hand, but each has its own specificities. Regarding the length of studies and in particular the 4th year of the Diploma of Specialized Studies in medicine: it is requested by health professionals to train students on aspects not covered before, for example the management of a medical practice clinic. Regarding simulation, this is an important tool that provides new perspectives. However, in the current health system, it is necessary to restore humanity and contact with patients. Currently, medical studies focus more on technical skills than on the human dimension of the profession. It is certain that simulation has a real added value at the technical level, but the core business of medical studies must be restored, i.e., the link with the patient.

Medical emergencies: the development of new care methods in different regions

New methods of care are emerging, especially with the setting up of mini-Mobile emergency and resuscitation service (SMUR) composed of nurses and ambulance drivers responding to minor emergencies and providing unscheduled care without necessarily involving a doctor. This idea comes from the Sarthe region in France, which only had one SMUR team left. Thus, they created the Emergency Medical Teams (EMT) operating with the SMUR team and composed of emergency services nurses and an ambulance driver. The first recorded outcomes are encouraging, and it seems clear that these are methods to develop. A second interesting example can be found in the Manche region in France: teams composed of a nurse and an ambulance driver with a telemedicine suitcase are dispatched by the Emergency Medical Service (EMS) to also respond to minor emergencies. The first outcomes are also encouraging, as it is noted that thanks to the use of on-site telemedicine, two-thirds of patients can remain at home. These two experiments demonstrate the importance of cooperation between the different health professionals and of the use of digital innovations enabling doctors to remain where their real added value is most needed.

Redesigning the health system: what role for the general practitioner nowadays?

From now on, the general practitioner must play a coordinating role for health professionals. It is now unthinkable to imagine that the GP is in charge of everything. It is important to have a collaborative approach between professionals, and this can be achieved thanks to medical assistants. Yet, for this to be feasible, time must be freed up for them to concentrate on other tasks. This collaborative work can also be done with the nurse of the Health Actions in Teams (ASALEE). Indeed, having general practitioners delegate tasks to advanced-practice nurses (APN) or level 2 dental assistants, enables the improvement of the primary care given to patients with chronic diseases. Things are changing in terms of professionals' coordination and cooperation, *"it's a fine orchestra but we still need to keep a conductor, namely the GP"*. We must not change the way the GP works. Currently, paediatricians face many difficulties in dealing with all children. If GP's administrative tasks were lightened to free up working time, they could relieve paediatricians and thus take care of their patients.

Towards a task transfer between nurses and GPs?

In the current health care system and in the care pathways, nurses, and APN play an important role. However, doctors are still required to carry out more in-depth clinical examinations. A new dimension is being introduced with the trialling of direct access to APNs established under the Social Security Finance Bill of 2021. Other experiments are being set up: the extension of prescriptions by pharmacists and the including of the possibility of patients having direct access to physiotherapists. Medical regulation also allows APNs, after a medical assessment, to refer the patient to the most appropriate professional. This is already the case for APNs in psychiatry and should be rolled out to other specialities. Currently, there are almost 800 APNs and around 700 in training. For the moment, APNs are very focused on chronic pathologies, but it would be interesting to imagine APNs in public health for children or oriented towards geriatrics.

Reduction of pharmaceutical industry's fees: to what aim?

Everyone should participate in the sustainability of the social system, which is essential in France: social security is a valuable tool for treating everyone and it is necessary to preserve it. All pharmaceutical activities are financed by social security, so a coordinated effort is crucial, both from biologists and those in healthcare industries. Also, innovation should be encouraged by improving access to innovative products. It is a matter of maintaining and supporting mature companies while continuing to attract others to France. The role of the State is to set the objectives and the achievement of these can only be done in a collective approach.

What impact will this National Council for Health Refoundation have?

This is the first time that elected representatives have been involved and that this configuration has been set up. The aim is to find common solutions and to ensure that they are replicated in all the French territories, without forgetting the overseas departments which have specific challenges. An important change needs to be considered: it is no longer the administrative framework that prevails but rather the framework that will adapt to local initiatives. The actions will not be the same according to the territories since they each have different issues. This is exactly the toolbox principle: everyone uses it according to their needs.

However, it is important to keep in mind that this is not a process of decentralisation. It is essential to work with local communities, but the responsibility lies with the State: the State defines the main principles which are then adapted to regions and implemented at the local level.