

The time for change is now!

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1. A change with the patients and not only for the patients

Physicians have to switch from doing things for the patients, to doing things with the patients. We have been talking about it for the last 20 years, now it's time to walk the talk. Patients want innovative solutions and want to be heard. They have proposals - sometimes very technical ones- to make. To draw them into the debate we have to clarify what innovation means to everyone, and what to expect from it.

2. Listening to patients rather than being patronizing

Patients are taking over. They have access to much more information and they stimulate competition between practitioners, just like in any other service activity in a capitalist world. Even if health is not a standard consumer product, patients increasingly behave like consumers.

3. On line medicine, expert advice and remote monitoring

With on line medicine it is now possible to make a remote diagnosis. With on line expert consulting services, a medical practitioner can provide a colleague with an advice. With remote monitoring it is possible to keep in contact with a patient via connected things. With remote monitoring, the digital transformation is bound to revolutionize care dispensing. Success will come from a down to earth approach and a realistic view of the expected benefits of connected health care centers in rural areas.

4. Breakthrough innovation... ok, if it is paid for!

When there is a breakthrough innovation, it must be supported by a guaranteed funding scheme in order to deploy it through the system. Breakthrough innovations can make certain medical procedures or treatments obsolete, meaning a loss of income for public and private hospitals. They will not adopt innovations that are not covered by the health care system.



5. More cooperation is needed between start-ups, physicians and public authorities.

France has great engineers, researchers and physicians. Still, France is unable to create global champions. Physicians are wary of start-ups which, in turn, are struggling to obtain the required approvals from public authorities. The time to market for innovations is still a handicap when compared to foreign competitors. If innovative players have a hard time getting support from the French public authorities, they may be tempted to look for opportunities elsewhere. But, when you want to export an innovation, it's easier to convince foreign prospects if you have some good success stories to tell in your home market.

6. Recommendations

Some recommendations can be made with a view to transforming the health system and the innovation process. We must:

- Boost digital transformation and making it part of our culture.
 More than ever it is necessary to amplify the digital transformation, even if it is used at first just to transfer patients' files between health care institutions. Digital transformation is not about tools only, it reaches organizations, men and women who work in the health system and share the new digital culture.
- Question the time horizon of the PLFSS (Bill on the Funding of Social Security).
 Turning digital transformation into reality requires a multi-year vision and an investment commitment based on a long-term return.
- Reconsider the closed nature of the PLFSS (Bill on the Funding of Social Security).
 The PLFSS is an accounting tool and the French Parliament will have to decide on the ability of the French people to become ill in a sealed environment and a monopolistic process out of sync with current society.
- Streamline governance and the structuring of the committees to reduce the number of decision makers.
- Speed up the time to market for drugs and innovations, especially by reducing the red tape for evaluation.
- Fund innovative companies via investment funds specialized in the medical technologies of Bpifrance, to ensure that they can really to disrupt the markets.

Finally, we must move on past the wars between public and private hospitals, between Government Departments and physicians, between public administrations and institutions, between hospital stays and outpatient clinics, to focus on patients.