

Presentations: Francois Sarkozy, M.D.

**"The job of the physician is becoming more difficult and complex, especially in General Practice. There's a relative loss of status in being a physician. There's a malaise with French physicians."**

**Francois Sarkozy, M.D.**

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We thought it might be of interest to you to present the results of a study we have conducted with my management consulting firm, AEC Partners. It was a study that was conducted on behalf of Pfizer. While the objective of Pfizer was very clear, they wanted to make sure that we could collect and prioritize the different challenges faced by the medical profession in France. What did we do? We thought that it was not necessary to conduct huge surveys of physicians because so many studies have already been done. We decided to conduct a survey with key decision makers about the medical profession in France. We have interviewed 25 top level people from authorities, administration, policymakers, physician and professional associations, members of the medicine academy, public and private payers, and so forth. We also interviewed some entrepreneur physicians who have created medical houses, something we're going to talk about a bit later on. We reviewed the reports that were issued in the last few months in France because of the big health care reform that's being discussed at the Council of Ministers and Parliament.

The environment is becoming more and more difficult for the medical practice. The demographic evolution of the number of physicians is causing a challenge for the access to care. The environment is becoming more complex with ever increasing constraints from the different stakeholders of the physicians. Physicians, of course, have many different stakeholders, and they're all demanding more from the physicians. As a consequence, while the practice is becoming more complex, we've seen something very new in the last 10 years. We've seen that independent private practice has become less attractive in France than it was before. We've got much higher proportions of physicians willing to accept a salary, while before French physicians were proud of their independence.

For one of the first times, the proposed reform is really focusing on the quality of patient management because as it's quite well understood that we need to spend more for health care. What we need to do is to invest wisely. Lastly, we'll review ... the impact on the physicians. What is the cause for the malaise they have in France?

So first, the demographic evolution. There's a paradox here because the number of physicians have never been so high in France. The number of physicians has doubled, active physicians have doubled in 30 years. We have 215,000 active physicians where we had only half in 1979. We do have a very high ... density of physicians in France per 1,000 inhabitants with an average of 3.3 vs. 3 for OECD. One out of two physicians is a GP, is a PCP, primary care physician.

France has a reputation of having a good medicine system because we've got the public reimbursement system, the social security system. Even so, we're starting to see some difficulties, and one is the imbalanced distribution of physicians across regions and countries. This is leading to some difficulties in some regions that might be considered as more remote, and where physicians don't want to settle down anymore. We anticipate a shortage of physicians. As I said, there's a paradox. We never had as many physicians as we have right now, but if we look at the number of full time equivalence, that is going to decrease quite significantly for different reasons. Close to 50% of physicians are above 50 years old. They will retire in the next 15 years.

Lastly, there's a new component. There are more and more female physicians, and their practice is changing as compared to what happened in the 1960s. Those young physicians are willing to have a more balanced life, and some studies demonstrating they might dedicate less time to the practice -- between 25% and up to 50% in some cases. I guess this might be related to the fact that there's higher proportion of female doctors. But also we see that with male doctors, they want to have a more "balanced life."

The environment is becoming more complex. Physicians have many key stakeholders, and all those stakeholders have increasing demands. There are increasing constraints and pressures.

The national authority issues guidelines and treatment recommendations. You have local authorities that say

physicians need to make sure that there's permanence of care, 24 hours a day and 7 days a week. You've got some learning societies issuing guidelines. Of course, you've got the famous French unions. There's a fixed fee per visit. This is determined in agreement between the government and the French physicians unions. Our social security system is going bankrupt. You've got the medical association when it comes to giving a framework. You've got media, public opinion, the Internet. Patients have changed. They now are informed consumers. This is changing the practice of physicians. Last but not least, the payers: both public and private payers that might issue some guidelines. All these different guidelines being issued are not 100% consistent. So physicians are having a tough life. The job of the physician is becoming more difficult and complex, especially in General Practice.

There are multiple constraints on physicians. First, exactly as you have in the U.S., is the chronic lack of time. Second, ability, education, and training are not adapted to the new environment and to the new constraints. Third, physicians used to have a kind of status in the French society. It's not the case anymore, and I think it's difficult. Physicians feel isolated. Last, but not least, they receive many and varied information from many different sources.

The administrative burden has increased tremendously on the shoulders of French physicians. Close to 30% of the GP's time is spent on non-medical activities: training, continuous medical education, administrative papers, and so on. The duty they have on the continuity and the permanence of

care is going exactly the opposite direction of the legitimate desire to have a more balanced life with more personal time. The structure of the fixed fee per visit and per medical intervention may represent an incentive to decrease time spent per patient, and increase the number of consultations and medical interventions.

The education of physicians doesn't prepare them to handle new types of relationships with patients. The patient is an informed consumer with increased expectations. The physician isn't trained to say No when patients confront him with information from Google. He doesn't present budgets. He has little training about the legal framework and all the litigation issues that occur. Doctors have no business management knowledge. Actually, they do not consider their practice as a small enterprise. I think we need to make sure that physicians understand that patients are not only patients, but they are clients. Physicians don't know how to invest their time. They aren't trained in people management. They don't know how to delegate some activities. The continuing medical education framework needs to be revisited.

French physicians are quite reluctant to the evaluation of their practices and to the communication of this evaluation. In the U.S., you have to communicate the number of interventions you have, the number of complications you have. There's a relative loss of status in being a physician. There's a malaise with the French physicians. There is some fingerpointing as contributing to the bankruptcy of the health care system because of multiple prescriptions. There's a perception

sometimes in the environment of potential collusion between physicians and the pharmaceutical industry. Of course, at the end of the day, if patients don't receive a prescription when they visit the doctor, they may consult another physician.

Isolation is related to the many administrative burdens. Physicians are really looking for peer-to-peer exchange of ideas. This is why connectivity through the internet is something that is important.

As a consequence of all this, independent private practice has become less attractive, and for the past 10 years, physicians are increasingly accepting salaried positions.

What are the reforms being discussed? It's a global reform that wants to put the focus and the emphasis on the quality of patient management. There's consensus in France now that there is a need to reform the system. Even though, it's quite a good system. We need to move toward greater equity. Equity means that we might need to do more. It's great that everybody can have access to a body scan. It's even better if we make sure that we do more for the homeless people. More, in the right order.

What are the key principles of this reform? First, it's what's being called "patientalization," which means decentralization. France is very centralized, and in this reform, a great weight and responsibility is given to the regions which can work on the organization of health care between public and private, and work on risk management, because some of the issues might be different across regions. Second, it's organization of

the health care chain around trying to improve the quality of patient management. Third, it's better coordination between public sector and private sector, which was barely done in the recent years because there were very much kind of silos between private and public. Increased patient responsibility is something that we need to face.

The reforms and the evolving environment might offer some opportunities. Health care professionals, by working together and improving collaboration, might impact the organization of care. Health care is a key economic productivity lever for companies and for countries. Consider Russia. You might be aware that the life expectancy of a Russian male is 58 years old. And they're losing 300,000 Russians per year, so health care is a huge economic issue.

In an interview I did with French Minister of Health Roselyne Bachelot, she stressed that quality of patient management networking was extremely important. This brings me to the potential impact of all this evolving environment on reform on the day to day medical practice.

(To view the interview with French Minister of Health Roselyne Bachelot, visit <http://www.vimeo.com/2091847>)

First, it's regionalization of the organization of health care. Two, it's the framework and treatment guidelines that doctors are facing -- the delegation of medical tasks and activities. The whole remuneration mechanism. How to collaborate with other health care professionals, the willingness to improve the efficiency of the health care networks that exist for some

diseases, the difficult implementation of IT systems in France. The distribution of the medical practices that needs to be optimized throughout the territory. Last but not least, the evolution of the CME and performance.

**Regionalization.** This includes prevention, hospital, ambulatory care, and medical social issues. This needs to be optimally organized at regional level. Some agencies are going to be created, replacing other ones, where those people will be in charge of defining what they have and what's needed to improve the patient management care in the regions.

**Prescription framework and guidelines.** There is also a new notion that is individual contracts, where with some specialties, it might be defined that they need to decrease the level of prescriptions with some kind of drug if they want to be in a position to renegotiate some fixed fee. But there's an evolution from a cost of treatment approach toward a more disease management approach, and this is being implemented in France right now.

**Delegation of tasks.** You need to understand that physicians are very reluctant to the possible need to delegate some of the tasks and responsibilities that were under their own responsibility to other health care professionals. Nurses, physiotherapists, pharmacists, this is being discussed in France right now, because we're going to have a shortage of physician resources. Of course, we need to make sure that patient management will be optimized, also thanks to the support and help of health care professionals. We're considering the possibility for nurses to prescribe some drugs

in the framework of well defined protocols. Pharmacists now have the possibility to renew prescriptions for chronic patients, which is very new. It is perceived that this could not only improve the quality of patient management because it could be a quicker management of some patients, rather than waiting, but it could also improve the efficiency and the productivity of patient management. It could be less costly, so the issue is all about using the right skills, the right resource, for the right patient at the right moment on the right task.

There's a consensus in France that the remuneration mechanism needs to evolve. Should the government or social security grant a bonus on which conditions to some physicians? This is what's being discussed. Several options, sometimes very divergent, are being considered. It's more than likely there will be a mix of the different solutions that would be adapted.

**Medical houses.** Medical house is a multi-disciplinary primary care practice that is now viewed as a good tool for optimizing patient management. The concept has existed for about 10 years and it's becoming more and more popular. It's a group of different health care professionals, medical doctors, nurses, physiotherapists, etc. It's good for patient management. For instance, if you have a child with an asthma in a crisis, then you can have the diagnosis with the physician, then you can have the physiotherapist just after, and you can have the nurse giving the medicine, and you can have the test being performed right there. So rather than taking two days, it would take an hour or two hours. From a quality standpoint,

it's much better.

It's also a good tool in those regions where you don't have as many doctors because they don't want to be isolated, they want to regroup themselves. If they're working together, you also improve the quality because you've got protocols set up and defined, standardization of practices. Right now, as far as I'm aware, I think there are 100 medical houses existing in our territory. There should be more very soon, and the government in the reform wants to facilitate those regrouping.

This can help with sharing the administrative burden. We do have some interconnected networks in France for some diseases, but the efficiency needs to be improved when it comes to organization and protocol defined.

**Implementing the information system has been difficult.**

Over the past few years, there were efforts to implement a shared patient medical file that could be shared between the different health care professionals. It's still not implemented. The pharmacies did a great job, and there is a shared pharmacist file, but the physicians were not disciplined enough to make it happen.

**The distribution of practices for the territory needs to be optimized.**

What do we mean? The government is thinking: Do we need to develop some incentives, maybe fiscal incentives, for some physicians to settle down in remote regions? Do we need to revisit the freedom of establishing a practice wherever you want? Right now, a physician gets to settle down wherever he wants, and there should be a

possibility for the physician to have a primary practice and a secondary practice. Then there's big work ongoing, trying to revisit what's being done with continuous medical education, and the evaluation of performance, quality assessment.

So for all these reasons, you understand why there's a physician malaise. But I do believe that those changes could be important for the medical community. It's important for the GPs to regain an important place in the French environment, to get recognition. Second, I do think that delegation is really important for physicians to focus on. This can be value added activities. So they should not be considering health care professionals as competitors, but as co-workers, as support, to focus their core activity on where they're going to add the maximum value. This is also an opportunity to increase their revenue, or to have a better lifestyle, if they want to have a balanced life.

Such a shift of paradigm will not be easy. There are many diverging views and obviously a great level of complexity of the health care system. But I'm sure that they will make it because physicians are definitely smart people, and are thinking of ways to improve the quality of the management of their patients. I'm sure they will find their way, and anyway, we've got no choice. So at the end of the day, I believe that the system should be a system where we might be using the right expertise for the right patient at the right time, on the right activity, and on the right path.

(To view Dr. Sarkozy's PowerPoint presentation, visit <http://cmpti.org/physician-disempowerment-event-presentations/>)