

The French Health Care System

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Who is covered?

Coverage is universal. All residents are entitled to publicly financed health care. The State finances health care for illegal residents and residents not eligible for public health coverage.

What is covered?

Hospital care, ambulatory care and prescription drugs are covered. There is some minimal coverage for outpatient eye care and dental care.

How is the system organized?

A board of representatives comprised of an equal number employers and employees manages the public health insurance fund. This board defines the benefits package and sets the prices and co-pays. Two-thirds of the hospital beds are government owned or not-for-profit hospitals. Doctors in these facilities are salaried. Private non-profit clinics make up the remaining one-third. Doctors in these facilities and outpatient clinics are self-employed and paid on a fee-for-service basis. Public and not-for-profit hospitals receive government grants to pay for research, teaching, emergency services, organ harvesting and transplantation.

How is it financed?

Technically a sickness fund model, the French system is primarily financed by employer and employee payroll taxes. Financing also comes from private health insurance (usually complementary through the employer or government for low income persons) and through a national income tax on alcohol and tobacco. Patients have co-pays. Co-pay rates are applied to all health services and drugs listed in the benefits package. Co-pay rates vary by type of care (e.g., hospital vs. outpatient); type of patient (the chronically ill and poor are exempt from cost sharing). About 92% of the population receives complementary private health insurance through their employer, which reimburses out-of-pocket expenses. Doctors who meet a higher level of professional experience are allowed to charge above the fee set by the board.

How are costs controlled?

France controls costs by increasing generic drug prescribing, reducing the number of drugs eligible for public reimbursement and reducing the number of acute hospital beds.

As of 2008, complementary private insurance has not reimbursed ambulance transport, doctor visits or prescription drug co-pays.

These are financed solely by the public system.

How is quality of care ensured?

France has a mandatory accreditation system under the responsibility of the national health authority. Accreditation reports and standards are publicly available online. Hospitals must be accredited every four years, physicians every five years.

References

World Health Organization (2007), World Health Statistics 2007, Geneva, World Health Organization