



# Do we need to industrialise healthcare production?

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Some general practitioners examine a large number of patients throughout their day. Apart from this frantic activity, these doctors are often mediocre managers. Therefore, they are a long way off from joining forces to industrialise healthcare. In many other economic sectors, the transition to an industrialised production has rationalised costs, improved quality and bettered the results of a given investment.

## **1. Can/or ought the notion of industrialisation be applied to healthcare production?**

Before we start thinking about whether healthcare production can be industrialised, we should think about why it couldn't be or shouldn't be done. The word "industrialisation" can be quite daunting. Therefore, it would be preferable to talk about organising or rationalising treatment production.

## **2. More than just an industry, an efficient organisation**

Healthcare professionals from a specific region can form a group and organise themselves in order to become more visible and effective and thereby, improve the level of access to treatment. Therefore it is more a question of rationalising than automating.

## **3. To be efficient, organisations must develop their digital communication**

Currently, doctors devote only 1% of their revenues to information systems. Immense investment efforts are necessary for the medical profession to really acquire the means of communicating, coordinating and organising themselves for the purpose of reinforcing the quality of treatment.

#### **4. The conditions that should be met for the organisation of healthcare**

Healthcare professionals need to communicate and get to know each other. They also need to feel recognised in this healthcare management structuring. Training these professionals also represents another essential condition. Evaluating healthcare effectiveness should be a driving force, thanks essentially to digital tools for patient follow-up at home.

#### **5. From training to rationalising the activity**

At the end of his/her training curriculum, the private practice physician, is obviously competent but is not trained to comprehend the dimensions pertaining to the development of indicators and registering the healthcare offer in each area. The private practice physician is, of course, trained but the training is done according to a specific time frame and with a limited perspective that doesn't allow him to project himself beyond his own surgery.

#### **6. Barriers need to come down**

Industrialising healthcare production needs to serve everyone's purpose. But the organisations, procedures, standards and financing are numerous and form just as many barriers. To knock these down, people need to change in an environment where doctors are not trained to work with others. If people change, they will help organisations and structures to evolve and aim for an improved healthcare system which will be more efficient for populations.

#### **7. Giving meaning to organisation**

To convince doctors to become involved in this movement, it is important to show them proof of its effectiveness. Doctors need to have a hand's on experience of the service rendered.