

Convention on Health Analysis and Management

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Patients: To which door to knock?

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1. Inequality between patients regarding health professionals and organisations

Even in France, patients cannot be certain of an equal footing. Certain inequalities may seem clear (socio-professional category, region, etc.), but others are less so.

Staff networks are a key factor in care inequality. Good knowledge of health organisations may be important, but having personal contacts there undoubtedly makes it possible to receive preferential treatment.

In addition, not all patients necessarily know who to contact according to the pathology encountered. Therefore, for better information, an evaluation of the quality of practitioners and establishments is necessary. This transparency would be highly useful, but would stand in conflict with a real taboo, the evaluation of practitioners.

2. Difficulty in making better use of transparency

There are those who think that patients should have full transparent access to data concerning general practitioners, to identify their practices in terms of antibiotic prescriptions and absences from work. However, this transparency must be handled with the greatest care, so that doctors are not judged on poor criteria.

3. The patients' perspective

In the field of health, the different players show real distrust for one another. The media perspective may be viewed with scepticism, but the patients' perspective remains difficult to express. There is a certain balance of power between doctors and their patients. This balance of power is changing, but very slowly.

The voices of patients must be heard, but the process of evaluation of health professionals still requires significant improvement. This business of doctors being evaluated by patients is highly complex, in that some, who may receive their patients with great empathy (devoid of interest in terms of care), do not necessarily have very advanced medical skills.

4. Who should evaluate doctors: the health sector, patients or, more generally, civil society?

Faced with the difficulty of assessing the quality of doctors, their evaluation could be entrusted to the medical community. The opinion of patients may be taken into account, but it cannot necessarily be the main criteria. This point of view is not necessarily unanimous, there are those who believe that evaluation by external and objective third parties is of greater interest. Open data could be considered of source of transparency. Doctors may find transparency and stimulation by external third parties in their interest, but may not necessarily be aware of it. If civil society does not push doctors to agree to be evaluated, this movement will not be initiated by health professionals. However if they wish to undergo this development, doctors must play an active part.

5. A practical example: the Santéclair network, access to high-quality health services at attractive prices – two non-conflicting notions

The job of the Santéclair network consists in reaching quality/price agreements with health professional networks. Through their complementary health insurance, 8 million people have access to this network. In terms of dentistry and optics, members can benefit from very attractive prices and enjoy high standards of quality.

Price and quality must not be considered as conflicting notions. In the field of dentistry, the quality of the fitting of dental prostheses makes it possible to extend the length of time they remain in the mouth and thus to make the most from the expenses incurred. Dental prostheses fitted within the Santéclair network are also guaranteed for 10 years. The network makes it possible to be informed of the purchase price of the prostheses, and in particular to identify their place of origin.