

# Convention on Health Analysis and Management

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### **Regionalization: should Paris be granted independence?**

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Private interests cannot ensure that ethical values will be respected. The State as a guarantor is therefore indispensable, but it is essential to keep an eye on the relationship between this guarantor State, the regions, and civil society.

#### **1. Paris' benevolence – or condescension**

Is Paris a city, or the seat of the government? Those living in the provinces sometimes feel like they travel to the capital to hear the “good word” before returning to their regions to apply it. They have the uneasy feeling of being expected to simply do as they are told. The Parisians never listen to them in order to find out what they need.

#### **2. From excessive centralization to bureaucracy**

The centralizing State sometimes gets lost amidst the plurality of roles it takes on. It does everything, but does it do it right? By spreading itself over multiple roles, the State sometimes loses sight of patients and their interests. It manages files, rather than treating patients.

#### **3. A middle way?**

Neither aggravated centralism nor fanatical decentralism presents a solution to the problems faced by France. Restructuring the healthcare system requires a middle path between Paris' vision and the regions' actual needs.

#### **4. Duplication of the State model on the regional level?**

The regions have shown themselves to be clearly willing to invest in the health field. Indeed, healthcare is among the services the French people hold most dear. In each election, a wide range of platforms promise to fight against medical desertification. In this light, some have called for a duplication of the *numerus clausus* system on the regional level.

#### **5. The disappointment of the Loi NOTRe**

The Loi NOTRe, the law concerning a new territorial organization of the Republic, has failed to live up to expectations and clear a path towards a middle way. The Republic's new territorial organization is similar to the way it was before. Before being simplified, the Republic's organization should be clarified. In the current “administrative layer cake”, there is a job for everybody yet nobody ends up doing anything at all.

## **6. The French system in danger: from welfare to scarcity management**

Long considered to be the best healthcare system in the world, the French system is now in danger. Firstly, it is poorly suited to a globalized context of innovation. In addition, it has fallen victim to underfunding, which has led to increasing medical desertification in many regions. Cyclical improvements to social security funds must not obscure the fact that the French healthcare system is now doing no more than simply managing a shortage and shifting more and more expenses to the private healthcare system. The ARSs (regional health authorities) end up with the sole task of meeting expenditure control objectives at any cost. Resources are a priority issue. The State can no longer content itself with ensuring that revenue is lower than expenses. Healthcare must be a national target and receive resources commensurate with its importance.

## **7. The necessity of involving the local level in identifying real healthcare needs**

France is not faced with a choice between centralization and decentralization, but must first and foremost put in place the necessary resources to meet needs. The assessment of these needs should be made in close collaboration with the territories. The current healthcare system is not capable of understanding these needs, settling for merely calculating expenditure. As such, the State needs the local level to determine the bounds of the questions it must answer. In-depth analysis is required, because the regions' actual needs that have not yet been translated into clear demands.

## **8. The restrictions of the short-term: ONDAM**

Unfortunately, this vision of what's needed is very likely to come up against the constraints of the State's budget. This is precisely why the State is attempting to quell the decentralization of research. Although it speaks positively about innovation, the State's primary desire is to ensure that this innovation does not generate investments incompatible with ONDAM (the national healthcare expenditure target). It is wary of investing, seeing only the expenditure and not the eventual return. Whether on the governmental level or within a company, it is important to distinguish between the short-term and projections over time. ONDAM is in conflict with a long-term vision. It is not even compatible with an effective short-term vision, as it does not take demographic growth into account.