

French healthcare vs u.s. healthcare



Health Status and Health Care Services in France with comparison to the United States HSM310 Introduction to Health Services Management Course

Project Date submitted: Table of Contents Executive

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Health care experts for the World Health Organization tried to do a statistical ranking of the world's health care systems. They studied 191 countries and ranked them on things like the number of years people lived in good health and whether everyone had access to good health care. France came in first. The United States ranked 37th. (Shapiro, 2013) Americans assume that France practices socialized medicine, but actually France, like the U. S. relies on both private insurance and government insurance, and also just like in America, the French generally get their insurance through their employer. However one difference is, in France everyone has healthcare. Americans often assume that when people get universal coverage, they give up their choice in doctors, hospitals and care. That's not the case in France. The system is set up both to ensure that patients have lots of choice in picking doctors and specialists and to ensure that doctors are not constrained in making medical decisions.

When someone goes to see a doctor, the national insurance program pays 70 percent of the bill. Most of the other 30 percent gets picked up by supplemental private insurance, which almost everyone has. It's affordable, and much of it gets paid for by a person's employer. There are no uninsured in France. That's completely unheard of. There is no case of anybody going broke over their health costs. In fact, the system is so designed that for the 3 or 4 or 5 percent of the patients who are the very sickest, those patients are exempt from their co-payments to begin with.

There are no deductibles. French healthcare is widely regarded as the best in the world. Healthcare is provided free (or highly subsidized) by the

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government. Management of France's healthcare system is done through the social security system. Healthcare funds are predominately derived from the income of France's working population. It is estimated that almost 21% of an employee's compensation, including employer contribution, is remitted to the government. Of this amount, 12. % is contributed by the employer and 0.75% by the employee; 7.5% in social security tax is also collected from the employee. This accounts for 60% of the social security fund. Other fund sources are indirect taxes from alcohol and tobacco. France is implementing a standard tariff scheme for all services. Medical practitioners are categorized as either conventionne or non-conventionne. Conventionne practitioners adhere to the standard rate while the non-conventionne can charge whatever rate they like.

However, almost all health practitioners charge the standard rate, even the private ones (for competitive reasons). Services and prescribed medicines are not fully reimbursed. This can be based on the income level of the individual or a family. The typical reimbursement rates are 95% for a major surgery, 80% for a minor surgery, 95-100% for pregnancy and childbirth, 65% for prescribed medicine with blue labels and 35% for white labels, 70% for x-rays, and 75-80% for GP/specialist consultations and treatment.

Healthcare in France, 2013) The French health system combines universal coverage with a public-private mix of hospital and ambulatory care and a higher volume of service provision than in the United States. Although the system is far from perfect, its indicators of health status and consumer satisfaction are high; its expenditures, as a share of gross domestic product,

are far lower than in the United States; and patients have an extraordinary degree of choice among providers.

The modern French population is largely native-born and represents a fusion of many peoples of Celtic, Germanic, Latin, and Slavic origins. The French language is understood and spoken by virtually the entire population, although other languages and dialects persist alongside French in peripheral areas; they include BASQUE, Alsatian, Corsican, Breton, Provençal, Catalan, and Flemish. About 80% of the population nominally belongs to the Roman Catholic Church, although only a minority of these participates regularly in church activities.

Protestants constitute less than 2% of the population; Jews, about 1%; Muslims, who have entered France recently from former North African colonies, about 4%. (The People of France, 2013) The life expectancy in France is 81.46 years. Males are expected to live 78 years and women are expected to live 84 years. Life expectancy at birth is also a measure of overall quality of life in a country and summarizes the mortality at all ages. The infant mortality rate is 3.4 deaths/1000 births. The number one cause of death in France is heart disease followed closely by stroke.

France has been voted the best place to live for five years in a row by International Living magazine, which has been analyzing data and publishing its annual Quality of Life Index for 30 years. One of the reasons France keeps winning the ranking is its world-class health care system. For the most part, French people enjoy a good lifestyle. International Living says that during their large chunk of leisure time, the French enjoy visiting the country's

many beaches and Alpine ski resorts. Deane, 2010) As stated previously no one in France is denied healthcare. Even the sickest of the sick people are provided for. This isn't the case in the United States. Most of the population under 65 is insured by their or a family member's employer, some buy health insurance on their own, and the remainder are uninsured. The United States is among the few industrialized nations in the world that does not guarantee access to health care for its population.

A report in 2010 reported that lack of health insurance causes roughly 48,000 unnecessary deaths every year in the United States. The organization of health care in France is typically presented as being rooted in principles of liberalism and pluralism. Liberalism is correctly invoked as underpinning the medical profession's attachment to cost sharing and selected elements of private practice: selection of the physician by the patient, freedom for physicians to practice wherever they choose, clinical freedom for the doctor, and professional confidentiality.

In the hospital sector, liberalism provides the rationale for the coexistence of public and proprietary hospitals, the latter accounting for 27% of acute beds in France in contrast to 10.7% in the United States. (Rodwin, 2003) The French tolerance for organizational diversity—whether it be complementary, competitive, or both—is typically justified on grounds of pluralism. Although ambulatory care is dominated by office-based solo practice, there are also private group practices, health centers, occupational health services in large enterprises, and a strong public sector program for maternal and child health care.

Likewise, although hospital care is dominated by public hospitals, including teaching institutions with a quasi-monopoly on medical education and research, there are, nevertheless, opportunities for physicians in private practice who wish to have part-time hospital staff privileges in public hospitals. . (Rodwin, 2003) Hospital care and physician/clinical services combined account for half (51%) of the nation's health expenditures. UNITED STATES: FRANCE: The French health care system is one of universal health care largely financed by government national health insurance.

Approximately 77% of health expenditures are covered by government funded agencies. All working people are required to pay a portion of their income into a health insurance fund, which mutualizes the risk of illness and which reimburses medical expenses at varying rates. Children and spouses of insured individuals are eligible for benefits, as well. Each fund is free to manage its own budget and reimburse medical expenses at the rate it saw fit. Another huge factor is the more ill a person becomes in France the less they pay.

Health care spending in the United States is characterized as being the most costly per person as compared to all other countries, and despite this spending; the quality of health care overall is low by some measures. Around 84. 7% of Americans have some form of health insurance; either through their employer or the employer of their spouse or parent (59. 3%), purchased individually (8. 9%), or provided by government programs (27. 8%; there is some overlap in these figures). All government health care programs have restricted eligibility, and there is no government health insurance company which covers all Americans.

Among those whose employer pays for health insurance, the employee may be required to contribute part of the cost of this insurance, while the employer usually chooses the insurance company and, for large groups, negotiates with the insurance company. Government programs directly cover 27.8% of the population. Macroenvironmental Influences Discuss external influences the need for, availability of, cost of and use of health care services: Political Socioeconomic Cultural Technological/Other relevant influences Analysis Grade weight of this section: 15% Summary Comments

Summarize and comment on the Problems, Opportunities, other issues you identified regarding this country's health care services system Compare to the United States: what works better, what is not working as well Offer concluding comments: Lessons learned for the U. S. , other countries Grade weight of this section: 20% Bibliography 1. French Health System – Health Care in France(2013) Retrieved 3/27/13 from <http://www.french-property.com/guides/france/public-services/health/system-overview/> 2. Healthcare in France- (2013) Retrieved 4/1/13 from <http://www.allianzworldwidecare.com/healthcare-in-france> 3.

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