An analysis of the French healthcare system in the context of geriatric care

How does Canada compare and what can we learn

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ABSTRACT

The geriatric population occupy a progressively greater portion of the Canadian demographic spectrum. They often present with multiple comorbidities and utilize a disproportionate amount of healthcare resources per capita. Keeping current Canadian healthcare practices may become unsustainable in the long run, and comparison with the French healthcare system may help with the identification of current shortfalls. The Canadian healthcare system lags behind the French counterpart in several key healthcare indicators, including per capita spending, growth in expenditure, and specialist wait time. The French healthcare system is characterized by a mix of public and private healthcare choices, greater emphasis on preventative health and an nationwide integration. All of these may have contributed to the French healthcare system's better fiscal spending practices and healthcare outcomes. The Canadian healthcare system should take note of these differences and integrate positive elements to create a model better prepared for geriatric care in the foreseeable future. More in-depth studies may be needed to better assess the extent of adaptation for each of the aforementioned areas.

GERIATRIC CARE CHALLENGES – AN INTRODUCTION

Effective management of the aging Canadian population is an increasing societal concern and will remain so for years to come. Individuals over 80 are the fastest growing age group,¹ and will account for a quarter of the total population by 2036, based on data from the Canadian Institute of Health Information.² This in turn presents many unique challenges to the currently established healthcare system.

Firstly, the geriatric population present more commonly with vulnerability resulting from a combination of frailty, disability and multiple chronic conditions (MCCs). These individuals suffer from more than 2 comorbidities and no longer fit the one-problem-per-visit model currently practiced in Canada, which is partly incentivized by the way physician billings are structured.^{3,4} Furthermore, due to the array of health problems presented by a standard geriatric patient, the level of care can be subjected to much greater intra- and inter-provider variability, leading to iatrogenic errors such as polypharmacy.⁵⁻⁷ Finally, the geriatric population has much higher rate of utilization of healthcare resources compared to their younger counterparts. For instance, individuals above 65 account

for over 60% of the primary care spending,⁸ suggesting that the system would eventually become unsustainable as more fall into this age category.

With that in mind, this article will shift focus onto another healthcare system—that of France, arguably one of the best in the developed world. Some of the strongest features of French healthcare will be examined, and based on those, recommendations will be made that may help alleviate some of the current major challenges faced by the Canadian healthcare system.

RATIONALE FOR SELECTING THE FRENCH HEALTHCARE SYSTEM

The French healthcare system is reputed for its accessibility, broad consumer selection and quality of care. It has topped the World Health Organization's list since 2000⁹ and has consistently received positive evaluation from the general populace.¹⁰

A side-by-side comparison further emphasizes the French system's superiority over the Canadian counterpart in select key elements. Based on the annual reports published by the Organization for Economic Cooperation and Development (OECD) for instance, while both Canada and France have similar per capita spending, sitting at \$4611.30 and \$4407.20 respectively, France had noticeably lower annual growth in governmental expenditure, averaging 2.6% over the course of 2000-2010. Meanwhile, Canada's annual growth over the same period, sitting at 4.5%, is significantly above the OECD average and trails only behind countries such as United Kingdom and the United States.¹¹ France also performs noticeably better in areas such as physicians per 1000 population (3.3 vs. 2.4) and avoidable mortality caused by deficient healthcare per 100,000 discharges (63.6 vs. 87).

Meanwhile, the International Health Policy Surveys for the Commonwealth Fund reports similar findings with different indicators assessed. Canada scored particularly low in comparison in 2 key areas: accessibility and cost effectiveness. Canadian patients need to wait on average 68 days before seeing a specialist of any kind, while that number drops down to 44 days for the French. Similarly, only 7% of patients in France had to wait 4 months or more for an elective surgery, compared to 25% in Canada. Meanwhile, the average Canadian hospital spends on average \$14,000 per discharge, while the French spend less than half of that, sitting at \$5,204.¹²

To summarize, the French healthcare system appears to have comparatively lower adverse outcome, better long-term sustainability and better access despite similar per capita spending, all of

which are significant advantages in the context of geriatric care. Given these observations, recognizing and integrating strengths of their model into the Canadian healthcare system certainly seems a logical approach to address future shortfalls.

CHARACTERISTICS OF THE FRENCH HEALTHCARE SYSTEM

One of the central characteristics of the French healthcare system involves a mixed public and private insurance model, both of which are available for patients. This is consistent with the French medical philosophy of *medicine liberale* which advocates maximizing free choice.¹³ The model contains both elements of nationalized care and those of a competitive market-based system as in the case of the United States.¹⁴ At initial glance this approach may jeopardize the universal access epitomized by socialized medicine. However, the method of coverage is incremental in nature based on the individual's financial, insurance and health status, so uninsured individuals and those falling below an income threshold would receive extra coverage from the government up to 100%.¹⁵

The French healthcare providers also engage in a different culture of care with much greater focus on primary prevention. For instance, when considering cardiovascular diseases alone, the French are 30% less likely to die than Americans even after adjusting for MCCs.¹⁶ When the French physicians were polled regarding this issue, 53% cited a greater focus on patient education regarding both lifestyle and dietary habits.¹⁷ While subjective in nature, this study does show primary prevention being a critical aspect of care, especially in the context of elderly care. With so many geriatric patients plagued with a diverse set of MCCs, creating unifying treatment guidelines may prove unfeasible, and shifting focus onto preventative tactics may be a better alternative leading to better improvement on health outcome.

Finally, the French healthcare system's success may be attributed to its highly integrated nature. The "carte vitale" is the official health insurance card possessed by virtually every citizen. The card contains all the necessary demographic information, and patients can expect treatment after a single swipe.¹⁷ The payment details are subsequently sent to the insurers, which are usually a mix of both public and private insurance providers.¹⁴ This highly integrated approach helps reduce repetitive collection of the patients' information, as well as streamline the entire payment process so physicians can spend more time with patients rather than administrative inefficiencies.

DISCUSSION AND CONCLUSION

Through review of the French system's strengths, this article proposes the following recommendations which may alleviate the fiscal burdens of future geriatric care. Firstly, the government can adopt a mixed system where both public and private care are available. As demonstrated previously, this may have a dramatic impact on the current long wait times for both primary and specialty services plaguing Canadian hospitals. The challenge to this is to avoid over-privatization and compromise the principles of universal access. Population-based studies may be needed to elucidate the per-

fect balance.

Secondly, Canada should strive for a greater focus on primary care initiatives. The French are known for their three-meals a-day routine and high greens consumption, a practice that has been relatively well preserved despite globalization of fast-food chains. Additionally, Europeans walk and bike much more than their North American counterparts.¹⁸ The health benefits of such lifestyle practices cannot be unduly emphasized, and should be considered of equal, if not greater, importance than treatment guidelines in the context of health policy development. Hence, programs should be created to enable greater access to physical activity and better dieting practices amongst the geriatric population.

Finally, there should be a similar endeavor in Canada to create a universal payment and information storing system. Similar initiatives are underway in Canada but are scarce and comprise of numerous locally integrated systems lacking capacity for nationwide integration.¹⁹ This is likely the most challenging area from a feasibility standpoint. Not only does Canadian healthcare fall under provincial jurisdiction, making a national initiative extremely hard to administer, Canada is also bigger with physicians practicing over a broader geographic spectrum, which may hinder technology uptake especially in remote, sparsely populated regions.

Several limitations exist for this article. Firstly, many comparisons were made between France and Canada without accounting for geographical, economic, and sociocultural differences. For instance, while Canadians do bike less, the difference may be partly due to the sparser layout of North American cities which discourages nonautomotive transportation—an issue that cannot be ameliorated by healthcare advances alone. Furthermore, some of the comparisons made in this article address the United States or all of North America and may not accurately reflect Canadian statistics. Consequently, more in-depth studies are needed to assess whether making changes to the current healthcare system is the most pragmatic approach.

France has created a unique healthcare structure where its citizens do not want universal coverage at the expense of individual choice, and this practice has stood the test of time as one of the strongest models today, one that is more prepared to face the explosive growth in geriatric population already underway. While Canada does indeed have a very strong socialized healthcare, complacency is dangerous and stagnation may lead to an unsustainable model. A brighter outlook relies critically on reciprocal learning between these 2 great healthcare systems.

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