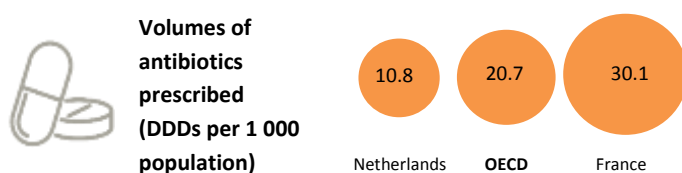


The French health care system performs relatively well. Health outcomes are better than the OECD average and citizens enjoy good access to care. However, France is lagging behind other OECD countries in some areas including for example antibiotics prescribing or alcohol consumption. Based on available OECD analyses, further progress is called for to promote appropriateness of care, prevent the spread of risk factors including obesity and harmful alcohol consumption, address geographic variations in health care and develop community-based services for mental health disorders.

Promote appropriateness of care

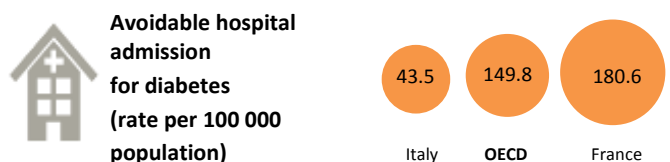
▶ Doctors in France prescribe too many antibiotics: France reports the 3rd highest overall volumes of antibiotics prescribed

High volume of antibiotics prescribed is highly correlated with resistant bacterial strains, and is sign of poor health care quality in the primary care sector.



▶ Hospital admissions for conditions that could be more safely and effectively treated at the primary care level are too important

Avoidable hospital admission for diabetes, which is seen as an indicator of primary care performance, is above the OECD average.



There is also scope to reduce the use of emergency hospital departments. Between 2001 and 2011, the volume of visits to emergency departments has increased by 28%. In 2013, 19.4% of visits could have been prevented by effective and accessible primary health care.

What can be done?

- Patients could be better engaged in the decision-making process about treatment options.
- Continue to raise public and doctors awareness of inappropriate prescribing through advertising campaigns.
- Target providers through promoting clinical guidelines.
- Better exploit capacity at primary and community care levels; and improve management of chronic disease for patient having complex needs.

To read more about our work:

[Health at a Glance 2015](#)

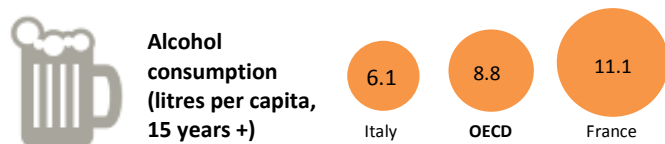
www.oecd.org/health/health-expenditure.htm

[Emergency Care Services: Trends, Drivers and Interventions to Manage the Demand \(2015\)](#)

Address harmful use of alcohol

▶ Levels of alcohol consumption in France are among the highest in the OECD, but have been declining in the past 30 years

Harmful alcohol use is associated with numerous adverse health and social consequences. It also contributes to death and disability through accidents, assault, violence, homicide and suicide.



In France, women with higher education levels are twice more likely to be hazardous drinkers than lower educated women, while men with lower education levels are more likely to drink at risk.

According to OECD estimates, approximately four in five drinkers would reduce their risk of death from any causes if they cut their alcohol intake by one unit per week.

What can be done?

- Combine alcohol policies in a coherent prevention strategy.
- Alcohol policy should target heavy drinkers first (although there are few approaches available to do this), but broader policy approaches is also required to tackle harmful drinking.
- An open dialogue and co-operation with alcohol manufacturers, as well as major retailers and other related industries, may be, and has already been in some countries, part of an effective policy approach in fighting the harms associated with alcohol consumption.

To read more about our work:

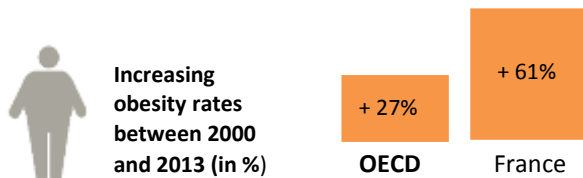
www.oecd.org/health/economics-of-prevention.htm

[Tackling Harmful Alcohol Use: Economics and Public Health Policy \(2015\)](#)

Prevent the spread of obesity

► While the prevalence of obesity in France remains below the OECD average (14.5% versus 19.0%), it has grown fairly quickly over the past ten years

Obesity means higher risk of chronic illnesses (hypertension, cholesterol, diabetes, cardiovascular diseases, etc.) and is a known risk factor for some forms of cancer.



In the past five years however, obesity and overweight have been stable, or grown modestly, in Canada, England, Italy, Korea, Spain and the United States.

» What can be done?

- Continue to promote healthy diets through the National Strategy for Health and Healthy Diet (Programme National Nutrition Santé – PNNS).
- Make progress in nutrition labelling (using front-of-package guideline daily amount labelling) to improve consumer literacy around nutritional information.
- Combine high effective interventions in a comprehensive prevention strategy, targeting different age groups and determinants of obesity.

To read more about our work:

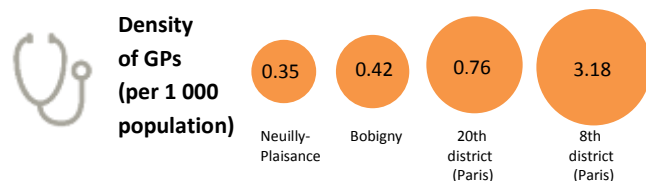
www.oecd.org/health/economics-of-prevention.htm

www.oecd.org/health/obesity-update.htm

Geographic variations in health care supply or practice need policy responses

► In France, there are high disparities in the density of physician across departments (French districts)

Rural regions and socio-economically disadvantaged urban areas have lower staffing than the other ones.



The choice of practice location is complex and depends upon the attractiveness of region, the mode of employment and payment for physician, the working conditions and the professional prestige.

► Large variations across French regions are found for cardiac procedures and knee interventions, while there are smaller variations for hospital medical admissions, caesarean sections, and hysterectomies

Geographical variation in health care once differences in need are accounted for, might suggest that unnecessary care is being delivered in areas of high activity, or that there is unmet need in region of low activity.



Although geographic variations of health care delivery are observed in France, they are much larger in other OECD countries such as Canada, Portugal and Spain.

» What can be done?

- Further develop group-practices that can contribute to staffing underserved areas.
- Continue to set-up medical education policies and implement suitable financial incentives (as seen recently with the introduction of a guaranteed annual income for recently qualified GPs).
- Develop new provider roles (as seen in 11 OECD countries): (i) introduce nurse practitioners; (ii) continue to expand the scope of practice of existing roles (as seen in 2009 with the expansion of the role of pharmacists).
- Raise awareness through public reporting around variation of health care activity across relevant geographical areas.
- Target providers through promoting clinical guidelines, giving feedback to providers and setting targets for specific health care activities.
- Patients could be better engaged in the decision-making process about treatment options.

To read more about our work:

[Geographic Imbalances in Doctor Supply and Policy Responses \(2014\)](#)

[Geographic Variations in Health Care - What Do We Know and What Can Be Done to Improve Health System Performance? \(2014\)](#)

Make community-based services for mental health more routinely available

► The prevalence of mental disorders is slightly increasing in France and as other OECD countries, high level of mental health spending occurs in inpatient hospital settings. In 2013, France reported the 8th highest suicide mortality rates.



» What can be done?

- Make psychological therapies more widely accessible.
- Establish community-based programmes of cognitive behavioural therapy delivered by primary care practitioners.

To read more about our work: [Making Mental Health Count \(2014\)](#)