

Chapter 1 : Health in France - Wikipedia

The French health care system is generally recognised as offering one of the best, services of public health care in the world. Above all, it is a system that works, provides universal cover, and is a system that is strongly defended by virtually everyone in France.

Emergency medicine in France Ambulatory care includes care by general practitioners who are largely self-employed and mostly work alone, although about a third of all GPs work in a group practice. GPs do not exercise gatekeeper functions in the French medical system and people can see any registered medical practitioner of choice including specialists. Thus ambulatory care can take place in many settings. Spending[edit] Total health spending as a percentage of GDP for France compared amongst various other first world nations from to The French healthcare system was named by the World Health Organization in as the best performing system in the world in terms of availability and organization of health care providers. It features a mix of public and private services, relatively high expenditure, high patient success rates and low mortality rates, [15] and high consumer satisfaction. The study noted considerable difficulties in cross border comparison of medication use. Reasons for this may be because they prefer to specialize and get jobs at hospitals rather than setting up General Practices. The workload for general practice doctors requires more hours and responsibility than workplace and supply doctors. In a comparison of health care funding, institutions and level of resources between countries, prevention of long waiting lists in France was attributed to a high number of doctors and hospital beds, combined with fee-for-service funding of doctors and private hospitals. In France, many specialists treat patients outside hospitals; these ambulatory specialists are paid fee-for-service. Private hospitals were also paid by diem daily rates and fee-for-service in , and provided much of total surgery. Fee-for-service rather than limited budgets, with access for patients with public health insurance helped prevent long waits for surgery Siciliani and Hurst, , pp. Long waits apparently remain unusual. However, some moderate waits have developed. French patients were relatively unlikely to report forgoing care because of waits Eurostat, This percentage held relatively constant over time, showing that waiting lists in France for appointments and elective surgery are not a new phenomenon. This study has limitations. The number of people surveyed may not have been perfectly representative, although the figures held similar over time. The waits were self-reported, rather than collected from statistics; this may also lead the data to be not completely representative. This suggests that while French patients in some cases have similar to current waiting times to the first 3 countries, the number of patients who receive appointments and treatment is significantly higher than in the U. Thus, while waiting times in the U. One study reported longer waiting times for uninsured American patients, who may face a disproportionate number of longer waiting times citation needed founder Alejandro Castillo.

Chapter 2 : French Healthcare System Guide | Healthcare in France | Expatica France

The French health care system is one of universal health care largely financed by government national health insurance. According to its assessment of world health care systems, the World Health Organization found that France provided the "close to best overall health care" in the world.

The American health care system ranked 37th. In 2017, France spent \$3,800 per capita on health care. Again, in 2018, the last year for which figures are available, the per capita total expenditure on health in the U.S. was \$3,700. Analyzing the French system might provide some ideas for a solution to the current health care crisis in America. We need to start with an understanding of how the French system works. France does not have socialized medicine. Socialized medicine is a system where all physicians and medical personnel are employed by the government and medical care is free. In such a system, health insurance does not exist because it is not necessary. Communist countries have socialized medicine and in the United States such a system exists on a limited scale for the military and for veterans. The main difference between the French and the American health care systems is not in the way medical care is delivered. Both systems are actually fairly similar in this regard. Most physicians in France are independent providers who have a private practice like here. Pharmacies in France are private businesses like here. The main difference lies in the way the financing of the system is structured. France has a non-profit national health insurance system administered by the Social Security administration with mandatory coverage for anyone who resides for more than 3 months in the country. Health care insurance is not directly managed by the government but by an autonomous authority made up of representatives of employers, unions and the government. It is in many ways analogous to how Medicare is funded and managed in the United States. The system is financed mainly by mandatory contributions by employers and employees, or on taxable income for non-salaried persons. Contributions are a percentage of income, not a flat amount. This makes universal coverage feasible because nobody is in a position where they cannot afford health insurance. Currently, employers pay 7.5% and employees pay a Social Security tax of 7.5%. If you go to France, you cannot obtain a residence permit without first showing that you have registered for national health insurance. The Social Security administration negotiates all medical fees with national unions and organizations of medical providers. The vast majority of physicians agree to follow the Social Security fee scale: If these physicians under contract charge in excess of the established fee schedule, they must return the excess income to Social Security. A small number of physicians do not accept the Social Security fee scale and set their own fees. They see a small clientele of wealthy patients. Health care fees for similar services offered by similar categories of physicians in the same area of France are the same. Competition does exist among physicians and among hospitals, but it is about the quality of medical care, not its price. Unlike people stuck in a mandated provider network in the U.S., in this way, France is like a gigantic preferred provider network under contract with a single insurer. Medical schools in France are public institutions and are almost tuition-free. As a result, physicians do not have to pay back huge student loans. Most people have private insurance coverage for these non-covered balances, usually through unions or non-profit insurance companies where the insurance premiums are highly regulated. It works much the same way if one is hospitalized: Prescription drug prices are controlled by the Social Security administration. French law bans all health care advertising to the general public. Drug companies may promote new products only to physicians, not patients. Surveys show that the French are generally satisfied with their health care system. It combines universal access to care with a high degree of freedom for patients. While it is not perfect, it provides a model worth emulating. CDAUH thanks him for taking the time to write this article especially for this newsletter.

Chapter 3 : France's Excellent Healthcare System Just Got Easier For Expats | HuffPost

A guide to accessing the French healthcare system, including finding a doctor or specialist, going to the hospital, dentists and emergency services. Healthcare in France also requires mandatory health insurance. The French healthcare system covers both public and private hospitals, doctors and other.

Messenger This article is part of our global series about health systems, examining different health care systems all over the world. Read the other articles in the series here. Indeed, in a World Health Organisation comparison of different countries, France came out at number one. That said, France remains on top of the list, because it was the first and last such ranking conducted by the WHO. A July analysis by the New York-based Commonwealth Fund compared the health care systems of 11 industrialized countries. Yet in another ranking published in May by The Lancet, it looked at countries the UK was ranked 26th, while France came in 15th. And in the top position, the tiny principality of Andorra. All this demonstrates just how difficult it is to interpret such rankings. Favouring cures over prevention While no country can rightly claim to have the best health care system in the world, the French appear broadly satisfied with theirs. Its weak points are its complexity citizens often find it hard to navigate and the limited emphasis on preventative care. Counterintuitively, the French system often acts as though a cure is better than not falling ill in the first place. Because there was no proper government at the time, the National Council of the Resistance, originally created to fight the German occupying forces, established the social safety net, including retirement benefits and public health insurance. Uniting people from across the French political spectrum, it established a social pact to rebuild the country. The universal right to health care France later incorporated some aspects of the model designed by British economist William Beveridge. The current system is thus an ingenious combination of solidarity and universality. The private sector tends to cover out-patient care consultations without overnight stays or, for hospital care, minimally invasive surgery, and patients with relatively straightforward diagnoses. The quality of health care in France is on a par with other Western countries with a similar standard of living. According to a study conducted in 67 countries, France performed well for five-year cancer survival rates, especially for breast cancer. According to the OECD, France also had good outcomes for critical events such as heart attacks and strokes. This reflects our hospital-centric approach. Prestige and resources are concentrated on hospitals at the expense of basic health care, which is largely carried out by independent professionals. In terms of funding, the French model provides public health insurance for every citizen as well as long-term residents. Complementary health insurance is also available, chiefly from private, not-for-profit health insurance funds. France is also the country with the lowest excess health costs in other words, the actual amount spent by individuals after reimbursement from the health insurance system. Comparable health spending to Sweden and Germany For more than 30 years the French have been repeatedly told by the media and successive governments that our health care system is too expensive. But is this really the case? Looking at health care spending according to purchasing power parity, France is close to average among the 15 countries that joined the EU before. Rather than being exorbitantly high, the cost of health care in France is in fact in line with that of similar countries. Do the French receive good health care? Looking at life expectancy from birth, the answer appears to be yes. According to statistics, French women live to an average age of 86, among the highest in OECD countries. Men live an average of However, this indicator chiefly reflects social, economic and cultural conditions in each country. In this regard, France is doing very well: The large gap between life expectancy for men at birth and at age 65 points to the significant number of premature deaths. These are chiefly linked to preventable causes, in particular alcohol and tobacco use. In France, the difference in life expectancy between manual labourers and white-collar workers is 6. This problem affects most countries, and should therefore be of central concern for us all. To do so, we will need to improve communication and coordination between stakeholders currently working independently hospitals, outpatient facilities and home care providers, for example and implement an integrated health care approach. Currently the latter are essentially compensated on a fee-for-service basis, which does not encourage a holistic approach to patient care. Improving health care access We must also pay attention to the

issue of access to health care. For financial reasons, some citizens and residents currently do not seek needed treatment, particularly when it comes to dental and vision care. The challenge is great: France, where one in three teenagers is a daily smoker, has one of the highest rates of tobacco use among young people. This article was originally published in French.

Chapter 4 : Healthcare in France | French Health Insurance

A System Under Pressure. The system of health care in France is known as l'assurance maladie, or the SÃ©cu, an abbreviation of sÃ©curitÃ©-sociale, although the latter term is often also used to refer more generally to the system of social security in France.

Please accept our privacy terms We use cookies and similar technologies to improve your browsing experience, personalize content and offers, show targeted ads, analyze traffic, and better understand you. We may share your information with third-party partners for marketing purposes. To learn more and make choices about data use, visit our Advertising Policy and Privacy Policy. Register for a free account Sign up for a free Medical News Today account to customize your medical and health news experiences. One of the major changes has resulted in the expansion to all legal residents, under the law of universal coverage called la couverture maladie universelle universal health coverage. The main fund covers eighty percent of the population. There are two additional funds for the self-employed and agricultural workers. Reimbursement is regulated through uniform rates. The financing is supported by employers, employee contributions, and personal income taxes. The working population has twenty percent of their gross salary deducted at source to fund the social security system. This involves an intricate collaboration between the various entities of the system. About seventy five percent of the total health expenditures are covered by the public health insurance system. The State The State sees that the whole population has access to care; it dictates the types of care that are reimbursed, and to what degree, and what the role is of the different participating entities. It is responsible for public safety. Health authorities plan the size and numbers of hospitals. Through its agencies, the State organizes the supply of specialized wards and secures the provision of care at all times. In recent years, regional authorities have taken a growing role in policy-making and negotiation. Hospitals There are two general categories: Public hospitals are responsible for supplying ongoing care, teaching and training. Private hospitals are profit oriented. They concentrate on surgical procedures and depend on their fee-for-service for funding. There is no significant difference in the quality of care between public and private hospitals. In France, there are 8. Health Professionals Health professionals and physicians usually work in both public hospitals and private practices. About 36 percent of physicians work in public hospitals or establishments. They are in essence public servants, and the amount they are paid is determined by the government. However, 56 percent of physicians work in private practices because of the difficult working conditions in hospitals. Around ninety seven percent of practitioners conform to the Tarif de convention tariff references which sets prices. Tariff references are the fixed rates to be used by doctors set by the national convention for all health services. In some situations, certain medical practitioners such as surgeons with extra qualifications or experience can charge more than the Tarif de convention. There was a reform in July of which put in place a process of coordinated care. The patient is free to change to another general practitioner but has to report the change. Several specialists have direct authorization for passing on information relevant to care, such as gynecologists , ophthalmologists and psychiatrists. An average of 70 percent of the cost of a visit to a family doctor or specialist is refunded. Reimbursements are on average of: Reimbursements for prescribed medicines depend on the type of medication and range from 15 percent to 65 percent. A patient can receive percent coverage under certain conditions, such as having a chronic or acute medical condition including cancer , insulin-dependent diabetes , heart diseaseâ€, requiring long-term care, having a long-standing condition, requiring a hospital stay of more than 30 days. They are several requirements to qualify, but essentially every legal resident in France who earn less than a certain amount are entitled to this financial aid. As soon as they are affiliated, they also entitled to the health coverage. Those individuals are entitled to a percent reimbursement of medical and hospital costs. This health insurance covers all or part of the costs not reimbursed by the health system. The complementary insurance offers an extensive range of plans. Expatriates in France Since , there have been some changes for EU citizens residing in France, introducing restrictions in their access to the health care system. This affects inactive individuals not in employment that do not have a professional activity not working or are looking for work, or students. The reason for those limitations is that

France has to conform to the European community rules, like the other countries in the community. The new conditions of the right of stay have direct consequences on the social benefits in France. Right of stay for inactive residence not in employment depends on two conditions: They need to have a reasonable level of income in order not to become a burden for the State. They need to have health coverage. The conditions for inactive EU residents already living on France before November remain the same. Students and retired people need to have medical coverage. Students usually have medical coverage from their country of origin or through the French Social Security for students; this applies to students under 28 years of age. Retired individuals, in most cases have health insurance from the country where they worked. If an EU resident becomes sick and does not fulfill those two conditions and has been residing in France for less than three months, this person is entitled to *dispositif soins urgent* emergency care device. Inactive EU residents can receive the *couverture maladie universelle* universal health coverage known as CMU if they are legal residents stable and uninterrupted. People from all levels of income are entitled to it. The affiliation is not automatic and the person has to apply for it. These individuals have one hundred percent coverage without advance payment for the health services or medication they are fully covered, no money upfront needed. The spouse or partner of the individual, as well as the dependents under 25 years of age are also included in this coverage. It is renewable on a yearly basis. After five years of legal residence all EU nationals gain permanent right of residence and therefore become fully entitled to the CMU. Any EU expatriate not officially retired under retirement age, not working, and not having lived in France for more than five years will lose their right to the French state healthcare except for those who have been living in France since before November of 1990. Life expectancy in France topped 80 years in 2010. The French health care service is certainly costly to maintain, but it remains one of the best in the world, offering a large choice of general practitioners and healthcare specialists. Written by Stephanie Brunner B.

Chapter 5 : Obamacare vs. the French Health Care System | HuffPost

The health care cost would have to be brought down in absolute term to coincide with the French health care cost. To solve this problem with the health care system, one must first clearly define.

However, in order to fully achieve this objective, Obamacare needs to be optimized and a number of reforms are needed which we shall label as "Manifesto for U. Clearly, Obamacare is a first step and has already caused the annual increase in health care costs to slow down. However, this decline in the annual cost increase is not sufficient to cure the problem. The health care cost would have to be brought down in absolute term to coincide with the French health care cost. To solve this problem with the health care system, one must first clearly define the problem. First and foremost, a major problem of the health care industry in the U. As is evident in the graph, all five components of health care cost outstripped the average consumer price index as the rate of annual cost increase exceeded that of the general economy. Subsequently, it is causing a prohibitive rise in consumer and business health care costs, along with the annual deficit in the U. Based on these findings, it seems highly probably that the private health care industry is the culprit. It has simply behaved as a monopolist and exploited the inelastic demand for healthcare and upped prices. Graph used with permission To further sustain this argument, health care sending data can be used that compares the U. This is a clear indicator that the costs for drugs are higher in the United States than in France. This can be explained by a couple of key facts. This automatically gives health care providers room to discriminate amongst patients and only select the medication with the higher out-of-pocket costs. Additionally, the system in the United States is not very flexible when it comes to determining the cost for drugs and health services. Changes in health care rates, such as with Medicare, currently have to obtain approval by Congress before they can take effect. This is a cumbersome process, slowing down the capability to react quickly to the needs of the market. France also differs in their approach to regulating the cost of health care services in their country. If spending for a certain kind of drug or service rises in a particular area, the CNAMTS have the authority to go in and reduce the price of this drug or service to make it more accessible and ease the supply to cope with the needs of the market. In conjunction with this living system, France has also implemented a common fee schedule across the country that requires that health services provide a standard price for procedures, regardless of health insurance policies. However, there is no clause in the Affordable Care Act that requires a system like the one in France to be implemented in the United States. In order to achieve a more optimal outcome, the United States can use Medicare as a precedent to emulate. Revising Obamacare by implementing Medicare administrative practices can greatly help the disentanglement of medical bureaucracy, lowering operating expenses and simplifying the experience for the consumer. This could easily be accomplished by utilizing a Medicare system for all citizens. Additionally, for any the additional costs not covered by the universal Medicare system, patients should be allowed to carry a supplemental insurance, similar to Medi-gap. France has found it very efficient to use supplemental insurance programs to provide any missing benefits not covered in their universal program. France has put much emphasis on bargaining, whereas the U. In some cases, the U. Government is explicitly prohibited from bargaining for lower drug costs associated with the Medicare Part D plan. By emulating the French cost and quality of health care, the U. S, health care private industry will be brought to become efficient and competitive. Otherwise, price controls and other regulatory measures may be imposed to cure the problem, and the implications of such approaches are very broad and deep in ideological terms. It may do away with private health care insurance companies and impose strict control on pricing of pharmaceuticals, hospital, and physicians. In other words, providers in the health care industry would have to be viewed as a natural monopoly and therefore must be controlled just as utilities prices are currently controlled under a formula of cost plus reasonable return. There is in deed no other alternative for the U. Other elements of the "Manifesto For U. Health Care Reform" include changing the culture and attitudes of the physicians. The same rule must apply to hospitals and drug makers. Rather than putting any focus on becoming successful capitalists and entrepreneurs in the health care professional, they need to be put more emphasis on primary loyalty and responsibility to patients care. This is nearly double for a physician providing the same services,

yet physicians in France on average are required to complete more years in medical school while still remaining loyal to patients. The honor of being a physician in France is above and beyond that of entrepreneurial goals, as is clearly demonstrated with their acceptance of a sensible salary. While Obamacare may not be replicating the French health care system, it seems that its goals are similar, but unfortunately remain unaffordable. Therefore, it is necessary for its policies to promote those goals and make them affordable. By enacting policies regulate the aforementioned issues described in terms of the "Manifesto For U. Healthcare Reform", and by creating a Medicare program for all citizens through the Affordable Care Act, it is possible for Obama to decrease the cost of health care to the public. Thus making it more accessible and increasing the number of U.

Chapter 6 : The U.S. Health Care System: An International Perspective – DPEAFLCIO

France's health care system is one of the most expensive in the world. But it is not as expensive as the U.S. system, which is the world's most costly. The United States spends about twice as much.

Contacts for French healthcare system French healthcare system updates – As of , a new French healthcare system for foreigners known as the Protection Universelle Maladie PUMA allows all residents in France – working or not – to have access to French healthcare after three months of residence. In a new phone line will be introduced to help you find the closest out-of-hours emergency doctors. The French healthcare system: In employees paid around 8 percent in total, while employers paid around 13 percent of salary towards health costs. The reform is aimed at simplifying the French healthcare system and reducing paperwork, as well as guarantees that everyone who works or lives permanently in France longer than three months will have access to French healthcare and reimbursements. In addition, since the end of , doctors and certain medical personnel have to waive upfront payments and be paid directly by the government or health insurer, unlike the system now where some patients pay upfront for their French healthcare services and make a claim later. In the case of some major or long-term illnesses, per cent of the costs are covered. The remainder of your charge must be paid for either by the patient or through any supplementary private health insurance. When you take out one of these policies, note that some may not cover certain sports and they may not offer immediate cover either. There are also other small charges that must be paid for by the patient, for example, a EUR 1 out-of-pocket charge per GP visit. The French healthcare system is considered among the top healthcare systems in Europe , scoring well for the abundance of doctors, low waiting times and good healthcare spending, although French doctors tend to medicalise many conditions and hand out lots of drugs. French healthcare system coverage for foreigners in France PUMA By law all residents in France must have some form of health insurance, whether private or a state French health insurance scheme read our guide to health insurance in France. In order to be eligible for coverage under the state French health care system PUMA , you need to be either employed or living in France on a stable and an ongoing basis for more than three months with the intention to spend more than days a year in France. Previously, you also had to change your French health insurance plan if there was any major change in employment or your household, which potentially led to a break in healthcare coverage, as well as typically apply for an annual renewal. Thus PUMA is also about improving continuity by eliminating the need for any administrative formalities when changes in circumstances occur. You will typically need to pay cotisations sociales social contributions to cover your healthcare in France, although some categories are excluded, for example, if you earn below a certain threshold. Self-employed workers and business owners typically get French healthcare cover from day one of starting their business. The process is not automatic, however, so you will need to follow each step of the process. If you are employed, your employer will first register you with French social security after which you can register for French healthcare. You will typically need to pay around 8 percent of your income if you earn above a certain threshold EUR 9, in , otherwise it will be free under the CMU-C scheme read more in our guide to French health insurance Your French healthcare system card: Once you are registered with the French health system you will be issued with yours. This is a green, plastic health insurance card bearing your photo and embedded with a chip containing your name, address, social security details and details about any exemptions for payments, but no medical information. Your French healthcare card is not necessarily issued automatically; you can ask for it once you are registered with the healthcare system in France. You will typically need to show proof of your pension alongside a translated birth certificate, passport and proof of residence. Early retirees can also access healthcare in France – under the PUMA scheme after three months of residence in France – although economically inactive early retirees may have more difficulty getting approval. Up until April , UK citizens under retirement age were able to access state healthcare in France for two and a half years using the S1 form but this is no longer available. If you already hold a S1 card you can use it until the cover it provides runs out; if you do not, you will have to take out private medical insurance until you reach retirement age when you can get a S1. Under the new PUMA French healthcare system, dependent family members of foreigners with a S1

exemption certificate do not lose their S1 rights, as the new law excludes those connected to a foreign pension who also get health insurance cover through their home country. This means that S1 households do not have to pay contributions to the French health system nor pay French social security on their pension. Thus those who hold an S1 certificate of exemption will only be affiliated with PUMA for the purpose of administration. If you receive a pension from France, you are entitled to claim healthcare in both France and your country of residence. The free medical exam can be performed every two years, from the age of five, and is completely covered by your French health insurance. These doctors are mostly self-employed and work either alone or in group practices. Read more in our guide on how to find a French doctor. Read more in our guide to doctors in France. Going to see a specialist in France In the French healthcare system, specialists can work exclusively in their own practice, a group practice, in a clinic or a hospital or in a combination of settings. Some work in both the state and private sector. Specialists charge higher fees than French doctors. There are official rates which have been set by the health service but some specialists can charge more, in which case the patient will either be reimbursed at the official rate or more if the health insurance provider has allowed for this. Remember, under the French healthcare system you will only be reimbursed at the full rate if you have been referred to the specialist by your own French doctor. Of course, you can visit a specialist without a referral but the consultation will only be reimbursed at the basic doctor rate, regardless of how much the visit cost you. French hospitals There are two types of French hospitals: Your doctor can refer you to either a state hospital or private clinic. Read more in our guide to going to hospitals in France. Prescription costs in France Once you take your prescription to a pharmacy, a shop displaying a large green cross outside, you will be asked to pay a proportion of the cost of the medication, depending on the drug and your insurance cover; the French health care system pays the rest. The amount reimbursed varies according to the type of medicine and can be 15, 30, 65 and percent. Pharmacy opening hours In larger towns and in shopping centres, pharmacies are usually open Mondays to Saturdays from 8. One pharmacy in each area will open on Sundays and during out-of-hours. To find this duty pharmacy, look in the window of other pharmacies, in the local newspaper, call or look online. Most dentists work within the public French healthcare system, and costs are reimbursed in the same way as other medical treatment. You typically pay upfront and charges or a percentage of them are reimbursed later, unless the dentist can bill your insurer directly via your carte vitale. You should get a written quote before having any treatment. However, some procedures – orthodontics for example – are not covered under the state system and you will have to pay for this. You can search online to find a dentist in France. French healthcare system pros and cons Pros French healthcare is inexpensive because of government-set fees and caps, besides the fact that the majority of costs are reimbursed. The public healthcare system in France is accessible to all legal residents in France, even those who are not employed. Expats who are living France can access subsidised French healthcare after just three months of stable and ongoing residence, or sooner if they work in France and pay French social security. As some foreigners cannot claim French healthcare until after three months of residence, they may be required to take out private health insurance to cover them in the interim. The high quality of the French healthcare system comes with a price tag. Employed residents in France have to pay a considerable amount in taxes social security to shoulder the costs of healthcare in France. Many patients still have to pay doctors and medical practitioners upfront for services rendered and claim a reimbursement later, although this is being phased out since when bills are now mostly charged directly to the French healthcare system. France spends around The high quality of French healthcare and environmental factors have led to one of the highest life expectancies at birth in the world: This has continued to increase over recent years. More than 75 percent of health expenditures in France are covered by government-funded agencies. Low-income and long-term sick patients receive percent coverage. You can also call for hearing assisted , which is the free pan-European emergency number for any type of emergency, or one of the following numbers which are also free from any phone:

Chapter 7 : Health care in France - Wikipedia

The public health insurance program in France was established in and its coverage for its affiliates have undergone many changes since then.

An International Perspective The U. Rather than operating a national health service, a single-payer national health insurance system, or a multi-payer universal health insurance fund, the U. In , 48 percent of U. The federal government accounted for 28 percent of spending while state and local governments accounted for 17 percent. Among the insured, In , nearly It will then outline some common methods used in other countries to lower health care costs, examine the German health care system as a model for non-centralized universal care, and put the quality of U. Of the member states, the U. In North America, Canada and Mexico spent respectively On a per capita basis, the U. Prohibitively high cost is the primary reason Americans give for problems accessing health care. Americans with below-average incomes are much more likely than their counterparts in other countries to report not: The first is the cost of new technologies and prescription drugs. Nationally, health care costs for chronic diseases contribute huge proportions to health care costs, particularly during end of life care. Their findings suggest that this holds true even when controlling for socio-economic disparity. Further, the government outsources some of its administrative needs to private firms. The aim is to improve administrative efficiency by allowing doctors and hospitals to bundle billing for an episode of care rather than the current ad hoc method. Uneven Coverage While the majority of U. Average annual premiums for family coverage increased 11 percent between and , but have since leveled off to increase five percent per year between and Between and , single coverage deductibles have risen 67 percent. The lack of health insurance coverage has a profound impact on the U. The Center for American Progress estimated in that the lack of health insurance in the U. While the low end of the estimate represents just the cost of the shorter lifespans of those without insurance, the high end represents both the cost of shortened lifespans and the loss of productivity due to the reduced health of the uninsured. Forty million workers, nearly two out of every five, do not have access to paid sick leave. Experts suggest that the economic pressure to go to work even when sick can prolong pandemics, reduce productivity, and drive up health care costs. Experts attribute this sharp decline in the uninsured to the full implementation of the ACA in Firms with higher proportions of low-wage workers are less likely to provide access to health insurance than those with low-proportions of low-wage workers. However, the percentage of part-time workers without insurance was The uninsured rate among those who had not worked at least one week also decreased from Among all small firms workers in , only 56 percent offered health coverage, compared to 98 percent of large firms. Beginning in , the Affordable Care Act banned this practice, as well as denying coverage for pre-existing conditions. From to , average annual health insurance premiums for family coverage increased 61 percent, while worker contributions to those plans increased 83 percent in the same period. Union workers are more likely than their nonunion counterparts to be covered by health insurance and paid sick leave. In March , 95 percent of union members in the civilian workforce had access to medical care benefits, compared with only 68 percent of nonunion members. In , 85 percent of union members in the civilian workforce had access to paid sick leave compared to 62 percent of nonunion workers. In the South, 41 percent of firms reported providing benefits for same-sex partners compared to 51 percent in the Northeast and 20 percent reported offering benefits to opposite-sex domestic partners compared to 46 percent in the Northeast. Provisions included in the ACA are intended to expand access to healthcare coverage, increase consumer protections, emphasizes prevention and wellness, and promote evidence- based treatment and administrative efficiency in an attempt to curb rising healthcare costs. Beginning in January , almost all Americans are required to have some form of health insurance from either their employer, an individual plan, or through a public program such as Medicaid or Medicare. Individuals with incomes between percent and percent of the federal poverty line would be eligible for advanceable premium tax credits to subsidize the cost of insurance. States have the option to create and administer their own exchanges or allow the federal government to do so. Currently, only 14 states operate their own exchanges. A recent analysis by the Commonwealth Fund found that the number of insurers offering health

insurance coverage through the marketplaces increased from to . The analysis found only a modest increase in average premiums for the lowest cost plans from to . As of November , 30 states have chosen to expand Medicaid. As of , adults with incomes at or below percent of the federal poverty line are now eligible for Medicaid in the states that have adopted the expansion. S healthcare system under the ACA, a number of challenges remain. The bulk of people in the coverage gap are concentrated in the South, with Texas , people , Florida , , Georgia , and North Carolina , having among the highest number of uninsured. The law banned lifetime monetary caps on insurance coverage for all new plans and prohibited plans from excluding children and most adults with preexisting conditions. Among them is the Independent Payment Advisory Board, which will provide recommendations to Congress and the President for controlling Medicare costs if the costs exceed a target growth rate. The administrative process for billing, transferring funds, and determining eligibility is being simplified by allowing doctors to bundle billing for an episode of care rather than the current ad hoc method. Additionally, changes were made to the Medicare Advantage program that would provide bonuses to high rated plans, incentivizing these privately-operated plans to improve quality and efficiency. Furthermore, hospitals with high readmission rates will see a reduction in Medicare payments while a new Innovation Center within the Centers for Medicare and Medicaid Services was created to test new program expenditure reduction methods. While methods range widely, other OECD countries generally have more effective and equitable health care systems that control health care costs and protect vulnerable segments of the population from falling through the cracks. Among the OECD countries and other advanced industrialized countries, there are three main types of health insurance programs: A national health service, where medical services are delivered via government-salaried physicians, in hospitals and clinics that are publicly owned and operatedâ€”financed by the government through tax payments. There are some private doctors but they have specific regulations on their medical practice and collect their fees from the government. Medical services are publicly financed but not publicly provided. Canada, Denmark, Taiwan, and Sweden have single-payer systems. This method is used in Germany, Japan, and France. Such a mandate eliminates the issue of paying the higher costs of the uninsured, especially for emergency services due to lack of preventative care. This has been effectively used by the U. Yet, it has been prohibited by law from traditional Medicare. Savings of up to five percent of total health care expenditures could result from the full adoption of these practices. How Germany Pays for Health Care Germany has one of the most successful health care systems in the world in terms of quality and cost. Some insurance providers collectively make up its public option. The average per-capita health care costs for this system are less than half of the cost in the U. The details of the system are instructive, as Germany does not rely on a centralized, Medicare-like health insurance plan, but rather relies on private, non-profit, or for-profit insurers that are tightly regulated to work toward socially desired endsâ€”an option that might have more traction in the U. Germans have no deductibles and low co-pays. However, they are tightly regulated. Groups of office-based physicians in every region negotiate with insurers to arrive at collective annual budgets. Doctors must remain in these budgets, as they do not receive additional funding if they go over. This helps keep health care costs in check and discourages unnecessarily expensive procedures. The average German doctor also makes about one-third less per year than in the U. Prior to reforms, drug companies set the price for new drugs and were not required to show that the new drug was an improvement over previously available prescription drugs. Pursuant to the reforms effective in , manufacturers could set the price for the first 12 months a new drug is on the market. New drugs without added benefits are available to patients, but the patient has to pay the price difference. For drugs with added benefit, a price will be negotiated between health insurers and the manufacturer. Health Care in an International Context U. However, treatment in the U. In terms of quality of care, the U. Despite the relatively high level of health expenditure, in the U. In , the U. Projections indicate that the U. Therefore, there are provisions in the legislation to increase the number of primary care physicians in the U. There is a significant spatial mismatch within the United States for physicians as well. This is the highest rate among OECD countries. The average for the OECD countries was

Chapter 8 : How healthy is the French health system?

France's health care system is a public/private hybrid: Everyone is covered to a certain extent by the government's Assurance Maladie, but most people also have private insurance, called a.

The awesome French healthcare system. The good stuff In France, healthcare is universal. Everyone has access to social security, whether you have a job, are looking for one, or are homeless. Same for prescription drugs and anything your GP refers you to. Now you always need to get the GP to determine if you need more tests, scans or to see a specialist. Alternative therapies are being covered, like acupuncture and homeopathy, you can even get a thermal cure to treat depression, paid by Social Security! Want to stop smoking? Every five years, you are entitled to a full checkup for free, with hearing, eye and teeth exams, scan of your lungs if you smoke, blood test, etc. Whatever they find out during that checkup will be taken care of for free. The bad stuff The fixed prices of medical acts are set by Social Security and rarely revised. The same goes for the ER, hospitals are generally under staffed. Doctors used to make house calls, they rarely do anymore. Dental acts are priced even lower for basic treatments, a cavity is set at around 25 euros and a root canal around 80 euros. A 25 euros cavity will take longer than a 23 euros GP visit, and the dentist will have invested in more gear, seat, drills, radio equipment, etc. Dentists loses money when performing those acts, but they have to in order to keep a clientele. Then they push you to get a crown and overcharge to make up for the rest. Generally the dentist charges euros or more. They will try to push it even when not necessary. Or do illegal stuff, like getting the implants and crowns from China and not respond when it breaks. Dentists will also rarely see you for long periods of time if you need extensive treatment. You will get an hour per week, like everyone. In the meanwhile, the temporary fix will deteriorate, and the cavity worsen. In Guatemala, you can see a dentist highly trained in the US for the whole afternoon, until your whole mouth is fixed. Many rush their work and do not cure you entirely. The high cost of some acts, and time it takes to get treated, especially for dental, pushes patients to seek treatment abroad that is partly refunded by SS, at the same rate it would in France, in all EU countries and a few more , and puts even more strain on the doctors who lose their most lucrative procedures to foreign doctors. It also prevents doctors from pursuing excellence and expensive specializations. Rare are the doctors who train for more, learn new acts over the course of their careers, try new products or buy new equipment. Many practice a medicine from 50 years ago, for lack of means to make it quicker and less invasive for the patient. You can get a free abortion but have to pay for contraception, so many women go with the free option. That system had a huge deficit, due to poor administration and abuse from patients who were seeking treatment and pills all the time. In shortâ€¦ Good or bad, we manage to have one of the highest life expectancy in the world, well over 80 years. But that may be due to wine.

Chapter 9 : The awesome French healthcare system. Or is it?

We've covered the United States and Canada. today, we cross the Atlantic to discuss the healthcare System in France. Their system is a combination of universal social insurance with some optional.

A Taste of France: All the Ingredients for the Good Life. Your email address International Living Magazine If money were no object, what would your dream retirement look like? Each month, we delve into the details you need to take action. We share our contacts. We lay out the pluses and minuses. And we keep you up-to-date on the latest developments in the best overseas havens. Life expectancy now averages 85 years for women and In the past 10 years the number of people living over the age of has doubled, with 24, people reaching the three-digit mark. And the World Health Organization shares our view. For those who are paying into the French Social Security System, healthcare is a lot cheaper than taking out private healthcare plans. Costs vary depending on your income, household, and a number of other factors. Most people then have private insurance called a mutuelle to cover any shortfall. Who is eligible for the French national health system? You are eligible to join the system right away if you are legally employed in France and pay into the French social security system. Fortunately, reasonably priced medical plans for expats are available. For example, take a look at Association of American Residents Overseas to assess their varied comprehensive plans. There are also a number of British companies that specialize in providing healthcare for expats. In France, you pay the doctor in his office as soon as your visit is finished, rather than when he sends you a bill. Most professionals speak English. Hospital Treatment The conditions for reimbursement for medical expenses vary from hospital to hospital. For instance, your healthcare insurance policy may only cover you for treatment in a public hospital, not in a private clinic.