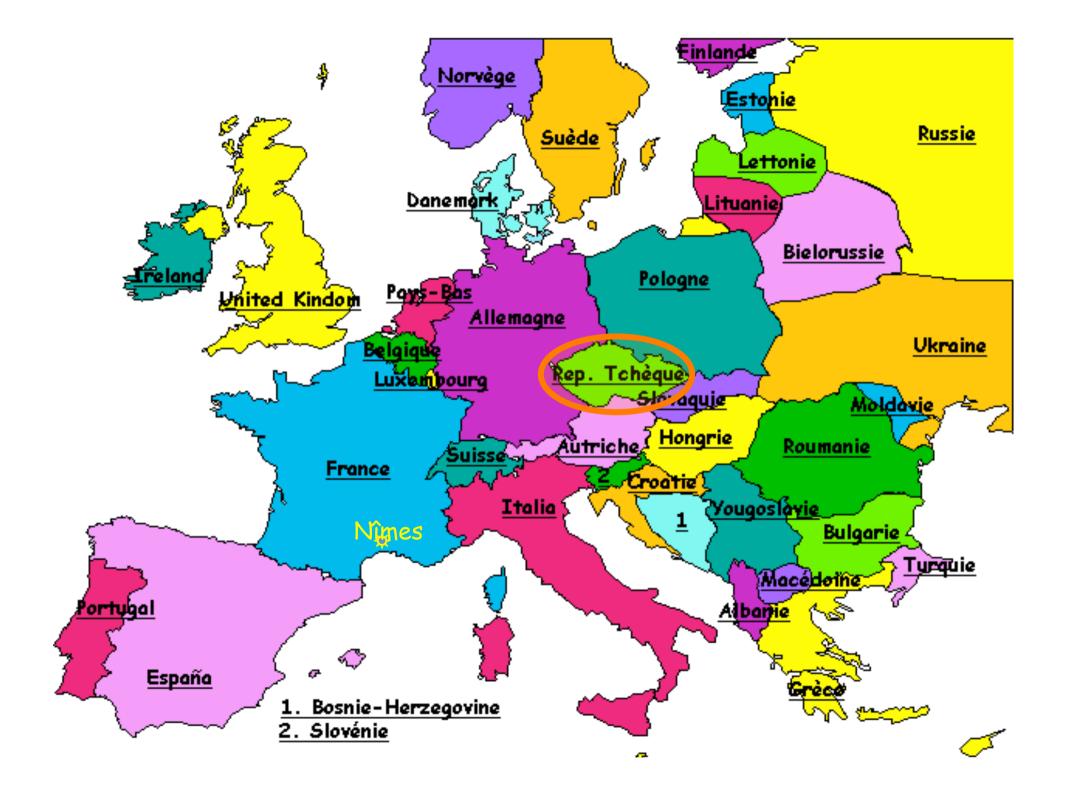
Professeur Pierre MARES

Translation : Olivier MARES







Nîmes

Since 2010, spending of the institution increased of less than 3%.

The objective was a mean increased of 2.4%.....



Charged for the consumers: 9.6 %

But 59.7 % for insured people.



Only 4.15 % of consumers have no complementary health insurance

♦ 8.5 % in Modest family.

Expensive health plan with important cost \rightarrow an increase in tax \rightarrow solidarity of the society with a priority for health

Conseil d'Analyse économique – 3 avril 2014

Economic values

	France	Germany	UK	Italy	Spain
GDP(PIB) (Mill. € 2013)	2059	2737		1560	1022
Social part (% PIB)	33.0	26.2	23.8	28.4	27.4
Obligatory tax (% PIB 2012)	44.2	37.1	35.5	42.9	31.8

Economic values

	France	germany	UK	Italy	spain
GDP (Mill. € 2013)	2059	2737		1560	1022
Health cost (% PIB)	33.0	26.2	23.8	28.4	27.4
Déficit financing (% PIB)	- 4.3	0.2	- 5.9	- 2.8	- 6.1
Public debt (% PIB)	90.2	81.0	88.7	127.0	86.0
Tax (% PIB 2012)	44.2	37.1	35.5	42.9	31.8

Function:

Head chief department

President of the medical council of the institution (CME)

Secretary of the National Conference of the French university hospital

⇒ CHU de Nîmes



The situation

Motivational institution program for medical and paramedical employers was not possible with just a program of lay off and closing of units

⇒ Head director/ President of the medical council

- New system: based on innovating program on the medical side and incresase performance of the administration to obtain new financial source

- System realized in a democratic way with a large consultation of each unit of the institution

CHU de Nîmes

- Rhone area (1 500 000 person)
- Private/public collaboration: neurosurgery, cardiac surgery...
- New solution on both side administrative and medical
- To enhance the motivation of each to perform efficiency at each post



Administrative choice= Research of financial sources

Obtain all the financial aid form from the governement

- *⇒* financial placements
- ⇒ reconnaissance B.H.N / Merri / Migac
- ⇒ apply for clinical research
- ⇒ informatization data system :
 - medical chart
 - pharmaceutical chart
- ⇒ Increase collaboration between public/private institution
- *⇒* Telemedecine
- *⇒* Foundation for research and developping

A new way of management:

- Commission with sharing responsability Director/Doctor/CME
- Improve external consulting (bench marking)
- Increase salary for young doctors
- Optimization of financial balance

 opportunity to create new post
- Specific direction for « Quality » and « Customers »



A new way of management

- ⇒ Developping inter connection and use of shared data for all
- ⇒ Help for the doctors with data-processing coding

Stability is diffcult and future unknown:

⇒ The Governement give a global budget and each year the benefit of the more frequent intervention medical or surgical is decreased



"You see, Ms. Jenkins, by doubling up on patients in the MRI, we're able to cut costs in half, thereby passing the savings on to you."



Give a future, before motivational behaviour decline

- ⇒ New medical project– Hôpital « de parcours » 2011 2016
- ⇒ Improve coordination between private and public hospital
- ⇒ Improve day and ambulatory surgery
- ⇒ Improve quality of hospitalisation (single room)

- Permanent reactivity and creativity
- Specific tools
- Facing institution and government:

⇒ What to do?

→ How to react against lower budget and increase older people in the

global population?



Ethics and society

Face Adminsitrative labyrinth
Financial complexity
budgets saving....

What is theplace of the personn in society...

Ethics and society

The medecine in question... yes

But

Society in quest of meaning of life..

