Strengthening Community Health in Romania

Payment models for preventive services in Europe

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How preventive services are paid in Europe?

The case of France

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Main features of the French health system

Social health insurance system	Universal coverage, including for persons without income
	National Union of Health Insurance Funds (UNCAM)
	Multiannual agreements with associations of practitioners
Health expenditure	12.2% of GDP (2020)
	Almost 80% from public funds
	Widespread co-payments covered by complementary health insurance (95% of the population)

Planning and regulation

Main actors	The Ministry of Health and Solidarity has the overall policy responsibility.
	Regional Health Agencies (ARS) plan health services at regional level and fund innovative health interventions, like multidisciplinary health centers.
	UNCAM is the single payer in the health insurance system, relying on 101 local health insurance houses.
	The High Counsel for Public Health is an advisory body involved in the formulation of public health policies, including prevention.
Policies on prevention	National Health Strategy (2017) envisaged a pivot towards prevention in outpatient care (“virage preventif”).
	The 2016 Multiannual Agreement reflects the objectives of the Strategy, for instance through Remuneration for Public Health Objectives (ROSP) and capitation payments for chronic care case management.
	Also, ARS-funded Experiments with New Models of Remuneration (ENMR).

Preventive service providers in primary care

GPs are the main providers of preventive services. Most of them work in individual practices. They are engaged in all forms of preventive services.

In recent years, there has been a great emphasis on coordination between GPs at community level and vertically with specialists to improve secondary and tertiary prevention.

- Provider-payment mechanisms have been expanded to encourage coordination between physicians in outpatient care.
- Investments have been made in building facilities that gather practitioners from various specialties and auxiliary professionals (multidisciplinary health centers - MSP).

How are preventive services in PHC paid?

Preventive services are provided in the multiannual agreements	Health promotion, especially in children, pregnant women, smokers.
	Vaccination.
	Screening for health anomalies in children and for cancer in adults (breast, colorectal and cervical).
	Prevention of complications of chronic diseases by case management and care coordination.
Provider-payment mechanisms for preventive services are diverse and complementary	Fee-for service for most preventive consultations.
	Capitation for monitoring chronic patients.
	Pay for performance for selected preventive interventions.

Reimbursement for public health objectives – ROSP

- Managed jointly by UNCAM and the associations of physicians.
- Amounts to 5% to 7% of a GP revenue.
- Implemented since 2011, at first voluntarily. As of 2021, 63% enrolled.
- Involves GPs and outpatient specialist physicians from two specialties.
- Rewards physicians for meeting or progressing towards performance targets:
  - prevention
  - management of chronic diseases
  - efficiency of medicines prescriptions.
- In PHC: 39 indicators (29 for adults + 10 for children) (2016).
- Every indicator is assigned a number of points, which, as of 2016, were valued at 7 euro each.
- The actual number of points reimbursable for each indicator depends on:
  - the annual performance rate
  - the assigned number of points
  - the size of the registered population (ref. is 800/ 600).

Definition	Intermediary target	Aspirational target	Points	Average perf. 2021
Diabetic patients that received at least 2 HbA1c tests in the year	71%	≥89%	30	79%
Influenza vaccination for elderly (> 65)	49%	≥61%	20	61%
Breast cancer screening (50–74-year-olds)	62%	≥74%	40	63%
Cervical cancer screening (25–65-year-olds)	52%	≥65%	40	54%
Colon cancer screening (50–74-year-olds)	24%	≥55%	55	34%
Patients on statins whose cardiovascular risk was assessed before initiation	80%	≥95%	20	91%

Lessons learned

Prevention, physician cooperation and care coordination is emphasized in the Strategy.
The pivot towards prevention receives generous multiannual financing.
Provider-payment mechanisms follow national objectives.
Design and implementation of PfP was conducted jointly.
The measurement of performance employed data reported by through existing flows.
The indicators and the calculation of performance was simple. Targets were based in international evidence.
Local governments were involved in the construction and running of multidisciplinary health centers.

Merci!

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