



**The Heart
Failure Policy
Network**

From guidelines to action

Opportunities for heart failure advocacy in France



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About this document

The Heart Failure Policy Network (HFPN) is developing several country-specific heart failure (HF) advocacy briefings that identify existing tools and mechanisms available to drive system change at the national and local levels.

The briefings build on our previous work, particularly *[Heart failure policy and practice in Europe](#)* and its accompanying country profiles, which highlight policy and system gaps in HF. They are part of a new series exploring barriers to and opportunities for implementing evidence-based HF care, inspired by *[From guidelines to action: opportunities for change following the 2021 ESC guidelines](#)*.

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1. Actions for heart failure advocates in France

By taking a closer look at heart failure (HF) policy and extracting key insights from local pioneers, the HFPN aims to support HF advocates in maximising opportunities to improve the lives of people with HF. We hope that the specific actions proposed in this briefing can help drive system change for HF at the local and national levels in France.

Advocacy opportunity	Action
Development and delivery of regional strategies on cardiovascular health	<ul style="list-style-type: none">• Call on regional health agencies to prioritise HF in their health investment plans
Monitoring of quality indicators for HF	<ul style="list-style-type: none">• Use available data on quality indicators to identify care gaps and promote HF initiatives• Call for regional authorities to implement electronic health records linked across settings
Circulation and implementation of HF care guidance	<ul style="list-style-type: none">• Use current legislation to establish and scale up HF programmes
Investment in the digital transformation of the health system	<ul style="list-style-type: none">• Scale up proven remote monitoring HF programmes to national level

2. Heart failure burden and the health system in France

Heart failure places a substantial burden on the French health system and on people living with the syndrome

In France, HF is estimated to affect nearly 1 million people,¹ which corresponds to approximately 2.3% of the population.² The incidence of HF is projected to increase to about 120,000 new cases every year.¹ HF causes nearly 70,000 deaths³ and 165,000 hospitalisations annually in France.² There are inequalities in access to HF care and a higher prevalence of risk factors for cardiovascular disease in certain areas across regions.^{4,5} This results in significant regional differences in the prevalence of people with HF and the rates of hospitalisation and mortality.

For more information about the context of HF policy and practice in France, please see [Heart failure policy and practice in Europe: France](#).

Driving change in the French health system

The French health system gives residents the freedom to choose between public and private healthcare.⁶ The public health insurance system, Assurance Maladie, used by the majority of the population, is responsible for reimbursing a wide range of healthcare costs, including those relating to hospital-based care, diagnostic tests and medical treatments.⁶

While the government sets the national health strategy and allocates budget expenditures, regional health agencies are responsible for planning and service delivery at the regional level.⁷ They adapt national policies to their region, developing prevention and organisation plans, as well as managing resources to ensure people have equal access to high-quality care.⁶

Santé Publique France, the national public health agency supervised by the government, provides scientific expertise. It is responsible for protecting and improving the health of the population, with a particular focus on monitoring quality indicators, designing care programmes and promoting public health.⁶

Two complementary approaches are necessary to implement best-practice HF care: top-down and bottom-up. Top-down, a shared national vision for HF already exists, but there is a need for greater organisational, technological and financial support. Success also depends on taking a bottom-up approach; local decision-makers and healthcare professionals must leverage the policy and resources available in their area to improve HF outcomes in their communities.

3. Advocacy opportunities for turning heart failure guidelines into action

Development and delivery of regional strategies on cardiovascular health

Local and regional HF advocates can leverage the priorities in regional health investment strategies to drive change for HF care.

The French government has committed to prioritising HF in national plans. In 2018, the Ministry of Solidarity and Health launched Ma Santé 2022, a healthcare transformation plan committed to strengthening the care pathway for HF. In 2020, the government led Ségur de la Santé, a consultation that recognised the need to improve care for people with chronic conditions such as HF. The findings were used to develop a strategy with established priority areas for investment in the health system.

Regional health agencies have received funding to implement health investment plans. In 2021, French regions developed regional health investment strategies, which have been allocated funding for the implementation of multiple projects, including some addressing cardiovascular disease.⁸⁻¹⁰ For example, the regional agency for health (agence régionale de santé, ARS) of Ile de France was allocated over €2.4 billion to implement its regional health investment strategy and improve access to care for the period of 2021–29.^{8 11}

Leading experts have called on French policymakers to improve HF care at the national and regional levels. In June 2021, the Optim'IC programme launched *Optimisation of the care pathway for heart failure patients*, a report calling on French policymakers to establish a cost-effective care model to improve the quality of life of people with HF. The report outlines opportunities to improve HF care and offers detailed policy recommendations at both the national and regional levels. The priorities include detecting HF early to minimise hospitalisations, optimising regional care pathways, improving access to HF information and creating person-centred funding structures.^{12 13}

Assurance Maladie has raised awareness of HF with a national campaign. The insurance system has initiated a campaign primarily targeted to people aged 60 and over.¹⁴ The campaign highlights HF symptoms and prompts people who experience them to arrange a medical appointment. As part of the campaign, local health insurance organisations are providing information in the form of posters and educational videos.¹⁴



Action: call on regional health agencies to prioritise HF in their health investment plans

Despite the national plan including commitments to strengthening the HF pathway, regional health agencies have not allocated specific funding for this purpose. HF advocates could leverage the investment priorities of regional plans to promote initiatives that address the syndrome.

Priorities in regional health investment plans that could address HF include:

- facilitating **coordination** across hospitals and primary care
- addressing premature but **avoidable mortality**
- reducing **regional inequalities**.



Where has this approach succeeded?

The regional health investment strategy for Nouvelle-Aquitaine includes allocated funding for structural projects in the area, some of which address cardiovascular disease, though not HF specifically.¹⁰

Monitoring of quality indicators for heart failure

Comparing the quality of care at local, regional and national levels through the collection and analysis of HF data can help with identifying gaps in care and developing recommendations to address them.

Assurance Maladie, the health insurance system, collects quality and outcomes data that can help identify gaps in HF care. The health insurance system has developed professional territorial health communities (communautés professionnelles territoriales de santé, CPTS), which serve as an online tool to identify challenges and gaps in care.¹⁵ Collected data include indicators regarding the prevalence of diseases, access to care and the availability of healthcare professionals. These quality indicators are useful for comparing data at the local, regional and national levels. For instance, the data have identified that many people with HF do not see a physician in the potentially vulnerable period following hospital discharge.¹⁶

The French government has started developing electronic health records across the country, but implementation has been slow. The development of a national electronic health record was approved in 2004, but organisational difficulties, reluctance among healthcare professionals and a lack of political support have delayed widespread implementation.¹⁷ Sharing electronic health records across hospitals and care settings will play an essential part in enhancing the monitoring of quality indicators and improving HF care.



Action: use available data on quality indicators to identify care gaps and promote HF initiatives

HF advocates can use the data captured via CPTS to compare quality of HF care across regions and identify gaps in the provision of care. The identification of gaps in care can provide a strong case for pushing for the development of initiatives to address them.



Action: call for regional authorities to implement electronic health records linked across settings

Electronic health records can be implemented and linked to facilitate data sharing across hospitals and other care settings. This can improve the HF pathway by addressing care fragmentation and ensuring continuity of care outside of hospitals. In addition, the collected data can be used to assess quality indicators, conduct research and inform policymaking decisions.



Where has this approach succeeded?

Software has been deployed across the 39 hospitals that are part of the Assistance Publique-Hôpitaux de Paris (AP-HP).¹⁸ The software facilitates the sharing of electronic health records across hospitals and collects data, which can be used in research to improve quality of care for people with HF. By 2019, the AP-HP had opened more than 10 million patient records. Linking the electronic health records with other care settings has the potential to further address care fragmentation.¹⁸

Circulation and implementation of heart failure care guidance

The Haute Autorité de Santé provides materials and guidance to support the delivery of HF care, but centralised support is needed to spread structured best-practice programmes across the French regions.

Healthcare professionals have access to resources on best-practice HF care, but there are no policies supporting their implementation. The French Society of Cardiology recommends following the European Society of Cardiology's HF guidelines.¹⁹ Based on these, the Haute Autorité de Santé has developed resources to help healthcare professionals navigate the HF care pathway, including the roles of different healthcare professionals, care coordination and critical points of care.²⁰ However, there are no regional or national policies that set out processes and incentives, so decisions regarding delivery of care often depend on local practices and available resources.¹⁹

Current incentive systems hamper the coordination and continuity of HF care. Experts highlight the lack of coordination between primary and secondary care as an issue, as well as the limited access to specialist care for people with HF.^{16 19} In 2020, during the COVID-19 pandemic, the Haute Autorité de Santé shared guidance on the follow-up of people with HF to ensure care continuity.²¹ However, the government does not provide organisational or financial support to accompany this guidance. Although there are financial incentives for healthcare professionals working in primary care to coordinate care for people with chronic conditions, there are no incentives for hospital-based specialists to be involved in follow-up HF care. In fact, the currently deployed fee-for-service care model may incentivise rather than penalise hospital readmissions.⁷



Action: use current legislation to establish and scale up HF programmes

Healthcare professionals can make use of Article 51 of the Social Security Financing Act, introduced in 2018, to trial HF programmes.²² Article 51 permits experimentation with innovative organisational schemes and methods of financing to improve the HF care pathway and increase the efficiency of the health system.

The programmes could include:

- a **remote expert service** to support healthcare professionals in the community
- a coordinated **integrated pathway** between primary and secondary care
- the assessment of people with HF by a **multidisciplinary team**.

Where has this approach succeeded?

In 2020, under Article 51, Henri Mondor University Hospitals and the AP-HP cardiology trust set up and evaluated expertise and coordination units (CEICS) to improve the outcomes and quality of life of people with severe HF.²² The healthcare professionals on the HF units include cardiologists and coordination nurses (IDEC), who are responsible for implementing a protocol of care coordination called the PCIC.²³ This project aims to reach nearly 5,000 patients.²⁴

Investment in the digital transformation of the health system

Funding and support for the digital transformation of HF care could be obtained from government agencies and through various digital policies.

Recent French legislation supporting remote monitoring for people with HF has reduced hospitalisations. In 2018, according to Article 54 of the Social Security Financing Act, a four-year project involving remote monitoring was implemented for five health conditions, including HF.²⁵ A programme on telemonitoring and experimentation in telemedicine for the improvement of healthcare pathways (Expérimentations de Télémédecine pour l'Amélioration des Parcours en Santé, ETAPES) financially supported the projects across France. The telemonitoring studies were assessed, and the report that was developed in 2020 for Parliament demonstrated a 20% reduction in hospitalisations for HF.²⁶ In 2022, Article 36 provided funding for the incorporation of remote monitoring into the law.²⁵

A new protocol that allows nurses to provide remote monitoring has the potential to improve HF care. In 2019, the Ministry of Health authorised the cooperation protocol.²⁷ This allows nurses to perform remote monitoring and titration consultations for people with HF. The aim of the legislation was to allow early treatment and close monitoring of people with HF to optimise treatment, slow down disease progression and improve patient outcomes.²⁸ Alongside this, it provides nurses with the opportunity to develop new skills, carry out medical activities independently and progress in their career. However, it has been noted that a lack of incentives for nurses may hamper progress in the widespread implementation of the cooperation protocol.¹⁹



Action: scale up proven remote monitoring HF programmes to national level

Innovative programmes that have achieved significant improvements in the outcomes of people with HF should be assessed. The programmes identified could receive support from Assurance Maladie to help extend implementation across the country.



Where has this approach succeeded?

In 2022, French professional societies organised the Tool'IC Innovation Trophies initiative with support from Assurance Maladie. Under the supervision of a jury of leading experts, they have shortlisted 34 programmes.²⁹ The winning programme, which will be announced on 12 May 2023, will receive support to develop toolkits that will promote wider implementation across the country.³⁰

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About the Heart Failure Policy Network

The Heart Failure Policy Network (HFPN) is an independent, multidisciplinary group of healthcare professionals, patient advocacy groups, policymakers and other stakeholders from across Europe whose goal is to raise awareness of unmet needs surrounding heart failure and its care. All members provide their time for free. All Network content is non-promotional and non-commercial. The Secretariat is provided by The Health Policy Partnership Ltd, an independent health policy consultancy based in London.

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