View from France

Alexandra Giraud, Michel Amouretti, Yves Derenne, and Philippe Marrel describe development in quality assurance and quality improvement in health care in France.

Changes are taking place in French medicine indicating that, at last, quality assurance (QA) is moving from rhetoric to implementation as part of everyday practice. Evidence of the changes can be found by scanning the contents of medical meetings, which now often include work related to QA. Various factors have influenced this important development in France, including new legislation and work by the National Agency for the Development of Medical Evaluation and the French Society for the Evaluation of Care and Technology.

Legal context

Probably the most important institutional change occurred in July 1991, when a major hospital reform became law and "evaluation" became a mandatory key concept for both general management and medical management in French hospitals. The main components of this key legislation concerning medical evaluation are that:

- Hospitals, whether public or private, have an obligation to develop an explicit evaluation policy for both medical organisation and medical practice; they will be required to develop a five year strategic plan and evaluate its outcome
- High technology units such as cardiac surgery, neurosurgery, and transplant surgery units will be audited every five years, and this will determine whether or not a unit is allowed to continue to function
- No new developments (for example, opening of new wards) will be authorised unless they include protocols for assessment, and continued funding for such projects will depend on the results of a five yearly assessment
- Clinical units are expected to develop quality assurance activities data about the quality of care to complement financial information produced by the information system PMSI (Project de Médicalisation des Systèmes d'Information). (PMSI is a diagnostic related

group based hospital information system, experimental for over ten years in France and now generalised whose target is to determine an aggregated cost per diagnostic related group.)

One of the objectives of this legislation is to introduce the concepts and the practice of total quality management throughout the whole French health care system. For a country which retains a very individualistic approach to the provision of health services this is an ambitious project which will require enormous attitudinal change.

Despite these moves by the French parliament much work remains, particularly in educating and training health professionals and managers in the methodology of quality assurance and total quality management. Responsibility for overseeing this huge task has been given to three organisations, the newly created Office for the Evaluation of Health Care Organisations in the Division of Hospitals in the Ministry of Health, the Agence Nationale pour le Développement de l'Evaluation Médicale (ANDEM) and the Société Française d'Evaluation des Soins et des Technologies (SOFESTEC).

ANDEM

This new agency was set up in 1989 to develop a programme of evaluation of clinical care within the health care system.¹ The 1991 Hospital Law specifies that ANDEM must both develop and validate appropriate QA methods, based on work at successful pilot sites. The agency is also charged with the task of disseminating the results of these experiments, supporting hospitals and practitioners to implement programmes of evaluation, and also providing relevant training for health professionals. The projects set up by it cover a wide range of medical intervention in both general practice and hospital care.

In 1990-1 ANDEM helped to conduct a series of medical and nursing audit projects in 14 hospitals. From their results and from knowledge about quality assurance in other countries it was clear that, for medical audit to become effective, medical audit methods needed to be

explained to medical teams, and in 1993 ANDEM funded 30 public and private hospitals to train medical teams to follow up any medical audits that were undertaken. A guide for implementing medical audits in hospitals is due to be published later this year, and the publication of a training programme in audit methods will follow.

One salient result of the audits undertaken was recognition of the poor quality of medical records. Collecting routine medical data (for example, diagnostic data, infection rates, surgical complication rates) is not traditional practice in French hospitals. The necessary logistical, financial, and human investments for collecting and keeping data have not been considered a priority in a context of scarce resources, but as data collection is a prerequisite for most audit activity a team of medical professionals, set up in 1992 under the auspices of ANDEM, has been asked to consider how to improve the quality of hospital medical records, and its conclusions will be published by the end of 1993.

ANDEM is engaged in many projects with groups such as general practitioners, pharmacists, biologists, and managers. Each is reflecting on the best ways of adapting QA methods and instruments within its own culture and tradition so that medical audit can be adopted and maintained within different professional settings.

SOFESTEC

The Société Française d'Evaluation des Soins et des Technologies was set up in 1987 to research, develop, and disseminate methods of medical evaluation. Its remit covers technology assessment, assessment of medical strategies, and quality assurance. At first it comprised a group of academic doctors from Paris who wanted to implement in the French health care system QA methods developed in the United States in the 1970s. The movement soon spread, the Paris group being joined by colleagues from teaching hospitals in Lyon, Bordeaux, and Lille, and SOFESTEC was created. It has developed rapidly and is

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now a focus for the many health professionals committed to quality assurance and quality management. The membership, which has increased from 81 in 1987 to 208 in 1992, includes doctors in public and private hospitals, nurses, managers, and health economists.

The influence of the society is through its annual meeting, which now attracts over 500 participants and is an important opportunity for presenting results of new work in health care evaluation and reflects the progress of "grass roots" QA projects. In 1991 its theme was medical evaluation: from concepts to practice, in 1992 the meeting focused on methods of evaluation in oncology, and in 1993 it examined the assessment of professional practices and the link between clinical research and quality assurance; the 1994 meeting in Paris will be held jointly with the National College

of Health Economists. The increasing number of abstracts submitted each year indicates the growing awareness of and interest in QA in health care, and the abstracts of the presentations are published each year as a book^{2,3} that is widely disseminated. Through its meetings and its newsletter, first published in 1991, which describes methods of medical evaluation and provides information about national and international meetings and workshops, the society increasingly provides intellectual and methodological support for those involved in trying to implement QA in the health care setting.

Conclusion

QA in French health care used to be an entirely voluntary and therefore a limited activity. Few practitioners perceived the need for QA, and it stood little chance of developing or of being

effective. Recent legislation and the growth of important work at the grass roots and of organisation are signs of progress. The demands of the new law will be crucial for further development, but as no funds have been allocated for implementing QA, as they have been for medical and now clinical audit in the United Kingdom, the future of QA in French health care is uncertain. Without adequate means, development and implementation beyond the minimum requirements may not be possible.

- 1 Giraud A. Medical audit in France: historical perspective. *BMJ* 1992;**304**:426-8.
- 2 Lebrun T, Saily JC, Amouretti M. L'évaluation en matière de santé. Des concepts à la pratique. *Journée* 12 Avril, Lille 1991.
- 3 Amouretti M, Lebrun T, Saily JC. L'évaluation des pratiques professionnelles. De la recherche clinique à la démarche qualité. *Journée d'Études* 14 Mai Bordeaux: Université de Bordeaux, 1993.