

# Cardiovascular Disease and Diabetes: Policies for Better Health and Quality of Care

June 2015

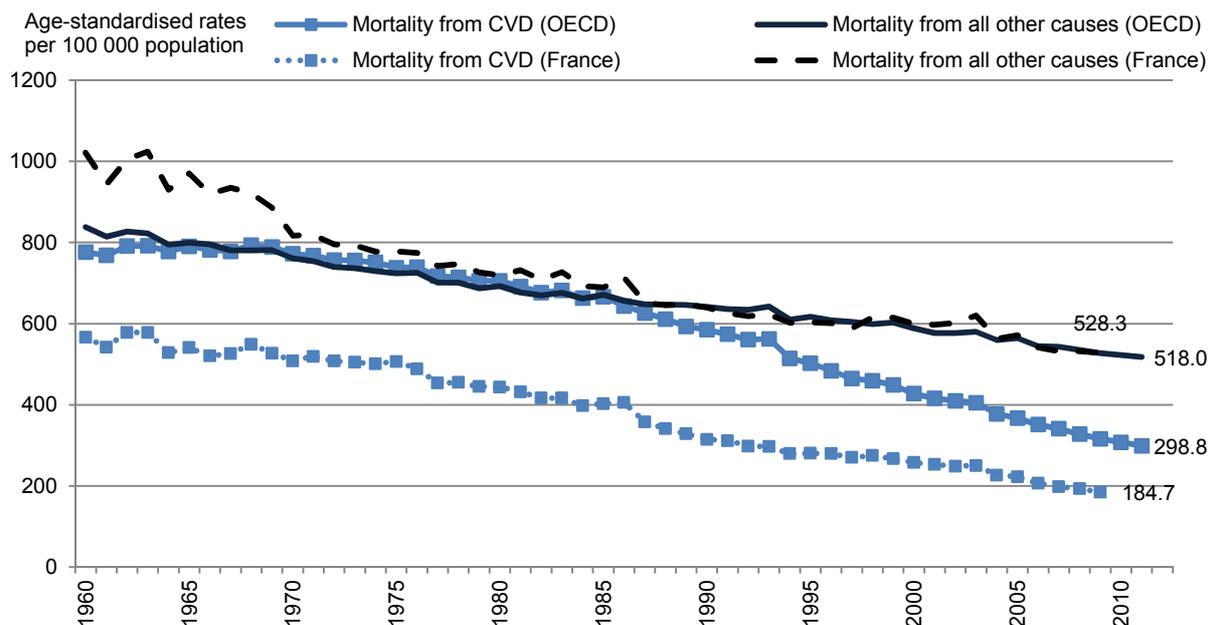


## Country Note – France

### The mortality due to cardiovascular diseases (CVD) is the lowest amongst OECD countries

The mortality from CVD has decreased over the past 50 years, reaching the lowest in the OECD after Japan, at 185 per 100 000 population in 2009, 38% lower than the OECD average of 299 in 2011 (Figure 1). Likewise, potential years of life lost, a commonly used measure of premature mortality, at 343 per 100 000 population for diseases of the circulatory system in 2011, is 41% lower than the OECD average of 581 (by using the age limit of 70). The reported prevalence of diabetes is also low at 5.6%, compared to an OECD average of 6.9%. The number of patients with end-stage kidney failure (ESKF), often caused by diabetes and hypertension, is 104 per 100 000 population, close to the OECD average of 101.

**Figure 1. Mortality rates for cardiovascular diseases and all other causes of death in France and OECD countries**



Source: OECD Health Statistics.

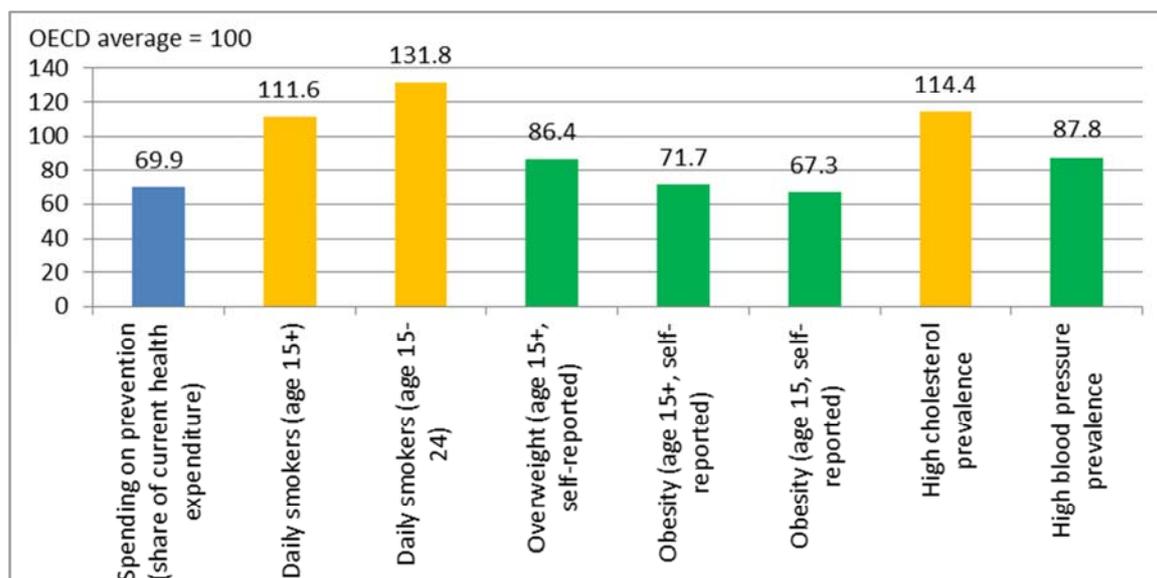
Kidney transplant is an effective treatment and a viable alternative to dialysis for many ESKF patients, and 56% of ESKF patients received a kidney transplant in 2010 while in countries such as Iceland and the Netherlands, the rate was over 60% in 2011.

### Obesity is increasing and smoking rates are still high

Figure 2 shows that for some indicators of prevention and lifestyle, France performs better than the OECD average but there are some worrying signs. The rate of obesity, one of the risk factors for CVD and diabetes, is slightly decreasing among children, reaching 10.0%, the lowest in the OECD after Denmark. While the rate of increase has become stagnant or reversed in some OECD countries, overweight and obesity among adults are increasing in France in recent years, reaching 29.9% and 12.9%, although they are still lower than the OECD

averages of 34.6% and 18.0% respectively. To combat overweight and obesity, France introduced a tax on soft drinks including drinks with added sugars and drinks with artificial sweeteners, at EUR 0.072 per litre in 2012.

**Figure 2. Prevention and healthy lifestyle related to CVD and diabetes in France, 2011 (or nearest year), OECD average = 100**



Note: a bar in blue refers to an indicator in which an evaluation needs to be done together with other indicators, a bar in green refers to the value better than the OECD average and a bar in orange refers to the value worse than the OECD average.

Source: OECD Health Statistics.

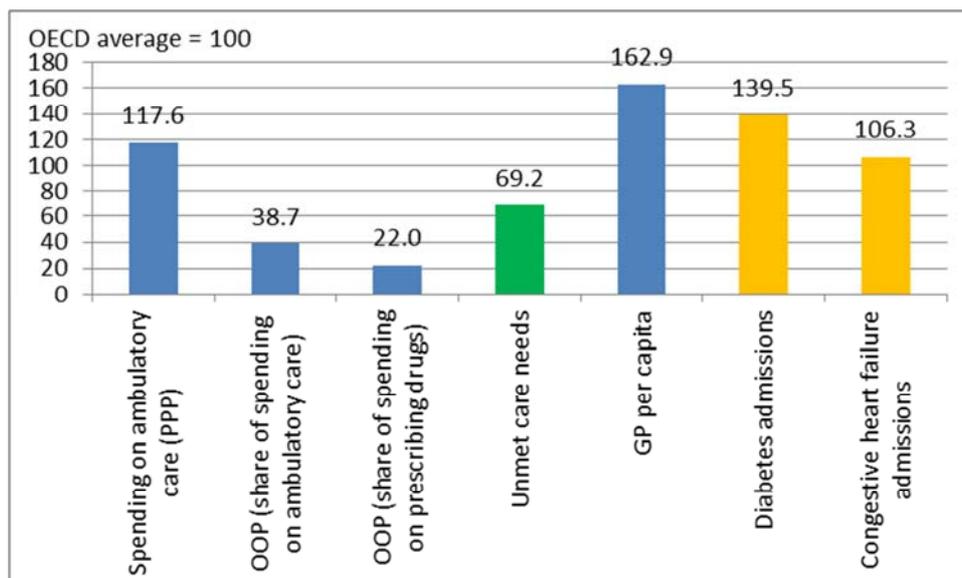
The smoking rate for youth is 25.6%, higher than the rate for adults at 23.3%. Although the rate is decreasing for youth and adults in recent years, it is still higher than the OECD averages of 19.5% and 20.9%, respectively. Spending on prevention is 2.0% of the current health expenditure, lower than the OECD average of 2.9% and more could be done to reduce obesity and smoking.

### Access to primary care is good but more attention is needed for quality improvement

Access to primary care is generally good in France (Figure 3). Spending on ambulatory care in 2011 was 812 USD PPP on a per capita basis, higher than the OECD average of 691, but out-of-pocket payment (OOP) is much lower than the OECD average and there is also additional coverage for specific treatments for diabetes and CVD to assure access to care. The number of GPs is 1.6 per 1 000 population, much higher than the OECD average of 1.0. The share of population having unmet care needs is low (2.2%, compared to an OECD average of 3.2%).

The quality of primary care for CVD and diabetes can be improved further. Hospital admissions for chronic conditions such as diabetes and congestive heart failure can be avoided if high-quality primary care is provided. However, the rate of hospital admissions was 33.2 per 1 000 diabetics and for chronic heart failure, 2.5 per 1 000 population in 2011, higher than the OECD average of 23.8 and 2.4 respectively. Although the adherence to clinical guidelines for congestive heart failure is found relatively high, compared to other countries, some variations in the adherence levels are observed across providers within the country. Furthermore, a quarter of diabetic patients are reportedly undiagnosed based on a study using fasting blood glucose tests, and even after controlling for general hospital use, diabetes-related hospitalisations are still high compared to other OECD countries.

**Figure 3. Primary care related to CVD and diabetes in France, 2011 (or nearest year), OECD average = 100**



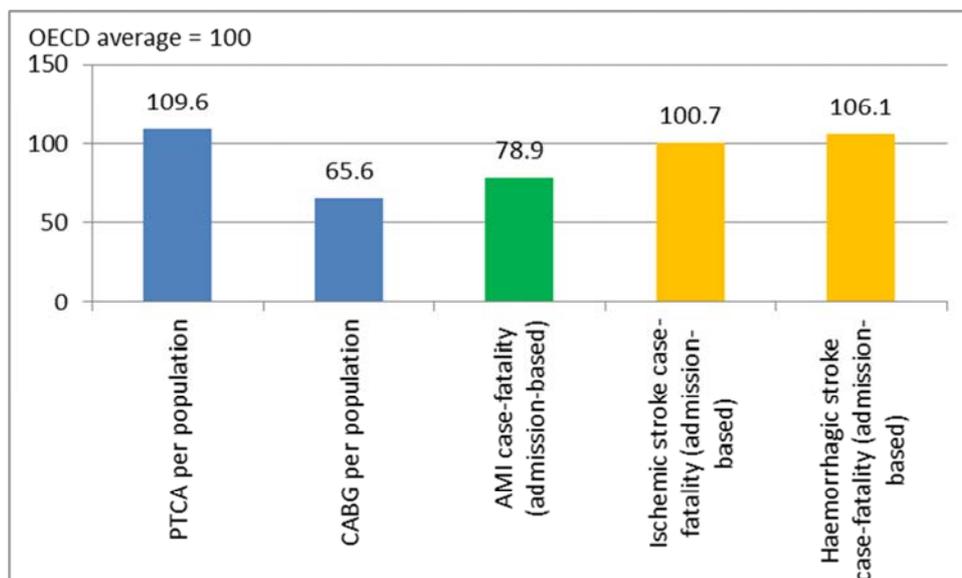
Note: a bar in blue refers to an indicator in which an evaluation needs to be done together with other indicators, a bar in green refers to the value better than the OECD average, and a bar in orange refers to the value worse than the OECD average.

Source: OECD Health Statistics; Diabetes prevalence: IDF (2013), IDF Diabetes Atlas, 6th Edition, International Diabetes Federation, Brussels, [www.idf.org/diabetesatlas/previouseditions](http://www.idf.org/diabetesatlas/previouseditions).

#### Quality of acute CVD care is in line with other OECD countries but there is scope for further improvement

Access to and quality of acute care for heart attack is good in France. The number of percutaneous transluminal coronary angioplasty (PTCA) procedures per population is higher than the OECD average (Figure 4), and there are more cardiologists (100 per million population) than many other countries, suggesting access is good. The quality is also good as the 30-day case-fatality rate for patients with Acute Myocardial Infarction (AMI), at 6.2%, is much lower than the OECD average of 7.9.

**Figure 4. Acute care related to CVD and diabetes in France, 2011 (or nearest year), OECD average = 100**



Note: a bar in blue refers to an indicator in which an evaluation needs to be done together with other indicators, a bar in green refers to the value better than the OECD average, and a bar in orange refers to the value worse than the OECD average.

Source: OECD Health Statistics.

As to stroke, quality of acute care is good but access may not be optimal. The 30-day case-fatality rates for Ischemic and Haemorrhagic stroke are 8.5% and 24.0%, about the OECD average of 8.4% and 22.6%. However, although there are efforts to expand the number of stroke unit facilities, only about a quarter of stroke

patients are treated in specialised unit while the share is higher in other OECD countries (up to over 90% in England). The number of neurologists (32 per million population) is also lower than the OECD average.

### **France promotes high-quality AMI care over the full pathway but more can be done to combat CVD and diabetes**

In France, numerous professional organisations and stakeholders have worked together with the National Authority for Health (Haute Autorité de Santé – HAS) to develop a common and shared base of Clinical Practice Indicators for AMI to deliver better acute care. They aim to promote the effective operation and interaction of many parts of the health system: public awareness and first response capabilities, high functioning emergency response teams, adequate resources, access to specialised care, treatments and follow-up care. Such a wider perspective of optimum care can help policy makers and clinical managers to identify potential weaknesses as well as develop more comprehensive plans to improve performance along the pathway.

France has been considering implementing more stringent anti-smoking policies, and plain packaging has been introduced in the draft health bill which is currently being discussed. France is taking stock of lessons learned from other countries with more experience in this respect. Australia, New Zealand, Ireland, the United Kingdom and Turkey with a stringent and comprehensive set of anti-tobacco policies have reduced their smoking rates at a faster rate compared to countries with less comprehensive strategies. Australia, for example, has introduced a number of innovative programmes and regulations, including its plain-packaging laws which ban branding and logos on all tobacco product packaging, and tobacco products must be sold in drab dark brown packaging and labelled with updated and expanded health warnings.

France can further strengthen primary care to deliver prevention, early diagnosis and management of CVD and diabetes. Across OECD countries, benchmarking and monitoring are becoming more common place in primary care. For example, Denmark has made better use of electronic patient records and shown notable improvements in primary care quality. The system includes data on diagnoses, procedures, prescribed drugs and laboratory results and automatically derives information that can be used to benchmark GP practice against other practices and to improve patient care as it enables the identification of patients treated sub-optimally.

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### **Useful links**

Read the report online, access the press release, country notes, and data at:

<http://www.oecd.org/health/cardiovascular-disease-and-diabetes-policies-for-better-health-and-quality-of-care-9789264233010-en.htm>

OECD Health: [www.oecd.org/health](http://www.oecd.org/health)