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Financing Primary Prevention in Healthcare Facilities

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RAPPORT

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SUMMARY

[1] Introduced by the 2024 Social Security Financing Act, the reform of healthcare facility financing marks a significant shift in how services are funded. Targeting medical, surgical, and obstetric services (MSO) as well as hospital-at-home care (HaH), the reform notably creates a dedicated funding stream tied to public health objectives. This new mechanism sends a strong signal to healthcare institutions. It includes financing for quality-of-care initiatives. One of its key public health goals is to support primary prevention efforts within healthcare facilities—a priority now seen as both timely and necessary.

[2] Multiple reports confirm that primary prevention plays a crucial role in reducing avoidable mortality and morbidity, particularly considering behavioral risk factors affecting specific populations, such as pregnant women, and the development of chronic diseases (e.g., cardiovascular conditions, diabetes, cancers). By addressing behaviors at the source, primary prevention can help reduce the number of patients living with long-term conditions (LTCs). The World Health Organization (WHO) has emphasized its impact on controlling healthcare spending and highlighted that measurable benefits can emerge in the short term.

[3] Despite growing involvement of other stakeholders—including private-practice physicians, nonprofits, prevention centers, and local authorities—healthcare facilities continue to play only a marginal role in prevention. This is largely due to their almost exclusively curative focus, reflected in the extremely low share of their budgets allocated to prevention: just 0.4% on average.

[4] The "Making Every Contact Count" (MECC) approach, routinely implemented in United-Kingdom's hospitals, serves as a valuable reference and could help embed primary prevention more firmly in clinical practice. MECC leverages every interaction between healthcare professionals and patients as an opportunity to discuss lifestyle choices and health behaviors. Through informal conversations, professionals are encouraged to ask questions, prompt reflection, and encourage behavior change by helping patients better understand risky habits and their potential impact on health and well-being.

[5] Healthcare professionals may deliver primary prevention messages through very brief, brief, or extended exchanges, or by helping direct patients toward appropriate services—which may lie outside traditional healthcare. For instance, they might inform patients about physical activity programs or nutrition workshops organized by local governments or help them access specialized consultations.

[6] The effectiveness of this approach has been well-documented, particularly concerning four key health determinants identified by the mission. This conclusion draws from scientific studies offering objective data, fieldwork and interviews in the UK—including with hospital staff—and broad consultations in France, which helped define success factors for implementing MECC nationally. Anticipated benefits include improved population health outcomes and more efficient healthcare spending.

[7] The mission recommends adapting this model for use in France, focusing specifically on tobacco use, alcohol consumption, nutrition, and physical activity.

[8] Based on a reverse "outreach" model, these initiatives will target the general population but should be tailored to meet specific needs. This calls for special attention to vulnerable groups with limited access to prevention services, in line with the principle of proportionate universalism. Healthcare workers should also benefit from these initiatives.

[9] For primary prevention to take root sustainably within healthcare institutions, it must be supported by an incentive-based, long-term funding mechanism. The mission proposes launching this system in 2025, with 100 volunteer facilities selected by regional health agencies (ARS) to pilot the program. Based on the findings of this initial phase, a national rollout would begin in 2026, with the goal of involving the majority of the 2,273 MSO services and HaH facilities by 2027.

[10] The proposed new funding measures—€12 million in 2025, scaling up to €163 million by 2027— would support the design and distribution of training tools, the mobilization of healthcare professionals, and the coverage of training and coordination activities.

[11] To ensure the relevance and impact of the actions funded—particularly regarding the four selected health determinants—regional health agencies will choose facilities whose proposals best align with local health profiles and their respective regional health plans. ARS will oversee the rollout using implementation and public health indicators, in coordination with a national governance framework.

[12] The mission also calls for a territorial approach, emphasizing the need to create or strengthen partnerships between healthcare facilities and local governments—many of which are already active in prevention efforts.

[13] An evaluation component is also planned. The mission recommends that it be conducted by a scientific committee, in collaboration with key stakeholders. This committee will also oversee the development of training content, drawing inspiration from the tools already in use in the United-Kingdom's MECC program.