

PCSI 2025

IMPLEMENTING A NEW REGIONALLY MANAGED FUNDING MECHANISM : THE POPULATION ENDOWMENT

September 2025

Context

Three major healthcare funding reforms have been introduced in France in recent years

- ❖ Recently, hospital funding reforms have targeted three sector of hospital activity : **emergency care, psychiatry, and medical and rehabilitation care** ;
- ❖ A common feature of all three reforms is the introduction of a **population based funding mechanism**.

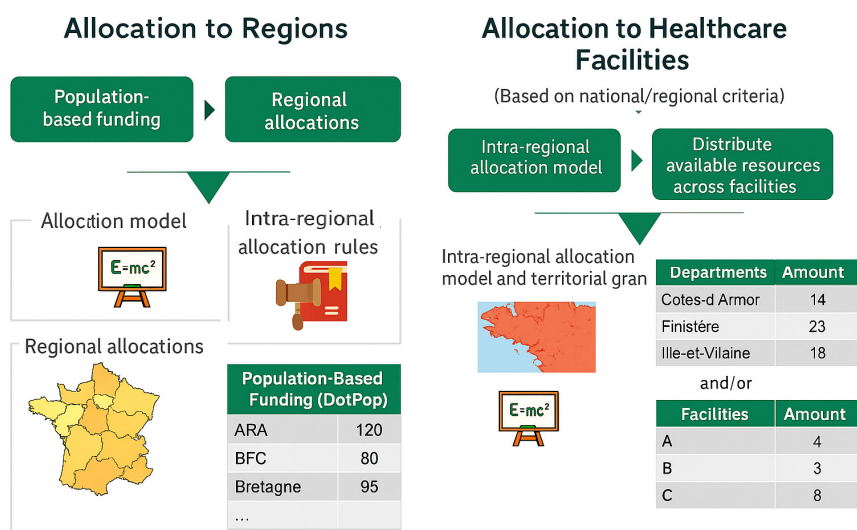
Definition



Guidelines

- ❖ Population-based funding carries different weights across hospital care sectors:
 - For emergency care: this mechanism accounts for nearly **50%** of total funding
 - For psychiatry: it represents close to **80%** of total funding
 - For medical and rehabilitation care: it covers more than **35%** of total funding
- ❖ The population-based funding envelope for each sector is allocated to **each French region**.
- ❖ It is then up to the **regional health agencies (ARS)** to distribute this envelope among the various healthcare facilities within their region.
- ❖ To allow for a **gradual implementation** of the reform, a **phased transition** is planned.

Main principles



- ❖ Once the endowment is allocated to the region, the regional health agency has to distribute this amount between the different hospitals of the region ;

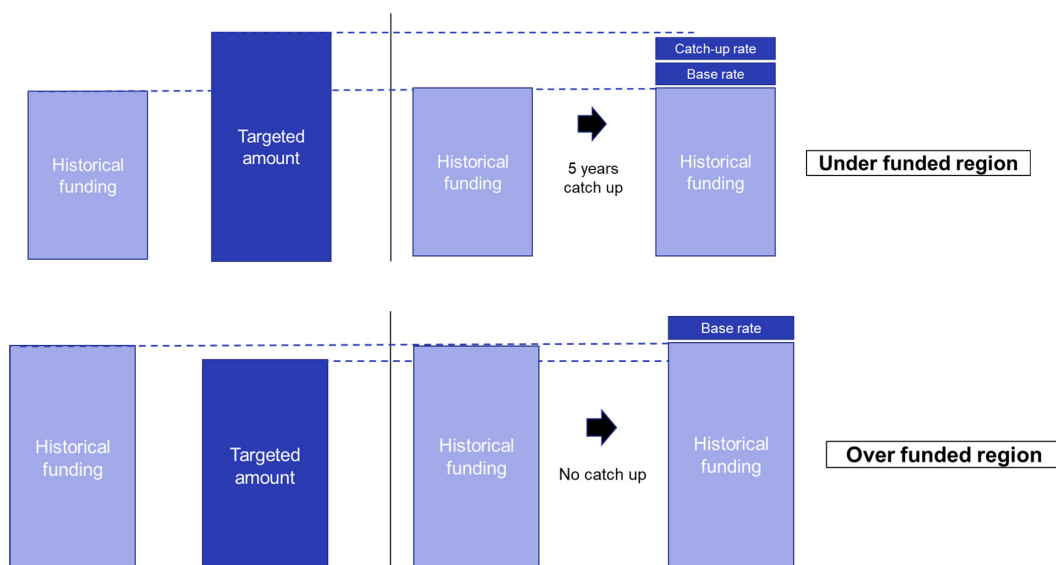
Phased transition

Definition of the phased transition

- ❖ A **target amount** is calculated for each region based on its population, weighted by socio-demographic criteria (age, poverty rate, etc.)
- ❖ This target is compared to the region's **historical funding**.
 - If historical > target → **historical funding maintained**
 - If target > historical → **catch-up trajectory** defined
- ❖ Each year, **new funds** voted in the social security financing law (LFSS) contribute to this **catch-up effort**, benefiting underfunded regions.
- ❖ A portion of the newly approved funds is allocated to each region to cover unavoidable expenses, such as wage increases and the impact of inflation. This allocation will be referred to as the **base rate**

Phased transition

Definition of the phased transition



Methodology of the infra-regional allocation



Key Methodological Principles

- **Granularity:** Data at postal code level (zipcode level)
- **Weighting:** core variable is the population of each municipal code, adjusted upward or downward according to additional factor (e.g., poverty rate, healthcare accessibility, age structure).
 - Factors used for weighting are chosen by the Regional Health Agencies
- **Allocation:** Weighted population of municipalities assigned to facilities based on previous year's activity share.
 - For example, if Hospital A accounts for 10% of psychiatric inpatient days for postal code B, then 10% of that postal code's weighted population will be assigned to Hospital A.
- **Outcome:** Consistent attribution of each geographic unit's weighted population to hospitals

Regional committees



Regional committees validating resource allocation

- Population base model are built through co-construction with stakeholders ;
 - In this context, creation of regional committees on resource allocation
- Three committees per region (one per sector : emergency care, psychiatry & medical care and rehabilitation)
- Meet at least 3 times/year to advise on allocation criteria for distributing the regional allocation among healthcare facilities
- The committees are composed of representatives of healthcare facility unions, representatives of patient associations, and representatives of unions of healthcare professionals working in the facilities concerned.



- ❖ Numerous meetings with those committees helped ensure a clear understanding of the mechanism and the allocation of the population-based model.
- ❖ **However**, this process is time-consuming for the regional health agencies responsible for preparing the meetings.



The population endowment, a new mission for the regional health agencies

- ❖ Created in France in 2010, the regional health agencies are in charge of implementing health policy in their region ;
- ❖ The role of those agencies is multifaceted :
 - **A role in health monitoring and sanitary control:** monitoring the health status of the region, enforcing hygiene regulations, carrying out sanitary inspection missions, and intervening in the event of a health emergency.
 - **A role in supporting healthcare professionals:** assessing their training and assisting them when setting up their practice.
 - **A role in regulating the healthcare and medico-social service provision:** authorizing the creation and operation of healthcare institutions and services; participating in the oversight of these hospitals.
- ➔ Those agencies were assigned a new role : to develop regional population endowment model to distribute funding across hospitals
- ➔ It is complicated for many of them, because those new missions were assigned without additional resources.



Development of a Tool to Enable Agencies to Calculate Allocations per Facility

- ❖ To support the Regional Health Agencies in their new role of allocating population-based funding, dedicated tools are being developed to facilitate the intra-regional distribution of these allocations.
- ❖ A tool for the psychiatry sector has already been created, and another for the medical care and rehabilitation sector is currently under development.
- ❖ These tools compile extensive data on the population of each postal code, as well as socio-economic indicators for each municipality.
- ❖ They also enable the identification, for each facility, of the municipalities from which their patients originate.
- ❖ The purpose of these tools is to streamline the work of the Regional Health Agencies; however, decisions regarding model configuration (e.g., choice of variables) remain fully under their control

Tool for medical and rehabilitative care

Development of a Tool to Enable Agencies to Calculate Allocations per Facility



Par bassin de recrutement Par département Par territoire de santé

Sélectionnez un panier d'activité ou une catégorie d'activité de soins pour définir le bassin de recrutement

SMR - Hospitalisation complète

Taux de couverture pour définir le bassin de recrutement

70% 80% 90%

Par définition, le bassin de recrutement est le territoire d'où proviennent les patients qui représentent 80% de l'activité de l'hôpital. Par extension du concept de bassin de recrutement, il est possible d'analyser le territoire d'où proviennent les patients qui représentent jusqu'à 90% de l'activité de l'hôpital.

Pour différencier la provenance des patients selon la nature des soins apportés, il vous est proposé plusieurs types de bassins de recrutement :

- pour la totalité de l'activité MCO hors séances de rétablissement
- pour les activités de proximité, intermédiaires et de recours regroupées dans trois « paniers » distincts.
- pour chacune des catégories d'activité de soins (CAS) en MCO
- pour l'activité en hospitalisation complète (HC) ou à temps partiel (HTP), comptabilisées en nombre de journées
- pour l'activité en Hospitalisation à Domicile (HAD) comptabilisée en nombre de journées

Si vous sélectionnez plusieurs établissements, la zone d'étude correspondra à l'union des bassins de recrutement de chacun des établissements. Si vous choisissez un GHZ, le bassin de recrutement est recalculé à l'échelle de l'ensemble du GHZ.

Les bassins de recrutement ont été délimités à partir des chiffres d'activité de la dernière année disponible (2024).

- ❖ This tool allows to select all the zipcode (municipalities) in which a given hospital carries out a range of its activity (here 80% is selected)



POPULATION ENDOWMENT

Tool for medical and rehabilitative care

Development of a Tool to Enable Agencies to Calculate Allocations per Facility



- ❖ For the selected postal codes, this tool calculates the **hospital's market share** within the population (defined as the ratio between the number of inpatient days provided at that hospital and the total number of inpatient days for the given geographic code).

Données

Télécharger les données

Code géographique	Nombre de journées de présence pour le(s) établissement(s)	Total des journées dans le code géographique	Rang de l'établissement dans le code géographique	Rechercher	Part de marché
Tous	Tous	Tous	Tous	Tous	
04250 - LA MOTTE-DU-CAIRE	462	3 224	2		14.33%
05000 - GAP	11 316	55 937	1		20.23%
05180 - LA SAULCE	510	3 027	3		16.85%
05130 - TALLARD	2 074	5 062	1		40.97%
05140 - ASPRES-SUR-BUECH	451	2 552	2		17.67%
05150 - ROSANS	250	1 627	2		15.37%
05190 - ESPINASSES	401	2 529	2		15.86%
05230 - CHORGES	947	6 344	2		14.93%
05300 - LARAGNE-MONTEOLIN	1 017	9 723	4		10.46%
05400 - VEYNES	1 478	6 395	1		23.11%
05700 - SERRES	612	3 412	2		17.94%
05800 - AUBESSAIGNE	332	2 213	2		15.00%
05C05 - SAINT-BONNET-EN-CHAMPSAUR/DÉVOLUY	1 329	6 571	2		20.23%
26C04 - SÉDERON/MONTRUN-LES-BAINS	305	2 472	3		12.38%

Précédent 1 Suivant



POPULATION ENDOWMENT

Development of a Tool to Enable Agencies to Calculate Allocations per Facility



- ❖ For the selected postal codes, the tool displays some variables that can be used to weight the population (such as the proportion of single parents, the proportion of people with a high school diploma)

Tableau

Télécharger les données Sélectionner les colonnes Rechercher

Code géographique	Libellé code géographique	Part de familles monoparentales 2021	Part de personnes sans diplôme 2021	Part de personnes diplômées du supérieur 2021	Part des foyers fiscaux non imposables 2022	Revenu net moyen imposable des foyers fiscaux 2022
Tous	Tous	Tous	Tous	Tous	Tous	Tous
04250	LA MOTTE-DU-CAIRE	25.70	29.30	24.10	66.90	21 654.50
05000	GAP	30.60	22.70	33.70	55.50	27 521.50
05110	LA SAULCE	17.50	24.00	28.50	60.20	26 405.50
05130	TALLARD	17.10	20.10	30.60	60.30	26 719.30
05140	ASPRES-SUR-BUECH	22.60	27.40	23.50	65.30	22 127.80
05150	ROSANS	16.40	25.00	28.10	73.60	18 349.90
05190	ESPINASSES	18.70	24.80	20.90	65.30	22 706.30
05230	CHORGES	29.10	22.20	30.40	55.10	28 324.90
05300	LARAGNE-MONTÉGIN	27.90	29.40	22.10	62.00	23 290.40
05400	VEYNES	29.90	22.80	30.90	61.20	24 925.60
05700	SERRES	35.80	22.60	28.10	66.50	21 934.70
05800	AUBESSAGNE	10.40	25.40	25.50	64.60	23 147.00
05C06	SAINT-BONNET-EN-CHAMPSAUR/DEVOLLUY	20.60	21.60	30.70	58.30	27 191.30
26C04	SEDERON/MONTBRUN-LES-BAINS	44.00	26.00	25.70	70.10	21 423.50

Affichage de 1 à 14 sur 14 éléments Précédent 1 Suivant

Conclusion



- ❖ Funding reform introduced significant changes, enabling greater involvement of regional health agencies and promoting a more decentralized approach. This approach also includes representatives from healthcare institutions, patient organizations, and professional unions ;
- ❖ However, the population-based allocation mechanism is a time-consuming process for regional health agencies, which do not always have the necessary resources to implement it effectively ;
- ❖ Regional health agencies lack knowledge of what has been done in other regions, and therefore have expressed the need for national methodological guidance.
- ❖ Ongoing work aims to develop tools that can be used by all regional health agencies, providing them with support in the allocation process and ensuring a standardized approach.



This highlights the paradox between the will to develop a standardized method and the requirement to implement these allocations within a decentralized framework