Thought Leadership

HAS - giving patients a voice to improve care

Of all the many of voices striving to get her attention, there is one in particular that **Agnès Buzyn** is interested in hearing – that of the patient. In her role as chairwoman of the board for the French National Authority for Health (Haute Autorité de Santé, aka HAS), Agnès is keen to change the culture of health practitioners in France and put patients at the heart of her organisation's evaluation system. She met up with *Research Features* to discuss this, and some of her other healthcare priorities.

Agnès Buzyn is the first female president of the French National Authority for Health (Haute Autorité de Santé, aka HAS). Having dedicated years to medicine, as a doctor, a researcher and a professor, she understands the health system inside out. But it was in her previous post, as president of the French National Cancer Institute (INCa), that her interest in public health really blossomed. One year ago, delighted to find that HAS' mission and her own personal mission are one in the same – that of improving the quality of healthcare for patients - she agreed to chair the organisation. She spoke to Research Features about her determination to bring fresh ideas to the French health system, while maintaining the best of the old ones.

Hello Agnès! Can you tell us what brought you to HAS and what your role there involves?

I am a medical doctor and spent many years as an academic haematologist and clinician at the University Paris Descartes – Necker Hospital. I then served as president of the French National Cancer Institute (INCa), from May 2011 to February 2016. It was there that I came into contact with public health issues and progressively became more interested in that field. HAS' mission is to improve the quality of care for French patients. Throughout my career this has always been my goal too, so this mission is of great interest to me.

My role, as Chairwoman of the Board is to advise on public health policies in France. HAS is governed by a board of seven members and our job is to ensure the best use of the health care system for each patient, and to avoid misuse and overuse of the health care system.

What are the challenges that HAS was set up to address?

We have three main aims. The first one is the qualitative evaluation of all existing health facilities in the French territory. This means we evaluate hospitals, both private and public, for their quality of care and security of care. This information is then made freely available to members of the public , via the website: www.scopesante.fr.

Our second aim is to evaluate health products, drugs, medical devices and medical procedures. Our evaluation shapes the social security's reimbursement system. In France, health care costs are borne by the patient and then reimbursed,

The HAS building in St Dennis, France

but no medicine can be reimbursed if it has not been evaluated positively by HAS first. Besides, our scientific and economic evaluations help the government to negotiate the prices of medicine with the manufacturers. This is called the health technology assessment mission. It is similar to what NICE does in the UK. We are very, very rigorous on the analysis of conflicts of interest with industry in this area during the expertise process of the evaluation.

Thirdly, we produce recommendations (accelerated developed guidelines, best practice guidelines), to inform our specialists and general practitioners of current best practice. The idea is to harmonise best practice at a national level.

What impact has the organisation had on these issues since its formation in 2004?

I think the quality of care in hospitals has increased. Hospitals are now really aware of the standards we expect to see, with regards to procedures, levels of security and quality of care. Quality of care is a very important issue for hospitals, firstly because they will be judged on it and that judgement will be made public. Secondly because there is a now procedure in France whereby the hospitals which have the best quality of care receive a specific income. So it is important for them, even at a financial level, to have a positive accreditation.

HAS' recommendations for good practice have a very good reputation in France, because our methodology is very strict and rigorously scientific. There are very, very few criticisms on the quality of our recommendations. The criticism is more on our capacity to actualise these recommendations when there is innovation involved, because that takes time.

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What are your priorities for HAS while you serve as chairwoman?

I have a few priorities for the future. The first one concerns patient involvement. I am really keen to work with patients. I am interested in patient empowerment, and putting patients at the heart of our evaluation system. At the moment, we have patient representatives in our commissions and in our working groups, but I think that it is not enough. I would really like to see patient empowerment become central to all our evaluations. That would mean changing the culture of health practitioners in France, because they are not used to listening to the patient's perspective on a regular basis. I would say they do listen to patients, but not every day, on every topic.

My second priority is to decrease inequalities in access to our health care system. I would also like to include more preventive measures within our care pathways. Currently, there tends to be more of a focus on treatment, rather than prevention. Although our doctors have excellent training, France is, I think, quite behind in prevention policies, compared with other countries.

Finally, I would say that although we evaluate the quality of care in health facilities in private and public hospitals, we do not address the quality of care in the ambulatory sector (health services or acute care services that are provided on an outpatient basis). I would also like HAS to be more focused on the quality of care of general practitioners.

When considering the improvement of health care, to what extent do you need solutions that address France's unique health landscape, and to what extent do you look to other countries for inspiration?

We have a unique health landscape because we have our national insurance system, with universal health care largely financed by the government. HAS has a key role in the French system, by evaluating all the health products and all the health procedures for reimbursement. NICE, in the UK, has a similar role, except NICE only evaluates hospital medical devices, whereas HAS evaluates all medical devices, even those that are sold in ambulatory pharmacies. However, we are very open-minded and are very interested in seeing how it is done in other countries. I am especially interested in seeing the way other countries integrate prevention into the primary care sector, because it is a weakness of our system.

I would also like to see how other countries conduct medical economic analysis of public health strategies. We do evaluate on a medical-economic level. We essentially evaluate drugs and devices, but we are less comfortable in evaluating medical strategies. HAS' role is to maintain the quality of care and the French national health system within its budget constraints.

In 2016, you became the first woman at the head of HAS. Do you think enough is being done to encourage women into leadership roles in public health?

I think I am very lucky, because France has recently positively updated its gender equality policies. At HAS, prior to my joining, the board of directors was only made up of men. But gender parity has now become mandatory and a new board has just been nominated, this April, half female and half male.

This is more of a personal question. Is it true that as a young girl your weekly cinema trips with your surgeon father were often interrupted by an emergency call from his clinic, which resulted in you going to the hospital with him?

Agnès Buzyn

Yes, it is completely true. I think it gave me a very important insight into what it is to be a medical professional, which I still apply to my patients. When I take the responsibility of being someone's doctor, that person becomes my priority, because I have the responsibility of that person's life.

Why did you choose to go into medicine?

I was always interested in science, so medicine was an option within the scientific disciplines. I also always liked interacting with people and taking care of them and helping them, in which case to be a medical doctor is a beautiful task.

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