Cour des comptes

PROPER USE OF HEALTHCARE PRODUCTS

Public thematic report

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Summary

Healthcare products, defined in this report as medicines and medical devices for individual use, are prescribed and dispensed to patients in order to diagnose or treat them.

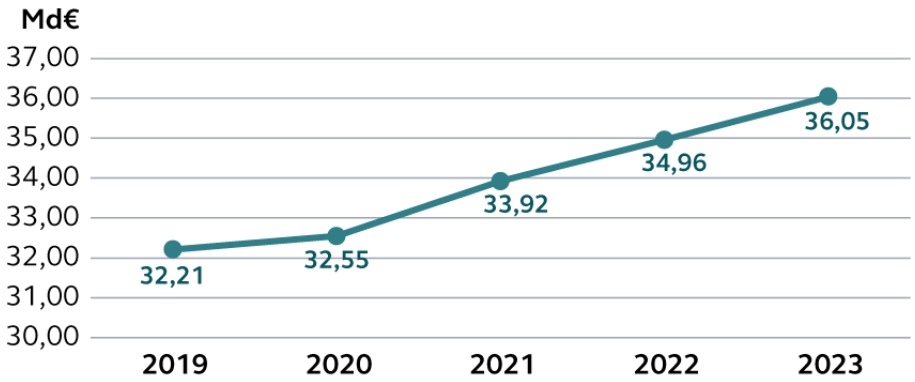
To ensure their proper use, the public authorities must be able to make sure not only that they are actually used, but also that they comply with good practice and health recommendations. Efficient procurement, i.e. the use of the least expensive medicines and medical devices for comparable levels of quality and safety, is also a component of the proper use of healthcare products.

The many challenges involved in the proper use of healthcare products

Originally, the proper use of healthcare products was mainly a response to the need to control public spending and public health. It is now attracting renewed interest, both because of environmental concerns and the emergence of supply tensions.

Health insurance reimbursement expenditure on healthcare products has risen significantly in recent years. Representing €36.05 billion in 2023 (net), they are up by almost 12% on 2019.

Amount of healthcare products reimbursed by the national health insurance system



Source: CNAM reimbursement data, CEPS, Urssaf national fund

This growth in healthcare product expenditure is concentrated more particularly on expenditure on drugs and on prescriptions by doctors working in healthcare establishments. The cost of drugs financed by the French national health insurance system in addition to hospital fees has risen by an average of 14% per year over the last five years, reaching €6.8 billion in 2023, mainly due to the increased use of innovative drugs. Prescriptions by hospital doctors fulfilled by local chemists, mainly when patients are discharged from hospital, have also risen sharply, by an average of 10.6% a year, reaching €11.68 billion in 2023, while prescriptions by independent practitioners have risen by 2.6% a year.

Thanks to price regulation measures negotiated with producers of medicines and medical devices, the final cost to the social security system has been significantly reduced. For

the year 2023 alone, the revenue received in this respect represented more than €10 billion, which reduced the net financial burden from €46.2 billion to €36.05 billion.

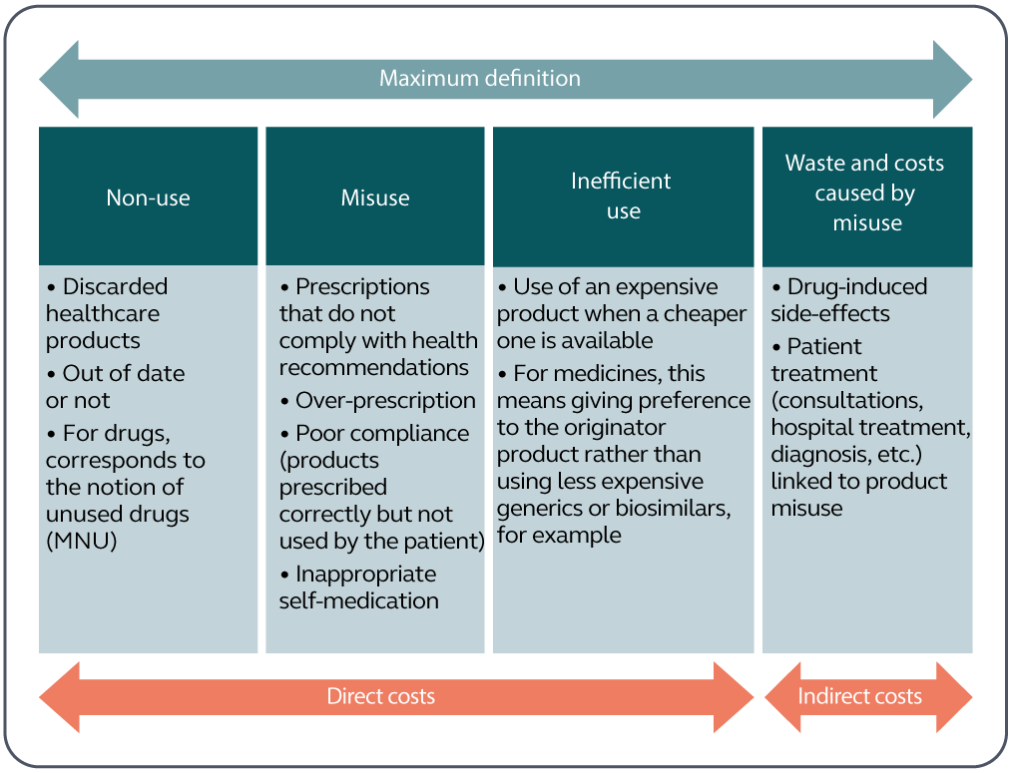
The health issues involved in the proper use of healthcare products are also essential to ensure the quality and safety of the care provided to patients. The misuse of medicines and medical devices can result in adverse effects for the patient, ranging from simple discomfort to more serious reactions, including death.

In recent decades, public health crises have been caused by the inappropriate use of drugs, for example benfluorex (the Mediator® affair) or third and fourth generation combined oral contraceptives prescribed as first-line treatment.

Cases of misuse persist today, prompting vigilance on the part of the health authorities, particularly in the field of analgesics, anti-infective drugs, esogastric anti-ulcer drugs and anti-diabetic drugs. The same applies to certain medicines prescribed to high-risk or vulnerable patients, such as pregnant women or the elderly. Lastly, consumption of certain healthcare products appears to be persistently high. As a result, France still ranks fourth in the Organisation for Economic Co-operation and Development (OECD) in terms of antibiotic consumption, despite the fact that growing bacterial resistance should be an incentive to control consumption.

These situations can also lead to additional costs for the healthcare system. The consequences of misusing a health product can lead to a patient having to seek medical advice, undergo further tests or be admitted to hospital again to treat the harmful effects of consuming these products.

Variability of definitions of health product waste and the costs involved



Source: The Cour des comptes*, based on data from scientific literature and monographs on the subject*

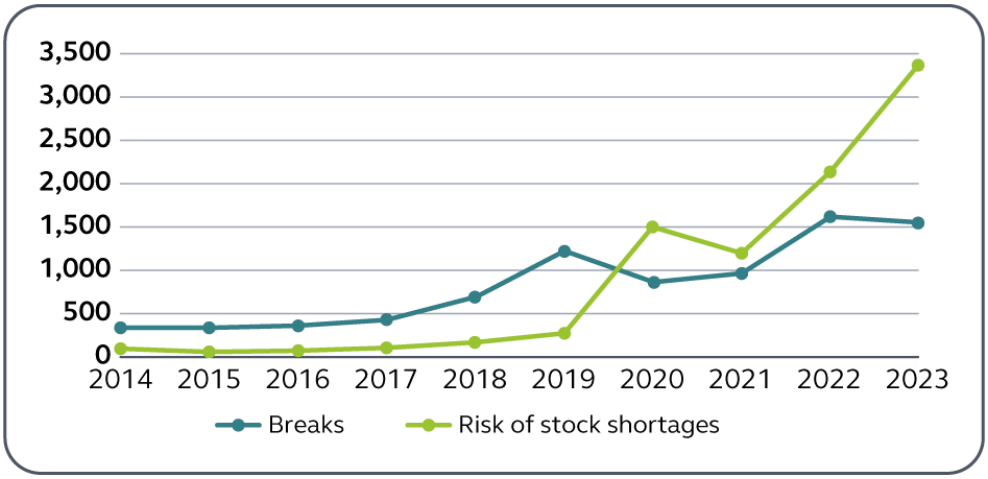
The emergence of environmental concerns and compliance with international commitments on ecological transition are also reinforcing the need for proper use of healthcare products.

The healthcare and medico-social sectors account for 50 to 60 million tonnes of greenhouse gas emissions, or 8 to 10% of France's total. The purchase of healthcare products accounts for 50% of the carbon emissions attributable to the healthcare system (29% for the purchase of medicines and 21% for the purchase of medical devices).

In environmental terms, the presence of drug residues in water is widespread. The associated risk is difficult to assess, but it will inevitably result in higher wastewater treatment costs in the future.

Lastly, since the Covid 19 crisis, the supply of healthcare products has been under pressure, with shortages and unavailability in some cases. The public authorities have had to take measures to try and remedy the situation. In 2023, the French National Agency for the Safety of Medicines and Healthcare Products (ANSM) recorded almost 5,000 reports of product unavailability or supply tensions in France, almost twice as many as in 2021, when 2,760 reports were recorded. Supply tensions and risks of shortages persist, especially for anti-infectives and cardiovascular treatments.

Number and nature of declarations of stock shortages and risks of stock shortages by pharmaceutical companies (2014-2023)



Source: ANSM

A widespread lack of knowledge about the uses of healthcare products, which needs to be remedied

To improve the proper use of healthcare products, it is essential to have a better understanding and control of how they are prescribed and dispensed. We also need to understand why certain products are destroyed without being consumed or used.

While the national health insurance organisation knows the identity of the person prescribing the health product when he or she works in a private practice, it does not always know who prescribed the product when he or she works in a healthcare establishment. The fact that individual prescribers are not identified in national databases limits the scope for

information and communication campaigns aimed at doctors working in hospitals and healthcare establishments.

Furthermore, when a healthcare product is prescribed for purposes other than the therapeutic indications approved when it was first marketed, patients are not necessarily aware of this, as health professionals do not systematically mention it on the prescription.

Finally, the procedures for collecting and processing unused medicines make it impossible to determine exactly the amounts and nature of the expenditure on medicines that could have been avoided. However, the *Cour des comptes* has carried out an overall assessment of the financial value of medicines discarded in the community, based on the volumes collected. This calculation method gives a wide range, from €561 million to €1.735 billion per year, depending on whether or not the most expensive drugs are included. This assessment obviously needs to be refined.

The current arrangements for collecting and processing unused medicines do not shed any light on the reasons why they are not used, which would make it possible to identify possible levers for action. For medicines not used by patients at home, studies could be carried out by the eco-organisation responsible for processing them, Cyclamed, on the basis of samples of waste collected. In the case of unused medicines in healthcare establishments, which are not processed through a specific channel, centralised management would be needed to identify the volumes of waste and their content at national level, so as to be able to identify the main causes and take action to reduce them.

The importance of information systems in improving the monitoring and safety of health products prescribed and dispensed

At present, information systems are still only making a very limited contribution to the proper use of healthcare products. Their development and effective use by healthcare professionals remain insufficient.

For example, the shared medical record (DMP) is currently only used regularly by a limited number of healthcare professionals, around 30,000 out of the 71,600 doctors equipped with compatible software and the 110,000 doctors in private practice under contract. The same applies to dispensing pharmacies, since vaccination notes are not systematically entered into DMPs. These low levels of consultation and input into DMPs by healthcare professionals mean that patients are unable to share information about their state of health within the healthcare team, even though this would be conducive to the proper use of healthcare products.

In addition, when developing and deploying new information systems, particular attention should be paid to the digitalisation of healthcare data, which would enable it to be transferred automatically.

Under the impetus of the “Ségur du numérique” digital health investment programme, new information systems should help to improve the proper use of healthcare products. With digital prescriptions, the roll-out of which among healthcare professionals is not yet complete, prescription data will be digitalised and more rapidly exploitable by the healthcare team. Prescribing assistance software also makes it easier for prescribers to work in a way that is more in line with health recommendations.

However, interoperability between information systems is still too limited. Facilitating the sharing of relevant information between these tools could give prescribers better visibility of treatments already underway, prevent duplication or drug interactions, and contribute to more

effective and efficient overall management of patients. For example, no progress has been made in recent months in setting up automated transfers of healthcare data between the shared medical file and the pharmaceutical file, even though this would enable healthcare professionals to be aware of the medicines taken by patients in the community when they are admitted to hospital, sometimes in an emergency.

Levers for action on prescribers in the community need to be assessed and intensified

To encourage the correct use of healthcare products, the public authorities need to step up their efforts with all stakeholders. The action taken by the national health insurance organisation with regard to prescribers is essential, but could be improved.

It is therefore difficult to assess the real impact of measures to raise doctors' awareness, particularly through regular letters and emails.

In addition, financial incentives have been introduced through remuneration based on public health objectives, designed to recognise and encourage good practice by healthcare professionals, in particular to combat iatrogenesis[1], reduce the use of antibiotics and encourage the prescription of generic and biosimilar medicines. However, these levers are insufficient because they only concern a fraction of doctors in private practice (around half of the 110,000 doctors in private practice under contract), either because the other doctors are not eligible or do not contribute to the objectives set[2], or because they do not achieve the expected results.

Lastly, three new systems, which are more or less restrictive for doctors, are designed to encourage the proper use of healthcare products, subject to their effective deployment and greater support from healthcare professionals.

The first of these is a new system to support prescribing, making reimbursement conditional on compliance with therapeutic indications. It covers medicines where there is a significant risk of misuse, such as blood sugar control treatments prescribed for diabetes, which can be misused to achieve weight loss for cosmetic purposes. Prescribers will have to use a teleservice to determine whether their prescription complies with the therapeutic indication entitling them to reimbursement (ITR); if it does not, it will not be reimbursed by the national health insurance system.

In addition, to combat the risk of codeine and tramadol dependency and misuse, it has also been decided to use secure prescriptions. It came into force on 1 March 2025.

Finally, in certain cases, the doctor must submit a request for prior authorisation to the national health insurance system, in particular for the treatment of high cholesterol. Consideration could be given to extending this measure to other medicines and medical devices whose risk of misuse has been the subject of an alert by the health authorities.

[1] Drug iatrogenesis refers to all the side-effects caused by taking one or more drugs.
[2] Not all medical specialisations are subject to targets for controlling the prescribing of healthcare products set out in the remuneration based on public health objectives.

Further measures are required in establishments

Healthcare establishments are already implementing a number of measures to encourage the correct use of healthcare products.

In-house pharmacies[3] play a central role in the management and dispensing of healthcare products within these establishments. Management imperatives have contributed to optimising the management of stocks. The automation of certain hospital pharmacies also offers many advantages, reducing human error, improving stock management and facilitating the delivery of treatments in the various departments.

An assessment of these local initiatives should be carried out, to help the Ministry of Health determine the action levers to be prioritised within healthcare institutions to promote the proper use of healthcare products.

As things stand, the increase in spending on healthcare products and persistent questions about the relevance of certain practices highlight the limits of current initiatives and make it necessary to develop them further. Financial incentives, through contracts to improve the quality and efficiency of care, are struggling to produce sufficient results. In view of the sharp increase in hospital prescriptions fulfilled in the community and questions about the appropriateness of certain prescriptions, it is important to step up measures to promote better use. One possible approach would be to rationalise prescriptions made on discharge from hospital, in particular to enable nurses to treat post-operative wounds by prescribing dressings or care kits, as part of a coordinated approach between healthcare professionals.

A possible intensification of the role of pharmacists

The role of community pharmacists[4] is essential in promoting the correct use of healthcare products. Their actions can have a real impact, both on the choice of products dispensed and on their volume.

In this way, pharmacists can help reduce national healthcare expenditure by substituting a generic drug for a more expensive reference drug when dispensing. This option is gradually being extended to biosimilar medicines.

These pharmacists also play a decisive role in the fight against antibiotic resistance. They are carrying out more and more tests to determine whether a sore throat is viral or bacterial in origin in order to avoid the systematic prescription of an antibiotic. Although the number of tests is increasing every year, reaching 370,000 in October 2024, they could be carried out much more frequently, given the nine million cases of sore throats recorded every year. These initiatives need to be stepped up, in particular to encourage patients to go directly to their pharmacists.

[3] An in-house pharmacy is located inside a health or medico-social establishment, as opposed to a community pharmacy.
[4] *Cour des comptes, Report on the application of social security funding laws - Chapter XI* "Community pharmacies: a model in transition", 2025.

Actions relating to the supply of healthcare products from manufacturers

Action must also be taken with manufacturers to encourage them to adapt the packaging of health products and to optimise use-by dates.

The proper use of healthcare products depends on appropriate packaging, not only to avoid dispensing too much medicine for the right dosage, but also to avoid the consequences of short expiry dates. When negotiating with manufacturers on the pricing of healthcare products, public authorities must take greater account of these characteristics.

To prevent the production of waste from medicines, the remit of the eco-organisation responsible for processing them, Cyclamed, could be strengthened. By assessing the volume of waste from out-of-date products and the types of product most frequently thrown away, the Cyclamed eco-organisation would be able to encourage preventive measures throughout the industrial sector that finances it.

Finally, the production of healthcare products could be part of a more sustainable development approach. The re-dispensing of unused medicines could be a promising measure, particularly for expensive drugs. Some medical devices could also be reused after sterilisation, reused after being repaired or restored to good working order, or reprocessed or recycled to recover at least their raw materials. While action is beginning to be taken in these various directions, it needs to be stepped up, given the existing potential.

Recommendations

1. Identify individually the professionals in health establishments responsible for a prescription by recording their personal identifier in the shared directory of health professionals *(2027, Ministry of Labour, Solidarity and Health, CNAM).*
2. Provide healthcare institutions with regular information on the prescribing practices of their professionals, giving benchmarks against structures of a comparable size and profile *(2026, Cnam).*
3. Improve understanding of healthcare products discarded in the community by carrying out waste characterisation studies and obtaining centralised feedback from healthcare establishments using indicators *(2025, Ministry of Labour, Solidarity and Health, Cyclamed, Ademe).*
4. Incorporate information about dispensed medicines from pharmacy records into the patient's shared medical record *(2027, Minister for Labour, Solidarity and Health, CNAM, Ordre National des Pharmaciens).*
5. Extend the prescription support system to other drugs with a high risk of misuse *(2026, Minister for Labour, Solidarity and Health, CNAM).*
6. Include the issue of expiry dates and packaging in negotiations on the pricing of healthcare products on the basis of foreseeable and actual conditions of use *(2026, Minister for Labour, Solidarity and Health, CEPS, ANSM).*
7. Broaden the scope for effective re-use of healthcare products, by facilitating the re-dispensing of the most expensive drugs and the re-use of certain medical devices *(2027, Minister for Labour, Solidarity and Health, Ademe).*