

The Carte Vitale



France - some 60 million inhabitants, of whom 98% participate in the national health care system. 4,200 hospitals (of which more than 3,000 are privately-run) with a total of half a million beds. A massive budget deficit, largely fuelled by health care expenditure. One billion paper-based claims for reimbursement of the costs of medicines and treatment each year. And - allegedly of course! - a nation of hypochondriacs.

Faced with the need to drastically reduce expenditure on health care, a previous government decided to introduce the 'Carte Vitale'. The goal was to save money by monitoring more closely the services provided, thus reducing unnecessary or expensive treatments and duplication of prescriptions. A secondary target was to reduce administration costs by a third, by cutting back on, and eventually eliminating, the mountain of paperwork involved.

How does it work? A 'smart' card, with a chip containing medical as well as administrative data, enables the electronic transfer of information via a secure computer network to the proper organisations for reimbursement. Whether you visit your G.P., a specialist, a public hospital or private clinic, the Carte Vitale simplifies and accelerates the entire process. Your personal, credit card sized 'Carte Vitale' is handed over, the transaction details entered, and all or part of the costs are later repaid (depending on whether or not you are affiliated to a 'Mutuelle' for complementary insurance cover). The monies are automatically transferred into your nominated bank account, considerably more quickly than via the previous, time-consuming, form-based system. This was complicated, and involved detaching the little stickers from each box of medicine, sticking them to a form and

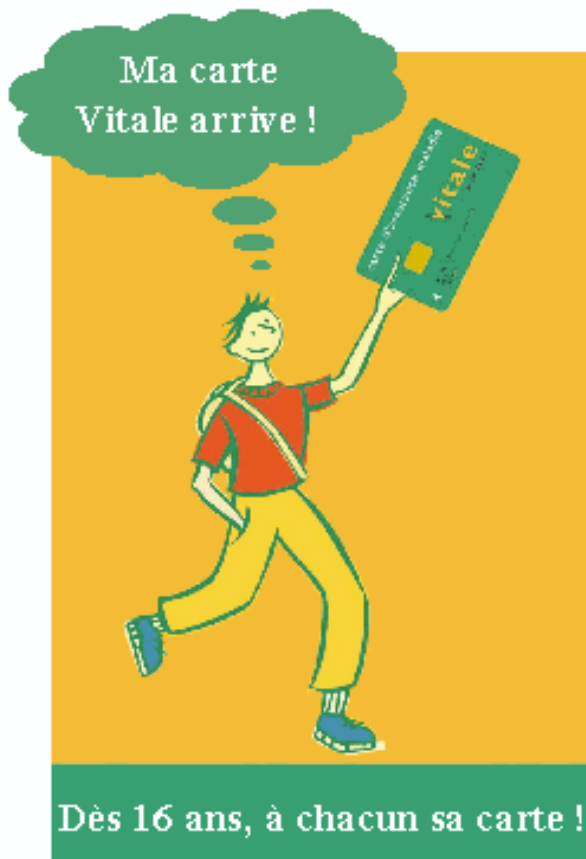
sending it to the Sécurité Sociale. You then had to wait for their confirmation of payment (or the occasional rejection form and query).

Yes, there have been, and still are, some problems. Certain physicians have been slow to enter the scheme, which they saw as government interference in the way they handled their business. Up to a third of pharmacies (with regional variations) have yet to be integrated into the system. Home visits are not yet covered. To begin with, the system was poorly explained to patients, a number of whom did not clearly understand the potential benefits of the system, found it complex, and considered it to be an invasion of privacy.

Overall, however, the principles of the system are valid. The Carte Vitale is not a credit card -all fees payable to doctors and consultants remain payable in full, although using the card at the chemist should ensure avoiding payment of at least a part of the total due. Why only a part? See the minuses below:



**La carte Vitale à jour
vous garantit des
remboursements
en 5 jours !**



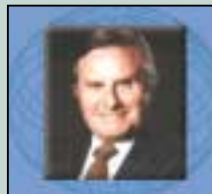
The plus side ...

- All charges reimbursable by the Sécurité Sociale are repaid within 5 days.
- The proportion reimbursable by your Mutuelle (if you are signed up for complementary insurance cover) is repaid a few days later.
- No more need to waste time on complicated forms.
- Savings on postage.
- Every member of the family of 16 and over is entitled to a personal card.
- No further need to lay out the part of the cost of medication payable by the 'Sécu', and even in some cases, the Mutuelle, when obtaining your medication at the chemist's - who is reimbursed directly.

The minus side ...

- Up to one-third of medical professionals and pharmacies have yet to subscribe to the scheme.
- 'Call-outs' are not yet covered.
- Some insurance companies 'Mutuelles', based outside your department of residence are not yet fully integrated into the system - this means that you have to pay this part of the prescription costs 'up front' to the chemist, although the Carte Vitale does ensure that you are later reimbursed directly, via bank transfer.
- Children under 16 are on just one of their parent's cards - awkward sometimes if it should be the other parent accompanying the child to the doctor's, or collecting the prescription from the chemist's.

PG



'Allo, Dr Mike?'

ANGLO-FRENCH MEDICAL MATTERS

Dear Doctor Mike,

I heard that in Alsace, children afflicted with 'coqueluche' (whooping-cough) were taken in little planes high up in the air, and that after the delightful experience they were cured of the problem. Was my leg being pulled?

ANSWER. Fortunately whooping cough - *pertussis* - is now rare as a result of the preventative injections given in early childhood. Although most chest infections in children - or in otherwise fit adults for that matter - are viral, the pertussis germ is a bacterium and so there is effective therapy. Pertussis can be zapped with antibiotics.

However, the infection once treated and now no longer dangerous can lurk in and continue to irritate the inner layers of the membrane lining the breathing tubes. The blood supply to these is not as generous as elsewhere in the body so neither the antibiotic nor the body's own anti-bodies can reach it in full zapping doses. The characteristic whoop can therefore sometimes continue for weeks, although the child feels quite well.

The difference between the air at up to 7000 feet - which is about as high as a small plane will go without the pilot and passengers having an oxygen supply - is because it's pollution free. Also, the gases breathed in are at a lower pressure than at ground level. A combination of these two physical factors should temporarily stop the irritation that provokes a whoop attack. That and the not-to-be-underestimated excitement of it all, that is. Given an aeroplane ride as against being in school or whatever else, is therapy in itself - but it won't cure. If the relief continues, then great. But it's pure chance if it does.

And for both adults as well as children, the poor blood supply to the inner lining of the breathing tubes is one of the reasons a cold can so easily 'go to the chest' especially at this winter-time of the year. We hustle together in winter so readily pass on our germs. Also, the microscopic, wafting, hair-like fronds that brush germs and debris upwards and out of the tubes are slowed down by cold air and hence are not so efficient.

The germs then proliferate and inflame the lining of the nose, sinuses, throat and our larger windpipes. It's as though the good Lord, when he made us, poked his hand through our mouths and wallpapered the lot in one continuous go with the membrane, so they're all contiguous as one big sheet really. Hence the large tubes - the bronchi - get involved causing bronchitis. Then, depending on the severity of the infection, the smaller tubes further down - the bronchioles - can become involved causing bronchiolitis - *bronchiolite*. And finally the alveoli or pneumones are involved causing the worst infection of all - pneumonia. At that stage, although the infection may continue to be viral, the local defences may be so hampered that a bacterium can soon also gain hold, causing a secondary infection on top. At that stage most doctors will definitely consider antibiotics to treat that secondary infection. In fact they would consider that to be far, far preferable to a trip in a light aircraft. Well, wouldn't you?

Dr. Mike

If you have any questions or concerns, please email mike@drmikesmith.com

IF YOU ARE NOT FLUENT IN FRENCH

A few words to help you cope when consulting a doctor in France about winter ailments...

<i>tousser</i>	to cough
<i>mal à la gorge</i>	sore throat
<i>microbe</i>	germ
<i>poumons</i>	lungs
<i>nez bouché</i>	blocked nose
<i>éternuer</i>	to sneeze
<i>oto-rhino (O.R.L.)</i>	ear, nose, and throat specialist (E.N.T.)
<i>médicaments</i>	medicines
<i>comprimés</i>	tablets
<i>grippe</i>	flu
<i>rhume</i>	a cold
<i>angine</i>	tonsillitis