

An excerpt from:

*Better Health & Social Care: How are Co-ops & Mutuals Boosting Innovation & Access Worldwide?*

An International survey of co-ops and mutuals at work in the health and social care sector (CMHSC14)

Volume 2: National Cases

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For the research framework, the analysis of the national cases, and other research components, including a description of the research team members, refer to Volume 1: Report.

For information regarding reproduction and distribution of the contents contact the editor and research leader:

Jean-Pierre Girard

LPS Productions

205 Chemin de la Côte Sainte-Catherine, #902

Montréal, Québec H2V 2A9

Canada

info@productionslps.com

URL <http://www.productionslps.com>



Equine therapy at Equiphoria in Lozère

## HEALTH SYSTEM

The French health system combines universal coverage with a public-private mix of hospital and ambulatory care. It is funded from three sources: obligatory health contributions from all salaried persons, and paid by employers, employees, and the self-employed; central government funding; and from users who have to pay a small fraction of the cost of most of the health care services which they receive. So this is not a single-payer system, but a kind of multilayered system.

Social Security (the name for public health insurance in France) covered 90.7% of health expenditures in 2012. The role of complementary organizations, including health mutuals and other private insurers, has been growing, however, from 3.8% in 2002 to 5.2% in 2012. Although France has a universal health system, in 2010 36% of French declined to get care or postponed it in recent years for reasons of the expense it would involve.<sup>2</sup>

The French health system is based on the principle of freedom of choice for the patient. Medical “first aid” is mainly performed by private practitioners.

However, a lot of collective care is available, whether it’s through health centres (especially for low-income patients, with doctors on salary), nursing homes (63% are run by associations, foundations, and mutuals), hospitals (of 2,700 hospitals, 950 are public and 700 are associations) or residential facilities for dependent or disabled populations (30% are under non-profit management).

## CO-OPS & MUTUALS IN THE HEALTH SECTOR

In this landscape, where the nonprofit sector is very active (if increasingly challenged by wealthy and powerful entities), associations and mutual actors dominate. Cooperatives, by and large, are absent.

Population (in thousands): 63,937

Population median age (years): 40.43

Population under 15 (%): 18.26

Population over 60 (%): 23.82

Total expenditure on health as a % of Gross Domestic Product: 11.8

General government expenditure on health as a % of total government expenditure: 15.9

Private expenditure on health as a % of total expenditure: 23.1

Given its need to address such new phenomena as “medical deserts,” local government has an interest in promoting cooperation among stakeholders – patients, physicians, health care personnel, etc. This state of affairs should encourage the development of cooperatives and other innovative responses to health needs.

The CGSCOP is France's apex association for worker co-ops. In recent years, CGSCOP has been promoting the development of SCICs<sup>3</sup> (Sociétés Coopérative d'Intérêt Collectif/Co-operative Companies of Collective Interest) – multistakeholder co-ops – in the health and social care sector through seminars, networking, advocacy and lobbying to government and other social economy stakeholders, and the production of case files.

The SCIC, first introduced in 2001, has been a real innovation in France's cooperative landscape. By enabling beneficiaries, staff, investors, and public institutions all to become associates in a single enterprise, the SCIC favours territorial mobilization and the hybridization of resources. So it seems perfectly suited to the challenges of social and health services. In the last 12 years, 300 co-ops in a wide range of sectors (catering, agriculture, theatre, IT services, etc.) have opted for this status. However, there is still a long way to go, especially to increase awareness of this new type of cooperative.

A discussion is currently taking place in France over the potential of the SCIC to serve as a tool of "health democracy," that is, to increase the involvement of patients and their representatives in decisions regarding the health care system. The activity of SCICs in the health sector suggests that the debate is well under way. It can be expected to grow all the more animated in the near future. By 2060, France may have 1.8-2.6 million dependent senior citizens. Is there a market there into which SCICs can sink their roots?

Speaking in general terms, in 2012 a total of 21,000 cooperatives employed nearly one million people in France. The cooperatives came in five varieties: business cooperatives, user cooperatives, worker (SCOP) and producer cooperatives, multistakeholder cooperatives (SCICs), and cooperative banks. Their sectoral breakdown was as follows: 41% industrial services, 33% agriculture, 17% housing, 5% banking, 3% consumer services, and 1% pharmacies.<sup>4</sup>

In the health and social care sector, two types of cooperative are active: SCOPs and SCICs.

## HEALTH COOPERATIVES

There are very few health co-ops in France. The development of cooperatives in the health sector has been in response to unsatisfied needs and to compensate for the consequences of a public health policy that aims to reduce the duration of hospital stays. Seven worker co-ops active in the ambulance sector have been identified.

|                               |  |
|-------------------------------|--|
| <b>Number of cooperatives</b> | 7  |
| <b>Types of cooperative</b>   | Producer (worker)                              |
| <b>Services offered</b>       | Emergency transportation & 1st aid (ambulance) |

## Inventory of Health Co-ops

| Name                                       | Activity  |
|--|---|
| Coulaines ambulances<br>Le Mans Transports | Approved ambulances, all for health transport     |
| SCOP des Ambulanciers de l'Île-de-France   | Ambulances and Transport of patients              |
| Alliance Ambulance                         | Ambulances and health transport                   |
| Ambulances de la Selune                    | Ambulances, health transport, passenger transport |
| ALRE Ambulance                             | Ambulances, taxis                                 |
| AMBU Ouest Alliance                        | Ambulances  |
| Ambulances Abbayes du Midi                 | Ambulances, health transport                      |

Source: CGSCOP

Two multistakeholder coops (SCICs) are involved in telehealth:

- **Médectic** (Alsace) - develops communication and information on treatment practices using IT. Develops automated domestic solutions for teleassistance and telehealth. Seven staff in 2004.
- **Platinnes** (Midi-Pyrénées) - assists decision-making during key stages of medico-technological projects. Three staff in 2013.

## SOCIAL CARE COOPERATIVES

There are 11 co-ops emerging in the area of social care, including nursing care, home care, and therapy.

|                               |  |
|-------------------------------|--|
| <b>Number of cooperatives</b> | 11   |
| <b>Types of cooperative</b>   | 5 Producer (Worker) and 6 Multistakeholder |
| <b>Services offered</b>       | Home care, nursing care, therapy           |
| <b>Number of jobs</b>         | 95 <sup>5</sup>                            |

## Inventory of Worker Co-ops in the Social Care Sector

| Name  | Activity  |
|---|---|
| L'Age D'Or  | Home nursing care   |
| SSIAD COSI  | Home care and home help – nursing and midwifery   |
| SSIAD SE POURTA BEN   | Social housing for senior citizens, home nursing care. Approved by ARS and CRAM for persons over 60 years of age. |
| La Ferme aux animaux  | Social housing and educational care for children in difficulty  |
| CALME (Centre for Action and Liberation of Ethanol Sufferers) | Clinic providing therapy for alcoholism   |

## Inventory of Multistakeholder Co-ops (SCICs) in the Social Care Sector

| Name/Start date                                  | Region             | Number of employees | Objectives   |
|--|--------------------|---------------------|--|
| <b>Activity: Home Help &amp; Support</b>         |                    |                     |  |
| AGAD (Agency for Management of home help) (2010) | Nord-Pas de Calais | 35                  | Association of human services providers and beneficiaries which provides affordable human services.  |
| Hestia services à la personne (1995)             | Alpes Côte-d'Azur  | 45                  | Improve the daily lives of those who have lost autonomy, to enable them to remain in their homes.  |
| <b>Activity: Home/medico-social care</b>         |                    |                     |  |
| Centre de soins infirmiers Lille Sud (1974)      | Nord-Pas de Calais | 9                   | Offer high-quality health care at home.  |
| Entreprendre pour humaniser la dépendance (2003) | Rhône-Alpes        | 6.05                | Respond to the needs of people who have lost their autonomy due to age, physical, mental, or social disability.  |
| Solidarité Versailles Grand Age (2012)           | Ile-De-France      | N/A                 | Create synergy between care networks; facilitate care of socially fragile individuals.   |
| Equiphoria (2014)                                | Lozère             | N/A                 | Using equestrian techniques, the therapists include in their sessions horseback exercises and games for psychomotor, relational, or learning purposes, depending on the objectives of the therapeutic project. |

## Case Studies

The **Centre for Action and Liberation of Ethanol Sufferers** (Centre d'Action et de Libération des Malades Ethyliques, CALME) was founded in 1981 near Grasse, Provence, on the basis of a therapeutic protocol developed over the previous seven years. It treats alcohol dependence and associated addictions. The organization expanded with the opening of a centre in Illiers-Combray (southwest of Paris) in 1993.

CALME has been sustained over the last 30 years by the commitment of 30 or so workers on each site: doctors, psychologists, nurses, administrative staff, cooks, and cleaners. Its unique character is the result of several factors.

CALME has developed an original way to treat alcohol sufferers. Based on institutional therapy, treatment involves a humanitarian combination of withdrawal programme and therapeutic activity. The cure is based on a long-lasting, tangible experience, and is officially recognized. (Over 17,000 patients have benefitted from it since 1981.) The progress of the patients has led the Haute Autorité de Santé (Senior Health Authority) to classify CALME's therapy as an "exemplary action."

CALME is a SCOP, and the only clinic in France managed as a cooperative. Decision-making and information exchange take place in a variety of committees that meet three or four times per year. To take one example, the Committee for User Relations and Care

Quality has a chair, a doctor-mediator and substitute doctor, a non-medical mediator and substitute, representatives of the paramedical team, of the catering team, a secretary, and the quality and risk management director, as well as user representatives.

Patients speak of the Centre as their "home." Indeed, few of the rooms suggest that the building is a clinic. Everything is done to make the therapeutic process different from that of conventional alcoholism treatment centres. Staff know the residents personally; everyone is on an informal, first name basis. Even the white coats are absent. As the director of the centre, Bruno Perez, explains, "Our aim is to develop relationships between equals with our patients, who are often overwhelmed with feelings of shame and guilt."

**Equiphoria**, located in the Lozère department in the south of France, became a SCIC in 2014. (Previously, it was another type of co-op.). Currently, it is the second largest SCIC in France in the health and social care sector.

Equiphoria has developed a unique therapeutic project for disabled people. The staff include in their sessions horseback exercises and games for psychomotor, relational, or learning purposes, depending on the objectives of the therapeutic project. The horse is thus used as a therapeutic tool.

The horse acts as a mediator between the patient and the therapist. Every dimension of experience, the psychic, physical, emotional, sensorial, and social, is exercised to a greater degree

than in a therapy room. Horseback riding stimulates patients cognitively. It helps them to grow more aware of their existence and their tone of voice, and encourages socialization.

While equine therapy is widely used in North America, Equiphoria is unique in France. Each week it treats around 50 disabled people. The therapeutic approach is both multidisciplinary and extremely individualized. Equiphoria strives to base its development on training, specialization, research, and international partnership. Its model is well worthy of duplication.

### HEALTH MUTUAL ORGANIZATIONS

Over 150 years ago, in 1850, French law recognized mutual assistance companies as organizations whose specific purpose is to assume responsibility for sickness, drawing a line between them and trade union syndicates. The National Federation of French Mutual Companies (Fédération nationale de la mutualité française, FNMF, or simply Mutualité Française) was founded in 1902. Eight years later, mutual companies took an active part in the establishment of workers' pensions. After the Second World War, the status of mutual companies was defined by edict, giving them the principal role in complementary health insurance.

Mutuals are private, non-profit companies. They act in the fields of life insurance, solidarity, and mutual help, in the interests of members and their legal beneficiaries, notably through the payment of subscriptions.<sup>6</sup> Their philosophy is to share the resources of their members, with the aim of addressing the uncertainties of health.

In 2011, there were 6,290 mutuals in France with 119,820 staff.<sup>7</sup> They mostly operate in the health and insurance sectors. Today, their status is under threat from European directives aiming to align them with the status of private insurers.

Mutual companies are in competition with other complementary health insurance providers (e.g., provident societies, managed democratically and set up by collective bargaining agreements and commercial insurers). Where mutuals differ from these competitors is in the principle of non-selection of members on the basis of health.<sup>8</sup>

Here are key figures relating to the health and social care activity of mutuals which are members of Mutualité Française:<sup>9</sup>

- 240 mutuals manage care services, offering mutual support, advocacy, and prevention.
- Annual turnover of \$3.86 billion USD.
- 111 hospitals; 82 health care and nursing facilities; 453 dental centres; 355 hearing centres; 715 optical centres; 60 pharmacies;

405 facilities and services for the elderly; and 178 facilities for the disabled.

### Case Study



**Harmonie Mutuelle** was formed in 2012 from the merger of five mutual companies to become the largest mutual company in the country. Today it protects 4.5 million people, has 39,000 member companies, 4,385 staff, and more than 300 branches in 60 departments. It has declared five commitments: to facilitate access to overall health coverage without medical selection; to guarantee quality services; to operate democratically; to encourage social contact; to defend mutual values; and to reconcile performance and social utility.

Harmonie Mutuelle is part of the Harmonie group and takes an active part in facilitating health care and home care access, notably through the intermediary of a network of mutual care and accompaniment services (SSAM). To promote its values abroad Harmonie Mutuelle recently created Harmonie Mutuelle Italia.

Here are key figures descriptive of Harmonie's facilities:

- 125 optical stores
- 80 hearing aid centres
- 8 pharmacies
- 63 dental health centres
- 18 health facilities (medicine, obstetric surgery, sub-acute care and rehabilitation, home care)
- 40 institutions and services for people with disabilities and dependency
- 105 facilities and services for the elderly
- 24 medical equipment branches
- 11 ambulance sites
- 19 hospitals

## SOURCES

<sup>1</sup> A more detailed version of this case is available upon request.

<sup>2</sup> Institut Viaoice. 2010. "Les perceptions des français sur les évolutions du système de santé : Sondage Vivavoice pour le CISS [Collectif Interassociatif Sur la Santé] - Octobre 2010." Retrieved September 3, 2014 ([http://www.leciss.org/sites/default/files/101012\\_Sondage-Assurance-Maladie-PLFSS2011\\_ViaVoice-Ciss.pdf](http://www.leciss.org/sites/default/files/101012_Sondage-Assurance-Maladie-PLFSS2011_ViaVoice-Ciss.pdf)). P. 11.

<sup>3</sup> Sociétés coopératives d'intérêts collectifs (SCIC). 2014. "Texte de lois : Lois spécifiques." Retrieved September 2, 2014 (<http://www.les-scic.coop/sites/fr/les-scic/les-scic/textes-loi.html>).

<sup>4</sup> Coop FR. 2012. *Panorama Sectoriel des entreprises cooperatives : Top 100 des entreprises cooperatives 2012*. Paris: Coop FR, les entreprises cooperatives. Retrieved September 2, 2014

([http://www.entreprises.coop/images/documents/outilscom/panorama\\_coop\\_to\\_p100\\_2012.pdf](http://www.entreprises.coop/images/documents/outilscom/panorama_coop_to_p100_2012.pdf)).

<sup>5</sup> Data for four co-ops only.

<sup>6</sup> France's mutuals are organized in seven major groups: inter-professional mutual companies; mutual companies that are de facto subsidiaries of mutual insurance companies; mutual companies that are partners of mutual insurance companies; mutual companies that are de facto subsidiaries of provident companies; government worker mutual companies; and mutual companies for one specific company.

<sup>7</sup> Institut National de la Statistique de des Études Économiques (INSEE). 2011. *INSEE PREMIÈRE*. No. 1342 (March). Paris. Retrieved September 2, 2014 (<http://www.insee.fr/fr/ffc/ipweb/ip1342/ip1342.pdf>).

<sup>8</sup> Bocquet, A-M, Gérardin, H., and J. Poirot. 2010., "Économie sociale et solidaire et développement durable: quelles spécificités pour les coopératives et les mutuelles ?" *Géographie, Économie, Société* 12(3):329-352.

<sup>9</sup> All data from: Mutualité Française. 2014. *La mutualité en chiffres*. Édition janvier 2014. Paris. Retrieved September 2, 2014 (<http://www.mutualite.fr/La-Mutualite-Francaise/Des-vraies-mutuelles/Valeurs-et-principes/La-Mutualite-Francaise-en-chiffres>).