ATIH

Nos données
au service
de la Santé

Activity Report ATIH 2023


ATIH
Nos données au service de la Santé
L'ATIH Domaines d'activités Accès aux données Plateformes de transmission et logiciels Rapports & études
Accès par secteur
Sanitaire
Médico-social
Accès aux recueils
Cartographie
Accès rapide
Recherche
Les plus lutés
Support utilisateurs
Agora et hotline
Accéder aux données restituées
Médecine, chirurgie, obstétrique
1 704
établissements en France
Coder, recueillir, analyser, restituer et diffuser l'information hospitalière
ACTUALITÉS
ATIH au Congrès EMOIS
Jeudi 4 et vendredi 5 avril
Conseil scientifique de l'ATIH
Mercredi 3 avril
DERNIÈRES MISES EN LIGNE
MISES À JOUR DES OUTILS TECHNIQUES
Appel à candidature ENC Sanitaires 2025
Venez participer à l'ENC !
Campagne RTC 2023
Nouveautés - UD Pharma V3 & Webinaires
Fonction Groupage MCO 2024
Mise à jour CCAM V74 et V75 Table GHS/INFO 2024 définitive
PdG-MCO 2024
Mise à jour CCAM V74 et V75 Table GHS/INFO 2024 définitive

CONTENTS

EDITORIAL

In 2023, ATIH received a new objective and performance contract (contrat d'objectifs de performance (COP)). The COP 2023-2027 defines our new missions, which have been extended to the medico-social sector, in particular in terms of contributing to price reforms, quality of care and participation in health crisis management.

As part of the reflection on the COP, the agency's visual identity, logo and graphic charter have been updated. The new logo embodies the present and the future, consolidating ATIH's role in using data to improve knowledge and decision-making in the health sector, thereby contributing to better care for patients and the people they support.

In 2023, ATIH made a major contribution to the work of the Igas IGF mission, set up following the French President's announcements to draw up future guidelines for the funding of MCO and HAD activities.

Significant work was carried out in the area of SMR, leading to the publication of all parameters of the new funding model. However, the funding reform was applied retroactively in 2023.

On the medico-social side, the agency has made progress on scenarios for funding models for the care of disabled people in the children's sector, in collaboration with the CNSA, the DGCS and all stakeholders.

The agency structured major projects such as alternative solutions to the SAS statistical software, the overhaul of e-PMSI (a platform for receiving, checking and validating data), the transformation of systems for collecting and transmitting hospital health data, the implementation of the International Classification of Diseases version 11 (Cim-11) nomenclature and the implementation of DRUIDES (a tool for collecting and transmitting data) in all areas of activity.

Other important work has been carried out on:
- The development of data returns: Benchmarks, drug survey, Sepsis MCO activity, etc.
- Improvement of data processing on the hospital data platform
- Reflection on the information systems master plan in connection with the need to modernise and secure our IT platforms

In order to organise and better secure our data collection and access, the homologation of our platforms, the pseudonymisation of data, the structuring of access to ScanSanté and the analysis of the impact on data protection were considered.

In 2024, the results of ATIH will be in line with the guidelines of the COP 2023-2027. A large number of projects started in 2023 will be continued, such as the reorganisation of the funding of health institutions in medico-social structures, the transformation of systems for collecting and transmitting hospital health data, the deployment of ICD-11, the reorganisation of the e-PMSI platform, the implementation of DRUIDES and the modernisation of returns. New projects will be launched, such as the collection of data from the SAADs (home assistance services), data from the single social report (RSU) and intervention data from the SMURs (IRPS).

Housseyni Holla, Director-General of ATIH


ATIH
Accès aux données restituées par l'ATI
Chiffres clés de l'hôpital

I. ATIH
A centre of multidisciplinary expertise

Missions

Founded in 2000, **the Technical Agency for Information on Hospital Care (ATIH)** is a public administrative body overseen by the Ministers of Health and Solidarity. The headquarters of the agency are located in Lyon with a branch based in Paris.

The strategic guidelines of the agency are dictated by the Management Board, a steering committee and a scientific council.
The head of the Management Board is appointed by the Ministers for Health, Social Affairs and Social Security.

ATIH is responsible for:

- the collection, hosting and data analysis of health economic activity and data from health institutions;
- the development of the collection, processing and access to the data of the medico-social performance dashboard;
- the technical management of funding mechanisms for health and medico-social institutions;
- carrying out studies on the costs of health and medico-social institutions;
- development and maintenance of health nomenclatures;
- analyses, studies and research on health data;
- collecting, analysing and disseminating data to assess the quality of care and patient satisfaction;
- participation in the management of health alerts.

Public

Government departments:

Directorate-General of Healthcare Provision (DGOS), Directorate-General for Social Cohesion (DGCS), Directorate-General for Budget (DB), Directorate-General of Public Finances (DGFiP), Directorate-General of Health (DGS), Ministerial Delegation for eHealth (DNS), Directorate-General of Social Security (DSS), Directorate of Research, Studies, Evaluation and Statistics (DREES), General inspectorate for Social Affairs (IGAS), General Secretariat of the Ministries of Social Affairs (SG MASS), etc.

Court of Audit

Health insurance

Regional health agencies (ARS)

Hospital and medico-social federations

Healthcare facilities

Medico-social facilities and services (ESMS)

National bodies:

Biomedecine Agency (Agence de la biomédecine – ABM), National Agency for Supporting the Performance of Health Institutions (Agence nationale de soutien à la performance des établissements de santé – ANAP), Digital Health Agency (Agence du numérique en santé – ANS), National Management Centre (Centre national de gestion – CNG), National solidarity fund for autonomy (Caisse nationale de solidarité pour l'autonomie – CNSA), National Authority for Health (Haute autorité de santé – HAS), National Cancer Institute (Institut national du cancer – INCA), etc.

Teachers, researchers

Enterprises:

Research and consultancy companies, media, etc.

Organisation

Management

- Communication
- Partnerships mission
- Quality of care mission

General Secretariat

- Quality
- Legal and market affairs
- Budget, accounting, management
- Human Resources Management
- Secretariat

IT architecture and production (API)

- Management of demand and developments in information systems
- Quality assurance and support
- Infrastructures

Classifications, Medical Information and Funding Models (CIM-MF)

- Medical information
- Classifications and funding of medical activities

Collection of management information (COLLIGE)

- Collection of cost information: national cost studies, surveys and accounting restatement
- Financial campaigns
- ESMS performance dashboard
- National ESMS surveys as part of funding reforms

Funding and Economic Analysis (FAE)

- Analysis of activities and quality of care
- Analysis of the costs of health and medico-social institutions
- Analysis of the financial situation and the national objective for hospital-related healthcare spending
- Funding mechanisms for healthcare institutions: management and reforms

Data requests, access, processing, analysis (DATA)

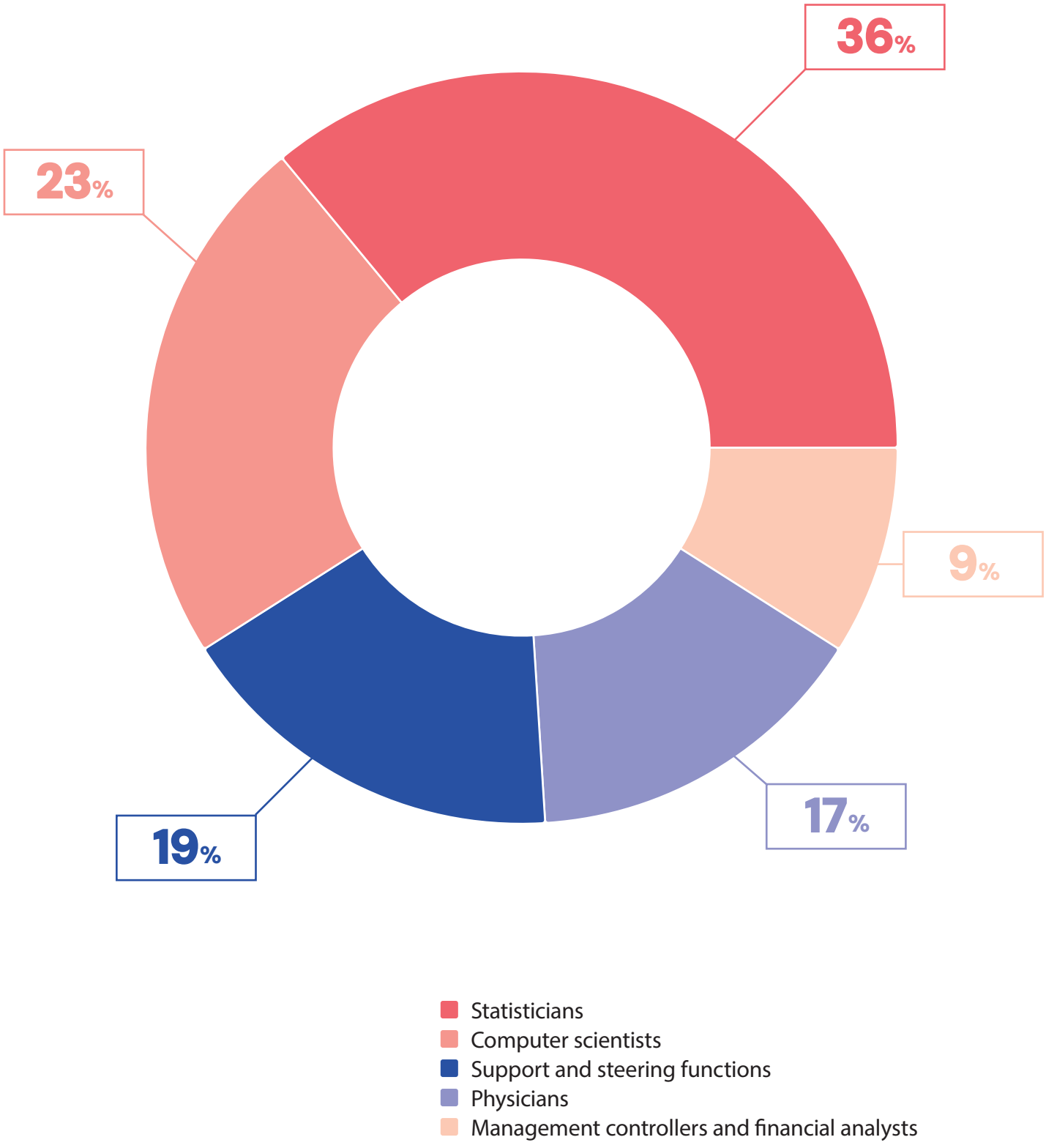
- Creation and provision of PMSI databases
- Restitution of hospital data

Collaborators

129

At 31 December 2023, the agency employed 129 staff:
public-sector contract workers and officials on secondment or on outplacement.

Distribution of employees



Agency's 2023 budget

36,433

k€ of expenses
(excluding investments)

36,680

k€ of income

II. Some key figures for 2023

HOSPITALISATION

Patients treated in healthcare facilities

13.2m

Average age of hospitalised patients: **51 years**

↗ i.e. **+2.8%** compared to 2019

↗ i.e. **+3%** compared to 2022

Hospital deaths in 2023

377,000

↗ i.e. **+3.9%** compared to 2019

↙ i.e. **-4.1%** compared to 2022

MCO – Medicine, surgery, obstetrics

Patients treated

12.8m

Average age of patients in MCO: **50 years**

- i.e. **+2.9%** compared to 2019
- i.e. **+3%** compared to 2022

Number of days in hospital *(stays excluding sessions)*

72.4m

- i.e. **-5.7%** compared to 2019
- i.e. **+0.8%** compared to 2022

Number of deaths

301,000

- i.e. **+0.4%** compared to 2019
- i.e. **-5.5%** compared to 2022

Overnight stays in ICU

1.9m

- i.e. **-1.7%** compared to 2019
- i.e. **-4.8%** compared to 2022

SMR – Medical and rehabilitation care

Patients treated

963,000

i.e. **-5.8%** compared to 2019

i.e. **+5.2%** compared to 2022

Average age of patients in SMR: **68 years**

Patients under full-time care

703,000

i.e. **-12.5%** compared to 2019

i.e. **+3.3%** compared to 2022

Number of days of full-time care

29.6m

i.e. **-9.4%** compared to 2019

i.e. **+2.9%** compared to 2022

Patients under part-time care

320,000

i.e. **+16.3%** compared to 2019

i.e. **+10.8%** compared to 2022

Number of days of part-time care

5.4m

i.e. **+18.3%** compared to 2019

i.e. **+11.3%** compared to 2022

HAD – Home care

Patients treated

168,000

Average age of patients in MCO: **68 years**

- i.e. **+31.2%** compared to 2019
- i.e. **+5.5%** compared to 2022

Number of days in HAD

7.2m

- i.e. **+21.2%** compared to 2019
- i.e. **+6.1%** compared to 2022

Number of deaths

46,000

- i.e. **+65.8%** compared to 2019
- i.e. **+7.1%** compared to 2022

Psychiatry

Patients treated

408,000

i.e. **-2.6%** compared to 2019

i.e. **+2.2%** compared to 2022

Average age of patients in PSY: **42 years**

Patients under full-time care

312,000

i.e. **-5.4%** compared to 2019

i.e. **+1.8%** compared to 2022

Number of days of full-time care

17.1m

i.e. **-7.6%** compared to 2019

i.e. **+2.3%** compared to 2022

III. Year-end review 2023

01

Participation in funding reforms

Supporting the CNSA and the DGCS in reforming the funding of care institutions for children with disabilities

In March 2023, at a strategic committee meeting, the Ministry of Solidarity presented a roadmap for the pricing of facilities for people with disabilities. The target date for the implementation of a revised childcare model is 2025.
In order to achieve this goal, the DGCS and the CNSA set up a task force in April 2023, in which the ATIH is involved. In June, the CNSA presented the methodology to the national pricing group, which consisted of working on two or three models in parallel, based on an extremely tight schedule, with internal CNSA/ATIH steering committees meeting every week and national pricing groups meeting every month.

ATIH organised itself to propose models on the basis of the data available. The heterogeneity of the sector and situations makes the analyses extremely complex and does not always allow us to identify with certainty the markers and characteristics of the people supported that influence the cost of care.

In the autumn of 2023, a first model structure was presented to the stakeholders, based on a broad base of care modes (ordinary environment, day care, residential) with intensity modulators based on Finess clientèle, opening days and stabilised cost hierarchies, as well as additional allocations and a transport envelope. A roadmap has been drawn up for the first quarter of 2024 to improve certain elements of the model and to study the dynamics and possibilities for further development in the medium term, in particular by refining certain concepts, integrating the points of concern raised by the national working group and developing a pricing model to support the transformation of the sector.

At the same time, ATIH has collected data from all the institutions concerned in order to consolidate the financial parameters of the «real» model and, on this basis, to propose price convergence arrangements with a view to adopting a model for implementation in 2025.

Supporting central government in developing funding models for the healthcare sector

In 2023, the agency assisted the central government in reforming the funding of the MCO sector.

Why has an IGAS IGF mission been set up?

Following the announcements made by the President of the French Republic in his speech to health professionals on 6 January 2023, an IGAS IGF mission has been set up to study the reform of the funding of MCO activities.

The aim is to develop a new model with:

- a structuring part of the remuneration based on public health objectives, negotiated at regional level;
- effective remuneration for each individual's tasks;
- an activity-based part of the remuneration, which is perfectly legitimate and should be continued.

From March to July 2023, this mission, within the framework of an inter-administration project group, worked on the construction of a new funding model, including the guidelines defined by the President. The DGOS and ATIH were particularly involved. Stakeholders in the health sector were consulted.

How were ATIH teams organised to contribute to this IGAS IGF mission? What was their role?

A project group was set up within the agency and worked in conjunction with the agency's strategic management committee.
The mission worked closely with the agency to structure responses to the various issues. This work was carried out in a short space of time and covered a wide range of issues.

What were the main projects undertaken?

- **Critical care**, firstly by describing current funding, but also by being a driving force behind proposals to obtain part of the funding linked to specific mission objectives.
- **Non-programmable activities that have a real impact** on the funding of certain institutions due to the high proportion of these activities. The agency has proposed a methodology to identify these activities. A funding model was also proposed and simulated.
- **Maternity care** was also studied.

The agency also helped the mission to develop a simulation tool for all these reform proposals, a tool developed in 'R' (statistical programming language).

What is the outlook for 2024?

Following the recommendations of the IGAS IGF mission based on this work, Article 23 of the 2024 LFSS modifies the funding of health institutions by dividing it into three sections:

1. Share of activity-based funding
2. An allocation component to meet public health objectives
3. An allocation component to meet the specific needs of certain institutions

The sub-funds will be phased in from 2025.

Anticipating the effects of new funding models by simulating them and preparing users for the reforms

A new funding model was introduced for SMR activities in 2023.

How were SMR activities funded in 2023?

The transitional model, in force since 2017, was applied in 2023 for payment or invoicing.

OQN institutions	DG institutions
Price per day: **90%**	Annual funding allocation (DAF): **90%**
Activity-based allocation (DMA): **10%**	Annual funding allocation (DAF): **90%**
MIGAC, IFAQ, etc.	MIGAC, expensive molecules, transport, outpatient procedures and consultations, IFAQ, etc.

How will the reform, postponed to 1 July 2023, be applied?

The new funding arrangements will be applied by means of a post-payment adjustment in the first quarter of 2024.
The amounts due under the new model will be compared on a full-year basis with the amounts paid under the transitional model (old arrangements).
The positive differences will be used to allocate a package of new measures and support measures not paid out in 2023.
This system means that institutions that lose out under the new model will not have to take back credits, while at the same time guaranteeing surplus funding for institutions that gain.

What were the main projects undertaken in 2023?

- **The development of the grouping function:** this allows each stay to be assigned to a corresponding medical tariff group (GMT).
- **The construction of tariffs (linked to the GMT) and coefficients specific to each institution**, which modulate the final valuation of the stay.
- **Anticipating the impact of new funding models** by simulating them and preparing users for the reforms (experimenting with models and tools)
- **The development of reporting tools via e-PMSI:** these include monthly dashboards for hospitals and regional health agencies (ARS), as well as a tool that allows institutions to visualise the evaluation of each stay.

How were the ATIH teams organised to contribute to this reform and what was their role?

Several ATIH departments were mobilised to implement the SMR funding reform.

The API department – IT Architecture and Production
Responsible for the development of the SMR grouping function for software publishers.

The CIM MF department – Classifications, Medical Information and Funding Models
This department designed the new hospital stay classification and supported API in the development and consistency checks of the hospital stay grouping function.

The DATA department – Analysis access requests
Responsible for the development of data control and validation tools.

The FAE department – Funding and Economic Analysis
Responsible for the implementation of the new model:

- Calculation of tariffs and coefficients
- Simulation of the impact of the implementation of the new model on all the SMR revenues of the institutions
- Calculation of a transitional allocation to neutralise the effects of the model during the first years of implementation
- Preparation of subsequent adjustments

The departments coordinate their work in an internal technical meeting every two weeks.
A monthly steering committee validates the technical guidelines proposed by the departments.
Regular coordination meetings are also held with the DGOS R1 and R4 offices as well as with the CNAM and DSS.

What will the ATIH teams have to do in 2024 to complete this reform?

- Automatic production of monthly payment orders within the e-PMSI by the start of the 2024 campaign
- Calculation of the transitional allocation for 2023
- A posteriori modifications for 2023
- Creation of a tool for the ARS to allocate the population allocation

Implementing funding mechanisms

Description and classification of medical activities

Overhaul of the CCAM (topic and volume of procedures)

In 2023, work continued on the overhaul of the CCAM (common classification of medical procedures), led by the Haut conseil des nomenclatures (HCN), in collaboration with the CNAM and the HAS. The agency reviewed and revised the proposals of the first 15 clinical committees, which are made up of clinicians who are experts in their field. The HCN was able to validate the work of the Pneumology and Physical Medicine and Rehabilitation Clinical Committees. The agency also participated in multidisciplinary meetings with the HCN on planned changes to certain writing rules.

ICD-11: publication of the reference guide, use, preparation of the implementation specifications

In 2023, ATIH was supported in carrying out an impact study on the transition from ICD-10 to ICD-11, a prerequisite for the design of the overall ICD-11 implementation project.
The study was based on 22 interviews with hospital and institutional stakeholders, as well as publishers. These interviews with French stakeholders affected by the transition from ICD-10 to ICD-11 were then complemented by an international comparative study based on interviews with the ICD-11 implementation teams in five European countries.
The conclusions of this study will be used as a basis for a concerted reflection with the members of the WHO Collaborating Centre on the strategic directions to be given to this project and the projects to be prioritised in the short and medium term.

HAD: completion of a first version of the classification. The start of an experiment

In 2023, ATIH finalised the first medico-economic classification in the field of HAD. This classification was drawn up taking into account the complexity of the care provided. In addition to discussions with representatives of hospital associations, webinars were organised to present and discuss the classification with stakeholders in the field. The HAD classification has been in a testing phase since the second half of 2023.
To support HAD professionals, reporting tools have been offered to institutions to help them get to grips with this first tool for describing their activity (Ovalide tables, software for viewing grouping files).

MCO: classification work on the interventional component

ATIH has launched a project to revise the «interventional» activity in order to take into account the development of this type of care in hospitals, the changes in the legislation governing this activity (decree of September 2022) and the requests of professionals.

A review of the current classification of interventional care was carried out in 2023. Initial work has clarified the scope of interventional procedures by identifying those that fall within it (vascular management, other imaging procedures such as punctures and biopsies, and therapeutic cancer management, etc.) with a view to studying their explanatory power in the classification at a later date and therefore their classification status.

SMR: specialised activities

As part of the reform of SMR funding, specialised activities, i.e. care provided to a limited number of patients and/or requiring specific skills, equipment, technical facilities or organisation, receive specific funding. In order to identify the types of care that fall within the scope of expertise activities, work has been carried out that has led to the creation of new modalities for the variables describing the types of authorisations and specific units.

Psychiatry: monthly PMSI reporting

Covid-19 highlighted the need to monitor patient care data more closely.

At the request of the supervisory authorities, bimonthly reporting of patient care by psychiatric hospitals was introduced in 2020 to meet this need. The application of the funding reform from 2022 reinforces this need for close monitoring of activity data.

Following consultation with the federations, from the beginning of 2023 the frequency of RIM-P data transmissions will be changed from quarterly to monthly, to bring them into line with those for other fields of activity. Implementation has been gradual, with a large proportion of hospitals having submitted and validated their data on e-PMSI by January 2023. From June 2023, data submission and validation will be virtually complete, whatever the category of institution. Data quality indicators using the Ovalide scores produced in e-PMSI show stability in data quality.

Background

Until 2006, ATIH was responsible for the ENC of MCO institutions formerly funded by the global allocation – the so-called "ex-DG" institutions. Since 2007, it has been conducting a new ENC for the MCO sector, covering all health facilities, ex-DG and those formerly funded by national quantified objectives ("ex-OQN"). In 2009, the ENCs were extended to the SMR and HAD sectors.

Measuring costs and the financial situation

National cost studies

2023 saw a great deal of reflection on national cost studies, with the aim of ensuring that this long-term methodology is in line with the needs arising from funding reforms.

The national cost studies based on a common methodology (ENC) are annual surveys carried out by ATIH in public and private health institutions in MCO, SMR and HAD.
The study methodology evolves in line with discussions on funding models, for example to target certain types of care more specifically, as in 2020 with the refinement of the methodology to take account of outpatient activity.

The changes are also in line with developments in hospital practices, such as specific consideration of robots in operating theatres.
The desire to maintain a state-of-the-art methodology that meets the challenges of the funding reforms led to the commissioning of an audit of the ENC methodology, assigned in 2023 to an independent firm.
The main findings and recommendations were shared with stakeholders as part of the ENC governance process.
They include:

- a comparison with foreign models, in particular the Swiss model;
- the ENC methodology meets requirements; Areas for improvement in the methodology were identified, such as strengthening the monitoring of the burden of care for the MCO sector or the monitoring of investments.
- with regard to implementation, the length of the process was noted, as was the need to work on the extensive documentation.

Numerous discussions on the ENC methodology were also held with the Court of Audit in the context of its report on activity-based pricing[1], and discussions continued with the IGAS IGF mission on funding reforms.

All these discussions, audits and exchanges with the Court of Audit and the IGAS IGF mission have confirmed the ENC methodology and the areas of work to be pursued in 2024.

Restatement of accounts (RTC), a national analytical accounting tool as a basis for analysis

The accounting restatement must be carried out by all hospitals in the ex-DGF sector and constitutes a national analytical accounting base to meet the various analysis needs.
One of the recommendations of the Court of Audit in its report on activity-based pricing mentioned above is to intensify this work on national cost accounting.

The purpose of the RTC is to work on the cost of units of work in order to quantify the different activities of hospitals.
These work units can be modified at the request of the stakeholders or according to practice. In 2023, ATIH continued to discuss and integrate a new work unit to better describe pharmacy activities: the «Pharma WU», the result of work by professionals and professional associations[2].

Certain analytical phases of the accounting restatement are similar to those of national cost studies. Therefore, in order to simplify the work of the organisations carrying out these two studies, the common data collection phases have been merged in the ARCAnH data collection tool: chart of accounts and allocation of expenditure to analysis sections.

This work will continue in 2024 with the key and work unit collection phases.

[1] https://www.comptes.fr/fr/publications/la-tarification-lactivite
[2] https://anap.fr/s/article/pharma-bio-ste-publication-2795

Adapting financial campaigns to regulatory changes

The agency collects, consolidates and analyses financial data from regulatory campaigns for health institutions previously under global allocations: projected income statements, multi-year global funding plans, infra-annual reports and financial accounts. These tools are updated annually in line with regulatory changes. Continuous improvement of the tools used to control data collection, in conjunction with the ARS and the institutions, facilitates and simplifies the reporting of financial data.

In 2023, the adoption of a new 2024 model of projected income statements and multi-year funding global plans for the ancillary budgets allowed us to reduce the number of charts of accounts from five to one, as part of the process of harmonising the accounts with a view to simplifying the charts of accounts and budget models for the ancillary projected income statements.

Implementing the annual funding campaign (calculation of tariffs, allocations, packages, tariff equations for the medico-social sector)

First campaigns under the new funding model for psychiatry.

From 1 January 2022, psychiatric institutions will be financed under a new funding model consisting of eight compartments.

Principles of the first campaigns under the new funding model

In 2022, the year of the transition to the new model, all psychiatric facilities, regardless of their previous method of funding, were funded by a single allocation: the provisional allocation, of an amount at least equal to the income of 2021. At the end of the 2022 financial year, the new funding model was applied retrospectively to all institutions as a "dry run", with an additional amount being paid to those institutions for which the sum of the trial model was greater than the provisional allocation.

No amounts have been withdrawn from institutions for which the trial model was lower than the provisional allocation.
From 2023 onwards, institutions will be funded by the allocations of the new model.
Between 2023 and 2025, the amounts for the two main components are guaranteed:

- population allocation;
- active file allocation.

Work carried out by ATIH to implement the new principles of the pricing and budget campaign

In 2023, the ATIH teams were mobilised to calculate, a posteriori and for the first time, the different components for the 2022 tariff and budget campaign. The agency was involved in the calculation of the secure allocations, which were used as a basis for securing the population and active file allocations from 2023 to 2025. ATIH services also contributed to the updating of the different allocations for the 2023 tariff and budget campaign.

ATIH has set up reporting tools so that institutions and ARS can monitor their activities and the quality of data coding, which will be used to fund institutions under the new funding model.

Management of MCO and HAD parameters according to guidelines

The 2023 campaign was marked by:

- The introduction of a new surcharge on stays for healthcare institutions authorised by the ARS to administer CAR-T cells (L.1151-1 CSP). This supplement is referred to as "CDC".
- The introduction of new measures linked to inflation for 2023.
- The inclusion of new measures linked to the revaluation of the index point and «purchasing power» measures.

With regard to emergencies, the fixed rates for emergency visits by under-16s have been revised to take account of the heterogeneity of these patients and the resulting treatment.

The fees and surcharges for non-admission visits will change from 1 March 2023:

- The specific nature of the care of patients aged 0-3 months has led to the creation of an FU0 package for this age group, with the scope of FU1 automatically limited to the population aged 4 months and over.
- The creation of two new billable addenda in addition to FU0 and FU1:
  - PE1: triggered by a list of diagnoses reflecting the most severe forms of treatments
  - PE2: triggered by a list of diagnoses reflecting intermediate severity treatments

The mechanism for securing hospital revenues – the funding guarantee – introduced during the Covid-19 health crisis has been abolished. It has been replaced by an activity-based security system (SMA), which works as follows:

- For institutions whose activity valuation is lower than the reference amount for the same period, the amount due for the period is equal to 70% of the reference amount + 30% of the activity valuation for the period
- For the others, the amount due is equal to the value of the activity for the period
- The reference amount is thus set at the guaranteed funding for 2022 plus the price effects for 2023.

Managing the SSIAD pricing campaign in accordance with the new model and incorporating freezing mechanisms

The new funding terms for SSIAD/SPASAD were stabilised during the second half of 2022. In the new model, SSIAD and SPASAD receive an overall allocation of care in three components:

1. Global care package (FGS)
2. The allocation of coordination between assistance and care
3. Additional funding

These new funding arrangements will be phased in from 2023 through a five-year convergence mechanism. A freeze system is also planned for 2023 and 2024, so that services whose 2023 allocation falls below their historic 2022 allocation will be able to maintain their 2022 allocation.

In 2023, ATIH will be tasked with developing the funding parameters (in particular the total care package) for the first year of implementation of the new model:

- Calculation of the values of the various target packages for the new model (one annual package per approved place in an institution and transport, nine packages and 12 weekly supplements per user for home care)
- Calculation of projected FGS for 2027
- Calculation of the 2023 FGS after application of the convergence and freeze mechanisms

In the summer of 2023, each SSIAD/SPASAD was provided with a results report detailing the data used to calculate their projected 2027 and 2023 FGS and the corresponding amounts.

This information was also provided to the ARS for each department in their region. ATIH provided support in answering questions from the ARS and departments.

In particular, this work used data from the SI-2SID 2022 survey, a mandatory survey conducted by ATIH in two sections in 2022.

02

Participation in improving the quality and relevance of care

Measuring the satisfaction of users of the healthcare system

The assessment of the quality of health interventions depends in part on how they are perceived as satisfactory, useful and effective (and therefore relevant) by patients and, more generally, by users of the health system.

The agency, which is already involved in the e-Satis programme, is contributing to the development of the Éval-santé platform to structure and facilitate the survey methods used to measure patient satisfaction and experience (PREMS) and perceived clinical outcomes (PROMS).

The agency has exchanged views with several DGOS offices on the regulatory validation of the Éval-santé platform, for example, its use in the context of the CKD package, where the package-based funding system is designed to improve the length and quality of life of people with chronic kidney disease, and the modulation of packages is based on a perceived quality of care indicator, etc.
The planned questionnaire therefore covers quality of life (PROMIS 29) and care (PREMS).

For the use of the platform in the context of 100% health, a data protection impact assessment (AIPD) has been carried out together with the DSS, and questionnaires for beneficiaries of hearing aids and/or spectacles are planned. The platform could be launched in this context at the beginning of 2024, following tests with the help of volunteer hearing aid dispensers and opticians.

Contributing to the development and dissemination of indicators

Second phase of the ATIH-led vigilance indicators project

Following the publication of the HAS report on vigilance indicators in practice in 2022, the DGOS has asked ATIH, in collaboration with the HAS, to ensure the operational implementation in terms of development, production and reporting.

To this end, ATIH defined an internal governance structure in 2023:

- to ensure interdepartmental coordination and management of technical work, project monitoring and strategic arbitration at agency level;
- mobilising the various departments to draw up the indicator specifications (target populations, inclusion and exclusion criteria, calculation methods, etc.), to perform the initial calculations, identify the adjustment variables, determine the alert thresholds, and finally design the reporting tool.

In 2023, the technical work focused on developing specifications for the five indicators considered as priorities by the experts following the HAS work:

- In-hospital mortality rate, all causes, within 30 days of major surgery
- MOC rehospitalisation rate between 1 and 7 days
- Readmission rate within 48 hours after outpatient surgery
- Rate of surgical site infection
- Rate of post-operative bleeding or haematoma requiring intervention after surgery.

At the end of this work:

- A proposed method for identifying major surgical activity and a breakdown of activity by specialty was discussed with the Federation of Medical Specialities (FSM) and representatives of the National Professional Councils (CNP).
- A working file was sent to all CNPs to stabilise and validate the breakdown of activity by specialty.
- A first provisional version of the specifications for three indicators (mortality, MCO readmissions and readmissions after outpatient surgery) was produced, together with the first test versions of the calculation programmes.
- First test results of the specifications for the calculation of indicators for surgical site infections and the rate of post-operative bleeding or haematoma

Work on Care Improvement Indicators (IAP)

The indicator to measure long-term hospitalisation in psychiatry was stabilised in 2022 for use in the 2022 IFAQ envelope based on 2021 data.

In 2023, ATIH organised the return of this indicator to all hospitals via ScanSanté, accompanied by a methodological sheet explaining the indicator.

In 2023, work was carried out on the design and production of indicators in the different areas of activity:

- Psychiatry: validation of the indicator to measure long-term hospital admissions
- SMR: work has been undertaken to develop indicators based on the PMSI SMR: rate of transfer from SMR to MCO, rate of urinary tract infection from indwelling catheters, rate of Clostridium difficile infection and rate of serious falls;
  at the request of stakeholders, work has continued on the rate of serious falls in SMR
- HAD: continued work on the analysis of transfers and early deaths following MCO transfers for palliative care and the start of exploratory work on MCO readmissions

Work on calls for expressions of interest

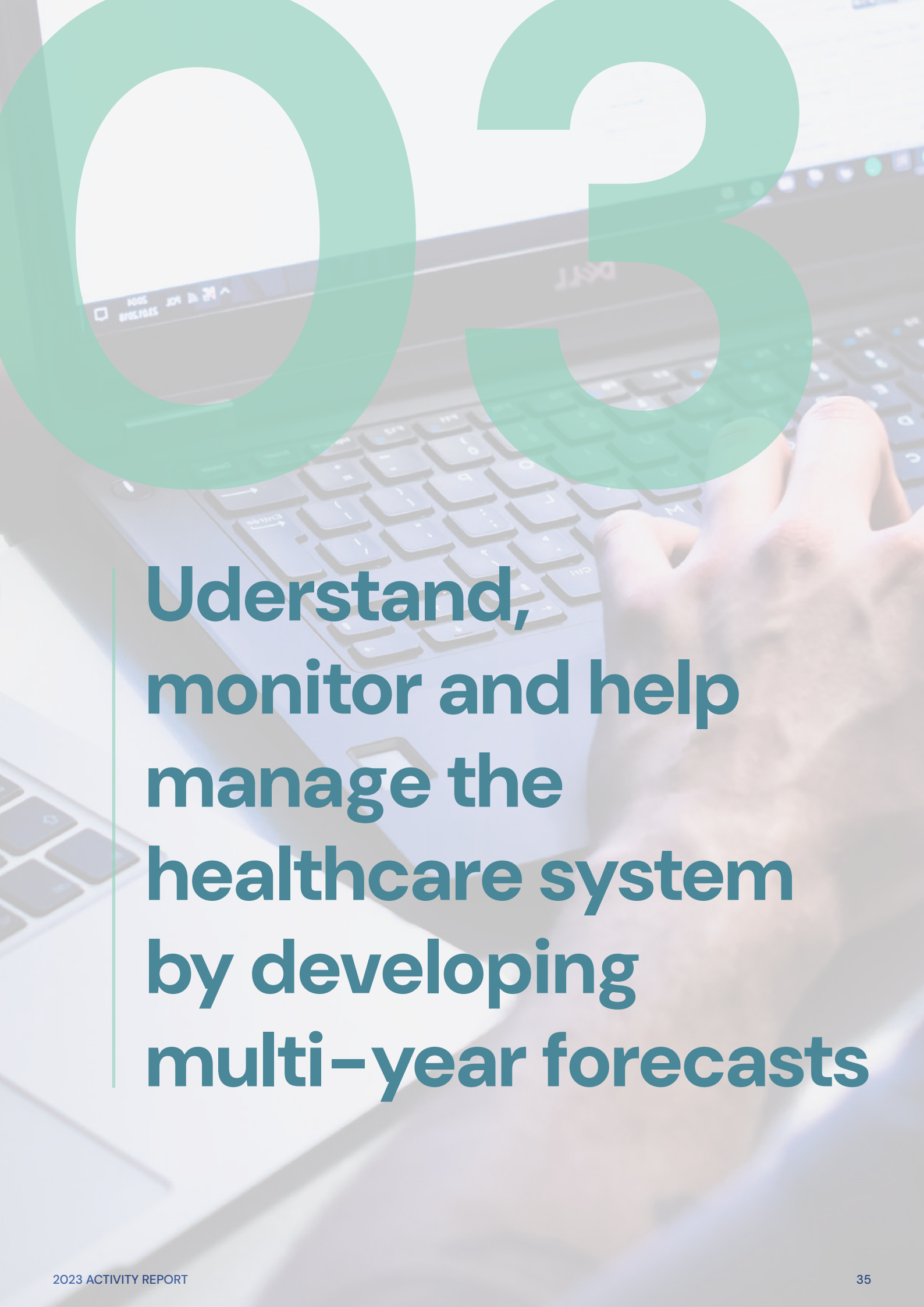
The three research teams that emerged from the 2020 call for expressions of interest launched by the agency's scientific council presented the results of their work to ATIH's supervisory bodies on 7 December 2023.

The final reports of the RHPEG project (potentially avoidable serious rehospitalisations) and the Prems-Proms project in psychiatry (patients' perceptions of care processes and outcomes) are currently being analysed by the scientific council.

The results of the emergency department quality indicators project will be available by September 2024 at the latest.

The quality and interest of this work has been highlighted.

The three teams resulting from the AMI 2021 presented an interim progress report to the scientific advisory board in 2023. The work is progressing in line with the content initially defined.



03

Uderstand, monitor and help manage the healthcare system by developing multi-year forecasts

Designing and adapting indicators and analyses

Further analyses of hospital activity

Hospital activity has been the subject of various studies. In particular, a focus on the demographics of the French population was developed as part of the analysis of MCO activity. The work focused on the effects of demographics on the evolution of MCO activity between 2017 and 2022.

In 2021 and 2022, the number of people aged 80 and over in France will have decreased, triggering a change in the effects that explain changes in hospital activity.

On the other hand, this elderly population will increase sharply in the coming years. We must continue to monitor this phenomenon and extend it to other areas, given the changing demographics of the French population.

Monthly monitoring of activity and related expenditure

As part of the Ondam monitoring group chaired by the Social Security Department (DSS), the agency monitors the activity and related expenditure of institutions in the ex-DG sector.

The activity-based security (SMA) was implemented in 2023. This monitoring has been revised to include the new SMA mechanism. It has also been included in the expenditure forecast for the year. In 2023, the ex-DG sector significantly under-spent its target.

Development of new analyses

Total wage bill

In 2023, ATIH began an analysis of changes in the wage bill of public and private non-profit institutions between 2019 and 2021. Measures to improve staff careers and pay, such as the Ségur health agreements, have been in place since 2020. These have led to a significant increase in the wage bill in a context of declining activity. The study aims to explain this dynamic by type of institution, in terms of changes in the components of their wage bill (FTE, gross remuneration) and changes in the structure of their jobs. An update is planned for 2024, which will include the effects of the index point increase for civil servants in July 2022.

Collaboration with ENSAE on the impact of the health crisis on the determinants of hospital activity

The work started in 2022 within the inter-administration framework for the renewal of the Ondam (multi-annual management of resources for health institutions) showed the need to complete the approach by studying the impact of the health crisis on the determinants of changes in hospital activity. To this end, a partnership was established with the ENSAE (École nationale de la statistique et de l'administration économique). Studies were carried out by type of institution, category of care activity and type of hospitalisation. There was an interest in analysing «missing» or unused stays during health crises.

Contribution to the AMDAC leaflet

Created in 2021, the AMDAC function (Ministerial Administrator of Data, Algorithms and Source Codes) is intended to strengthen the collective dynamic of the solidarity-health sphere on issues related to data, algorithms and source codes. Since April 2021, this role has been performed by the Director of DREES for the Ministries of Solidarity and Health. A network of AMDACs has been coordinated by Dinum (the Interministerial Digital Directorate) since the Prime Minister's circular of April 2021.

A first roadmap, finalised at the end of 2023, initiated cooperation (projects, working groups, events, etc.) based mainly on the «AMDAC referents» present in the directorates and operators, including ATIH.

In particular, the agency participated in the working group on data cataloguing held in the first half of 2023, which produced a «data catalogue" handbook.

The agency also participated in the first Data Day in April 2023, organised by the Ministry of Health.

It also contributed to the preparation of the mid-term review of activities and the construction of the new roadmap, which aims to renew the ambition for a more cross-functional approach to data issues. New actions were identified and programmed from 2024 to 2026.

The public data policy provides the general framework for this 2024-2026 roadmap, which is based on four pillars:

1. Promoting the implementation of best practices and common tools
2. Facilitating the use, sharing and opening up of data and codes
3. Communicating the approach, raising staff awareness and supporting skills development
4. Developing knowledge of the assets and governance around data and codes

In early 2024, the agency will participate in the launch of the first actions identified in the roadmap, as well as in the open source working group.

Strengthening the role of ATIH in health data management

In order to meet the needs of our users, a complete overhaul of the data reporting system is underway. The aim is to identify and formalise user pathways to provide tailored outputs with improved navigation. To achieve this, ATIH is relying on its business teams, involving its users and seeking external support, in particular for ergonomic reporting and UX/UI design techniques.
The new reporting access portal has been enhanced. It brings together our full range of data output services. The content and ergonomics of the portal guide users through the various ways in which they can access the data produced by the agency: Key figures, ScanSanté, hospital data platform. New reports have been created combining flexible data queries and data visualisation.

Annual hospitalisation key figures 2022

In collaboration with a service provider specialising in data communication, ATIH has published the hospitalisation indicators for 2022 in the form of dynamic infographics. Navigation between areas and hospital disciplines is facilitated and animations are used to modernise and enhance the value of this reference data.
These key figures present the main indicators of the activity of French healthcare institutions in terms of numbers of patients, stays and days.

These national indicators are presented:

- for the total activity of the PMSI in the four fields of activity:
  - for three transversal activities: cancer, palliative care and addiction;
  - outpatient activity in public and private community health facilities, procedures and consultations, excluding MCO and SMR emergencies;
- by activity:
  - MCO: by type of hospitalisation or medical discipline, with emphasis on intensive care and, for emergency activity, whether or not followed by hospitalisation;
  - HAD: by type of institution and by main reason for treatment;
  - SMR: by type of institution and by main reason for treatment;
  - Psychiatry: by type of hospitalisation, reasons for hospitalisation with a focus on involuntary treatment and outpatient activity in public facilities.

The key figures can be downloaded in PDF format, in full or by activity.

Survey on the purchase and consumption of medicines

A new dataset presents the annual purchase and consumption of medicines by healthcare institutions, online on ScanSanté. The aim is to measure the total consumption of medicines in all areas of activity: MCO, HAD, SMR and psychiatry.
This allows each institution to compare itself with institutions in the same category, field or region.

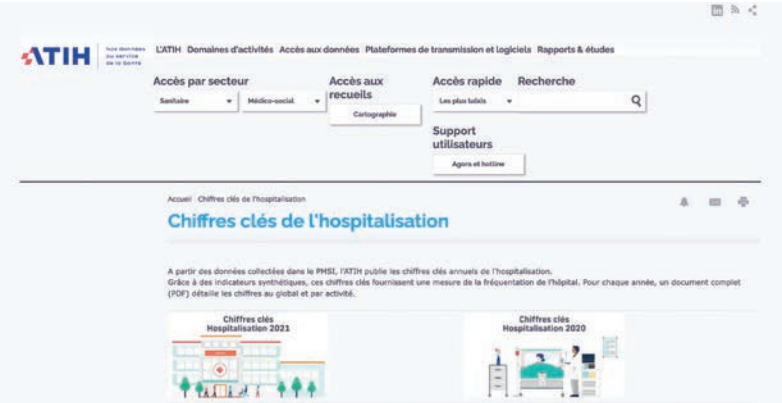
The information is classified by:

- quantity of medicines per common dispensing unit (UCD) code;
- value of medicines per UCD code.

Additional data on the use of biosimilar medicines has been added.

ATIH data visualisation provides summary reports by drug, ATC class (Anatomical, Therapeutic and Chemical), at national level, by region, by institution category and by type of authorisation by activity. Groupings can be made by type of institution, by product and by region.

The data in this report is derived from the annual surveys on the «Purchase and consumption of medicines in hospitals» carried out by ATIH and is provided by voluntary public and private healthcare institutions. Only these voluntary institutions have access to this annual data.



In 2023, 1,502 institutions participated in this survey, representing 63% of French healthcare institutions.
This report is only accessible with the ATIH application user ID (Pasrel).

«SEPSIS MCO activity» (generalised inflammatory response associated with severe infection)

The result of collaboration between ATIH and clinicians, this report provides indicators of hospital stays for the management of sepsis and septic shock, calculated from the PMSI MCO databases.
The aim is to assess and monitor sepsis (its complications, prevalence, impact on the population in a given area) and compare this information with indicators of access to care or co-morbidity criteria.
The data can be analysed by cross-referencing different selection criteria: year, geographical level, GHM, diagnoses, procedures, patient age, and can be broken down to institution level.

Main indicators reported:

- Number of stays, average length of stay, percentage of deaths
- Number of full hospital stays
- Number of patients, age, gender
- Percentage of stays including critical care (direct or indirect admission)
- Percentage of stays including intensive care unit

This report is only accessible with the ATIH application user ID (Pasrel).

RepèrES

This report is designed to facilitate comparisons between healthcare institutions in terms of their activity, their region or their financial situation. It provides users with a wide range of indicators for analysing these three dimensions (activity, region, finances).

Main reports:

- Number of hospitalisations, stays/sessions/days
- Average length of stay performance index (IP-DMS)
- Origin and destination of patients
- Financial and cost indicators
- Capacity data (number of beds, equipment rate, etc.)
- Socio-demographic indicators

https://www.scansante.fr/actualites/reperes

Depending on the user's needs, this report can be used to:

- create panels of institutions according to the criteria chosen by the user by selecting them one by one;
- compare the institutions making up the panel or the panels of institutions.

RepèrES can be used by institutions, regional health agencies and central government departments to shed light on specific situations and support management dialogue by providing easy access to information.

Facilitating access to data

Setting up Teradata databases for internal and external users (PDH)

In 2023, ATIH continued to implement a new data storage environment based on Teradata technologies. The aim of this project is to make it easier and more efficient to use data in a variety of analysis languages (SAS, R, Python, etc.), both for internal work and on the hospital data platform.

After migration of PMSI and repository data and internal stability and performance testing, work will focus on:

- managing access rights according to user profiles in order to open the service to the hospital data platform;
- extending the hosting to other types of data (financial, medico-social, etc.);
- creating a data warehouse to store the entire history of validated PMSI transmissions.

Participation in the implementation of the new pseudonymisation system

In 2023, the agency continued its efforts to meet the requirements of the National Health Data System (SNDS) Security Reference Framework as part of its work on the new pseudonymisation system.

The architecture was completely overhauled to improve its resilience and security, and to be able to support an increasing load. An audit of the new pseudonymisation code was carried out and validated. The operational implementation in all databases collected and disseminated by ATIH was delayed due to architectural problems encountered in the summer of 2023 and has been postponed to 2024.

Management of PLAGE accounts by national bodies

Optimising the operation of platforms

In 2023, we asked national organisations using our data collection and reporting platforms to appoint a main administrator to manage their accounts and permissions in the PLAGE application. Until then, these accounts were managed by ATIH.

04

Promoting the simplification and improvement of data collection processes

Continuously analysing the response to the needs of the agency's audiences for tools

Define a policy for optimising existing tools (to secure, simplify and facilitate the work of users) and evaluate their quality and the service they provide.

Implementing actions based on the results of satisfaction surveys and/or external audits

In order to measure and improve its performance, ATIH relies in particular on a satisfaction barometer in order to:

- obtain relevant and regular feedback on its activities;
- adapt by taking action to meet users' priority expectations;
- promote its efforts by monitoring the impact on satisfaction.

Involve stakeholders more closely in the development of the agency's tools.

• Involve stakeholders in the redesign of tools (e.g. e-PMSI)

Users are involved in the redesign of the reporting tools. As a result of this work, the specifications for a report on the performance scorecard for the medico-social sector and a report on quality-based funding were finalised in 2023.

In 2023, following the implementation of DRUIDES (Dispositif de remontée unifié et intégré des données des établissements de santé: Unified and Integrated Data Feedback System for Healthcare Institutions) in the MCO sector, ATIH carried out a user satisfaction audit in the form of a qualitative survey including:

- interviews with professionals from health institutions using DRUIDES between July and September 2023;
- analysis of feedback from ATIH's annual satisfaction survey.

The results of this audit will help to refine the project's strategy and make improvements in the use of DRUIDES in SMR, HAD and psychiatry.

• Provide more support to those involved in data collection and processing.

This support includes the production of tutorials, videos and training sessions tailored to the needs of participants.

The agency collects, consolidates and analyses financial data from regulatory campaigns for health institutions previously under global allocations: projected income and expenditure statements, multi-year global funding plans, infra-annual reports and financial accounts.

In order to provide a better understanding of the purpose and sequence of these exercises, a new tutorial has been produced and is available online on the agency's website.

It complements the tutorials and videos provided at the launch of each campaign.

To support institutions that are simply interested in or already participating in the data collection campaigns organised by ATIH, the «classic» documentation is systematically complemented by a series of tutorials available on the agency's website and by videos available online on our YouTube channel.

A new tutorial for manufacturers and research consultancies using PMSI data has also been completed. It details the legal and administrative procedures for accessing PMSI data and guides users through the process.

Strengthening the information systems security policy

Improving data collection tools and modernising the transmission system to make users' work more secure, simpler and easier

Implementation of DRUIDES (activity data collection system to free medical information departments (DIM) from transmission constraints)

In March 2023, DRUIDES was implemented in the MCO sector. This tool replaces about ten data feedback management software packages. ATIH expects it to be implemented in the SMR in 2024 and in HAD and psychiatry in 2025.

Introduction of weekly SPS reporting and work to simplify data collection

The DGOS and DREES have requested more frequent access to data from the RPU as part of the monitoring of the work to relieve pressure on emergency departments.

ATIH responded with a proposal to organise weekly reporting of summaries of emergency department visits (RPU), a scenario adopted by the DGOS for the continuation of this work.

This frequency will be implemented in 2024. At the same time, the project for a new version of the content of the RPUs (RPU V3) should also be discussed again in the coming months.

Participation in the work led by the ANS on the revision of Finess (national file of health and social institutions)

ATIH participates in this work on several levels:

- Steering committee: monitoring the progress of the Finess roadmap (e.g. migration of data from Finess to Finess+) and processing requests for changes and implementations (e.g. link with the licensing reform and ARHGOS);
- Business operational committee: to oversee the processing of business line issues such as the registration of sites with psychiatric activity or the definition of events.

The data that will be available in Finess will enable ATIH to monitor changes in the health and medico-social institutions in more detail, for example by using data historisation.

Optimising the development and operation of digital services

• Maintaining state-of-the-art platforms

- The Alice software will initially replace the Lotas software, which is used to draw lots for the purpose of compiling indicators of quality and safety of care (Qualhas). In 2023, the historical Lotas software was audited by the CNIL, which identified a number of problems.

Alice will provide a major software upgrade to prevent the transfer of information between the facility and the Qualhas platform, as well as security upgrades in response to the CNIL's concerns. At the end of the year, a presentation was made to the CNIL, which considered that the Alice software met its recommendations.

- The Osis V3 platform (Observatoire des systèmes d'information de santé: observatory for health information systems) went into production in the last quarter of 2023. It replaces the Osis V2 platform. It gives project managers full autonomy to produce forms. In 2024, the forms will concern the Ségur usage numérique en établissements de Santé (Sun-ES, Ségur digital use in healthcare institutions), the Observatoire permanent de la sécurité des systèmes d'information des établissements de santé (OPSSIES, Permanent Observatory for the Security of Health Institutions' Information Systems) and Ifaq.
- Several projects were launched in 2023 to reduce the obsolescence of some of our platforms, in particular ScanSanté, e-Satis and the back office of the Ancre platform (financial data collection).

Implementing new services with a view to simplification

Design of a new process for the collection and concentration of data from institutions to facilitate data collection

In 2022, the main directions and work streams of the project to transform the collection of health data from hospitals («New data collection» project) were designed and, in 2023, the project was communicated to a number of national institutions, including various departments of the Ministry.

The exchanges and work requested, in particular with the IGAS IGF inspectors, made it possible to refine the roadmap and highlight the need to demonstrate the relevance of the theoretical proposal through the implementation of a pilot project, the outlines of which will be defined in 2024. At the same time, fundamental work continued on the design of a map of hospital health data requested by national institutions from healthcare institutions.

Revising the system for receiving, validating, checking and using data

• Developing the e-PMSI service portal

ATIH has been developing and maintaining the e-PMSI platform for almost 20 years in order to carry out its tasks of collecting PMSI data and funding health institutions. e-PMSI is the gateway for PMSI data into the agency's information system. It provides a significant part of the funding for healthcare institutions, especially public ones. As such, e-PMSI is of strategic importance to ATIH. As part of an initiative to improve the user experience, ATIH has reaffirmed the original ambition of e-PMSI and decided to overhaul it. To initiate this overhaul, the functional scope of e-PMSI has been redefined.

e-PMSI is an ATIH service that:

- centralises PMSI data reported by healthcare institutions;
- monitors and validates the completeness and quality of the data and manage its use;
- makes the data available after validation.

This service provided by ATIH is intended for three categories of users: healthcare institutions, ARS and ATIH itself.

The overhaul will take place over several years.

In 2023, a number of projects were launched, such as the monitoring of e-PMSI registrations, the management of batch operations and the dematerialisation of decrees. These projects, scheduled for 2024, will provide users with new functionalities.

Participation in the collection of RPIS by adapting the data transmission circuit

In 2023, the agency evaluated the formats and nomenclatures proposed by the Fédération des Observatoires Régionaux des Urgences (FEDORU, federation of regional emergency department observatories) for variables in future SMUR patient summaries, with a view to the publication of the decree.

The agency also took part in a series of discussions with the DGOS and the Société francophone de l'information médicale (SoFIMe) on the RPIS data transmission circuit, with a view to eventually integrating the NIR (registration number in the national register for the identification of natural persons) of patients in care. A number of difficulties in this transmission circuit were identified with the actors involved and discussions were held to find solutions for the implementation of this new data collection system.

Implementation of the collection of the single national social report (RSU)

From 2024, the single social report (RSU) will replace the Bilan Social survey.

ATIH will be responsible for this survey, which will cover all public hospital institutions and health and medico-social services, regardless of their size, i.e. around 2,000 institutions and services, compared to around 300 for the Bilan Social survey.

In 2023, the preparatory phase was carried out in consultation with the DGOS on the indicators to be collected and the technical implementation of the data collection.

Extending the collection of the ESMS Performance Scorecard to SAADs

The medico-social performance scorecard currently covers around 23,000 institutions. 2023 was dedicated to the consultation and adaptation of the indicators for home help and support services (SAAD). This phase was led by Anap.

ATIH is now taking over the management and technical implementation of the data collection through a dedicated data collection platform for a first campaign in 2024. This application will be developed on the basis of the Ancre back office, a new updated version.

Development of services to facilitate the collection of sensitive data

In 2023, ATIH implemented a two-factor authentication system in PLAGE for access to certain applications (Qualhas, etc.). The second factor, in addition to the password, is a one-time code sent to the user's email address.

Depending on security requirements, this connection method could be extended to all platforms in 2024.

Taking advantage of technological innovations in data processing and reporting

Technological upgrading of data reporting

The agency is continuing to build its capabilities around the open-source library Shiny, which offers a high degree of flexibility in rendering design and works well with the R language's data processing and visualisation capabilities.

These efforts have led to the development and launch of the new applications 'RepèrES', 'Activité MCO', 'Enquête médicaments' and 'Sepsis', as well as the continued development of 'Soins et Territoires'. In addition to these technologies, and in order to accelerate the transformation of all data reports, the agency has set up proofs of concept to test solutions developed by publishers of data visualisation and display software.

This work should lead to new outputs and an open data portal in 2024.

Implementing alternative solutions to divest from SAS

Following a decision by the Management Board, ATIH is committed to researching and implementing alternative solutions to SAS statistical software. During the course of 2023, a general framework for the project will be developed with the aim of setting up a governance system based on several groups and bodies to facilitate the sharing of information.

Information sharing has been consolidated through the organisation of four «business» webinars for statisticians.

A detailed mapping of statistical uses in departments was carried out, which will serve as a basis for the development of roadmaps for departments and statisticians for 2024 and beyond. A documentation website on the R software has been set up, complemented by the exchange of experience through webinars. An internal R package called pRatihque has been developed to make the tool easier to learn.

Datascience platform

The development of the Datascience platform was conceived in 2023 and will be implemented in the first quarter of 2024. This platform will modernise the way statistical processing is carried out by all internal agents, initially by choosing their processing environment (e.g. version of R, versions of modules). The first version is an MVP (Minimum Value Product) and will be upgraded with new features in 2024.

05

Ensuring the agency's performance

Drafting of the 2023–2027 Objective and Performance Contract

In 2022, ATIH undertook a review of its strategic positioning and brand platform. Its work, which was finalised at a management seminar in July 2022, was submitted to the supervisory authorities in the form of proposed guidelines for the COP 2023-2027, which formed the basis for the 2023 work programme.

At the same time, in late 2022 and early 2023, the IGAS conducted an evaluation of the COP 2020-2022 and formulated recommendations for the future COP, which were presented to the Management Board in June 2023.

On the basis of these recommendations, ATIH's proposals and the changes to the mission brought about by the decree of 29 December 2022, the DGOS chaired meetings in 2023 with all of ATIH's supervisory bodies and partners to draw up the COP 2023-2027.

Finally, in June 2023, the management organised a seminar for all ATIH staff to share these strategic orientations.

All this work led to the approval of the COP 2023-2027 by the Management Board at its meeting in November 2023.

Implementation of the new recruitment guidelines for medical staff

For several years, ATIH has been experiencing difficulties in recruiting medical staff.

Apart from hospital physicians seconded to the ATIH, other medical staff are recruited in accordance with the provisions of the decree of 7 March 2003, which applies to all ATIH staff in terms of the salary scale.

As a result, there is a significant difference in remuneration between the practice of the ATIH and that of the health institutions. This difference in remuneration creates a problem of attractiveness.

Decree No. 2022-1722 of 29 December 2022 therefore stipulates that those concerned can now receive additional remuneration.

The additional remuneration corresponds to the difference between the remuneration received at ATIH in application of the decree of 7 March 2003 and the remuneration that each agent would receive as a hospital physician.

In 2023, ATIH adopted this new benchmark, which now benefits eight people, two of whom were recruited last year.

ATIH branch in Paris

As the end of the lease contract for the Paris office approached (April 2024), discussions took place between ATIH management and the supervisory authorities, in particular the DGOS. These discussions led to the Prime Minister's office agreeing to renew the Paris lease, but with a reduced surface area in view of the changes brought about by remote working arrangements.

The year 2024 will be devoted to drawing up the new lease and reorganising the premises of the Paris branch.

Partenariats

ATIH has signed 16 partnership agreements with various national or regional institutions and operators, in addition to several hundred agreements signed in the context of cost studies or access to the agency's platforms.

Among these agreements, a long-standing partnership between ATIH and the French National Authority for Health (HAS) began in 2007. The agreement with the HAS was reviewed in 2023 in the context of public-public cooperation to take account of the broadening of the missions of the two bodies, leading to a strengthening of their partnership.

Information Security

In 2023, a number of major projects were launched, which are expected to have a major impact on the security of information systems (IS).

The move to a production environment based on an open-source system designed to provide «a platform for automating the deployment, scalability and implementation of application containers on server clusters (Kubernetes)».

This has led to work on securing the environment itself, training staff in this new environment and raising awareness of certain security issues to be considered during development/deployment:

- The transition to a new continuous integration chain, taking into account certain practices in line with the principle of «security by design»
- Scoping work to integrate our more critical information systems into a security incident management system
- Beginning the process of addressing the obsolescence of our IS, both technical obsolescence and obsolescence related to current practices

The new pseudonymisation circuit was due to be activated in 2023, but this has been postponed to 2024.

Work was carried out to (re)certify the statistical processing environment provided by ATIH. This certification was granted for three years at the beginning of January 2024.

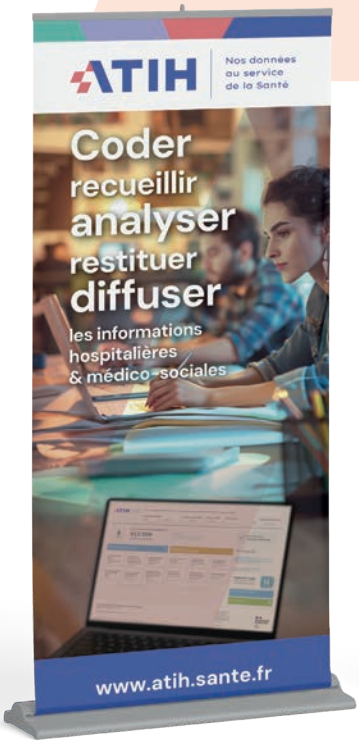
The twice-monthly cyber awareness campaigns for our staff will continue, as they remain the best defence against attacks that could target us.

A NEW **VISUAL IDENTITY** FOR THE AGENCY!

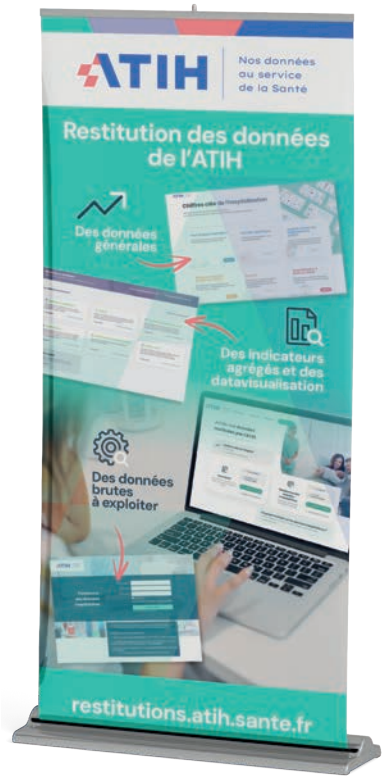
Last June, all the agency's staff came together for a social day to share the agency's strategic orientations. On this occasion, the new agency logo was revealed.

ATIH | Nos données au service de la Santé

As part of the work on the agency's strategy and the orientations of the new COP, **the strategic committee reflected on the evolution of the agency's image**, relying in particular on the creation of a brand platform that details ATIH's vision, *raison d'être* and values.



These elements were translated graphically to create this new logo. It alludes to a cross, but in a subtle way. Its primary intention is to convey a sense of movement, of «moving towards», while at the same time offering a stable and solid brand block. This movement reflects the connection between data and health.



IV. Assessing user satisfaction

To measure and improve its performance, ATIH relies in particular on a satisfaction barometer. The agency regularly surveys its users to find out their overall level of satisfaction, broken down according to a number of key criteria.

The questionnaires, which are usually short and online, allow the public to contribute to the improvement of a service/product simply and quickly by answering a few questions. People can also leave their contact details so that they can contribute further if the agency wishes to explore a particular issue in more depth.

The agency uses this barometer to:

- obtain relevant and regular feedback on its activities;
- adapt by focusing on users' priority expectations;
- promote its efforts by monitoring the impact on satisfaction.

In particular, this barometer covers the agency's website, ATIH's data collection activities (PMSI, ENC, financial accounts, ESMS performance dashboard, etc.) and the reporting of data (hospital data platform, ScanSanté, statistical processing on request, etc.).

Participants in national cost studies (ENC) in the health sector

88%

of respondents are satisfied or very satisfied with the system

Participants in the collection and transmission of PMSI data

88%

of respondents are satisfied or very satisfied with the system

Participants in the collection and transmission of social balance sheet data

80%

of respondents are satisfied or very satisfied with the system

Participants in the SI-2SID (national information system for home nursing services) collection

75%

of respondents are satisfied or very satisfied with the system

+6% compared to last year

Participants in the collection and transmission of financial data

90%

of respondents are satisfied or very satisfied with the system

Participants in the hospital drug purchasing and consumption survey

84%

of respondents are satisfied or very satisfied with the system

Participants in the collection and transmission of performance scorecard data in the medico-social sector

80%

of respondents are satisfied or very satisfied with the system

Participants in the collection and transmission of accounting restatement data (CRT)

82%

of respondents are satisfied or very satisfied with the system

Beneficiary of statistical processing carried out on request

90%

of respondents are satisfied or very satisfied with the system

Hospital data platform users (acces-securise.atih.sante.fr)

90%

of respondents are satisfied or very satisfied with the system

V. Glossary

ABM – Agence de la biomédecine
[French Biomedicine Agency]

ACE – Actes et consultations externes
[outpatient procedures and consultations]

AMDAC – Administrateur ministériel des données, algorithmes et codes-sources
[Ministerial Administrator of Data, Algorithms and Source Codes]

ANAP – Agence nationale d'appui à la performance des établissements de santé
[National Agency for Supporting the Performance of Health Institutions]

ANS – Agence du numérique en santé
[Digital Health Agency]

AP-HP – Assistance publique hôpitaux de Paris
[Greater Paris University Hospitals]

ARS – Agence régionale de santé
[Regional Health Agency]

CAR-T cells – Chimeric antigen receptor T cells

CCAM – Classification commune des actes médicaux
[common classification of medical procedures]

ICD – International Classification of Diseases

CC– Complication or Comorbidity

MDC – Major Diagnostic Category

CNAM – Caisse nationale d'assurance maladie
[National Health Insurance Fund]

CNIL – Commission Nationale de l'Informatique et des Libertés
[National Commission on Information Technology and Freedoms]

CNSA – Caisse nationale de solidarité pour l'autonomie
[National Solidarity Fund for Autonomy]

COP – Contrat d'objectifs et de performance
[Objective and Performance Contract]

CSARR – Catalogue spécifique des actes de rééducation et réadaptation
[Specific catalogue of rehabilitation and rehabilitation procedures]

DAF – Direction des affaires financières
[Financial Affairs Department]

DG – Dotation globale
[global allocation]

DGS – Direction générale de la santé
[Directorate-General of Health]

DGCS – Direction générale de la cohésion sociale
[Directorate-General for Social Cohesion]

DGFIP – Direction générale des finances publiques
[Directorate-General for Public Finance]

DGOS – Direction générale de l'offre de soin
[Directorate-General of Healthcare Provision]

DIM – Département d'information médicale
[Medical Information Department]

DNS – Délégation du numérique en santé
[Delegation for eHealth]

DREES – Direction de la recherche, des études, de l'évaluation et des statistiques
[Directorate of Research, Studies, Evaluation and Statistics]

DRUIDES – Dispositif de remontée unifié et intégré des données des établissements de santé
[Unified and Integrated Data Feedback System for Healthcare Institutions]

DSS – Direction de la sécurité sociale
[Social Security Department]

EHESP – Ecole des hautes études en santé publique
[School of Advanced Studies in Public Health]

EHPAD – Établissement d'hébergement pour personnes âgées dépendantes
[Residential facility for dependent elderly people]

ENC – Étude nationale de coûts
[National cost study]

ESMS – Etablissements de santé et médico-sociaux
[Healthcare and medico-social institutions]

FTE – Full-Time Equivalent

FICHCOMP – Fichier complémentaire
[Supplementary file]

FICHSUP – Fichier supplémentaire
[Additional file]

GHM – Groupe homogène de malades
[homogeneous patient group]

GHS – Groupe homogène de séjours
[stay-related group]

GME – Groupe médico-économique
[medico-economic group]

GMT – Groupe médico-tarifaire
[medical pricing group]

HAD – Hospitalisation à domicile
[home care]

HAS – Haute autorité de santé
[National Authority for Health]

HOP'EN – Hôpital numérique ouvert sur son environnement
[digital hospital open to its environment]

IFAQ – Incitation financière pour l'amélioration de la qualité
[financial incentives to improve quality]

IGAS – Inspection générale des affaires sociales
[General Inspectorate for Social Affairs]

IGF – Inspection générale des finances
[General Inspectorate of Finance]

INCA – Institut national de lutte contre le cancer
[National Cancer Institute]

INSERM – Institut national de la santé et de la recherche médicale
[National Institute for Health and Medical Research]

IPEP – Incitation la prise en charge partagée
[shared care incentive]

LYSARC – Lymphoma Academic Research Organisation

LFSS – Loi de financement de la sécurité sociale
[Social Security Funding Law]

MIGAC – Mission d'intérêt général et d'aide à la contractualisation
[Mission of general interest and support for contractualisation]

MCO – Médecine, chirurgie, obstétrique et odontologie
[medicine, surgery, obstetrics and dentistry]

CKD – Maladie rénale chronique
[chronic kidney disease]

WHO – World Health Organisation

ONDAM – Objectif national des dépenses d'assurance maladie
[National target for health insurance expenditure]

OQN – Objectif quantifié national
[national quantified target]

ORU – Observatoire régional des urgences
[regional emergency department observatory]

PIRAMIG – Pilotage des rapports d'activité des missions d'intérêt général
[steering of activity reports for missions of general interest]

PMSI – Programme de médicalisation des systèmes d'information
[information systems medicalisation programme]

PREMS – Patient-Reported Experience Measures

PROMS – Patient-Reported Outcome Measures

ERAS – Enhanced Recovery After Surgery

REIN – Réseau épidémiologique et information en néphrologie
[Renal Epidemiology and Information Network]

GDPR – General Data Protection Regulation

RIA – Relevé infra annuel
[infra-annual statement]

RIM-P – Recueil des informations médicales en psychiatrie
[collection of medical information in psychiatry]

RPIS – Résumé patient intervention SMUR
[summary of SMUR patient intervention]

RPU – Résumé des passages aux urgences
[summary of emergency department visits]

RTC – Retraitement comptable
[accounting restatement]

RT-PCR – Reverse Transcription-Polymerase Chain Reaction

SAE – Statistique annuelle des établissements de santé
[annual statistics on healthcare institutions]

SERAFIN-PH – Services et établissements : réforme pour une adéquation des financements aux parcours des personnes handicapées
[Departments and institutions: reform to match funding to the needs of people with disabilities]

SIIPS – Soins infirmiers individualisés à la personne soignée
[individualised nursing care tailored to the patient]

SNDS – Système national des données de santé
[national health data system]

SPASAD – Services polyvalents d'aide et de soins à domicile
[multi-purpose home help and care services]

SPF – Santé publique France
[public health surveillance]

SMR – Soins médicaux et de réadaptation
[medical and rehabilitation care]

SMUR – Structure mobile d'urgence et de réanimation
[mobile emergency and resuscitation unit]

STSS – Stratégie de transformation du système de santé
[health system transformation strategy]

SSIAD – Service de soins infirmiers à domicile
[home nursing service]

WU – Work unit

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de la Santé

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