



Completing the Pathway: From Patient Referral to Care - France





Overview of France’s Health System

France’s mixed model combines statutory health insurance (SHI), which provides universal coverage and comprehensive benefits, with private complementary insurance that covers required cost-sharing for essential services.⁽¹⁾ SHI (Assurance Maladie) is public, mandatory and nearly 100 percent of legal residents are covered automatically. SHI is administered through several national insurance schemes known as “caisses” and the largest one is the Caisse nationale d’assurance maladie (CNAM), which is a general scheme for employees, pensioners, and most residents.^(2,3)



The SHI system typically reimburses 70-80% of healthcare costs for most services, though the degree of coverage varies: hospital care is approximately 80% reimbursement, doctor visits are 70% reimbursement, and prescription drugs is 15-100% depending on medical necessity.⁽⁴⁻⁶⁾ In addition, about 95% of the French population have complementary private insurance, which will support the remaining 20-30% that public insurance does not cover.^(6,7) A variety of private, non-profit or for-profit insurers provide private insurance. Since 2016, employers must offer and partially fund complementary private insurance coverage for employees.^(6,8) Further, while complementary insurance covers most user charges, out-of-pocket payments still represent 7.8% of total health expenditure.⁽⁹⁾

Within the French system, oversight is shared between the Ministry of Health, which sets national priorities and regulations, and Parliament, which approves the annual social security financing law that defines the national health spending target (ONDAM). At the local level, regional health agencies (Agences régionales de santé) and local insurance branches (Caisses primaires d’assurance maladie) manage implementation, reimbursements, and service delivery.^(4,6) Healthcare delivery remains predominantly private where most care providers work as self-employed practitioners who are contracted within the public insurance system.⁽⁷⁾

In France, an estimated 1.2 million people face vision impairment, and the prevalence of vision impairment continues to increase with age.⁽¹¹⁾ Vision care in France is funded through a mixed model. For instance, ophthalmologist consultations, which can include routine eye care, receive standard 70% SHI coverage, however optical products (glasses and contact lenses) were historically poorly covered by statutory insurance. The 2020 “100% Santé” reform addressed this gap by creating a two-tiered system where basic optical products can be obtained free of charge when SHI and complimentary insurance coverage are combined. However, without a complimentary private insurance plan vision care remains one of the most expensive out-of-pocket healthcare expenses for French residents.^(12,13)

1. Campaigns and patient education

Campaigns that aim to promote vision health and eye care awareness in France are often led by non-government organizations as well as corporate philanthropic foundations such as L'OCCITANE Foundation France and the EssilorLuxottica Foundation.^(14,15) These campaigns largely prioritize child and youth vision health, with insufficient attention to older adults and the challenges associated with ageing. For instance, L'OCCITANE Foundation France recently has implemented “PlanVue”, which is a program working directly in schools, to track, cure and raise awareness of the students’ visual impairments.⁽¹⁵⁾

2. First point-of-care to screening

France does not have a comprehensive, organized national vision screening program for all adults. However, specific regions may have local screening programs. For instance, in Paris and French Guiana regions, the Ophthalmology Diabetes Telemedicine (OphDiaT) program provides screening for diabetic retinopathy, where telemedicine is leveraged to analyze fundus photography.⁽¹⁶⁾



Overall, in France, general practitioners are the first point-of-care. General practitioners support the identification of vision-related symptoms (e.g., changes in vision, headaches, neurological signs) and support individuals to access specialized care as needed.

3. Referral to specialist and treatment

Patients do not need to be referred to a general ophthalmologist or a retina specialist and can directly contact the specialist. Ophthalmologists are the primary eye care provider in France and will complete both medical exams, such as to prescribe treatments and detect disease, as well as routine vision exams for glasses or contact lenses.⁽¹⁷⁾

Recently, to reduce waiting times, collaborative care models have been introduced in France, where orthoptists can perform routine vision checks or pre-exam tests under ophthalmologist supervision. Since 2022, orthoptists can renew prescriptions for eyeglasses and contact lenses, and they may perform screening or follow-up exams if no major pathology is suspected. In many practices, orthoptists now handle initial vision testing and imaging, while ophthalmologists review findings and complete the medical evaluation.^(18,19)

Opticians are also part of this pathway and primarily responsible for fitting and dispensing glasses. However, as part of the 2016 reforms (Law no. 2016-41, “Modernisation de notre système de santé”), opticians may renew prescriptions for eyeglasses under certain conditions as well.⁽²⁰⁾

Barriers throughout the pathway

- There is a limited awareness or understanding of eye health as well as available resources. The lack of consistent and comprehensive patient awareness programming contributes to this challenge.
- Lack of comprehensive screening programs, treating physicians or equipment and technology in certain areas, particularly those that are rural and remote, may prevent patients from receiving eye screening or reaching an eye specialist.
- Long waiting times to see ophthalmologists can prevent timely access to screening, diagnosis and treatment, which ultimately delays care and strains the system. Further, as ophthalmologists remain the primary eye care providers a bottleneck is created.^(17,21,22)
- Many individuals do not receive regular eye screening or follow-up as recommended. This is specifically concerning for high-risk groups, such as individuals with diabetes.⁽²²⁾
- Some services and optical devices (glasses, low-vision aids) have lower reimbursement rates, causing out-of-pocket cost barriers for patients. Further, navigating claims management, insurance coverage, and coordination across providers can complicate access, especially for those with lower socioeconomic status.⁽²¹⁾

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