ATIH

Nos données
au service
de la Santé

Annual Report 2024

EDITORIAL

By Nathalie Fourcade
Director General of ATIH

At the beginning of 2025, I joined ATIH with Franck Von Lennep, the new chairman of its board of directors. The first words in this 2024 Annual Report are therefore for Housseyni Holla, who led the agency for 15 years, and Lise Rochaix, who chaired its board of directors for 10 years. They have made ATIH the fine agency it is today, responsible for collecting, analysing and disseminating hospital and medico-social data, using it to make healthcare decisions and thereby helping to improve the care provided to patients and recipients of support.

The agency collaborates closely with its supervisory authorities and partners. This coordination is clearly set out it in its COP (Contract of Objectives and Performance) for 2023-2027, whose five main pillars are examined in this Annual Report, with an emphasis on new projects. I would like to thank all our sponsors and partners with whom these initiatives have been carried out.

The first pillar of the COP concerns participation in reforms to the funding of healthcare and medico-social facilities.

The agency provides technical support to its supervisory bodies for the design and implementation of these reforms. In the health field, in medicine, surgery, obstetrics (MSO) and dentistry, work has focused primarily on critical care, dialysis and radiotherapy, and financial incentives for quality (IFAQ). A major reform of the funding of medical care and rehabilitation (MCR) was introduced in 2024, and the Specialised Catalogue of Rehabilitation Procedures (Catalogue spécialisé des actes de réadaptation – CSAR) was revised. In HaH (hospitalisation at home), a medico-economic classification is being tested, which could serve as a basis for funding reforms. The agency was also actively engaged in rolling out the new International Classification of Diseases (ICD-11).

In the medico-social field, ATIH is helping to draw up and simulate the effects of the new funding models for organisations that provide care for the disabled, as defined at the March 2023 Strategic Committee meeting. The agency has also drawn up a survey on the costs of home-based assisted living services.

The second pillar of the COP concerns participation in improving the quality and appropriateness of treatment. The agency has developed indicators of improvements in practices (rehospitalisations, potentially avoidable hospitalisations, etc.) and surgical vigilance indicators (major haemorrhages or haematomas, infections, mortality, etc.). Our Scientific Council has led calls for expressions of interest on these subjects. The agency is also developing the "EvalSanté" platform for collecting patient feedback on patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs).

The third pillar of the COP concerns understanding, monitoring and participating in the management of the healthcare system. The agency has stepped up its activities on the determinants and tools for forecasting hospital activity (including for the reintroduction of a multi-year financing protocol for healthcare facilities), and for monitoring expenditure and financial performance. It has also continued to invest in regional analysis tools: "RepèrES" (comparison of healthcare facilities with common characteristics) and "Soins et Territoires" ("Care and Territories" – comparison of needs for healthcare with the offerings proposed by healthcare facilities). Lastly, the agency is continuing its major project to modernise its reporting, within a tripartite framework: open data, "ScanSanté" for institutional users with identifiers, and the hospital data platform for raw data.

The agency has continued to develop its communications activities, notably through its presence at exhibitions and on social networks. The redesign of our website is underway.

The fourth pillar of the COP concerns the simplification and improvement of data collection processes by developing a forward-looking technological approach and mobilising innovation to serve the agency's audiences.

The agency's information systems master plan (SDSI) provides for the performance of far-reaching modernisation work and security improvements. For example, the "DRUIDES" system providing unified and integrated data feedback from healthcare facilities is replacing more than 20 fat clients in facilities, starting in MSO in 2023 and then in SMR in 2024 (the extension to psychiatry and HaH is underway). The performance dashboard for social and medico-social facilities has been modernised, initially to include home help and support services. In 2024, the RSU collection platform was developed and the collection campaign was conducted according to schedule.

The New Data Collection Programme (PNR) aims to simplify data collection even more radically. A map of the health data produced by healthcare facilities has been produced at the request of the supervisory authorities with a view to rationalising this data. A data standardisation and concentration strategy, involving artificial intelligence tools, is currently being developed.

The agency is also renewing the e-PMSI (electronic information system medicalisation programme) services for validating data from facilities and producing payment orders.

The final pillar of the COP concerns the agency's performance. The implementation of the information systems master plan and the withdrawal of SAS software by the end of 2026 are major projects for all our teams. I would like to extend my sincerest thanks to them for their commitment, which is enabling us to meet the challenge of completely revamping our resources while continuing to collect, analyse and disseminate hospital and medico-social data, and thereby effectively carry out our missions which are key to the management of the healthcare system.

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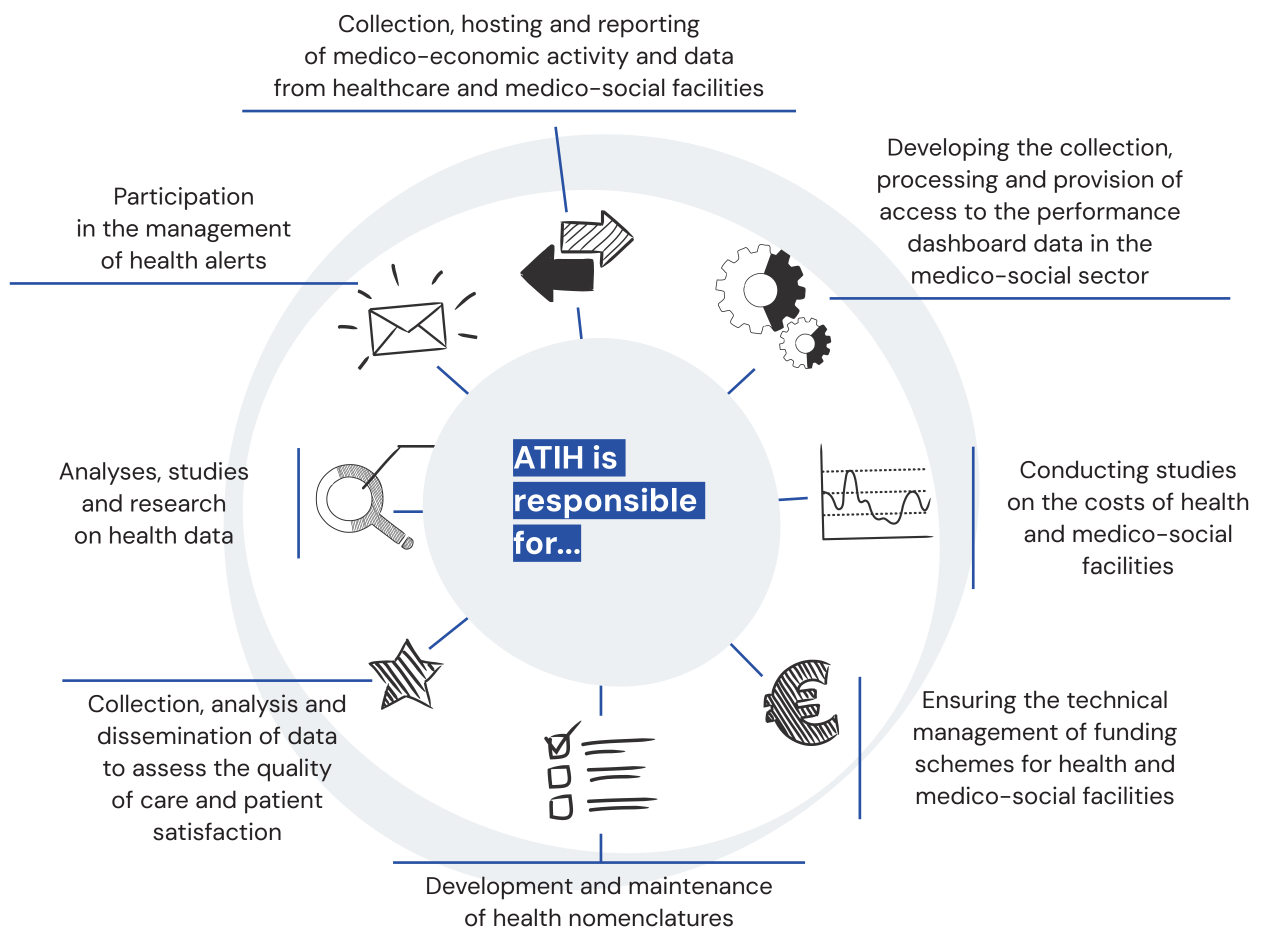
ATIH: a multi-disciplinary centre of expertise

Missions

The Technical Agency for Information on Hospitalisation (Agence technique de l'information sur l'hospitalisation – ATIH), founded in 2000, is a public administrative body under the supervision of the Ministers for Health, Social Affairs and Social Security. The agency's headquarters are based in Lyon, and a branch office is located in Paris.

The agency's strategic orientations are defined by a board of directors, a steering committee and a scientific council. The chairman of the Board of Directors is appointed by the Ministers for Health, Social Affairs and Social Security.



Audiences

Government agencies

Directorate General for Healthcare Provision (DGOS), Directorate General for Social Cohesion (DGCS), Digital Health Delegation (DNS), Social Security Department (DSS), Directorate for Research, Surveys, Evaluation and Statistics (DREES), Inspectorate General of Social Affairs (IGAS), General Secretariat of Ministries of Social Affairs, Directorate General for Public Finance (DGFiP), etc.

Court of Auditors

Assurance maladie – French health insurance system

National Solidarity Fund for Autonomy (CNSA)

Regional Health Agencies (ARS)

National bodies

French Biomedicines Agency (ABM), National Performance Support Agency for Healthcare Facilities (ANAP), Digital Health Agency (ANS), National Management Centre (CNG), National Health Authority (HAS), National Cancer Institute (INCA).

Hospital and medico-social federations

Healthcare facilities

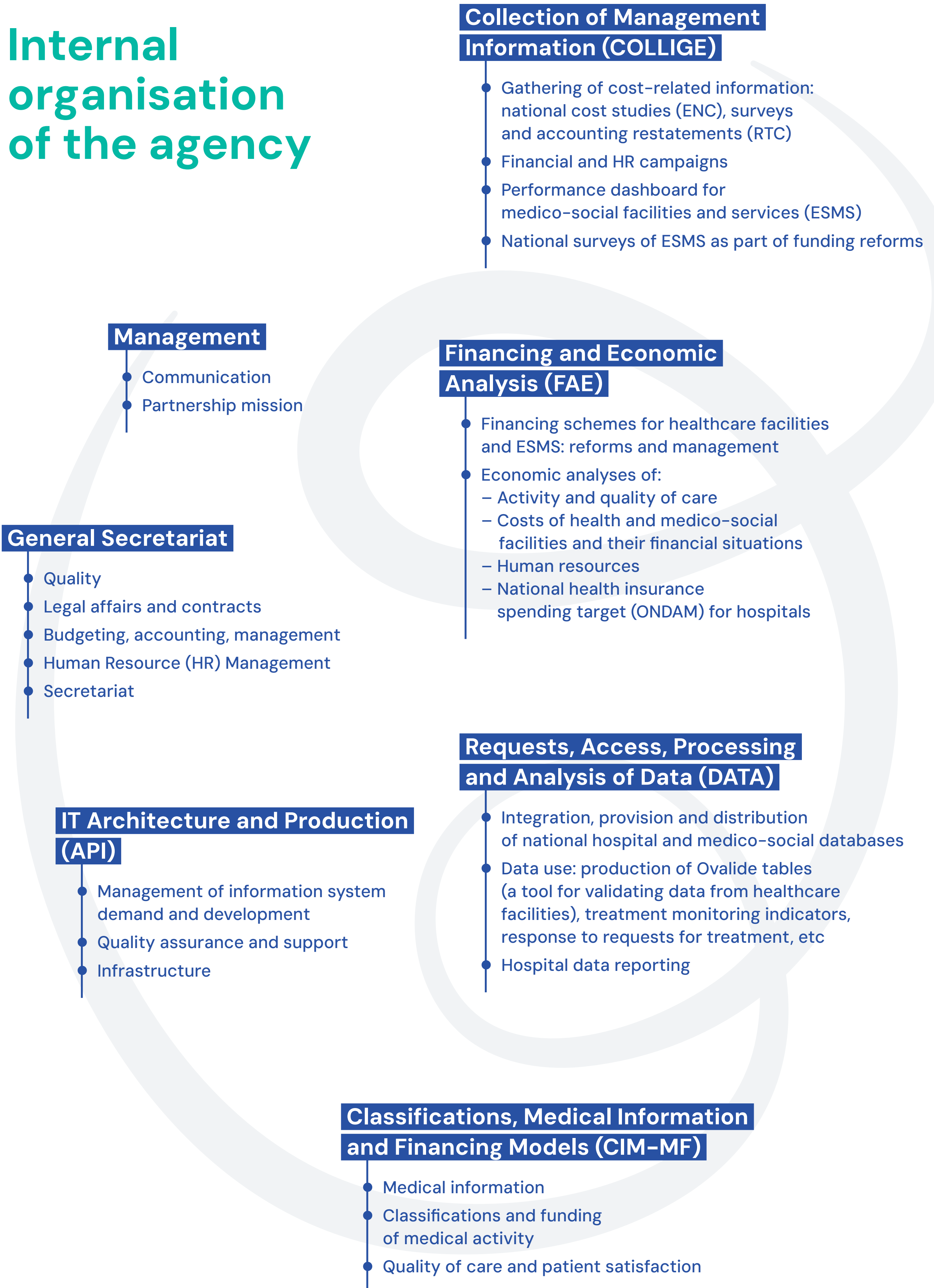
Teaching staff, Researchers

Medico-social facilities and services (ESMS)

Companies

Research and consultancy firms, media, etc.

Internal organisation of the agency



Collection of Management Information (COLLIGE)

- Gathering of cost-related information: national cost studies (ENC), surveys and accounting restatements (RTC)
- Financial and HR campaigns
- Performance dashboard for medico-social facilities and services (ESMS)
- National surveys of ESMS as part of funding reforms

Management

- Communication
- Partnership mission

Financing and Economic Analysis (FAE)

- Financing schemes for healthcare facilities and ESMS: reforms and management
- Economic analyses of:
  – Activity and quality of care
  – Costs of health and medico-social facilities and their financial situations
  – Human resources
  – National health insurance spending target (ONDAM) for hospitals

General Secretariat

- Quality
- Legal affairs and contracts
- Budgeting, accounting, management
- Human Resource (HR) Management
- Secretariat

Requests, Access, Processing and Analysis of Data (DATA)

- Integration, provision and distribution of national hospital and medico-social databases
- Data use: production of Ovalide tables (a tool for validating data from healthcare facilities), treatment monitoring indicators, response to requests for treatment, etc
- Hospital data reporting

IT Architecture and Production (API)

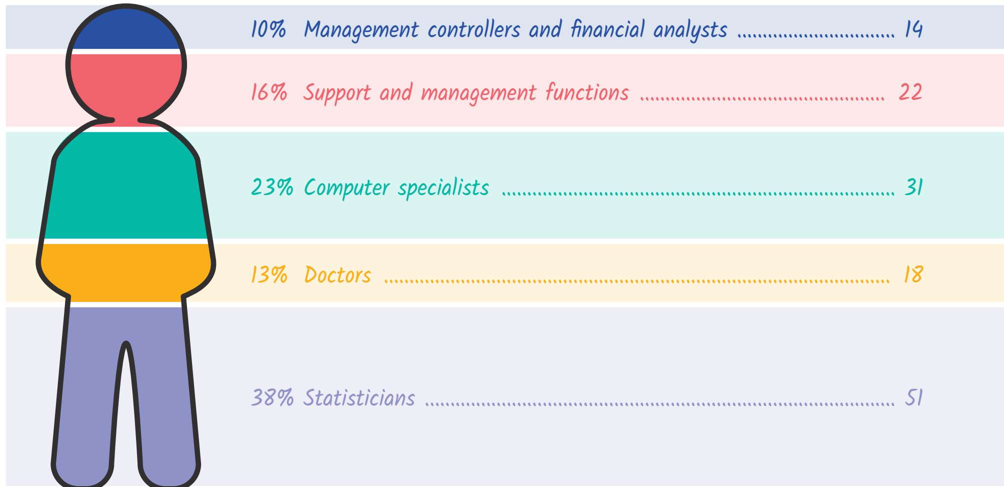
- Management of information system demand and development
- Quality assurance and support
- Infrastructure

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

- Medical information
- Classifications and funding of medical activity
- Quality of care and patient satisfaction

Employees

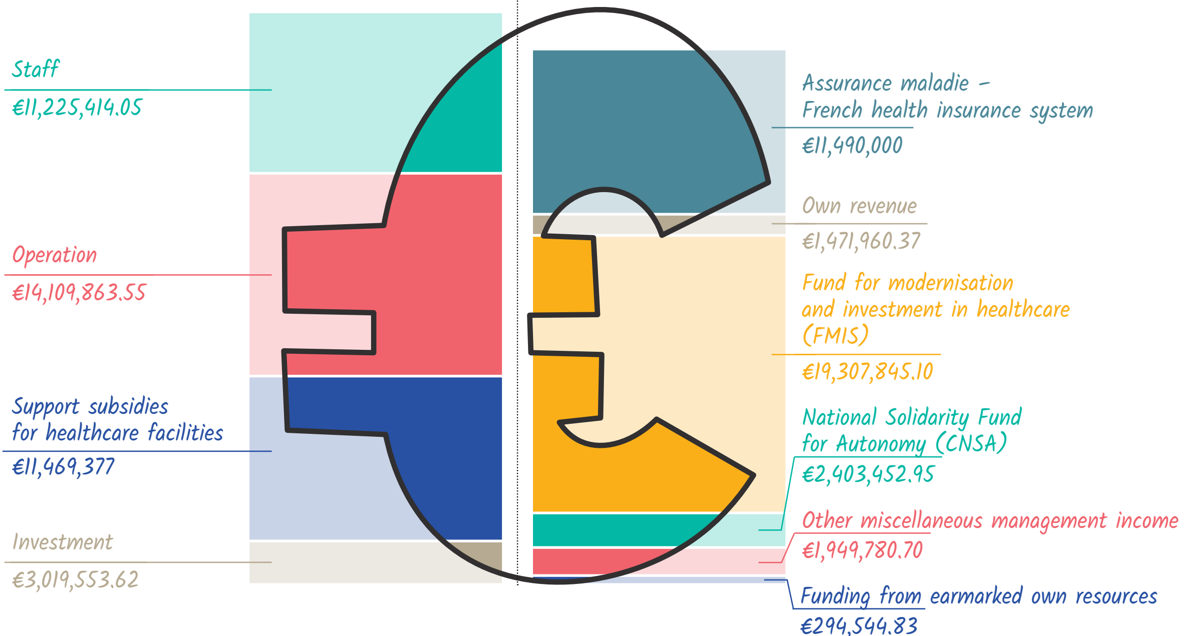
At 31 December 2024, the agency employed **136 employees** including public-sector contract staff and civil servants on secondment or assignment.

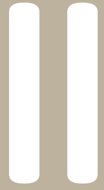


The agency's 2024 budget

ATIH **expenses**
€36,804,654.60
(excluding investment)

Revenue
€36,917,583.95





Key figures for activity in 2024

2024

Hospitalisations

Patients treated in healthcare facilities

13.5 M

Average age: **51 years**

- **+5.3%** compared with 2019
- **+2.5%** compared with 2023

Number of deaths in hospital

379,000

- **+4.4%** compared with 2019
- **+0.5%** compared with 2023

MSO • Medicine, surgery, obstetrics

Patients treated in healthcare facilities

13.1 M

Average age: **50 years**

- **+5.5%** compared with 2019
- **+2.5%** compared with 2023

Number of days in hospital

73.3 M

- **-4%** compared with 2019
- **+1.7%** compared with 2023

Number of deaths in hospital

303,000

- **+1.3%** compared with 2019
- **+0.9%** compared with 2023

Overnight stays in intensive care units

1.9 M

- **-1.5%** compared with 2019
- **+0.2%** compared with 2023

Other MSO indicators

Excluding sessions

12.8 M patients
20.4 M stays
73.7 M days
3.6 days of hospitalisation on average per stay

Inpatient hospitalisation stays

6.7 M patients
10 M stays
63.2 M days
6.3 days of hospitalisation on average per stay

With transfer to intensive care

257,000 patients
286,000 séjours
4.9 M days
17.3 days of hospitalisation on average per stay

2024

MCR • Medical care and rehabilitation

Patients treated in healthcare facilities

1 M including **717,000** on a full-time basis

Average age: **68 years**

- **-2.2%** compared with 2019
- **+3.8%** compared with 2023

Number of days

30.1 M

- **-8%** compared with 2019
- **+1.5%** compared with 2023

Number of deaths in hospital

29,000

- **-16%** compared with 2019
- **-1.6%** compared with 2023

HaH • Hospitalisation at home

Patients treated in healthcare facilities

184,000

Average age: **68 years**

- **+44.4%** compared with 2019
- **+10.1%** compared with 2023

Number of days

7.7 M

- **+28.8%** compared with 2019
- **+6.2%** compared with 2023

Number of deaths

51,000

- **+86.2%** compared with 2019
- **+12.3%** compared with 2023

Psychiatry

Patients treated in healthcare facilities

410,000

Average age: **42 years**

- **-2.1%** compared with 2019
- **+0.5%** compared with 2023

Patients treated on a full-time basis

308,000

- **-6.7%** compared with 2019
- **-1.4%** compared with 2023

Number of days of treatment on a full-time basis

16.7 M

- **-9.3%** compared with 2019
- **-1.9%** compared with 2023

Medico-social

The number of facilities and services corresponds to the Finess register as at 31 December 2023 (ESMS) and as at 13 May 2024 (SAAD)

ESMS dashboard

1. Centre for early medico-social action (CAMSP)	341
2. Medico-psychological-pedagogical centre (CMPP)	410
3. Vocational re-education centres (CRP) now Pre-orientation or vocational rehabilitation facilities and services (ESPO and ESRP)	89
4. Nursing homes for dependent elderly people (EHPAD)	7,265
5. Protected work facility for disabled people (ESAT)	1,406
6. Motor skills development institute (IEM)	142
7. Facility for children and adolescents with multiple disabilities (EEAP)	180
8. Medically equipped home for disabled adults (FAM), now Medically equipped facility wholly or partially for disabled persons (EAM)	1,074
9. Non-medical care facilities for disabled persons (EANM) including adult daycare centres ("Foyers de vie"), social integration centres ("Foyers d'hébergement"), and multi-purpose centres ("Foyers d'accueil polyvalent") for disabled adults	3,036
10. Motor skills development institute (IME)	1,366
11. Institute for the hearing impaired (IDA)	62
12. Institute for the visually impaired (IDV)	29
13. Institute of sensory education for blind/deaf people (IES)	21
14. Educational and pedagogical therapeutic institute (ITEP)	455
15. Specialised centre for severely disabled people (MAS)	747
16. Social support services for disabled adults (SAVS)	1,061
17. Medico-social support service for disabled adults (SAMSAH)	539
18. Home nursing care service (SSIAD)	1,904
19. Multi-purpose home care and support services (SPASAD)	140
20. Special education and home care service (SESSAD)	1,522
TOTAL	21,789

SAAD dashboard

21.	Home independence services	9,996
	TOTAL	9,996

III Review of 2024

2024 saw the agency continue and amplify its work on the strategic orientations set out in the Contract of Objectives and Performance (COP) signed in 2023. The COP confirmed the focus of the agency on the funding reforms and the collection of health and medico-social data in a changing national context.

The strategic orientations of the agency are structured around the funding reforms, improving the relevance and quality of healthcare, enhancing reporting and analyses for the purposes of steering the system, improving data collection processes, and improving the performance of the agency.

1. Participating in funding reforms

Participating in funding reforms is one of ATIH's core missions. The aim is to keep implementing funding reforms in the healthcare and medico-social sectors, in line with the guidelines laid down by the supervisory authorities. Changes in public policy in this field require the agency to adapt quickly to the guidelines set by these authorities.

ATIH is stepping up its investment in anticipating the consequences of changes in the various funding models and in monitoring the actual effects after implementation.

1. Contributing to the design of funding reforms

Assisting central government with the development of funding models in the healthcare and medico-social sectors; Anticipating the effects of new models

Assisting the supervisory authorities with the reform of funding for medicine, surgery, obstetrics and dentistry (MSO)

Following the announcements made by the French President in his address to healthcare professionals on 6 January 2023, the General Inspectorate of Social Affairs (IGAS) and the General Inspectorate of Finance (IGF) conducted a mission on the reform of the funding of MSO activities in the first half of 2023. In 2024, the agency continued to support central government in the development and implementation of this reform, notably in the following fields:

Critical care

The aim is to develop a target funding model for intensive care units (adults, children and neonatal care), based on the recommendations of the IGAS IGF mission and revolving around a basic allocation and activity-based funding. Work began in 2024 in consultation with the stakeholders, in accordance with the committee procedure established by the Directorate General for Healthcare Provision (DGOS).
In 2024, ATIH took part in the first discussions on changes to the data collection system, linking procedures under the current common classification of medical procedures (CCAM) with the new "packages" to be introduced, and analysing the dispersion of activity.

Dialysis and radiotherapy

The French Social Security Financing Law (LFSS) for 2024 introduced an article reforming the financing of dialysis and radiotherapy activities by means of a fixed charge per patient. These guidelines have been confirmed and clarified by the LFSS for 2025.
ATIH has contributed to discussions on the implementation of a new system for recording sessions and has carried out initial analyses of dialysis activity based on existing data.
With regard to radiotherapy, ATIH took part in the first discussions in 2024 on changes to the data collection system and on linking the current CCAM and the new "packages" to be introduced to analyses of the dispersion of activity.

Acceleration of the campaign timetable, so that the prices can be implemented on 1st January 2026. This will impact all the data collections organised and the tools developed by ATIH. In 2024, a timetable for the "campaign" process, including its acceleration, was formalised and shared with the DGOS.

Taking greater account of quality in funding models

The Financial Incentive for Quality Improvement (IFAQ) scheme provides some of the funding for quality in the financing of healthcare facilities by means of an allocation paid to facilities on the basis of the results obtained for indicators measuring the quality and safety of care. In 2024, as part of the renewal of the IFAQ scheme, ATIH participated in the development of indicator-based financing: positioning of certification as an eligibility criterion, definition of remuneration rules according to the types of indicators, definition of rules for managing the remainder and carrying out simulations.

Producing simulation tools for the new funding models for medical care and rehabilitation (MCR)

2024 was devoted to finalising the reform of the financing of MCR activities: implementation of all the parameters (pricing, population allocation, technical tools), support for the players (participation in national working groups, webinars) and production of the associated technical documentation. ATIH has carried out a number of revenue impact analyses to help stakeholders understand the model and its effects. In addition, the studies highlighted the need to adjust certain parameters of the model, and these adjustments will be made in future campaigns.

Carrying out trials on tools produced for financing hospitalisation at home (HaH)

In 2024, stakeholders began experimenting with the HaH classification: based on their activity data, facilities can view their case mix in the light of the new classification (provision of VisualHAD and development of Visual Groupage HAD software).

The aim of this experiment is to facilitate stakeholders' adoption of the tools. Initial feedback from users has led to the adjustments in the classification and to further consideration of how to take multiple pathologies into account.

Assisting the supervisory authorities with the reform of the funding of care facilities for people with disabilities

At the Strategic Committee meeting in March 2023, the Ministry of Solidarity presented a roadmap on the pricing of facilities for people with disabilities. ATIH is helping to develop funding models for facilities and simulate their effects, in conjunction with the National Solidarity Fund for Autonomy (CNSA) and the Directorate General of Social Cohesion (DGCS).

In 2024, ATIH continued its studies to develop several types of funding models for the children's sector. One of these models has been validated and additional analyses will be carried out in 2025 to stabilise certain aspects (night care, rare disabilities, regulation, etc.), with a view to rolling out the new model in 2026.

2. Implementing the financing arrangements

The funding systems require tools for describing activity and measuring costs, which must be maintained to ensure that they are relevant to the changes in care provision.

Describing and classifying medical activity

The agency is continuing its efforts to refine and adapt the nomenclatures required for the coding of medical activity, whether for the nomenclature of procedures (medical or rehabilitation) or of diagnoses.

Contributing to the recasting of the common classification of medical procedures (CCAM) steered by the High Council for Nomenclatures (HCN)

The HCN is responsible for updating the medical nomenclature (the list of medical procedures eligible for reimbursement by the French health insurance system), which has remained unchanged for over twenty years.

ATIH's contribution to the HCN's activities consists in taking part in discussions with the HCN, the French National Health Insurance Fund (CNAM – Department of Medical Procedures), the National Health Authority (HAS) and the clinical committees of each speciality (45 in total). This involved meetings on changes to the rules for drafting the CCAM, work on the clinical committees' proposal documents, participation in summary meetings, proofreading of new proposals adjusted to confirm the wording, and monitoring of the validation of work by the HCN following these discussions.

In 2023, the activities of 15 clinical committees were reviewed and discussed. In 2024, almost all of the proposals from the remaining clinical committees had been reviewed and discussed.

Finalising the recasting of the specific catalogue of rehabilitation procedures (CSAR)

In 2024, ATIH organised webinars for stakeholders and publishers to present the new CSAR, in addition to publishing communication tools (coding guide, grouping manual, etc.). These initiatives were carried out to enable the use of the new CSAR in 2025, and help facilities gradually ramp up their use of this tool.

All the technical tools have been adapted: the format for collecting standardised weekly summaries (RHS) has been modified to enable the inputting of both CSAR and CSARR (catalogue of rehabilitation and re-education procedures), the grouping function has been modified to take account of both classifications, DRUIDES has been modified to take account of the new format, and an automated tool has been implemented to carry out the transcoding from CSAR to CSARR (with CSARR remaining the benchmark at this stage).

A project monitoring committee has been established to validate the nomenclature, comprising the DGOS, the Social Security Department (DSS), the CNAM, the HAS and ATIH.

Working on the roll-out of the 11th version of the International Classification of Diseases and related health problems (ICD 11)

In 2024, the Digital Health Delegation (DNS) was identified as the sponsor of the roll-out project for the morbidity use case (with the Centre for Epidemiology on the Medical Causes of Death (Cepi DC) in charge of the mortality use case and Orphanet overseeing rare diseases).

ATIH has:

> transmitted the conclusions of the impact study carried out in 2023 to stakeholders in the ecosystem

> continued its work on the maintenance and translation of ICD-11, and also on the management of synonyms in the framework of a French-speaking working group

> continued the translation and validation of the 2024 version of the ICD-11 Reference Guide. This version includes new mortality coding instructions, which are currently being translated and validated by Cepi DC

> set the scope and defined the first pilot project, which will take place in 2025. The aim will be to enable volunteer facilities to carry out double ICD-10/CIM-11 coding for patient stays.

Taking better account of patients with multiple pathologies: finalising the reviews of associated complications or morbidities (CMA) in the MSO and MCR fields

In 2024, the work was finalised and presented to the federations and the DGOS, and an educational support initiative was launched. This scheme will be trialled in 2025.

Continue to overhaul the MSO classification of interventional activities

This overhaul has been underway since 2023, following the publication of the regulations governing interventional activities. After taking stock of how this activity is considered in the current MSO classification, the initial activities clarified the scope of interventional procedures by identifying those that could fall within this scope (vascular management, other imaging procedures such as punctures or biopsies, and cancer treatment, etc.).

After identifying the scope and the activities, it was decided to start the classification activities with MDC (major diagnostic category) 06 (digestive system disorders), which has a large potential volume of interventional activity (e.g. endoscopic activity). Considerable progress was made on these activities in 2024, enabling the examination of another MDC to begin. This second major diagnostic category was MDC 11 – kidney and urinary tract disorders. These activities will continue in 2025.

Measuring costs

Cost measurement tools have traditionally been used in the healthcare sector. The key issue is to propose simplification measures to increase their feasibility, while at the same time considering ways of improving the measurements. The other challenge is to continue extending this type of scheme to the medico-social sector.

With regard to national cost studies (ENC) for health care, which are carried out each year, proposals for their simplification were formulated by ATIH in 2024 and validated by the ENC/RTC (accounting restatement) steering committee for:

- **all ENCs:** elimination of the allocation of mitigated income to expense items
- **MSO ENC:** elimination of the collection of stays benefiting from the internal vehicle fleet and location of procedures on MCR technical platforms based on information from the Medicalisation of Information Systems Programme (PMSI).

Discussions on how to improve the accuracy of MSO costs began in 2024, notably covering the cost of care and fixed assets, and will continue in 2025.

In the medico-social sector, ATIH took part in discussions led by the CNSA and the DGCS in 2024 on measuring the costs of home-based assisted living services (SAD).

A work programme has been defined (methodology, timetable, resources required, etc.), as part of the DGCS / CNSA / ATIH inter-administration technical group.

As part of its remit, ATIH manages the technical system for financing health care facilities. This involves updating the funding parameters on an annual basis in line with the national health insurance spending target (ONDAM) framework and ministerial guidelines. The aim is also to develop technical tools for the ARS, particularly in the context of the territorialisation of funding.

Implementing the annual funding campaign (calculating prices, allocations, fixed rates, price equations for the medico-social sector)

The parameters subject to updating concern both the valuation of activities (the decree on services and the decree on prices) and the allocations in the other compartments (such as specific missions and public health objectives).

For the valuation of activity, the latest pricing campaigns have incorporated the "sécurisation modulée à l'activité" (SMA) mechanism designed to safeguard revenue linked to activity. This mechanism was introduced in 2023 and has replaced the funding guarantee ("garantie de financement") introduced to help healthcare facilities recover from the COVID health crisis. It is intended to be degressive over time, ending in 2026 at the latest, and will enable hospitals whose performance has not yet attained their 2019 levels of activity to benefit from a guaranteed amount of basic funding. This mechanism requires the adaptation of activity valuation tools in the e-PMSI online platform.

In addition, to support the recovery, certain activities – medicine, maternity and paediatrics – have benefited from supportive pricing measures in 2025.

The change in pricing parameters is also explained by the salary increases introduced following the health crisis.

The agency has also updated the flat-rate amounts used to fund accident and emergency departments' activities.

With regard to allocations, ATIH provides the data needed to update the amounts, such as those for technical platforms or MCR expertise activities.

For psychiatric activities, the agency has continued to improve the management of the active file allocation, notably by incorporating the details and summary of weightings per institution directly into OVALIDE, to improve visibility and clarity.

In addition, the agency is updating the trajectory of population-based allocations in the fields of psychiatry and MCR.

3. Assisting the ARS with the implementation of funding arrangements

The aim is to work with the Regional Health Agencies (ARS) to develop tools for allocating funds managed at regional level. In 2024, ATIH began analysing the needs of all the ARS (in the three fields of MCR, psychiatry and emergency care), with a view to launching the development of tools in 2025.

2. Helping to improve the quality and appropriateness of treatment

ATIH has played a stronger role in this issue over recent years, as confirmed by the Decree of 29 December 2022. The agency has become more actively involved in defining, producing and reporting quality, safety, appropriateness, process and outcome indicators.

Work has continued on developing a platform to provide all types of questionnaires meeting as many needs as possible in the general health field (prototype: "EvalSanté").

1. Measuring patient satisfaction and the patient experience

Extending the collection of patient satisfaction data to all healthcare services

"e-Satis" is managed by the HAS and is the national system designed to continuously measure patient satisfaction and the patient experience, for which ATIH collects the data. In 2024, ATIH participated in preparations to extend the e-Satis platform, as requested by the HAS, to the theme of hand hygiene and, in the form of a limited experiment, to the psychiatric field.

Work also continued on the Eval-santé platform, a shared national public platform for administering, hosting and reporting health questionnaires (Patient-Reported Outcome Measure (PROM) / Patient-Reported Experience Measure (PREM)) in healthcare facilities and in non-hospital healthcare (legal framework, preparation for certification, user experience (UX)) in conjunction with the Ministry. ATIH has supported the discussions to ensure the implementation of the "100% santé" pilot project led by the DSS from 2025 onwards.

In addition to patient satisfaction, stakeholders need access to monitoring indicators to improve the provision of care, in line with the IGAS report on the quality of care, published in 2024.

2. Contributing to the design and dissemination of indicators

Relying on the findings of research teams, in partnership with other institutions, and using available data to design quality indicators

In 2024, ATIH produced quality and safety of care indicators (IQSS) as part of the HAS's efforts to modernise the system (simplification of the QUALHAS indicator production circuit for facilities), and by participating in the development of a new indicator on post-partum haemorrhages.

In 2024, ATIH continued its activities on the development and reporting of practice improvement indicators (PII). It produced the following indicators in the MSO field:

- RH3 (return to hospital within 3 days after outpatient surgery), reported by the HAS to healthcare facilities as part of the quality and safety of care indicators (IQSS)
- RH7, RH30 and HPE (potentially avoidable hospitalisations), reported by the agency to healthcare facilities via ScanSanté.

ATIH has carried out exploratory work on the indicators identified for SMR and HAD, and has begun work on patient pathway indicators in conjunction with the Management Research Centre (CRG) at the École Polytechnique.

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

ATIH has made progress on the second phase of the project for vigilance indicators in surgery (IVC). These are performance indicators measured using the PMSI, and acting as an early warning system for the quality and safety of surgical care.

In 2024, in conjunction with the National Professional Councils (CNP), work on the development of vigilance indicators in surgery continued and the method for identifying activity in each surgical speciality was finalised.

Five indicators were selected for use in 13 surgical specialities:

1) rate of post-operative haemorrhage or haematoma requiring intervention, following surgery
2) surgical site infection rate
3) all-cause in-hospital mortality rate in the 30 days following major surgery
4) readmission rate after outpatient surgery (within 48 hours)
5) rehospitalisation rate within 1 to 7 days in MSO.

2024 saw the finalisation of three projects carried out under calls for expressions of interest launched in 2020, which were validated by the Scientific Council and presented to the supervisory authorities:

- the development of a potentially avoidable and serious rehospitalisation indicator (RHPEG) by a university consortium of Lyon-Dijon-Montpellier teaching hospitals
- the development of the “MonPsy&Moi” platform for collecting and analysing the patient experience in psychiatry, developed by the AP-HM Medical Information Department in collaboration with CEReSS (Centre for Studies and Research on Healthcare Services and Quality of Life) at the University of Aix-Marseille
- the development of quality indicators for emergency care facilities developed by the Provence-Alpes-Côte d'Azur Regional Health Observatory.

In 2024, ATIH signed a partnership with the Management Research Centre at the Ecole Polytechnique to identify the key issues associated with developing the collection and consideration of spontaneous patient opinions for quality assessment purposes. These activities will be finalised in 2025.

3. Understanding, monitoring and participating in the management of the healthcare system, notably by developing multi-year forecasts

The increasingly critical issues associated with data collection, analysis and reporting have led ATIH systematically to implement a general data policy, including for governance and organisational functions, in order to optimise these three aspects and their assimilation by users.

ATIH is also developing forward-looking approaches that will enable it to make proposals concerning analysis and reporting. To this end, ATIH is establishing a national (for research activities) and international (for both research activities and operational implementations) monitoring system for funding models, analysis and reporting.

1. Designing and adapting the indicators and analyses required to understand and manage the healthcare system and for crisis management

Developing and producing indicators for national and regional analysis

In 2024, ATIH took part in working groups to develop the "RepèrES" (comparison of healthcare facilities with common characteristics) reporting system in line with the needs of Regional Health Agencies (ARS). Available on the ATIH "ScanSanté" portal, RepèrES is a user-friendly tool that facilitates the comparison of healthcare facilities. The user chooses criteria relating to activity, territory or finance to create a sample of healthcare facilities that can then be comparatively analysed. The purpose of this reporting system is to enhance management dialogue and improve the understanding of the factors determining the situation of healthcare facilities.

RepèrES, jointly sponsored by the DGOS and ATIH, was designed in a context of renewed management dialogue on the performance of healthcare facilities following the suspension of this dialogue during the health crisis.

Eventually, all the usual Hospidiag indicators will be included in this new reporting system, as part of the project to revamp the agency's reporting.

Developed in partnership with the National Performance Support Agency for Healthcare Facilities (ANAP), the Strategic Council for Health Industries (CSIS), the DGOS and the École des hautes études en santé publique (EHESP – School of Public Health), "Soins et Territoires" provides key data for designing strategic healthcare projects and investments tailored to each region. Thanks to its interactive data display, this tool can be used to examine the population's healthcare needs, compare these needs with the available hospital provision, and measure the contribution made by facilities to patient care.

Data from the MCR and HaH fields was incorporated into the "Soins et Territoires" report at the end of 2024 to provide an even more comprehensive analysis.

In the mental health and psychiatry fields, ATIH produced the monitoring indicators for the roadmap in 2024 (data for 2021, 2022 and 2023).

End-of-life and palliative care indicators were also produced and sent to the DGOS and the National Centre for End-of-Life and Palliative Care (CNSPFV).

In 2024, ATIH identified new indicators with the partners and professionals concerned and produced a leaflet entitled "Quantitative indicators for contextualising the unscheduled direct admissions of elderly people".

The agency contributes to the overall understanding and monitoring of hospital and medico-social activity and expenditure, by developing appropriate tools. The aim is also to introduce a new comparison of the various data available, including public health data, human resource data, etc.

The agency is also striving to make better use of data by producing and disseminating analyses. It is continuing to carry out analyses and projections within the framework of the multi-year national health insurance spending target (ONDAM).

Continuing to identify the determinants of hospital activity

To analyse changes in activity, a method of breaking down the effects (demographic, usage rate, etc.) has been developed and implemented for all fields.

In partnership with the Centre for Research in Economics and Statistics (CREST), a forecasting methodology has been developed to take account of the impact of the health crisis. This work has been presented to the supervisory authorities.

Improving the monitoring of healthcare expenditure

ATIH has continued to develop methods for forecasting financial outcomes in:

› MSO, by developing forecasting methods based on time series techniques developed according to the date of care.

These methodologies were rolled out in 2024 at a sufficiently detailed level to incorporate the "sécurisation modulée à l'activité" mechanism designed to safeguard revenue linked to activity.

› MCR, by introducing monthly expenditure monitoring for the former DAF sector, based on data from the first six months.

Producing financial, human resources and cost analyses

In 2024, ATIH produced analyses of the financial accounts and payroll for FY 2022.

Developing a multi-year activity forecasting framework

ATIH has continued to apply the guidelines defined by the inter-administration group (DGOS, DSS, DREES, CNAM) on multi-year activity forecasts, i.e. over 5 years.

In 2024, ATIH produced activity forecasts per CAS (healthcare activity category) and MDC (major diagnostic category), taking account of the 2023 activity data.

2. Under the AMDAC's remit, using the data collected by ATIH to support decision-making within a forward-looking approach

Created in 2021, the AMDAC (Ministerial Administrator of Data, Algorithms and Source Codes) function sets out to boost the collective impetus of the solidarity-health sector on issues involving data, algorithms and source codes. Since April 2021, this role has been held by the Director of Directorate for Research, Surveys, Evaluation and Statistics (DREES), for the Ministries of Solidarity and Health.

In 2024, ATIH continued to contribute to the implementation of the second roadmap (2024 - 2026) in its role as as the "AMDAC Contact". Its activities correspond to the five action sheets in the AMDAC roadmap:

1) sharing best practices on data platforms (action sheet 1.6)
2) making shared data anonymisation procedures available (no. 1.5)
3) cataloguing data and algorithms in the sector to improve their management (no. D.1)
4) improving health data collection and supervision (no. 14)
5) simplifying the collection of healthcare data, particularly in facilities (no. 14 bis).

ATIH has taken part in working groups to define best practices in the topics of source code dissemination and data cataloguing.

In 2024, the project to simplify healthcare data was broadly supported by ATIH: sharing of work on the "new data collections" programme and presentation of hospital health data mapping.

The agency also attended the second Data Day in April 2024, organised by the Ministry of Health, where it presented MSO Activity, the new report on the analysis of MSO hospital activity.

One of the agency's central concerns is to provide reports that take full account of users' expectations, based on modernised ergonomics and technology. To this end, thanks to the internal governance of data management, it has implemented a programme to revamp its reporting systems and publish information in open data format. This modernisation is accompanied by the agency's strong commitment to communication initiatives designed to raise awareness of its full range of services.

3. Proposing reports in line with best practices and incorporating a more forward-looking approach

Modernising reports

In 2024, a major improvement and recasting programme was carried out:

- a number of final reports were disseminated or were about to be published: MSO activity (with the addition of medicinal products and medical devices), Sepsis, HaH activity, and an enhanced version of "Soins et Territoires"
- the reports on the performance dashboard for medico-social facilities and services (ESMS) and on perinatal care were being redesigned
- the development of a new report on the Financial Incentive for Quality Improvement (IFAQ) scheme was underway.

Developing an open data website

The website creation tool was chosen and a first version, currently under development, will go live in 2025. This first version will incorporate data on all aspects (activity, costs, finance, improvement of care and medico-social care).

This open data will replace free access to ScanSanté reports by offering the general public a range of visual representations and anonymous datasets. As part of the redesign of ScanSanté, institutional ScanSanté users with Pasrel/Plage logins will be able to access all reports.

In 2024, key figures were produced and posted on the agency's website.

Involving user groups more closely in the development of tools

Users were involved in redesigning the reporting tools, through needs-analysis workshops and their participation in new product testing groups.

For the hospital data platform, for example, user groups met regularly to discuss their needs (one group with the ARS and another group with university hospitals and territorial hospital group support establishments and federations).

4. Launching a process to organise internal data governance

Structuring data to optimise its use and availability

ATIH is gradually transferring data storage to the Teradata server in order to facilitate its use via different data query languages (R, Python, etc.).

In 2024, all information system medicalisation programme (PMSI) data, including intra-annual data, summaries of visits to accident and emergency departments (RPU) and nomenclatures were available on Teradata.

Tests for the hospital data platform were underway with a view to providing access in 2025. The first version of the user guide was finalised.

Data mapping and managing repositories

In 2024, an internal group began data mapping work based on the dictionaries of variables already in use.

Work continued on the provision of a centralised in-house tool for managing, maintaining and publishing PMSI nomenclatures. A map of PMSI data repositories was drawn up in 2024 and the technical tool will be developed in 2025.

5. Designing external communications to raise the agency's profile and build its reputation

ATIH has increased the visibility of its publications by exploiting different communication media: conferences, seminars, website, press relations, etc.

Participating in national and international exhibitions and conferences

In 2023 and 2024, ATIH regularly attended various exhibitions and conferences, where it focused on improving the effectiveness of its communication and interactions with attendees at these events. In 2024, a number of meetings with the agency's audiences were held on ATIH's stands at conferences (EMOIS Congress, National Hospital Seminar, etc.) and exhibitions (SantExpo).

Supporting data dissemination: training, information, webinars, meetings, etc.

In 2024, support for data dissemination was provided through tutorials (e.g. tutorial on access to data for manufacturers and research consultancies), communication campaigns on ScanSanté (short videos presenting reports), the provision of documentation tailored to users' needs, and measures to improve access to the reporting portal.

Redesigning the website

To improve its response to its users' expectations and raise the agency's profile, a tender was launched in 2024 to find a service provider to create a new website.

For the redesign of its website, ATIH interviewed its correspondents (at the Ministry, at the Regional Health Agencies, in facilities, etc.) to identify and understand their uses of the site and its resources. The information gathered was used to produce detailed specifications and provide the best possible guidance to the future provider of the website redesign, which is scheduled to begin in 2025.

Developing digital communication

The agency is optimising and reorganising its presence on social networks, notably via its LinkedIn account (3,800 subscribers) and its YouTube channel (246 subscribers, 149 videos published).

4. Promoting the simplification and improvement of data collection processes by developing a forward-looking technological approach and mobilising innovation to serve the agency's audiences.

By virtue of the nature and the sheer number of tools and reports that ATIH provides to many players in the healthcare system, the agency has stepped up its commitment to producing secure, modern and "state-of-the-art" tools. These tools combine ease of use and the optimisation of the user's time with a wealth of available information in the reports and advanced ergonomics. The aim of this commitment is to free up medical time in healthcare facilities.

To achieve this objective, ATIH's general strategy includes its policy of systematically involving users, starting at the design stage for the various tools or reports envisaged.

1. Continuously analysing the responses to the agency's audiences' needs for tools

Increasing support for stakeholders in data collection.

This support takes the form of tutorials on the website, videos on the agency's YouTube channel, and training sessions tailored to the participants' needs (e.g. financial data collection, accounting restatements). Information webinars are proposed for the different collections. Specific presentations are organised at conferences (e.g. introduction to ICD-11 at the Emois conference).

This approach will be maintained and stepped up in 2025 due to the inclusion of new collections and the continuous improvement process for existing collections.

Involving stakeholders in the redesign of tools

By way of an example, workshops to test tools and methodology have been put in place with medico-social facilities and services to prepare for the collection of data on people with disabilities in the children's sector, which will take place in early 2025.

Concerning key data collection issues, the agency's actions are part of a drive to simplify the collection of information (medical, medico-social, administrative, financial, quality, etc.) for facilities and organisations, which involves the improvement of existing tools and, in the longer term, the development of tools to retrieve information directly from information systems or local data warehouses.

The type of data processed raises the need to ensure the management of sensitive data, both in terms of access policies and the security of its availability to authorised users.

2. Reinforcing the information system security policy and upgrading these systems

Upgrading data collection tools and modernising the transmission system to make users' work safer, simpler and easier

Extending the implementation of DRUIDES (activity data collection system to ease transmission constraints for Medical Information Departments)

After the MSO category went live in 2023, this system was developed for the MCR field in 2024, with several information webinars to provide support for Medical Information Departments. Taking account of the quantitative and qualitative satisfaction surveys of DRUIDES users conducted in 2023 for the MSO component, users were included in the tests prior to the production launch of DRUIDES MCR in 2024. This policy of including users in testing has continued with the extension of DRUIDES to the psychiatry and HaH fields. A webinar on the preparation of tests for DRUIDES Psychiatry was held at the end of the year.

Implementing data standardisation tools (management of dictionaries, repositories, etc.)

In 2024, ATIH took part in activities to consider the impact of the reform of authorisations on the collection of hospital data in conjunction with the DGOS and DREES (SAE (annual statistics of healthcare facilities), PMSI, etc.). It will also incorporate this reform into the collection of medical information (e.g. critical care). Instructions for the collection of information were proposed, in order to distinguish between the different types of intensive care (from intensive care departments / multi-purpose departments / continuous surveillance).

Introducing weekly reporting of summaries of visits to accident and emergency departments (RPU)

As part of its efforts to relieve overcrowding in accident and emergency departments in response to critical situations at certain times of the year, the Ministry wishes to establish a system to anticipate these situations and obtain weekly information.

Following a number of discussion sessions with the supervisory authorities and those involved in the RPU circuit, it was decided to put ATIH in charge of providing updated data on a weekly basis.

To this end, ATIH carried out or participated in a number of organisational, technical and legal preliminary activities in 2024 (participation in the production of a new decree concerning the collection of RPU data).

Once the decree is published, ATIH will need to implement support measures for the players involved (dissemination of instructions to concentrators), and adapt the data circuit to the weekly rate, while maintaining the production of monthly and annual RPU databases.

Automating the supply of Dispostock data

Several workshops on defining the roadmap for 2025 were held in 2024, with the aim of securing and perpetuating the eDispostock system and improving the comprehensiveness of the data. To this end, ATIH will develop programming interfaces for in-house pharmacy management software to avoid the need for pharmacists to load files and enter data manually.

The agency will create a platform for reporting medical device supply disruptions.

Lastly, it will carry out work on incorporating eDispostock into an integration and planning scheme for national stock management information systems, including automatic data transmission to third-party applications.

Targeting the state of the art in the development and operation of digital services

Maintaining state-of-the-art platforms as part of a continuous improvement approach (medico-social dashboard, financial data collection platform), innovation field…

In 2024, as part of the platformisation approach set out in the information systems master plan (SDSI), ATIH established an implementation system (or technical platform) for collection frameworks in the management and financial data platforms. Its use has been extended to the collection of the Single Social Report (RSU), data on home-based assisted living services (SAD) and data on the permanence of care (PDSES).

Work on improving the security of our architecture was also carried out in 2024 and will continue in 2025, including the replacement of our development factory with Kubernetes (a platform for automating the deployment of applications provided to users), and the widespread use of Cloudflare, a tool for improving the performance and security of our platforms.

Maintaining the state-of-the-art performance of the Health Information Systems Observatory (OSIS) platform

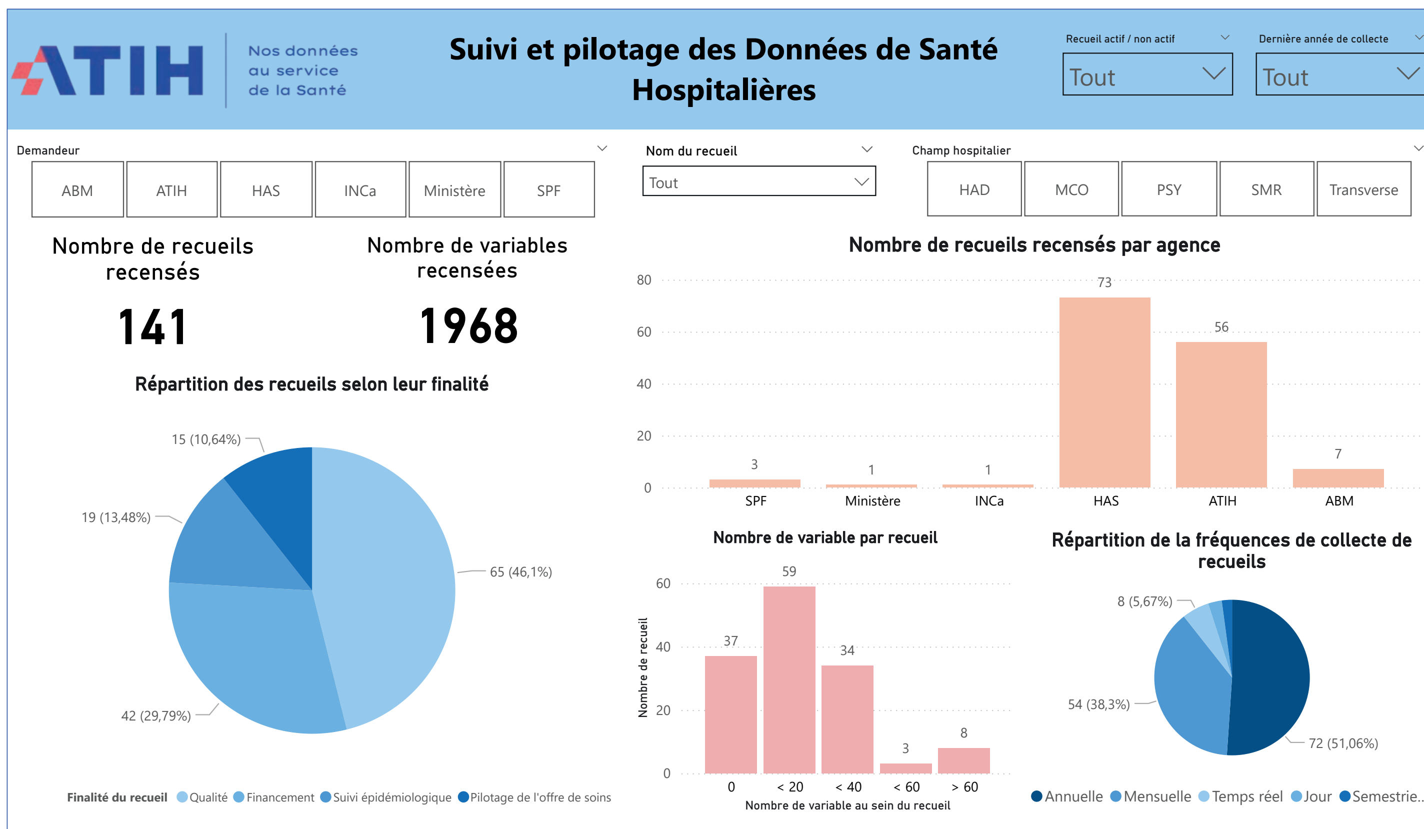
Following a complete overhaul of OSIS in 2023, with a view to its extension to medico-social facilities and services (OSIS V3), functionality tests were conducted by the DGOS and stabilisation work was carried out by ATIH in 2024 to support its ramping up to full capacity.

3. Introducing new services with a view to simplification

Designing a new process for collecting and consolidating data from facilities to facilitate collection

Mapping hospital health data produced by healthcare facilities for use by supervisory authorities

As part of the "New Data Collections" programme, a map of the data collections and medical information variables requested by national institutions from healthcare facilities was produced in 2024. This map will be made available to the ecosystem with a view to hosting discussions in 2025. In 2024, following the completion of this mapping, ATIH produced initial guidelines on the strategy for standardising and concentrating the medical information data collected from facilities. Nearly 2,000 variables in 140 data sets were integrated and characterised according to several lines of analysis. Their publication is scheduled for 2025.



Discussions have begun with the French National Institute for Research in Digital Science and Technology (INRIA) and the Medical Information Departments of university hospitals on the development of artificial intelligence algorithms for the automated coding of certain PMSI data.

All of these issues will be discussed in greater detail with the supervisory authorities, with a view to obtaining a national target vision in conjunction with the stakeholders.

Implementing a pilot project to design and promote a new method of collecting health data

An initial pilot project has been identified to automate the production of PMSI files for innovative medicines. The project will be launched in 2025, following the scoping phase, a feasibility study and approval from the supervisory authorities.

Redesigning the system for receiving, validating, checking and exploiting the potential of data

Developing the e-PMSI services portal and expanding e-PMSI functionalities

The e-PMSI platform is a service for Regional Health Agencies (ARS) and healthcare facilities, which is designed to centralise PMSI data reported by healthcare facilities, manage and validate its comprehensiveness and quality, and manage its exploitation and availability once the data has been validated so that it can be used and disseminated by other tools.

Following an audit of user satisfaction, a redesign was launched, with discussions on governance and the main principles of this overhaul, followed by the start of work in 2024. Workshops were held with Medical Information Departments and ARS validators on functionalities and ergonomic approaches.

The first activities in this project concerned the dematerialisation of payment orders for MSO and MCR, in addition to batch validation.

The SDSI requires the redesign of e-PMSI to be coordinated with the withdrawal from SAS, and work has begun on the data model to be developed for the target platform and the indicators to be reported.

In addition to the existing systems and scope of data collection, the agency is continuing its efforts to broaden the scope of data collection and obtain data relating to a broader range of fields.

Developing new collections

Implementing the collection of the national Single Social Report (RSU)

In 2024, the RSU replaced the annual Social Review of public health facilities, and its scope was extended to all facilities and services (whether health or medico-social) in the hospital branch of the French civil service (FPH).

The scope is now five times broader, rising from 400 to 2,000 entities. The number of indicators collected has also increased significantly.

In 2024, the RSU collection platform was developed and the collection campaign was conducted according to schedule.

Consolidating the extension of the ESMS performance scorecard to include SADs

In 2024, the data collection platform dedicated to home-based assisted living services (SADs) was developed and the data collection campaign was conducted according to the timetable set by the DGCS and CNSA.

Implementing the extension of the financial account to private facilities, in conjunction with stakeholders

Following the preparatory work carried out in 2024, and depending on the future technical discussions with representatives of the sector, ATIH will be able to implement the 2024 financial account campaign for private facilities.

Participating in activities to implement the collection of RPIS (patient response summaries for interventions by mobile emergency and intensive care facilities (SMUR))

ATIH has contributed to drafting the decree on data collection, and a data reporting circuit has been specified. Technical documentation work has been carried out: work on the nomenclatures and variables to be collected, stabilisation of formats, coding instructions, etc. This work will need to be finalised, like the technical work, before the start of the collection of patient response summaries for interventions by mobile emergency and intensive care facilities (RPIS) in some regions, using the simplified transitional circuit (equivalent to the current RPU circuit) and subject to publication of the decree.

Depending on national guidelines, the target circuit (including the NIR (social security number)) could be the subject of feasibility tests (involving the Medical Information Department), with a few volunteer facilities and publishers.

Harnessing technological innovations for data processing and reporting

Data science platform for harnessing data

This platform will modernise the performance of statistical processing by in-house staff, initially by allowing them to choose their processing environment (version of R, versions of modules, etc.). Following the design work in 2023 , a minimum viable product (MVP) for the data science platform was implemented in 2024.

Ensuring the technological renovation of reporting

2024 saw the continued development of data visualisations in reports and ergonomic interfaces. The new R Studio server has been rolled out on the hospital data platform (PDH), entailing information sessions for users.

Implementing solutions to withdraw from SAS software

In response to the guidelines adopted by the Board of Directors in November 2022, ATIH established a project management structure:

> appointment of a project leader in late 2022, backed by a small “catalyst” group to examine certain technical issues

> creation of a project group in 2023 to interface with the various departments.

In 2023, the project group, led by the “catalysts” group:

> mapped the programmes concerned;

> defined a macro-schedule of works to develop alternatives to SAS and coordinate these activities over several years;

> defined the training and support arrangements for employees.

In 2024, the macro-schedule was broken down into roadmaps per department and per year. These roadmaps are reported to the Executive Committee on a monthly basis.

Several projects were implemented following the application of these roadmaps. For example, the MSO, MCR and HaH grouping functions were rewritten in R language. The same work is underway on the cost measurement campaign control charts. The statistical processing needed to monitor the national health insurance spending target (ONDAM), the financial analysis and the annual analysis of activity is now managed in R.

Teradata has been rolled out to enable the querying of PMSI databases using alternative tools to SAS, and to produce new reports in Rshiny, replacing the historical reports produced using SAS.

Information webinars are being organised for all statisticians. Targeted “‘R’ Bubble" sessions have been put in place to share expertise and experiences.

Internal documentation on alternatives to SAS has been structured.

An in-house package (pRathique) has been developed to facilitate access to the databases via Teradata. This package is intended to be rolled out to users of the hospital data platform (PDH).

5. Guaranteeing the Agency's performance

The evolving nature of ATIH's missions and tools means that its expertise and working methods need to be highly adaptable to new technologies.

The new challenges associated with the attractiveness of certain jobs require us to develop an ambitious policy of recruiting suitable profiles and supporting change through an internal training policy that is tailored to meet the agency's changing professional requirements.

The agency's expertise is enhanced by a proactive communications strategy designed to raise its profile among professionals and partners. At a time of constantly increasing sources of information, the agency is putting in place a proactive system to promote its work in order to ensure optimum visibility for its outputs and consolidate its reputation and identity by stepping up large-scale distribution efforts and developing a sustained presence in the digital media, the professional press and on social networks.

1. Securing the expert resources required to perform the agency's missions

Developing training in new professions and new working methods

As part of the forward-looking management of jobs and skills, the training plan plays a crucial role in adapting employee profiles to new requirements and implementing the work programme.

Training in the development of alternatives to SAS undoubtedly mobilised the most resources in 2024: training for beginners in R involved 15 people; around fifty staff attended training on best coding practice in R. The entire management team took part in training on the transition from SAS to other languages. Training in Git (version control software, used mainly in IT development and facilitating collaborative working) has begun and will continue in the first quarter of 2025 for all statisticians. Lastly, a code review and hotline system has been tested and will be rolled out in 2025.

These training courses featuring external trainers are supplemented by internal focus groups in small groups on specific targeted subjects ("'R' Bubbles").

Organising internal communication

Given that effective internal communication is key to the quality of life at work and helps to guarantee staff loyalty, ATIH is optimising the organisation of its internal communication.

In 2024, a newsflash was sent out by e-mail approximately every two months, passing on the agency's internal and external news.

In addition to this newsflash, which supplements the publication of Executive Committee minutes on the intranet, general information emails are distributed regularly.

In the digital sphere, an information systems master plan prioritises the portfolio of projects to be adopted over the coming years. Information systems play a key role in supporting the agency's business processes. Their security and availability, particularly for the agency's many external professionals, pose major challenges. ATIH has reaffirmed its commitment to continuous improvement in the security of its information systems and the protection of its data.

2. Continuing the organisational changes at ATIH to boost the agency's efficiency

Supporting the agency's digital transformation by implementing an information systems master plan

The development of an information systems master plan began with external support in September 2023. The broad guidelines were defined in 2024. The work in progress, which will continue in early 2025, involves prioritising and scheduling the activities. A project group has been formed to propose the prioritisation of the work to be carried out to the Executive Committee, and then to monitor it.

3. Strengthening the agency's position in its environment

Organising collaboration with players in the healthcare system

ATIH has entered into around twenty partnership agreements with various national or regional institutions and operators, to which must be added several hundred agreements signed in the context of cost studies or access to the agency's platforms.

Amongst these collaborations, the contractual formalisation of the partnership between ATIH and the National Solidarity Fund for Autonomy (CNSA) has undergone major changes, with a distinction being made between long-term activities and funding, on the one hand, and annual projects, on the other.

In 2024, ATIH sought the learned societies' expertise on the programmable/non-programmable activity file and vigilance indicators in surgery. It has asked the conference of university hospital finance departments for its input on reporting.

ATIH gave a presentation of its missions to the Regional Health Agencies (ARS), the financial departments of healthcare facilities and the regional audit office of the Auvergne Rhône-Alpes region.

Developing partnerships with universities and research teams

In the framework of the calls for expressions of interest launched several years ago and steered by the Scientific Council, ATIH is also working with research teams to develop indicators used in funding models.

FOLLOWING one of these calls for expressions of interest, a partnership with a team from the University of Aix-Marseille was undertaken on the "Mon Psy et moi" platform, to enhance the "Eval Santé" platform's functionalities.

An agreement with the Management Research Centre (CRG) at the Ecole Polytechnique has been formalised on pathway indicators.

In 2024, as part of the SAFEPAW project, in which research teams in computer science, medicine, ethics and law, bio-statistics and economics are working together to develop multi-disciplinary and multi-dimensional approaches to improving patient care, the agency developed an analysis of the elderly care pathway as part of a final-year internship at ENSAE supervised by the research team. These activities will directly inform the analyses on the different aspects of the project.

4. Preventing and managing risks

Continuing the internal control and quality processes

In the internal budgetary and accounting auditing field, ATIH pursued its continuous improvement policy in 2024, focusing on the national INFINOE project (Financial Information for State Bodies) in particular.

INFINOE is the name of the new data centre for national public bodies, which will centralise government operators' budgetary and accounting data.

INFINOE will collect both voted budgets and all budget and accounting data transmitted by information systems in real time. All the configurations were carried out at agency level in 2024, with a view to rolling out the system as soon as it is launched by the DGFIP in 2025.

The agency has conducted satisfaction surveys amongst its users and will start rolling out a system enabling users to be contacted directly on the platforms, with priority given to the data reporting platforms.

Securing data collection and dissemination systems with a view to the protection of personal data

ATIH has continued to carry out a data protection impact assessment (DPIA) with its partners prior to any new processing operation, while entering into a General Data Protection Regulation (GDPR) contract allocating responsibilities between ATIH and its partner.

In 2023/2024, ATIH contributed to the following DPIAs: PH data collection, e-Satis, quality and safety of care indicators, SAAD data collection, ATIH statistical processing system, EvalSanté.

The agency has coordinated the compliance upgrading of these existing processing operations:

> support for the DGOS in finalising the PMSI DPIA
> Completion of the ISS component of the "Domevih" DPIA.

The agency has continued to implement the main ISS measures arising from the DPIAs carried out, most of which have been incorporated into its information systems master plan:

> extending strong authentication to all platforms
> generalising the reporting of application logs (in the ELK tool)
> setting up a security event monitoring system (SIEM) and integrating events used to monitor e-PMSI, the statistical processing system (SASintra and PDH), the pseudonymisation circuit and Plage/Pasrel
> carrying out continuous intrusion audits on platforms
> improving anonymisation practices.

Reinforcing the information system security policy and approving the platforms

Ensuring the resilience of the information system

In 2024, ATIH began building a multi-site IT infrastructure, which will be completed in 2025. This multi-site infrastructure is one of the key elements to be included in the business continuity plan to be drawn up in 2025.

Following training for the agency's management and a cyber-crisis exercise in 2024, a business continuity plan will be finalised.

Approving the agency's platforms

The platform approvals are in progress. In 2024, ATIH's statistical environments (hospital data platform and the agency's internal statistical environment) were approved. The approval of "Eval-Santé" is underway.

Due to the need to carry out preliminary structural work, the approval of "Plage" has not yet been finalised.

IV Evaluating user satisfaction

To measure and improve its performance, ATIH relies on the findings of a satisfaction barometer survey.

The agency regularly surveys its users to ascertain their overall level of satisfaction, broken down according to a number of key criteria.

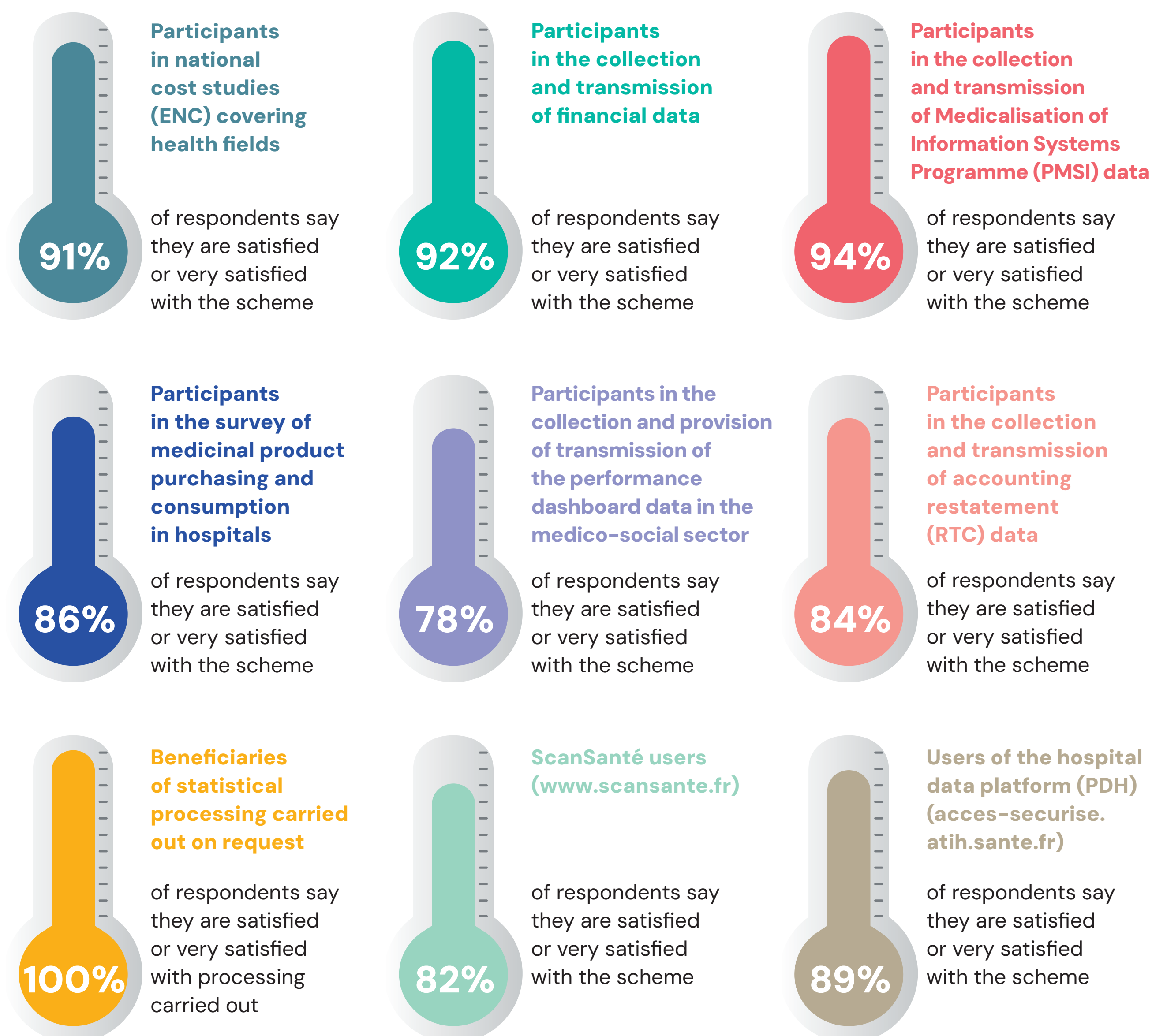
These questionnaires, which are generally short and administered online, enable the public to participate in improving a service/product quickly and easily by asking a few questions.

People can also leave their contact details to enable further participation if the agency wishes to explore a particular subject in greater depth.

The agency uses this barometer survey to:

> obtain regular and relevant feedback on its activities
> adapt to meet users' key expectations by taking targeted action
> gain recognition for its efforts by observing the effects on satisfaction.

This barometer survey focuses in particular on the agency's website, ATIH's data collection activities (PMSI, ENC, financial accounts, ESMS performance scorecards, etc.) and data reporting (hospital data platform, ScanSanté, statistical processing on request, etc.).



A word from our teams

A word from the “Catalysts” team for implementing alternatives to SAS

Mériem Saïd, Nathalie Rigollot, Raphaël Simon, Vincent Biot

Why was this project launched at the agency?

In November 2022, the ATIH Board of Directors decided to implement alternatives to SAS by the end of 2026. The choice now leans towards open source programming languages such as R, which are widely used in official statistics.

This migration project is crucial for the agency for several reasons, including the adoption of more flexible new tools that are better adapted to current data analysis needs, the data-centric development of our skills and our activities, and the development of greater collaboration to improve the agency's efficiency. To this end, we have established a specific inter-departmental “project organisation” structure, featuring the “Catalyst” pilot group in charge of driving and accelerating this new collective momentum. A number of employees from our various departments have joined forces to form a project group with the aim of acting as an interface between our different fields of expertise, transmitting the expectations in each department and coordinating the responses.

What were your major achievements in 2024?

Training in best coding practice has been organised for all statisticians, and targeted sessions (“‘R’ Bubbles”) have been organised to share skills and experiences. The internal documentation on alternatives to SAS has been catalogued. We have launched experiments with a hotline and a code review service for statisticians. An in-house package {pRathique} has been developed to facilitate access to the databases via Teradata. This package is intended to be rolled out to users of the hospital data platform (PDH). Work began in 2024 on the transition from SAS to R language for several key outputs: grouping functions, cost measurement campaign control tables, ONDAM monitoring, financial analysis and activity analysis, etc. Data storage and access have been completely revamped (Teradata) to enable the use of alternatives to SAS.

What key challenges do you currently need to overcome in order to bring this project to a successful conclusion by December 2026?

We are facing a number of challenges: the substantial body of existing code and the transition require us to learn new techniques and practices (regular peer reviews of coding, management of the technical debt, etc.). 2025 will be a crucial year for consolidating cross-functionality within the agency: sharing best coding practices, developing better documented and reproducible codes and providing technical support for following up experiments. Many opportunities will arise. On an individual basis, this will require us to ensure the development of expertise in the open source techniques that are now widely used. And collectively, this will mean adopting state-of-the-art data processing practices and improving mutual understanding, while coordinating our activities and saving time.

VI

Glossary

ABM Agence de la biomédecine
[French Biomedicines Agency]

DPIA Data Protection Impact Assessment

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

ANAP Agence nationale d'appui à la performance des établissements de santé
[National Performance Support Agency for Healthcare Facilities]

ANS Agence du numérique en santé
[Digital Health Agency]

AP-HP Assistance publique-Hôpitaux de Paris
[Greater Paris University Hopsitals]

AP-HM Assistance publique-Hôpitaux de Marseille
[Greater Marseille University Hospitals]

ARS Agence régionale de santé
[Regional Health Agency]

CAR-T cells T cells featuring a chimeric receptor

CEPI DC Centre d'épidémiologie médicale sur les causes de décès
[Centre for Epidemiology on the Medical Causes of Death]

CERESS Centre d'études et de recherche sur les services de santé et la qualité de vie
[Centre for Studies and Research on Health Services and Quality of Life]

CCAM Classification Commune des Actes Médicaux
[Common classification of medical procedures]

CHU Centre hospitalier universitaire
[University hospital]

ICD International Classification of Diseases

CMA Complication ou morbidité associé
[Associated complication or morbidity]

MDC Major Diagnostic Category

CNAM Caisse nationale de l'assurance maladie
[National health insurance fund]

CNIL Commission nationale de l'informatique et des libertés
[French Data Protection Authority]

CNP Conseil national professionnel
[National Professional Council]

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

COP Contrat d'objectifs et de performance
[Contract of Objectives and Performance]

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

CSAR Catalogue spécifique des actes de réadaptation
[Specific catalogue of rehabilitation procedures]

CSIS Conseil Stratégique des Industries de Santé
[Strategic Council for the Healthcare Industries]

CREST Centre de recherche en économie et statistique
[Centre for Research in Economics and Statistics]

DAF Direction des affaires financières
[Financial Affairs Department]

DG Dotation globale
[Overall allocation]

DGS Direction générale de la Santé
[General Directorate for 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 for Healthcare Provision]

DIM Département d'information médicale
[Medical Information Department]

DNS Délégation du numérique en santé
[Digital Health Delegation]

DREES Direction de la recherche, des études, de l'évaluation et des statistiques
[Directorate for Research, Surveys, Assessment and Statistics]

DRUIDES Dispositif de remontée unifié et intégré des données des établissements de santé
[Unified and integrated data feedback system for healthcare facilities]

DSS Direction de la sécurité sociale
[Social Security Department]

EHESP École des hautes études en santé publique
[School of Public Health]

EHPAD Établissement d'hébergement pour personnes âgées dépendantes
[Nursing home for dependent elderly people]

ENC Étude nationale de coûts
[National cost study]

ENSAE École nationale de la statistique et de l'administration économique
[National School of Statistics and Economic Administration]

ESMS Établissements de santé et médico-sociaux
[Healthcare and medico-social facilities]

FTE Ful-time equivalent

FICHCOMP Fichier complémentaire
[Complementary file]

FICHSUP Fichier supplémentaire
[Supplementary file]

GHM Groupe homogène de malades
[Homogeneous group of patients]

GHS Groupe homogène de séjours
[Homogeneous group of stays]

GME Groupe médico-économique
[Medico-economic group]

HaH Hospitalisation at home

HAS Haute autorité de santé
[French National Health Authority]

HCN Haut conseil des nomenclatures
[High Council for Nomenclatures]

IAP Indicateur d'amélioration des pratiques
[Practice improvement indicator]

IFAQ Incitation financière pour l'amélioration de la qualité
[Financial Incentive for Quality Improvement]

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

IGF Inspection générale des finances
[Inspectorate General of Finance]

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

INRIA Institut national de recherche en sciences et technologies du numérique
[French National Institute for Research in Digital Science and Technology]

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

IPEP Incitation à la prise en charge partagée
[Shared care incentive]

IQSS Indicateur de qualité et de sécurité des soins
[Healthcare quality and security indicator]

IVC Indicateur de vigilance
[Vigilance indicator]

LFSS Loi de financement de la sécurité sociale
[French Social Security Financing Law]

MSO Medicine, surgery, obstetrics and dentistry

CKD Chronic kidney disease

WHO World Health Organisation

ONDAM Objectif national des dépenses d'assurance maladie
[National health insurance spending target]

OQN Objectif quantifié national
[Quantified national target]

ORU Observatoire régional des urgences
[Regional observatory of accident and emergency departments]

OSIS Observatoire des systèmes d'information
[Information Systems Observatory]

PDH Plateforme des données hospitalières
[Hospital data platform]

PIRAMIG Pilotage des rapports d'activité des missions d'intérêt général
[Management of general-interest missions' activity reports]

PMSI Programme de médicalisation des systèmes d'information
[Information system medicalisation programme]

PREMS Patient-Reported Experience Measures

PROMS Patient-Reported Outcome Measures

RAAC Réhabilitation améliorée après chirurgie
[Improved post-surgery rehabilitation]

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

GDPR General Data Protection Regulation

RHS Résumé hebdomadaire standardisé
[Standardised weekly summary]

RIA Relevé infra annuel
[Sub-annual statement]

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

RPIS Résumé patient intervention SMUR
[patient response summaries for interventions by mobile emergency and intensive care facilities]

RPU Résumé des passages aux urgences
[Summaries of visits to accident and emergency departments]

RTC Retraitement comptable
[Accounting restatement]

RT-PCR Reverse transcription polymerase chain reaction

SAAD Service d'aide et d'accompagnement à domicile [Home help and support service]

SAD Service autonomie à domicile
[Home-based assisted living service]

SAE Statistique annuelle des établissements de santé [Annual statistics on healthcare facilities]

SERAFIN-PH Services et établissements : réforme pour une adéquation des financements aux parcours des personnes handicapées
[Reform to ensure the adequacy of funding for the needs of people with disabilities]

SIIPS Soins infirmiers individualisés à la personne soignée [Individualised nursing care services]

SNDS Système National des Données de Santé
[French National Health Data System]

SPASAD Services polyvalents d'aide et de soins à domicile
[Multi-purpose home care and support]

SPF Santé publique France
[French National Public Health Agency]

SMUR Structure mobile d'urgence et de réanimation
[Mobile emergency and intensive care facility]

STSS Stratégie de transformation du système de santé [Information system transformation strategy]

SSIAD Service de soins infirmiers à domicile
[Home nursing care service]

MCR Medical care and rehabilitation

UO Unité d'œuvre
[Cost unit]

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