Annual Report 2025

ATIH
Nos données
au service
de la Santé

EDITORIAL

Nathalie Fourcade
Director General of the Technical Agency for Information on Hospitalisation (ATIH)

2025 was the first year that I had the opportunity to spend alongside the teams at ATIH, its Chair of the Board, Franck von Lennep, and its partners. As this activity report demonstrates, it was an extremely eventful year.

The report highlights a number of key milestones, without claiming to be exhaustive; this is particularly true in the case of this editorial. 2025 marks the midpoint of the Agency's Contract of Objectives and Performance (COP) for the period 2023–2027. This confirms the Agency's central role in collecting health and medico-social data, as well as funding reforms.

In terms of financing, hospital tariffs were published at the beginning of January for the first time, instead of in early March. This accelerated timetable, which was successfully prepared in 2025, provides healthcare facilities with greater visibility. In parallel, work on reforming the funding of dialysis and radiotherapy activities is ongoing. The aim is to introduce a lump-sum payment system by 2027 through two major projects that will continue into 2026. In the medico-social sector, ATIH collected data in 2025 from institutions and services supporting children, adolescents, and young adults with disabilities. This data was used for a reform aimed at aligning funding for services and institutions with care pathways for people with disabilities (Serafin-PH). The Agency also prepared a national cost study on home-based assisted living services (SAD) in 2025, with a particular focus on support and assistance services. This study will be conducted in 2026.

To prepare more effectively for changes in hospital activity and support funding management, ATIH continued and renewed its forecasting work. In the fields of medicine, surgery and obstetrics (MSO) and hospitalisation at home (HaH), the Agency used time-series and structural models, taking demographic trends and usage rates into account to better assess the impact of the end of revenue stabilisation mechanisms. A new forecasting model was developed for medical care and rehabilitation (MCR) in connection with the reform of financing mechanisms.

Regarding quality, the e-Satis national patient satisfaction measurement programme, operated by ATIH on behalf of the French National Health Authority (HAS), was extended to the field of psychiatry. Work also continued on developing and securing the EvalSanté platform, a national public platform for administering, hosting and reporting health questionnaires (Patient-Reported Outcome Measures (PROMs) / Patient-Reported Experience Measures (PREMs)) in healthcare facilities and in community-based settings.
The Agency produced quality indicators, some of which are used for funding purposes. These were developed by drawing on research teams led by the Agency's Scientific Council.

Significant modernisation work and security improvements were carried out on all of the Agency's information systems in 2025. Working methods were revised to allow more time to be devoted to design, innovation, documentation, and collaborative work. In an era of unprecedented technological acceleration, these investments enable ATIH to play an active role in the digital health ecosystem.

Regarding data collection systems, the DRUIDES platform was extended to include psychiatry and hospitalisation at home (HaH). The DRUIDES platform simplifies the collection and transmission of data for the PMSI (information system medicalisation programme). The New Data Collections programme, aimed at increasing the use of collected data while reducing the burden of data collection, continued, alongside the operational rollout of the 11th revision of the World Health Organization's (WHO) International Classification of Diseases (ICD-11). The first digital tools for data collection and transmission using ICD-11 coding were developed, and a pilot programme was launched in 12 healthcare facilities, including university hospitals (CHU), general hospitals (CH), cancer centres (CLCC), and private clinics. In partnership with university hospitals and the French National Institute for Research in Digital Science and Technology (Inria), an artificial intelligence (AI) algorithm to support diagnostic ICD-11 coding is currently under development and forms part of the French national strategy for AI and health data. A new experimental approach to collecting medication-related data has also been initiated.

Significant progress was made in the implementation of the Agency's new information systems master plan. Data outputs have been restructured and modernised to address a broader range of needs. This includes the deployment of new, more user-friendly applications with flexible querying capabilities, and the development of an open data platform. The website is currently being redesigned. The new data output environments and the redesigned website are scheduled to launch in 2026.

The Agency's data anonymisation and pseudonymisation tools will be made available to other users. Significant effort from staff teams was required for the transition away from the proprietary software that underpinned our entire data processing chain in favour of open-source solutions. This included dedicated workshop days that we named "AccéléRatihon".

An internal task force on the deployment of AI within the Agency has also been launched.

> *These achievements are the result of the expertise and dedication of the ATIH team, as well as the excellent relationships we have with our partners.*

I would like to take this opportunity to thank everyone involved and express my enthusiasm for continuing these exciting and demanding projects together in 2026.

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ATIH: a multi-disciplinary centre of expertise

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 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, as part of the Agency's Contract of Objectives and Performance (COP 2023-2027). The chairman of the board of directors is appointed by the Ministers for Health, Social Affairs and Social Security.

ATIH is responsible for:

- the collection, hosting and reporting of medico-economic activity and data from healthcare and medico-social facilities
- developing the collection, processing and provision of access to the performance dashboard data in the medico-social sector
- ensuring the technical management of financing schemes for health and medico-social facilities
- conducting studies on the costs of health and medico-social facilities
- development and maintenance of health nomenclatures
- analyses, studies and research on health data
- collection, analysis and dissemination of data to assess the quality of care and patient satisfaction
- participation in the management of health alerts.

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 (SGMAS), 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)

HOSPITAL AND MEDICO-SOCIAL FEDERATIONS

HEALTHCARE FACILITIES

MEDICO-SOCIAL FACILITIES AND SERVICES (ESMS)

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).

TEACHING STAFF, RESEARCHERS

COMPANIES

Research and consultancy firms, media, etc.

Internal organisation of the agency

Management

- Communication
- Partnership mission

General Secretariat

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

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

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

Financing and economic analysis (FAE)

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

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 and medico-social data reporting

Employees

As of 31 December 2025, the agency employed 144 people:
public-sector contract staff and civil servants on secondment or assignment.

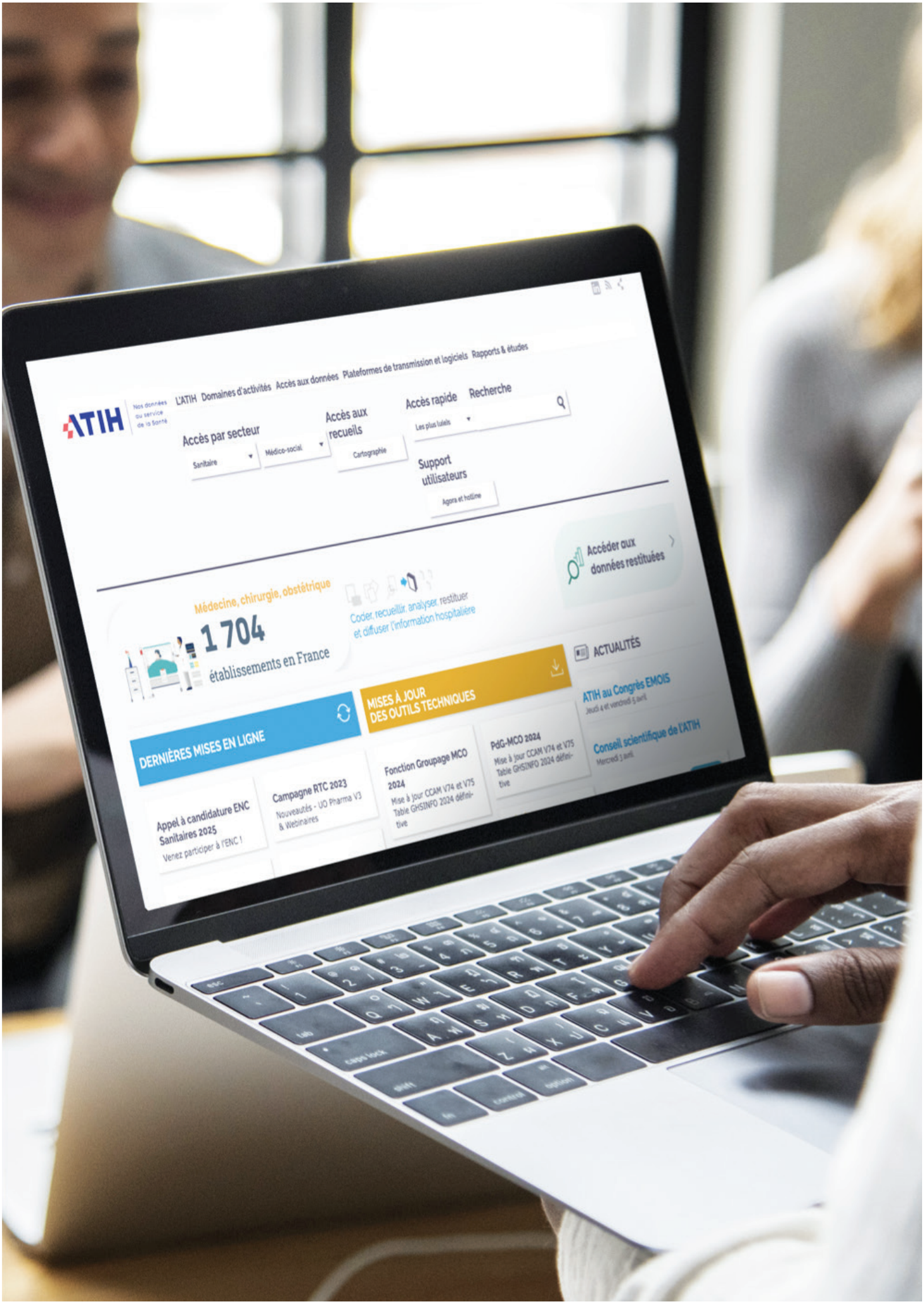
17 doctors
12% of employees

16 Management controllers
11% of employees

52 Statisticians
36% of employees

28 Support and management functions
19% of employees

31 Computer specialists
22% of employees


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 tuteis
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 - UO Pharma V3 & Webinaires
Fonction Groupage MCO 2024
Mise à jour CCAM V74 et V75 Table GHSINFO 2024 définitive
PdG-MCO 2024
Mise à jour CCAM V74 et V75 Table GHSINFO 2024 définitive

The Agency's 2025 budget

ATIH expenses (excluding investment) amount to **€39,098,964** and revenue amounts to **€39,389,251**

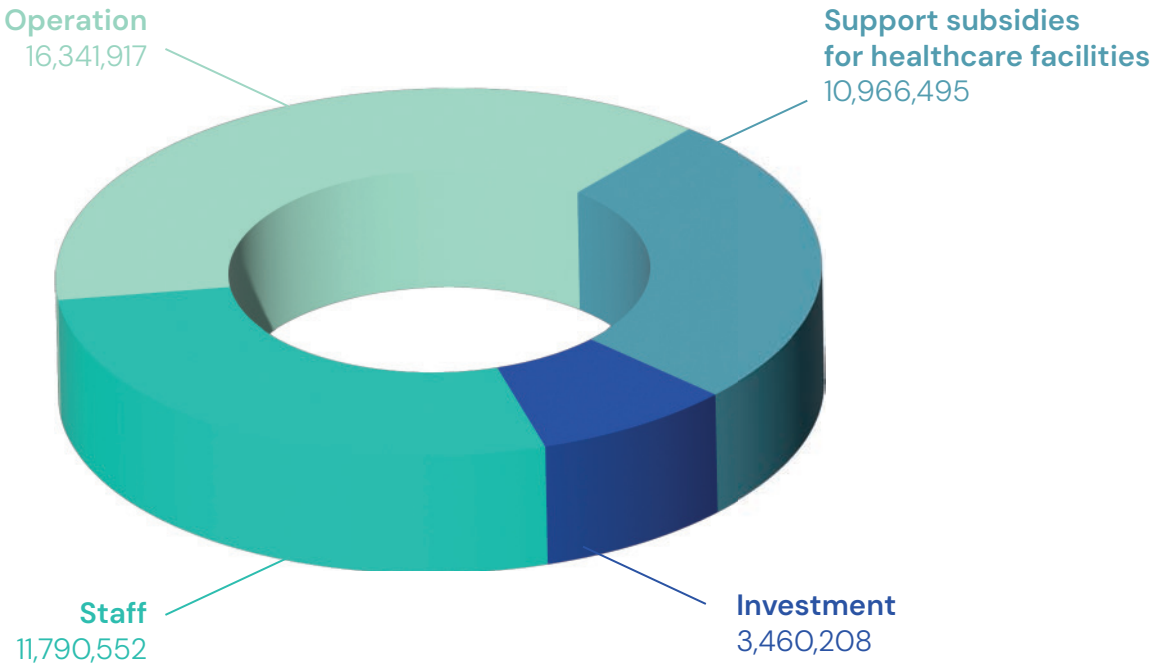
Expenses

Staff
11,790,552

Operation
16,341,917

Support subsidies for healthcare facilities
10,966,495

Investment
3,460,208



Revenue

Assurance maladie – French health insurance system
11,490,000

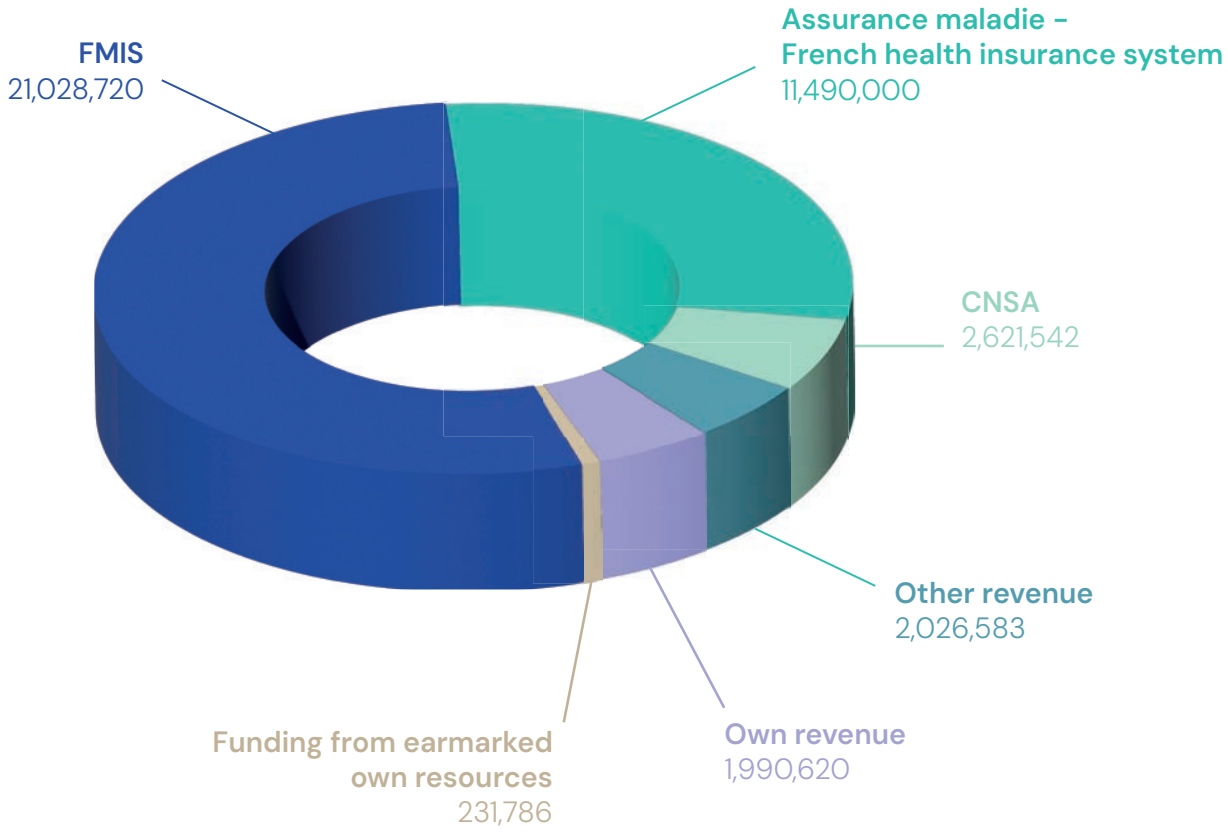
Own revenue
1,990,620

Fund for modernisation and investment in healthcare (FMIS)
21,028,720

National Solidarity Fund for Autonomy (CNSA)
2,621,542

Other miscellaneous management income
2,026,583

Funding from earmarked own resources
231,786



Key figures for activity in 2025

Hospitalisations

Patients treated in healthcare facilities

13.8 million

↗ +7,6% versus 2019

↗ +2,2% versus 2024

52 years old average age

Number of deaths in hospital

394,000

↗ +8.7% versus 2019

↗ +4.1% versus 2024

MSO Medicine, Surgery, Obstetrics

Patients treated in healthcare facilities

13.4 million

↗ **+7.8%** versus 2019

↗ **+2.2%** versus 2024

51 years old
average age

Days of hospitalisation

74.5 M

-2.9% versus 2019
+1.2% versus 2024

Overnight stays in intensive care

1.9 M

-1.4% versus 2019
+0.1% versus 2024

Number of deaths in hospital

307,000

↗ **+2.4%** versus 2019

↗ **+1.1%** versus 2024

MCR Medical Care and Rehabilitation

Patients treated in healthcare facilities

1 million

↗ +1.2% versus 2019

↗ +3.5% versus 2024

68 years old average age

Number of death in MCR

29,000

↘ -15.7% versus 2019

↗ +0.4% versus 2024

Patients treated in MCR

On a full-time basis

732,000

↘ -8.8% versus 2019

↗ +2.1% versus 2024

On a part-time basis

371,000

↗ +35% versus 2019

↗ +6.9% versus 2024

Days of MCR treatment

On a full-time basis

30.5 M

↘ **-6.8%** versus 2019
↗ **+1.2%** versus 2024

On a part-time basis

6.3 M

↗ **+36.2%** versus 2019
↗ **+6.2%** versus 2024

HAH Hospitalisation at Home

Patients treated

201,000
patients

↗ **+57.7%** versus 2019
↗ **+9.2%** versus 2024

69 years old
average age

Days of HAH

8.1 M
+36.5% versus 2019
+6% versus 2024

Number of deaths in HAH

57,000
+106.9% versus 2019
+11.1% versus 2024

Psychiatry

Patients treated in healthcare facilities

412,000
patients

↘ **-1.6%**
versus 2019

↗ **+0.6%**
versus 2024

41 years old
average age

Patients treated on a full-time basis

306,000

-7.1% versus 2019
-0.4% versus 2024

Number of days of treatment on a full-time basis

16.4 M

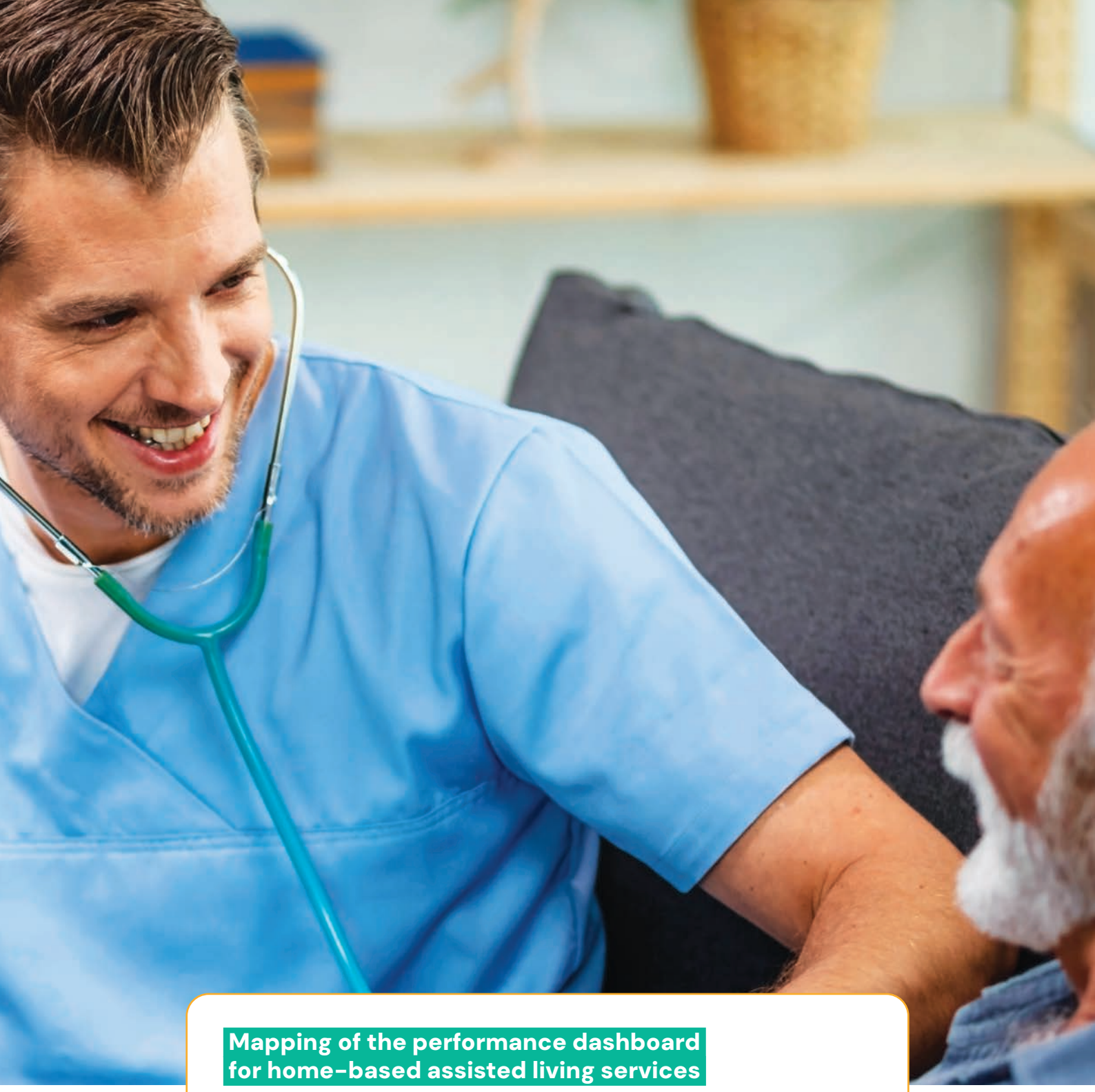
-11.2% versus 2019
-2.1% versus 2024

Medico-social

The number of medico-social facilities and services (ESMS) corresponds to the National Register of Health and Social Care Institutions (FINESS) as of 31 December 2024 (ESMS dashboard) and as of 26 June 2025 (SAD dashboard).

Mapping of the performance dashboard for medico-social facilities and services

Type of facilities or services	
Centre for early medico-social action (CAMSP)	311
Medico-psychological-pedagogical centre (CMPP)	381
Vocational re-education centres (CRP) now Pre-orientation or vocational rehabilitation facilities and services (ESPO and ESRP)	88
Nursing home for dependent elderly people (EHPAD)	7,162
Protected work facility for disabled people (ESAT)	1,357
Motor skills development institute (IEM)	139
Facility for children and adolescents with multiple disabilities (EEAP)	181
Medically equipped home for disabled adults (FAM), now medically equipped facility (EAM)	1,081
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”)	3,049
Motor skills development institute (IME)	1,363
Institute for the hearing impaired (IDA)	60
Institute for the visually impaired (IDV)	28
Institute of sensory education for blind/deaf people (IES)	19
Educational and pedagogical therapeutic institute (ITEP)	451
Specialised centre for severely disabled people (MAS)	756
Social support services for disabled adults (SAVS)	1,053
Medico-social support service for disabled adults (SAMSAH)	554
Home nursing care service (SSIAD)	1,855
Special education and home care service (SESSAD)	1,493
TOTAL MEDICO-SOCIAL FACILITIES AND SERVICES (ESMS)	21,381



Mapping of the performance dashboard for home-based assisted living services

Type of services	
Home-based assisted living service (SAD) - SAA (help and support / formerly SAAD)	10,148
Home-based assisted living service (SAD) - SAAS (help, support and nursing / formerly SPASAD**)	223
TOTAL SAD	10,371

** SPASAD participated in the generic ESMS dashboard up until the 2024 campaign (on 2023 data). SPASAD are now participating in the SAD dashboard campaigns under the SAAS (home-based assisted living service, support and nursing) category.

Review of 2025

2025 marked the midpoint of the Agency's Contract of Objectives and Performance (COP) for the period 2023–2027.

This contract confirms the Agency's central role in funding reforms and the collection of health and medico-social data, while placing these activities within an evolving national context.

The Agency's strategic priorities focus on funding reforms, improving the quality and relevance of care, expanding data reporting and analytical activities that support system governance, enhancing data collection processes, and improving the Agency's overall performance.

1. Participating in funding reforms

Participating in funding reforms in the healthcare and medico-social sectors is one of ATIH's core missions. Changes in public policy in this field require the agency to adapt quickly to the guidelines set by the authorities. ATIH is stepping up its investment in anticipating the consequences of changes in the various funding models and in monitoring the actual effects.

Assisting the supervisory authorities with the implementation of funding models in the healthcare and medico-social sectors

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 healthcare activities.

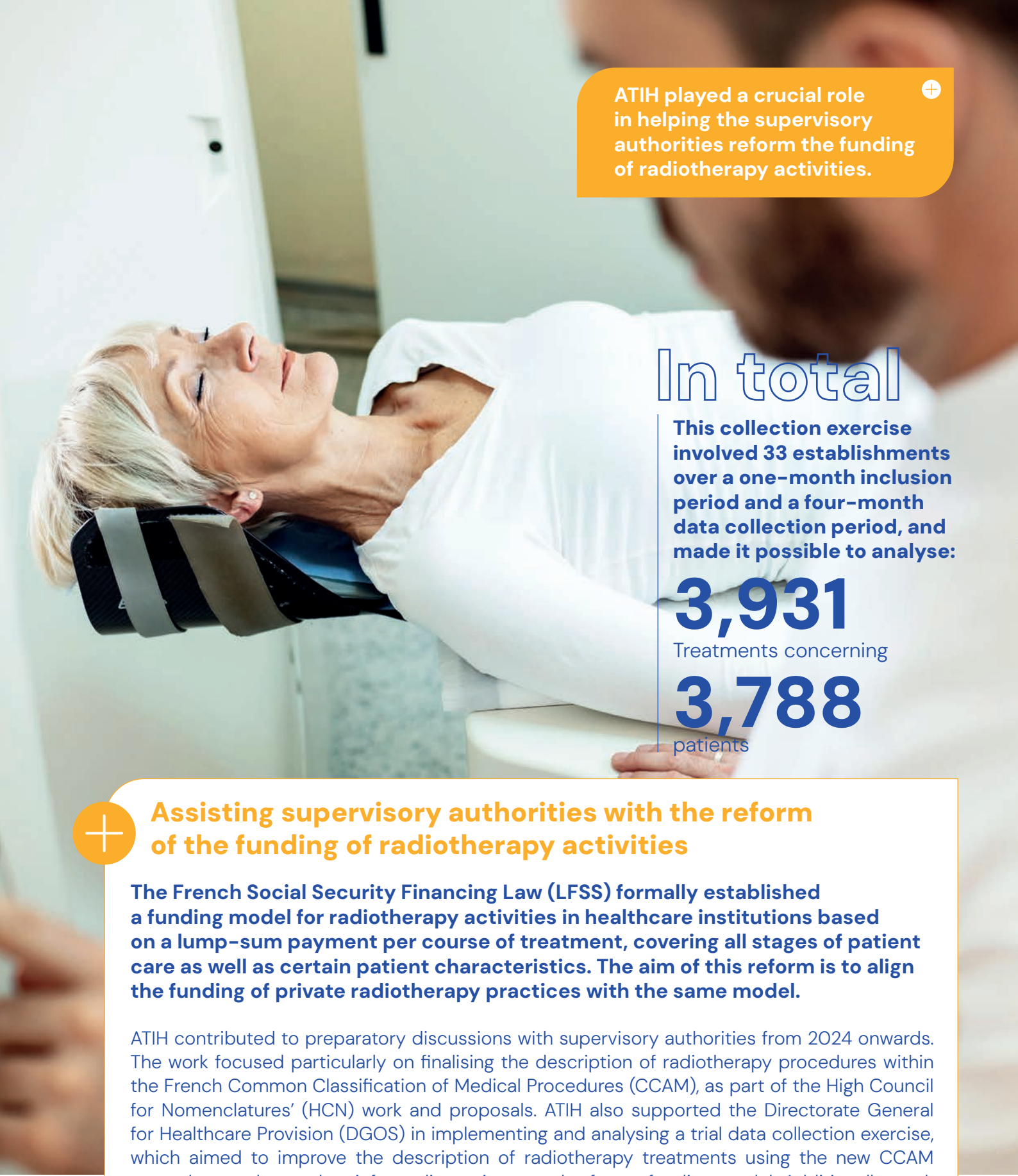
In 2025, the agency continued to support the central government in the development and implementation of these reforms.

• Critical care

The aim is to develop a new funding model for intensive care units (adults, children, neonatal care and victims of burns), based on the recommendations of the IGAS IGF mission and revolving around a basic allocation and activity-based funding. The activities will continue in 2026, to define the criteria to be used (common classification of medical procedures (CCAM) and codes from the International Classification of Diseases (ICD-10) for this "activity" component).

• 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. These guidelines have been confirmed and clarified by the LFSS for 2025. With regard to dialysis, regular discussions took place throughout 2025 with the Directorate General for Healthcare Provision (DGOS) and sector stakeholders (ABM, the REIN Nephrology Epidemiology and Information Network, Renaloo, and healthcare federations) to develop the funding model. The model is now scheduled to be implemented in 2027. Preparatory work was also undertaken for a cost survey in 2026, incorporating patient characteristics (including the complexity score produced by the ABM).



ATIH played a crucial role in helping the supervisory authorities reform the funding of radiotherapy activities.

In total

This collection exercise involved 33 establishments over a one-month inclusion period and a four-month data collection period, and made it possible to analyse:

3,931
Treatments concerning

3,788
patients

Assisting supervisory authorities with the reform of the funding of radiotherapy activities

The French Social Security Financing Law (LFSS) formally established a funding model for radiotherapy activities in healthcare institutions based on a lump-sum payment per course of treatment, covering all stages of patient care as well as certain patient characteristics. The aim of this reform is to align the funding of private radiotherapy practices with the same model.

ATIH contributed to preparatory discussions with supervisory authorities from 2024 onwards. The work focused particularly on finalising the description of radiotherapy procedures within the French Common Classification of Medical Procedures (CCAM), as part of the High Council for Nomenclatures' (HCN) work and proposals. ATIH also supported the Directorate General for Healthcare Provision (DGOS) in implementing and analysing a trial data collection exercise, which aimed to improve the description of radiotherapy treatments using the new CCAM procedure codes, and to inform discussions on the future funding model. Additionally, work was carried out on amending PMSI data collection and on informing IT service providers (SSII) in order to anticipate the adaptation of tools within healthcare institutions. Discussions regarding a treatment-based funding model applicable to both healthcare institutions and private radiotherapy practices also continued. This work will continue in 2026 with a view to implementing the reform on 1 January 2027.

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

Changes were made to the classification system. ATIH provided healthcare institutions with tools enabling them to test the new classification system. Using their activity data, institutions can visualise their new case mix.
ATIH also developed two tailored data collection systems to:

- describe rehabilitation activity in hospitalisation at home (HaH), in line with changes to authorisation frameworks.
- support the administration of intravenous anticancer chemotherapy as a follow-on from MSO care under Article 50 of the 2024 Social Security Financing Law (LFSS).

• Implementing the annual financing campaign

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.

The move to publish hospital tariffs at the beginning of January rather than on 1 March, as had previously been the case, was successfully implemented in 2025. This long-awaited reform gives healthcare institutions greater visibility of their funding. It impacted all the tools developed by ATIH. In 2026, the Agency will conduct a review of feedback in order to refine the preparation timelines required for the permanent implementation of the publication schedule on 1 January.

• Integrating organisational innovations into the mainstream funding of healthcare institutions

The "Article 51" scheme was created under Article 51 of the 2018 Social Security Financing Law (LFSS), and is designed to support organisational innovation in healthcare. In 2025, ATIH contributed to discussions led by the Directorate General for Healthcare Provision (DGOS) on the funding model and the new pathway-based data collection framework required to expand pilot schemes such as Handiconsult34 (a specialised consultation and adapted medical care unit for people with disabilities), the Severe Heart Failure Expertise and Coordination Units (CECICS, see below), and the experimental coordinated care pathway for chronic kidney disease patients opting for conservative treatment (Santélys).

As these pilot schemes are intended to become part of the mainstream healthcare system, they often involve integrated care pathways spanning several hospital sectors and/or community-based care. This creates new challenges in terms of collecting medical data.

For example, patients managed by the Severe Heart Failure Expertise and Coordination Unit (CECICS) undergo various care programmes over a set period. These programmes aim to increase patient autonomy and stabilise their condition before they are referred or re-referred to a community cardiologist. They include interventions by healthcare professionals, such as therapeutic support, as well as remote monitoring and treatment administration through hospitalisation at home (HaH). They also include in-person or remote consultations. Effective coordination among the care team responsible for the patient is also a key component of the scheme.

Initial work carried out by ATIH has highlighted the need for new data collection frameworks.

• Improving the integration of quality considerations into 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 2025, as part of the renewal of the IFAQ scheme, ATIH continued the development of indicator-based financing scheduled for 2026. This involved positioning certification as an eligibility criterion, defining remuneration rules according to indicator types, defining rules for managing the remainder, and carrying out simulations.

• 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).

2,960
organisations submitted data, representing a response rate of
88%
(after accounting for mergers and consolidations)

In 2025, ATIH continued its work on the SERAFIN-PH project (services and institutions: reform to ensure the adequacy of funding for the needs of people with disabilities).

Implementing the national Serafin-PH survey (children's sector)

As part of the Serafin-PH reform, a national survey was conducted in 2025. This involved 4,081 medico-social institutions and services, representing over 3,000 organisations in the children's sector supporting children, adolescents and young adults with disabilities.

The initiative, which was led jointly by the DGCS and the CNSA and entrusted to ATIH for technical implementation and modelling work, aimed to gather the data required to test and calibrate the future funding model ahead of a scheduled impact assessment in 2026.

Data was collected on the characteristics of the organisations and their activities over a consecutive 14-day period. This included transport services and data relating to the individuals supported. The Ramsèce-PH 2025 software, developed by ATIH, made this data collection possible. To ensure data quality and support stakeholders in adopting the system, a comprehensive support package has been put in place. This includes methodological guides, webinars, educational videos, dedicated resources, and regularly updated FAQs.

INTERVIEW

Marianne Tenand

Chief Economist, National Solidarity Fund for Autonomy (CNSA)

Conducting the national Serafin-PH survey (children's sector)

Marianne Tenand, CNSA's Chief Economist, is part of the Models & Pricing Reforms Unit within the CNSA's Healthcare Provision Funding Directorate. *In this role, she contributes to the design and implementation of reforms aimed at reshaping the funding mechanisms for medico-social institutions and services. Her work focuses in particular on data collection and analysis.*

How will the data gathered in 2025 support the implementation of the new funding model in 2027?

Marianne Tenand: The data collected in 2025 was crucial in fine-tuning the new funding model, which was developed based on several years of work carried out by the CNSA, the DGCS and ATIH. While this earlier work had resulted in the creation of an initial model structure, more comprehensive data was required to strengthen and operationalise this "framework". This is why a broader data collection operation was launched in 2025, aiming to cover a large number of medico-social facilities and services (ESMS).

The data collected led to several significant developments. Firstly, reliable data became available in spring 2025, enabling comparisons to be made between the official authorisations for affected institutions and the populations they support, as well as the care arrangements they deliver. This supported the ongoing work carried out with the Regional Health Agencies (ARS), to improve the reliability of authorisations and the FINESS database. This is a crucial step in preparing for the implementation of the reform.

> *ATIH's expertise is invaluable in developing the new funding model.*

The data collection also provided very detailed information on transport-related costs. Medico-social facilities and services incur significant expenditure related to transporting service users and to travel undertaken by professionals. Until now, these costs were funded indirectly through overall budget allocations, with no clear national framework in place. The data gathered made it possible to identify the characteristics of institutions associated with higher transport costs and to develop a pricing formula incorporating a dedicated transport component for the future funding model.

Finally, the data collection provided highly detailed information on institutional activity during the observation period. This information made it possible to quantify the number of children supported according to the different care arrangements, identify the professionals involved, and produce a range of activity indicators.

We are currently using this data to develop a funding component known as "activity-based adjustment", which will supplement the core funding framework based on authorisations.

Without the collaboration with ATIH, we would have had to rely on more fragmented information, which would not have been satisfactory for either the sector or the public authorities.

How did the Ramsèce-PH software facilitate the data collection process? How would you rate the technical support provided by ATIH?

Marianne Tenand: Ramsèce-PH is a data collection tool that the CNSA and the DGCS could not have developed alone. Thanks to the support of ATIH, it meets the necessary technical requirements, including managing large volumes of data, complying with the General Data Protection Regulation (GDPR) and ensuring the reliability of the information collected. ATIH's experience in data collection in both the medico-social and healthcare sectors is a real asset to this kind of collaboration.

ATIH oversaw the development of the software tool and, alongside the CNSA's operational expertise, helped institutions learn how to use it.

Some institutions reported that using the tool on less powerful IT equipment could be resource-intensive. We understand that ATIH has taken this feedback on board and is planning to launch an online "light client" version this autumn.

This version will be used for the data collection planned as part of the national cost study on home-based assisted living services (SAD).

In any case, with Ramsèce-PH, ATIH has provided us with a solution capable of meeting a wide range of technical requirements.

Their expertise is invaluable in developing the new funding model.

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 overhaul of the Common Classification of Medical Procedures (CCAM) which is overseen 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. As part of this overhaul, ATIH continued its work on the description and validation of procedures.

• Providing a better reflection of patients' multiple health conditions

The agency also continued its work on developing a new definition of the severity indicator for MSO (medicine, surgery and obstetrics) and MCR (medical care and rehabilitation) activities. This indicator reflects the increased medical and financial burden associated with certain patient characteristics for a given primary condition.

The newly proposed version considers multimorbidity and can be categorised into four or five severity levels per diagnosis-related group category for MSO activities, and into two or three medico-economic group levels for MCR activities.

• Redesigning 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.).

In 2025, ATIH completed its overhaul of the MSO classification of interventional activities in partnership with sector stakeholders.

Subject to approval by the supervisory authorities, work in 2026 will focus on the grouping function and impact assessment in preparation for the implementation of the revised MDC06 in 2027. MDC06 covers digestive system disorders, representing a significant potential volume of interventional activity, including endoscopic procedures.

• Finalising the redesign of the specific catalogue of rehabilitation procedures (CSAR)

ATIH introduced a transitional coding phase allowing the use of either CSARR (the current catalogue of re-education procedures) or CSAR (the new catalogue), with the provision of an automatic transcoding tool. However, due to delays by IT service providers in making the necessary tools available to institutions, federations requested that the transitional phase be extended until the end of 2026.

ATIH also led the project to roll out the 11th revision of the International Classification of Diseases (ICD-11) in France.

Launching the rollout of the 11th revision of the International Classification of Diseases (ICD-11)

In 2025, France began the operational rollout of the 11th revision of the International Classification of Diseases (ICD-11), which came into force for World Health Organization (WHO) member states in 2022. This new version was designed to reflect the medical advances of the past thirty years, improve the accuracy of health data, and integrate fully into an interoperable digital environment. As part of the New Data Collections Programme, the project is being led by ATIH and is included in a national roadmap that has been approved by the relevant authorities. This roadmap outlines the gradual transition of the PMSI programme to ICD-11, with the ultimate goal of completely replacing ICD-10 entirely by 2031.

The project was officially launched in 2025, with the main objectives being to inform stakeholders, provide the first coding tools and carry out pilot experiments in healthcare institutions.

Actions undertaken included project governance and coordination, such as establishing committee procedures and securing funding for the initial pilot phase. Communication and training activities were also enhanced through the creation of a dedicated section on the ATIH website, the delivery of presentations at conferences, the holding of webinars, and the development of a training pathway incorporating the WHO's ICDFit platform.

From a technical perspective, the first digital tools for collecting and transmitting ICD-11 coding data were developed, and software publishers were encouraged to integrate ICD-11 coding into hospital information systems.

At the same time, a pilot programme was launched in 12 institutions across eight regions, including university hospitals (CHU), general hospitals, cancer centres (CLCC) and private clinics. These institutions are coding simultaneously in both ICD-10 and ICD-11.

By the end of 2025, more than 3,000 hospital stays had been coded. The objective is to exceed 8,500 complex cases in order to gather both quantitative and qualitative data to fine-tune the transition process.

These advances lay the groundwork for the deployment plan to be finalised in 2027 and to prepare for the full transition to ICD-11 coding.

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 a way of improving the measurements. The other challenge is to continue extending this type of scheme to the medico-social sector.

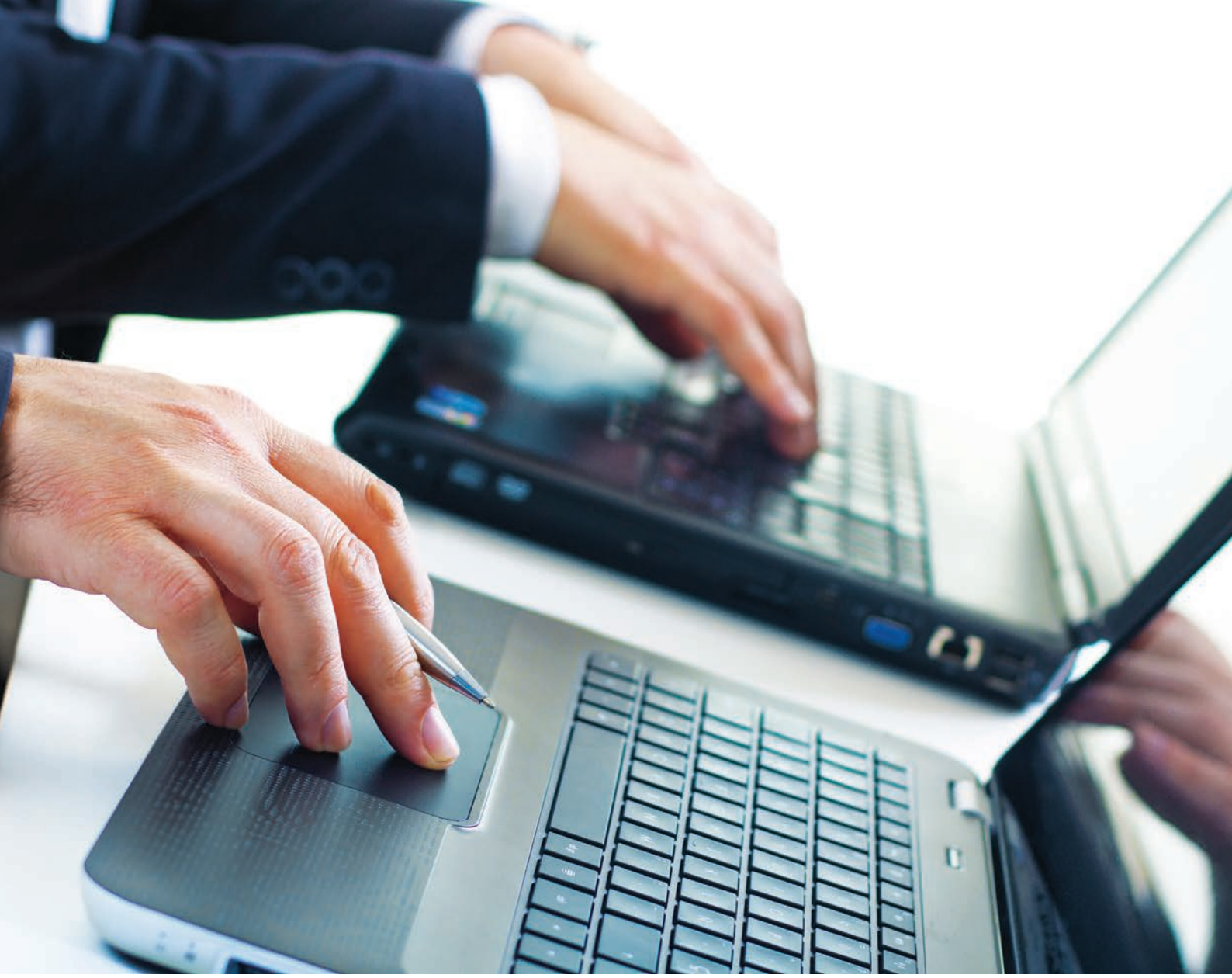
ATIH carried out preparatory work for the national cost study in the SAD sector. The call for applications conducted between June and October 2025 selected 437 SAD services, representing 7% of services in the country.

Carrying out preparatory work for the national cost study on home-based assisted living services

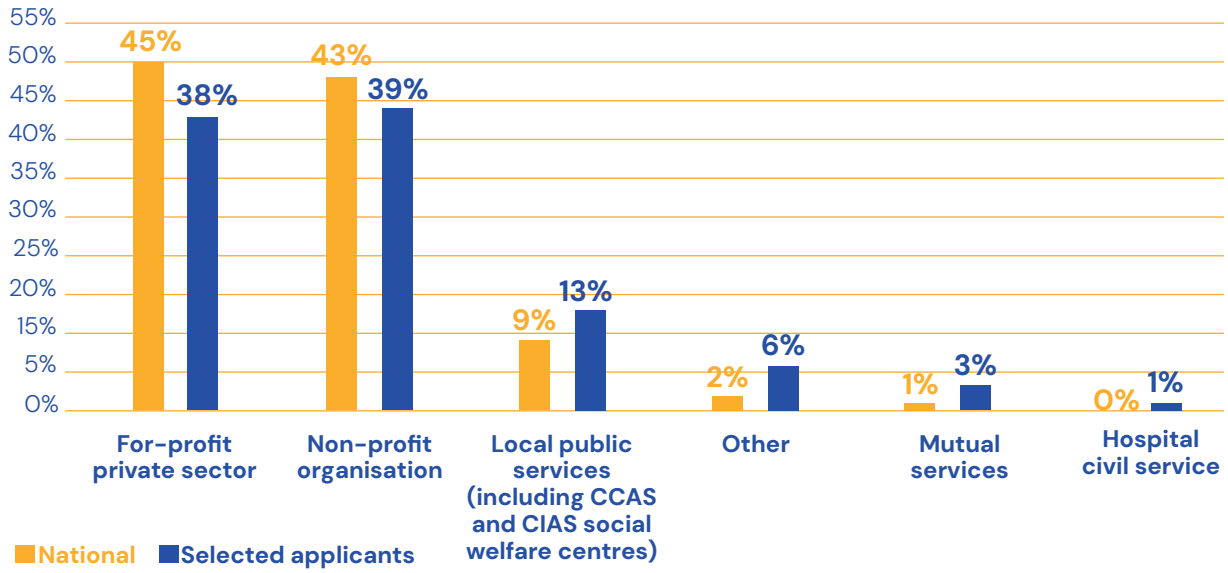
The CNSA and the DGCS have commissioned ATIH to conduct a national cost study on home-based assisted living services (SAD), with a particular focus on help and support services. The study aims to improve understanding of home-based care and identify the main cost drivers to inform public policy relating to the organisation and funding of SAD services. The study, designed in collaboration with the sector's federations, will collect both activity data, including user data and staff time tracking over a two-week period, as well as cost accounting data based on the last completed financial year.

Several preparatory stages were carried out in 2025, to prepare for the data collection phase, scheduled for 2026. To ensure the relevance and feasibility of the data collection process, working groups were organised with the sector's main federations, jointly led with the DGCS and the CNSA, to define the variables to be collected for both activity and cost accounting data. Particular attention was given to the legal framework and data protection requirements, with contributions from the ATIH Data Protection Officer (DPO) and Chief Information Security Officer (CISO) to the drafting of the Data Protection Impact Assessment (DPIA).

Specific IT tools have been developed, and participating services will be guided by a supervisor. Between June and October 2025, a call for applications was conducted to select 437 SAD services, representing 7% of services in the region. The selected services reflect the diversity of the sector in terms of legal status and type of area. This selection process ensures the robustness of the cost analyses planned for the study.



Distribution of SAD providers by legal status, nationally and within the sample



2. Helping to improve the quality and appropriateness of treatment

ATIH has played a stronger role on 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.

With regard to collecting patient feedback, work has continued on developing a platform to provide all types of questionnaires meeting as many needs as possible in the general health field.

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, as part of the annual ATIH/HAS partnership agreement. In 2025, the scheme was extended to the field of psychiatry, following the 2024 pilot programme.

This year, ATIH worked on adapting Éval-Santé to address security challenges.

Adapting Éval-Santé to address security challenges.

The Éval-Santé project is designed to enable sponsors, ministry departments and agencies, and healthcare institutions to easily conduct studies based on patient questionnaires, such as Patient-Reported Outcome Measures (PROMs) and Patient-Reported Experience Measures (PREMs), and to access customised analysis tools. Éval-Santé is a shared public digital infrastructure initiated in 2020 by the Digital Health Delegation, developed to collect patient-reported information for the benefit of the public interest. ATIH is supporting its implementation, drawing on its experience with e-Satis and the greater role it now plays in quality initiatives. In the long term, the platform is intended to become a versatile tool capable of meeting a wide range of needs. It will support all types of questionnaires, secure patient enrolment and interoperability with core government services. Where required, it will also link to the PMSI and the French National Health Data System (SNDS). To achieve this, a roadmap for scaling up the platform is currently being developed.

Throughout 2025, efforts focused on strengthening the platform's security, finalising the risk and vulnerability mitigation plan, and establishing an internal Éval-Santé working group to ensure the project is coordinated across functions. ATIH has also worked to clearly define the platform's purpose as a versatile public digital service, independent of any individual sponsor or specific study. These developments pave the way for Éval-Santé to be approved and provided to sponsors in 2026, enabling the rapid launch of the first studies and providing a secure, fully operational tool for collecting and analysing patient feedback.

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.

Contributing to the design and dissemination of indicators

In 2025, work focused on:

- Further development and reporting of practice improvement indicators (PII) currently identified in the MSO sector, including RH3 (3-day readmission rate), RH7, RH30 and HPE (potentially avoidable hospitalisations). Exploratory work was also undertaken in the medical care and rehabilitation (MCR) and hospitalisation at home (HaH) sectors. Subject to strategic guidance from the DGOS, a first set of indicators could be produced in 2026.

- Continued collaboration with partners and professionals to identify new indicators, including unscheduled direct admissions, palliative and end-of-life care, and falls among elderly people.

- Production of indicators to monitor the mental health and psychiatry roadmap. These indicators have been produced since 2021. Three new indicators were introduced in 2025:
  - the number of people receiving care for a psychiatric condition who had at least one consultation with a general practitioner during the year,
  - the length of stay in emergency departments for psychiatric reasons,
  - the proportion of psychiatric inpatients with coexisting chronic conditions.

  ATIH produced four-year trend comparisons (2021–2024) for these indicators. These indicators will be incorporated into the psychiatry activity reporting system developed in 2026.

- The production of vigilance indicators in surgery (IVC): following the publication of the HAS report on these indicators in 2022, the DGOS asked ATIH, in conjunction with the HAS, to ensure the operational implementation of development, production and reporting. These are performance indicators measured using the PMSI, and acting as an early warning system for the quality and safety of surgical care.

In 2025, in collaboration with the National Professional Councils (CNP), work continued on developing the five selected vigilance indicators for use in thirteen surgical specialties.

These indicators are as follows:
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) re-hospitalisation rate within 1 to 7 days in MSO.

- The production of quality and safety of care indicators (IQSS) as part of the work done in conjunction with the HAS.

In addition to the work carried out on e-Satis, ATIH produced several key indicators, including the RH3 indicator. This is reported back to healthcare institutions by the HAS as part of the IQSS programme. ATIH also produced indicators relating to postpartum haemorrhage and mortality in the 20 days following acute myocardial infarction.

ATIH collaborates with research teams and other institutions to develop new indicators. This work includes selecting a set of care pathway quality indicators and developing indicators relating to maternity care and coronary heart disease.

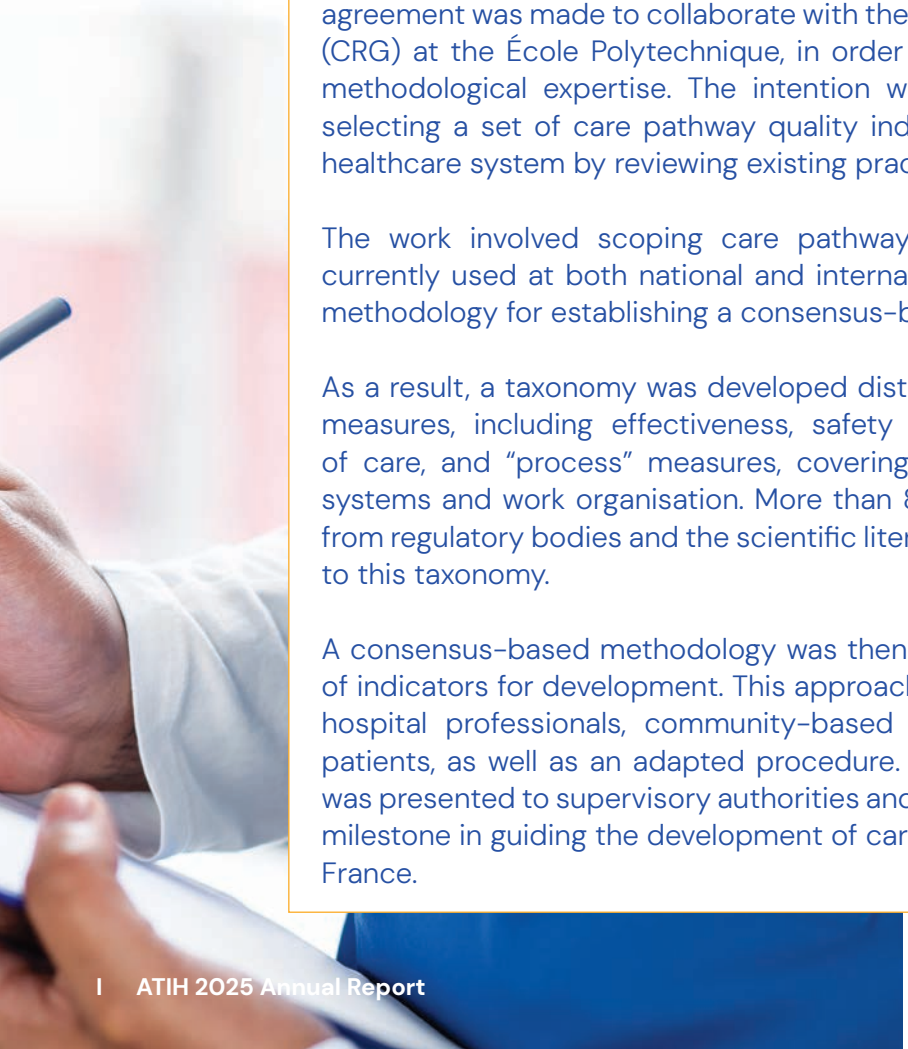
Contributing to the design and dissemination of care pathway quality indicators.

ATIH aims to improve understanding of the quality of care pathways and the coordination of patient care. To support this objective, an agreement was made to collaborate with the Management Research Centre (CRG) at the École Polytechnique, in order to draw on its academic and methodological expertise. The intention was to develop a protocol for selecting a set of care pathway quality indicators tailored to the French healthcare system by reviewing existing practices.

The work involved scoping care pathway quality, reviewing indicators currently used at both national and international levels, and developing a methodology for establishing a consensus-based set of indicators.

As a result, a taxonomy was developed distinguishing between “outcome” measures, including effectiveness, safety and patient-reported quality of care, and “process” measures, covering clinical practices, healthcare systems and work organisation. More than 800 indicators were identified from regulatory bodies and the scientific literature, and classified according to this taxonomy.

A consensus-based methodology was then proposed to select a final set of indicators for development. This approach relies on three expert panels, hospital professionals, community-based healthcare professionals and patients, as well as an adapted procedure. In September 2025, this work was presented to supervisory authorities and partners, marking a significant milestone in guiding the development of care pathway quality indicators in France.



Developing quality indicators relating to maternity care and cardiovascular and cerebrovascular diseases.

As part of the calls for expressions of interest overseen by the Agency's Scientific Council, ATIH works with research teams to analyse care pathways and develop quality indicators using medico-administrative data.

Two of the three projects selected under the 2021 call are nearing completion. Final reports are expected in early 2026.

- The QUALI-N project aims to develop and validate quality of care indicators relating to maternity care, based on maternal and neonatal morbidity and mortality rates.
- The DELIQUA-CNV project seeks to validate care pathway quality indicators for patients with coronary heart disease or those who have experienced a stroke, with a view to their wider implementation and ongoing monitoring.

A third project, TELEX, is still underway. Its objective is to structure, track and enhance tele-expertise activities within Greater Paris University Hospitals (AP-HP).

The results of these projects are being used by supervisory authorities to support routine applications. Projects from previous calls for expressions of interest are also informing Éval-Santé through the "Mon Psy & Moi" platform, the IQSO project's work on emergency department pressure indicators, and the Directorate for Research, Surveys, Evaluation and Statistics' (DREES) development of the National Obstetric, Perinatal and Infant Observation System (SNOOPI), building on the outcomes of the QUALI-N project.

"ATIH plays a central role in structuring and utilising hospital data, which is vital for informing public decision-making processes, improving the quality of care and facilitating funding reforms.

The work on tele-expertise, perinatal care, care pathways for patients with coronary disease or stroke victims, and the use of data and AI clearly demonstrates the Scientific Council's contribution to making public action more robust and effective.

I would like to thank the research teams for their work, and ATIH and the members of the Scientific Council for their commitment and the quality of their contributions."

Marie Daudé,
Director General for Healthcare Provision

3. Understanding, monitoring and participating in managing the healthcare system

Producing activity, expenditure, costs and revenue, and human resources analyses.

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).

Identifying the main drivers of hospital activity

ATIH has updated its work on breaking down changes in hospital activity according to different factors, particularly demographic effects and healthcare usage rates. In 2025, these analyses were expanded to include an unprecedented study focusing on emergency department activity. Based on PMSI data, this work was presented to the public and private hospital economic committee (CEHPP) for the first time in summer 2025. This made it possible to identify the main drivers of emergency department activity, notably distinguishing between demographic effects, the number of visits per patient, and patient usage rates.

Monitoring healthcare expenditure more closely and improving forecasting tools

In a complex context marked by the end of revenue stabilisation mechanisms for healthcare institutions, ATIH has continued to develop its financial performance forecasting tools.

In this regard:

- For the MSO sector, time-series forecasting methods based on the date of care were introduced in 2024 and 2025.
- For the rehabilitation care sector (MCR), monthly expenditure monitoring was introduced for the former DAF sector, alongside the development of a dedicated forecasting method for the activity-based component.

Additionally, ATIH has used its forecasting tools, which combine time-series analysis with demographic modelling, to assess various scenarios of hospital activity trends. This work has informed the forward-looking work by supervisory ministries and has enabled the simulation of funding parameters as part of the 2026 budgetary and pricing campaign.

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

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.

The new Teradata server is now fully operational. In April 2025, an internal information webinar was held for all statisticians to present the changes associated with this new data storage and processing environment. This new server was also presented and opened to users of the hospital data platform in May. Performance gains are expected, particularly when processing high-volume datasets.

To further improve data usability, ATIH has redesigned the interactive PMSI data dictionary, adding new features, including:

- information and filters on data access rights,
- associated coding systems and classifications for each variable,
- a history of data updates.

This tool is available to both internal and external users, and is continuously updated and enhanced.

This initiative is aligned with the roadmap of the AMDAC (Ministerial Administrator of Data, Algorithms and Source Codes). One of the agency's central concerns is to develop 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.
ATIH is also developing forward-looking approaches that will enable it to make proposals concerning analysis and reporting.

ATIH contributes to several AMDAC projects. In 2025, this involvement included:

- participation in the Data Governance working group
- contributions to data pseudonymisation and data anonymisation, including participation in and support for the associated working groups, drafting methodological guidance documents prior to their validation by the AMDAC steering committee, collaboration on the generation of synthetic data.

ATIH also contributes to the "Simplifying the collection of healthcare data, particularly in facilities" programme through the work carried out as part of the New Data Collections Programme, presented in the following section.

Redesigning the data reporting platforms on all levels

ATIH has long provided technical professionals and data specialists with access to the Hospital Data Platform, a secure environment that enables authorised users to work directly with raw data using statistical processing tools. The Agency also operates *ScanSanté* and a *Key Figures* platform, accessible to the general public.

During the year, the agency worked to redefine the positioning and brand identity of its various data reporting platforms, with the aim of promoting the services and simplifying the user experience. Users were involved in this redesign process 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).

Three products have emerged from this work and are scheduled to be launched in 2026. They will be integrated into an ATIH Data Portal, structured around three distinct environments, each designed for a specific audience:

- **DATA Expert**
  This platform will replace the Hospital Data Platform.

- **DATA Avancé**
  This environment will incorporate the authenticated components of ScanSanté and offer dedicated portals covering the agency's various areas of activity. It will provide healthcare and medico-social care professionals with flexible and easy access to operational indicators, available to users with a Pasrel/Plage account.

- **DATA Essentiel**
  This platform will provide open-access indicators for the general public, replacing both the Key Figures platform and the former open-access section of ScanSanté.

This new brand identity also comes with a range of new features. Examples of developments implemented within the "Data Avancé" platform include:

- Extension of an existing application: the *Soins et Territoires* tool now incorporates the MCR and HaH sectors, enabling users to consult and analyse data across these additional areas.
- New application: the Dashboard for Social and Medico-Social Establishments and Services (ESMS) enables users to consolidate and compare responses across several hundred indicators, thereby facilitating the monitoring and analysis of the medico-social sector.


ATIH
TABLEAU DE BORD ESMS
ACCUEIL
LE DISPOSITIF TDBESMS
MES REQUÊTES
Ma requête du 09/01/2026 à
Chercher un ou plusieurs ESMS
Choisir...
SÉLECTION DE DONNÉES
Année 2023
MES ESMS
Toute la France
MES INDICATEURS ET QUESTIONS
Tous les indicateurs
Comparer...
MES ESMS DE COMPARAISON
Aucun
PÉRIMÈTRE GÉOGRAPHIQUE
CATÉGORIES
SESSAD de 1 à 60 places
SESSAD de plus de 60 places
SESSAD nombre de places non
ÉTABLISSEMENTS
ANNEXE SESSAD VILLERS A VAL DE BRIEY
VAL DE BRIEY
Meurthe-et-Moselle
SESSAD
ESMS Rattaché à un OG
540006749
540009825
CEEDA
BESANCON
Doubs
SESSAD
ESMS Rattaché à un OG
250013041
250004726

Developing Open Data and data anonymisation

Against the backdrop of a growing demand for greater openness and the sharing of health data, ATIH launched a project to modernise and expand public access to hospital data. This initiative is part of the development of a new open data platform that will replace both the existing Key Figures website and the public access section of ScanSanté. The new platform will provide access to anonymised data that can be viewed without authentication.

The key challenge lies in making data containing personal information, particularly health data, available for public use while ensuring the strict protection of individuals' privacy. The approach involves aggregating the data to a level at which it no longer constitutes personal data and therefore falls outside the scope of the GDPR, while preserving as much of its informational value as possible. Once the data has been anonymised using a robust methodology, it can be shared more widely in a secure manner.

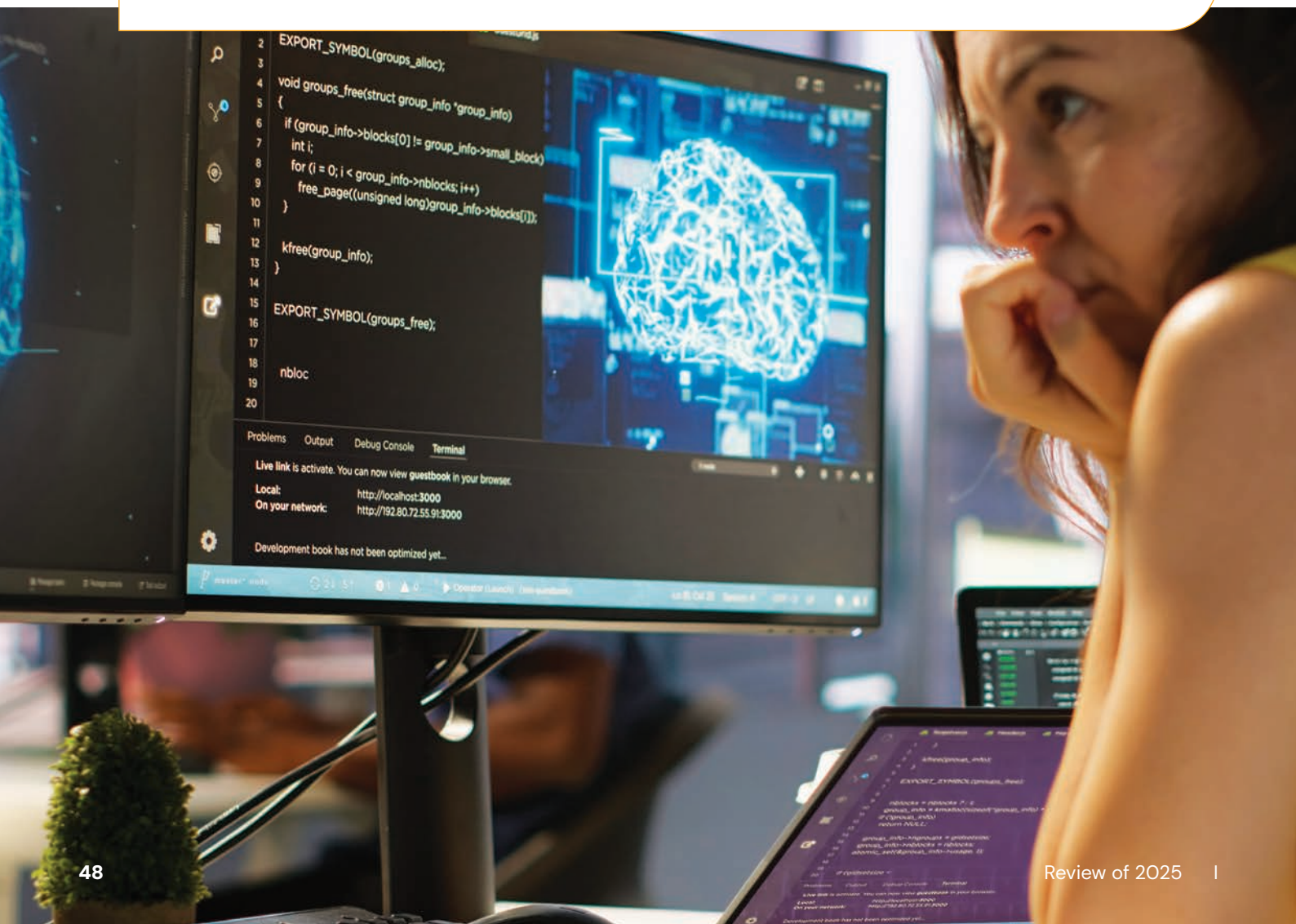
Key developments this year:

• Design of an anonymisation algorithm for PMSI data

ATIH developed and tested a proof of concept for the MSO sector, creating an automated process for anonymising aggregated data. The project will continue in 2026, with coverage expanded to all PMSI domains and the tool made available as an R package.

• Preparation of the future "Data Essentiel" Open Data platform

Defining the indicators and datasets to be published, producing design mock-ups, and developing the first pages of the platform. This open data site will cover all major data domains, including healthcare activity, costs, finance, improvement of care, and a dedicated section on the medico-social sector.



These initiatives help provide users with reliable, anonymised and independently usable data, while reinforcing ATIH's role regarding health data.

Developing the pseudonymisation system

To comply with the Order of 6 May 2024 establishing the security framework applicable to the SNDS, ATIH developed a new pseudonymisation process to replace its long-standing system, which no longer met the required standards. This new process ensures the pseudonymisation of the main identifying variables contained in the PMSI, as well as certain identifiers derived from local reference systems, while preserving the continuity of data linkage within ATIH.

The solution developed by ATIH was initially inspired by the architecture adopted by the National health insurance fund (CNAM) for its own pseudonymisation framework. Some significant modifications were made to the solution in 2025 to make it more broadly applicable. The result is a process that can support an unlimited number of pseudonymisation layers. This increases its reusability across a wider range of use cases, including those not limited to PMSI data.

The security of the system was also assessed in 2025 using a bug bounty programme. This identified no security vulnerabilities, confirming that the process met the requirements of the national security framework.

Meanwhile, ATIH contributed to the work carried out by AMDAC on pseudonymisation. This collaboration led to the publication of the guidance document "How to Integrate and Facilitate the Use of Pseudonymisation in Projects", designed to help organisations implement pseudonymisation mechanisms in practice. Building on this work, the Digital Health Delegation (DNS) launched a study to assess the feasibility of a generic module for the anonymisation and pseudonymisation of personal data. As part of this initiative, ATIH held a series of discussions with the consultancy commissioned by the DNS, providing a detailed presentation of its future pseudonymisation process.

INTERVIEW

Arnaud Bonnard

Project Manager, DREES

Enhancing the pseudonymisation system

***Arnaud Bonnard is a Project Manager at the Directorate for Research, Surveys, Evaluation and Statistics (DREES), the ministerial statistical office responsible for health and social affairs**. He helps coordinate the activities of the Ministerial Administrator of Data, Algorithms and Source Codes (AMDAC) an initiative that ATIH has been involved in since its creation in 2021.*

What is the role of AMDAC within the Ministry of Solidarity and Health?

Arnaud Bonnard: AMDAC is aligned with the government's data policy, as confirmed by the publication of the 2020 Bothorel Report. This resulted in a 2021 circular from the Prime Minister requiring each ministry to appoint a Ministerial Administrator of Data.

Within the Ministry, this responsibility lies with the DREES. Our role is to coordinate a network of stakeholders working on issues related to data, algorithms and source code. This network brings together around twenty organisations from across the health sector, including health agencies, ministerial departments, social security bodies and organisations such as ATIH.

The objective is to facilitate the sharing of experiences and best practices among experts from each organisation. This will enable those who are more advanced in certain areas to share their expertise with the wider ecosystem.
This collaborative work helps identify common challenges and establish shared principles on important issues such as data confidentiality and the robustness of algorithms.

Each organisation can then adapt these good practices to its own context.
In 2025, we established a working group to examine data pseudonymisation, which is a particularly important topic in the healthcare sector. We examined this issue alongside data anonymisation, which is closely related but addresses different challenges.

These topics are critical because they help to ensure the confidentiality of personal data while also facilitating data sharing between public bodies and supporting broader data access initiatives, such as open data programmes and research activities.

How did ATIH contribute to this work?

Arnaud Bonnard: ATIH's experts played a particularly valuable role. From the outset, they presented an ongoing project involving the implementation of a near-industrial-scale data pseudonymisation process. This approach immediately attracted the attention of the working group. During one of the workshops, they delivered a detailed presentation of their solution, covering its technical principles, functional architecture and design choices.

Their work demonstrated that it is possible to implement a robust and secure process capable of transforming sensitive data into pseudonymised data under tightly controlled conditions.

The presentation by ATIH's three experts also attracted significant interest from the Digital Health Delegation (DNS), a member of the working group that is itself exploring the development of a generic pseudonymisation tool that could be used by a range of stakeholders across the healthcare system.

ATIH is a trusted partner for all projects. Within the AMDAC framework, this greatly facilitates the coordination of our work. We can always count on their responsive and highly professional team. ATIH also benefits from the expertise of top-level specialists who make a particularly valuable contribution to our initiatives.

This is precisely the purpose of AMDAC: to foster dialogue and collaboration between the various stakeholders.

At the end of the working group's activities, we produced a joint report providing an overview of current practices, recommendations, and insights into the various methods available. Section 3.3 is specifically dedicated to ATIH's pseudonymisation service.

Two major initiatives were launched to improve the security and performance of access to the Hospital Data Platform (PDH):

- Migration of authentication services to the cloud, which provides enhanced security, centralised access management and monitoring, and greater flexibility.
- Modernisation of the Citrix infrastructure through a hybrid Desktop-as-a-Service (DaaS) model, for more efficient update management, improved session monitoring, and access to the latest features.

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

Improving data reporting

ATIH continued its efforts to harmonise the user experience across its reporting tools in order to facilitate access to and use of healthcare data.

It also promoted its new reporting platforms (MSO Activity and HaH Activity) using presentation videos, social media announcements, conference presentations and webinars aimed at users, particularly those of the Hospital Data Platform.

Promoting data interoperability

In 2025, ATIH continued to promote interoperable reference frameworks to streamline data reporting for healthcare establishments.

In this context, ATIH partnered with the Digital Health Agency (ANS) to participate in the webinar "Interoperability of Medicines Data: Standardising the Reference Framework for Medicines Granted Exceptional Access". The interoperable reference framework has now been made available to the wider healthcare ecosystem.

Additionally, through pilot projects supporting the deployment of ICD-11 and the automation of health data collection, including data on medicines, implantable drug-delivery devices and innovative laboratory procedures, ATIH collaborated with medical information department (DIMs) and pharmacy service teams.

These highly productive exchanges helped to ensure that proposed changes to medical data collection processes were closely aligned with operational realities in the field.

Making our publications more accessible

ATIH revised its financial analysis report on public and private non-profit healthcare providers to make it clearer and more concise, with the aim of reaching a broader audience, including non-specialist readers.

The updated version features a more accessible presentation format as well as new dedicated sections that highlight the financial year's key developments.

In addition, ATIH delivered a presentation to the Public and Private Hospital Economic Committee (CEHPP) in 2025 on emergency department activity.

Raising ATIH's profile and fostering closer ties with users of its tools and data.

Trade shows

• SantExpo 2025
From 20 to 22 May, ATIH took part in SantExpo 2025 at Porte de Versailles in Paris. This event brings together stakeholders from across the health sector each year. ATIH hosted an exhibition stand to showcase its services and projects, while providing opportunities to meet and engage directly with visitors. Over the three-day event, staff from across the agency came together to meet and exchange views with users of ATIH's tools and data, including: medical information departments (DIMs), hospital executives, management controllers and IT service providers (SSII).

• Congrès Emois
On 20 and 21 March, the agency participated in the 34th Emois Congress at Nancy Convention Centre.

Each year, around 400 professionals participate in this congress to discuss scientific and operational developments, review the latest developments in medical information, and take part in training workshops.

Following a presentation by the DATA department during the opening round table on mapping and spatial analyses, the CIM-MF and DATA departments led workshops on the reporting tools available through ScanSanté, work related to the redesign of the CCAM, ICD-11 coding principles, and ongoing work on the revision of severity levels.

ATIH also presented the first version of a new algorithm to determine severity levels in the MSO and MCR sectors. A pilot phase will be launched during the second half of the year to enable healthcare establishments to familiarise themselves with the new methodology. The many discussions held with participants confirmed the strong interest generated by these developments.

A CSAR workshop brought together medical information managers (DIMs) and clinical coding specialists (TIMs) to work through six clinical case studies, with the aim of building familiarity with CSAR coding practices. Participants were able to apply the theoretical principles presented during the CSAR webinar held on 13 March.

Congrès Emois 2025

ATIH raised its profile and its relationships with users of the tools and data it produces by participating in major trade shows and professional conferences, as well as through on-site visits to healthcare establishments.

During a Hospitalisation at Home (HaH) workshop, ATIH presented a new web application that enables users to group simulated hospital stays. This is part of the testing phase for a new medico-economic classification system. The aim is to support both the documentation of the pilot project and the future grouping manual that will accompany the final version of the HaH classification. Users can code a hospital stay of their choice and view the resulting classification, together with a detailed breakdown of the algorithm's processing steps.

• **Journées Grand Sud**
ATIH teams participated in the *Journées du Grand Sud d'Information Médicale* (JGS 2025), held in Aix-en-Provence on Thursday 5 and Friday 6 June. This two-day event was dedicated to medico-economic information, and brings together physicians, clinical coding specialists and other professionals involved in producing and using medico-economic data in public and private healthcare organisations, as well as supervisory authorities. ATIH presented its work on severity levels within the MSO and MCR classification systems.

COLLIGE, DATA and FAE teams hosted exhibition stands and met with medical information managers (DIMs), management controllers and healthcare executives at:

• **Journées Centre National de l'Expertise Hospitalière (CNEH)** (16-17 September, Paris):
7th National Conference on Hospital Finance and Management Control and 8th National Conference on Patient Reception, Billing and Revenue Collection.

• **Journées des Données de Santé et Finances Hospitalières** (6-7 October, Angers).
ATIH also participated in the Health Data and Hospital Finance Days, in a round-table discussion on the appropriateness of care, presenting its work on the indicators it produces, which feature in the 2023 Atlas of Variations in Medical Practice published by IRDES.

On-site - Visiting healthcare establishments

• **Visit to St Joseph St Luc Hospital in Lyon**
On the afternoon of 7 October, a small multidisciplinary ATIH delegation was welcomed by Sophie Léonforte, the hospital's Chief Executive Officer, and her team. Discussions were highly constructive and covered financial topics with Ms Baudoin from the Financial Affairs Department (DAF), as well as medical information systems and the management of kidney disease with Dr Villar, the Medical Information Manager (DIM) and Head of the Nephrology Department. Dr Villar then gave the ATIH delegation a tour of his department.

• **Visit to St Etienne University Hospital (CHU)**
On 5 November 2025, the hospital's executive team, represented by Nicolas Meyniel (DAFCG) on behalf of Mr Bossard, welcomed the ATIH delegation for an on-site visit. A comprehensive presentation of the hospital, its challenges and its strategic projects was delivered.

In-depth discussions were held with members of the executive management team regarding financial matters, medical information systems and quality of care. The afternoon concluded with an insightful visit to the radiotherapy department.

• **Visit to the GHE in Bron**
On 9 January, around twenty ATIH staff members visited the Eastern Hospital Group of Hospices Civils de Lyon (HCL). They were welcomed by the executive team, including Guillaume Caro (CEO) and Céline Bez (Deputy CEO). They presented an overview of the hospital group and its various activities, followed by visits to various departments. One group visited the cardiology operating theatre and paediatric emergency department. The other group visited the neurology operating theatre and the neurological intensive care unit.

• **As part of the National Cost Studies**
In preparation for the inclusion of healthcare facilities in the National Cost Studies (ENC) for the MSO, MCR and HaH sectors, ATIH staff conducted on-site visits to assess eligibility and ensure the quality of medico-economic data.

These visits support healthcare teams in applying ENC methodology, assess internal organisation, and review PMSI data production processes and cost accounting systems.

Two on-site visits were carried out:

- **Nice University Hospital (CHU):** assessment of its application for inclusion in the MSO ENC
- **Greater Paris University Hospitals (AP-HP):** assessment of its application for inclusion in the HaH ENC

For other applicant hospitals, videoconference meetings were organised covering the same topics.

On-site - Visiting healthcare and medico-social facilities

As part of its work in the medico-social sector, ATIH carried out two site visits:

- A visit to the premises of Accueil Savoie Handicap in June, where Managing Director Paul Rigato and his staff presented the diversity of support services and professional roles within the organisation.
- A meeting was held in November with the Association d'Aide aux Familles à Domicile 73 (SAD AFD UNA 73), focusing on activity management and monitoring in preparation for the Home-Based Assisted Living Services National Cost Study (ENC SAD).

Visit to Accueil Savoie Handicap

4. Promoting the simplification and improvement of data collection processes

By virtue of the nature and number of tools 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. The aim of this commitment is to free up time, particularly medical time in healthcare facilities.

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

Involving stakeholders in the redesign of tools and increasing their support 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.

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

The agency is working to simplify the collection of information (medical, medico-social, administrative, financial, quality-related, etc.) for healthcare and care providers.
This simplification 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.

ATIH expanded the implementation of the unified and integrated data feedback system for healthcare facilities (DRUIDES).

Continued deployment of DRUIDES to psychiatry and HaH

DRUIDES is ATIH's unified and integrated data feedback system for healthcare facilities. It is aligned with the agency's strategic priorities to simplify data collection processes and streamline its application portfolio. The system provides Medical Information Departments (DIMs) with a single, scalable tool for monthly activity reporting, based on standardised management rules. For ATIH, DRUIDES contributes to more secure data transmission processes and facilitates the maintenance of its tools and user support services.

DRUIDES has already been used for several years in the MSO and MCR sectors. This year it was extended to psychiatry and Hospitalisation at Home (HaH). The rollout was supported by a user engagement strategy, including testing phases with 37 pilot hospitals and a series of introductory webinars. In 2025, a further 514 establishments were introduced to the DRUIDES system.

INTERVIEW

André Lecoanet

Public health physician and Deputy Head of Department at the Hospices Civils de Lyon (HCL)

ATIH expanded the implementation of the unified and integrated data feedback system for healthcare facilities (DRUIDES)

Dr André Lecoanet, a public health physician and Deputy Head of Department at Hospices Civils de Lyon (HCL), is responsible for submitting MSO activity data via the DRUIDES software and contributes to the coordination of data transmission across other sectors. He also takes part in cross-cutting analyses of activity data. As one of the software's beta testers, he agreed to share his experience.

How did the DRUIDES testing phase go?

André Lecoanet: Everything went very smoothly. The data submission was successful on the very first attempt. Compared with the previous software we used, the tool did not significantly disrupt our usual practices. The overall operating model remains largely unchanged. We select the files to be uploaded, run validation checks, and then submit the data. After the testing phase, we met with Fabien Joubert from ATIH to provide our initial feedback.

Did you identify any areas for improvement? Were they taken into account?

André Lecoanet: Yes, we initially raised two points. The first concerned a display issue. This required some development work and was subsequently fixed. The second related to the error transmission reports. Before we started using DRUIDES, these reports were issued as text files. These files were not always easy to use, you often had to copy and paste and then reprocess the data. With DRUIDES, these reports are now delivered in spreadsheet format, making them much easier to analyse in Excel. Initially, some columns contained too much consolidated information, which made it more difficult to interpret. We discussed this with the team, and the format was quickly improved to make the data clearer and easier to use.

How has the use of DRUIDES changed your practice?

André Lecoanet: At first, the change was barely noticeable; it was simply a matter of switching software. The main difference is that several tools have been consolidated into a single solution. Whereas we previously used different software depending on the type of data (hospital stays, aggregated data, outpatient care, etc.), everything is now centralised within DRUIDES. This has simplified update management in particular: only one installation is now required, reducing the need to involve IT services. The gradual integration of additional activity areas, such as psychiatry, further strengthens this "single tool" approach and also makes staff substitutions between colleagues easier.

For processing reports, Excel files are now much easier and more convenient to work with than before.

As for processing reports, Excel files are now much more convenient and user-friendly to handle than before, and they also provide access to more data. Overall, I would say that DRUIDES has improved the efficiency of our processes and generated significant time savings, particularly since its implementation in additional activity areas.

DRUIDES: Consolidating 30 applications, a collective challenge

DRUIDES	
MCR	HaH
GENRHA	PAPRICA DGF
PREFACE SSR	PAPRICA OQN
AGRAF SSR	FICHSUP
GENRHA LAMDA	VisualGroupage
PREFACE LAMDA	VisualQualite
VisualValo	LAMDA Fusion
VisualQualite	LAMDA
MSO	PSY
MATIS (CKD and HTNM)	PIVOINE Ex-DGF
GENRSA	PIVOINE Ex-OQN
AGRAF	VisualQualite
PREFACE	
GENRSA LAMDA	
PREFACE LAMDA	
LAMDA FUSION	
FICHSUP	
VisualValoSej	
VisualValoAce	
VisualQualite	
VisualValoLamdaSej	

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 wanted to establish a system to anticipate these situations and obtain weekly information.

In 2025, analyses and impact assessments were carried out at regional concentrator level. Following the publication of the decree formalising these changes, ATIH will implement support measures for stakeholders in 2026, including the dissemination of guidance to concentrators.

The data processing workflow will be adapted to a weekly cycle and the impact of these changes will be assessed. The production of monthly and annual reports summarising accident and emergency department (RPU) datasets will also be maintained.

ATIH also contributed to discussions led by supervisory authorities on the introduction of RPIS (patient response summaries for interventions by mobile emergency and intensive care facilities).

Introducing new services with a view to simplifying processes through new approaches, simplification, reliability, automation, etc.

Developing the various projects under the "New Data Collection Programme"

The New Data Collection Programme (PNR) aims to transform the processes for collecting and transmitting hospital health data.

It is overseen by the DGOS and the DNS, and was initiated in response to evidence of the increasing burden of data production on Medical Information Departments (DIMs) and clinical staff, such as the implementation of the Chronic Kidney Disease (CKD) lump-sum payment model. Reducing this administrative burden is a national priority.

The programme is based on the evolution of the national information system, with a particular focus on automating coding and rationalising data collection processes.

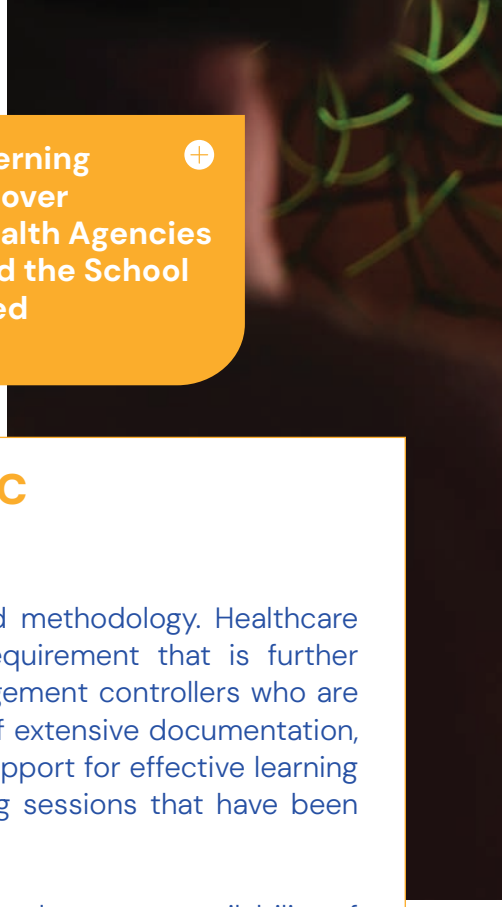
In 2025, several operational initiatives were launched to automate and streamline data production processes. The third version of the hospital health data mapping was produced, identifying nearly 3,500 variables and 236 national surveys.

Additionally, a project was initiated in partnership with university hospitals and INRIA to develop a national AI-based algorithm to support diagnosis coding using ICD-11. This project forms part of the French national strategy for AI and health data led by the DNS and DGOS.

Finally, a pilot project is underway to test a new approach to collecting medication-related data.

The third version of the hospital health data mapping was produced, identifying nearly:

3,500
variables and
236
national surveys



In light of the annual changes to the rules governing accounting restatements (RTC) and staff turnover in healthcare establishments and Regional Health Agencies (ARS) responsible for data collection, ATIH and the School of Public Health (EHESP) have jointly developed a sustainable, scalable e-learning tool.

Training management controllers in RTC through e-learning

RTC is a mandatory annual exercise with regularly updated methodology. Healthcare institutions consistently express a need for training, a requirement that is further heightened by the frequent staff turnover among the management controllers who are responsible for this data collection. Despite the availability of extensive documentation, the current arrangements do not always provide sufficient support for effective learning and uptake. In addition, the occasional face-to-face training sessions that have been organised have been difficult to sustain over time.

In this context, ATIH and the DGOS have sought to ensure the long-term availability of RTC training and broaden access to it, thereby enhancing hospital cost accounting skills throughout France. This training is designed for beginners to intermediate learners, and is delivered through an e-learning programme. The educational content was developed by ATIH, drawing on the expertise of management controllers working in healthcare establishments. It is organised into five modules, each based on a complete fictitious dataset.

The EHESP was responsible for designing and presenting the learning resources, as well as for the technical deployment of the programme via a dedicated, user-friendly platform that users could gain access to upon registration. To provide additional support for learners, virtual classes have been incorporated into the course. These interactive Q&A sessions bring together up to 60 participants and are led by two management controllers. They aim to consolidate learning outcomes and address any difficulties encountered.

Four hundred participants registered for the 2025 training session.

In total

The training session organised in

2025

brought together

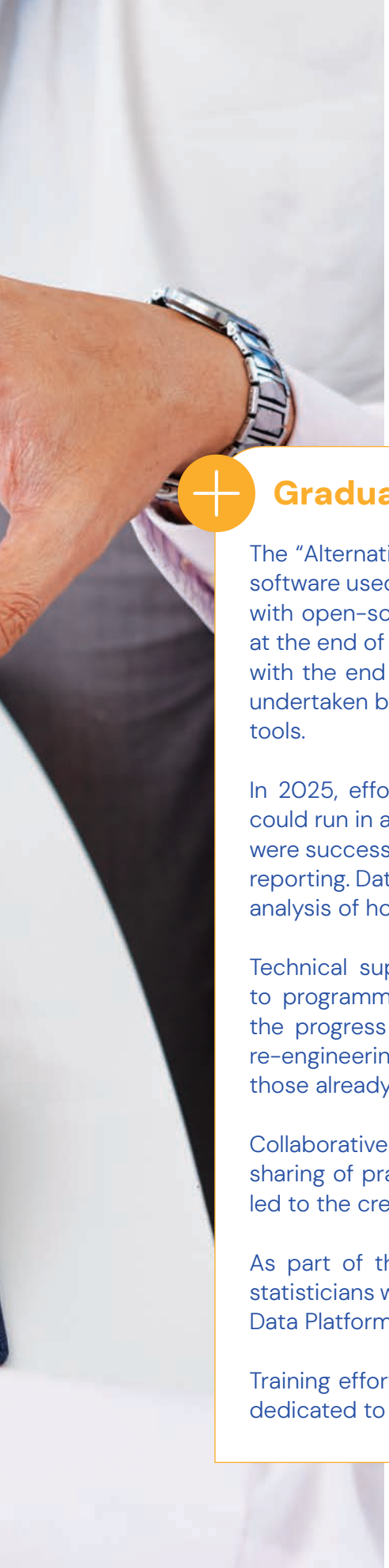
400

registered participants

Example of a teaching resource:
a flip-card mat for exploring the 10 challenges of RTC

Design: EHESP


Business activity of company and subdivisions



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.
This commitment is reflected in particular through the implementation of the agency's new Information Systems Master Plan (SDSI).

Gradual transition towards open-source solutions

The "Alternatives à SAS" project aims to progressively replace the existing statistical software used for processing, analysis, and production of medico-administrative data with open-source tools. This decision was approved by the ATIH Board of Directors at the end of 2022 and it is scheduled for completion by the end of 2026 (coinciding with the end of the current SAS contract). It is part of a broader approach already undertaken by other public bodies, aimed at adopting modern, open, and sustainable tools.

In 2025, efforts primarily focused on migrating existing programmes so that they could run in a new language (R) instead of SAS. Several of the agency's key processes were successfully converted, particularly those related to pricing campaigns and data reporting. Databases were enriched, and internal tools were developed to facilitate the analysis of hospital data and improve access to information.

Technical support was introduced at the end of 2025 to support the transition to programmes developed in R and guarantee their secure usage. Depending on the progress of each project, the support provided included assistance with the re-engineering and recoding of applications being migrated, together with audits of those already migrated.

Collaborative workshops, entitled "AccéléRatihon", were organised to encourage the sharing of practices and tackle common challenges across projects. These sessions led to the creation of working groups whose activities are still ongoing.

As part of the SAS phase-out, ATIH also provided Regional Health Agency (ARS) statisticians with support, including six training sessions on R delivered on the Hospital Data Platform (PDH) this year.

Training efforts continued, with all statisticians being upskilled in Git and two teams dedicated to package development receiving advanced training.

Modernising information systems

The projects led by ATIH are in line with the trajectory set out in the Information Systems Master Plan (SDSI). The aim of these projects is to modernise the information system sustainably, reduce technical debt, strengthen security, and support establishments within a constantly evolving PMSI regulatory framework.

This dynamic is illustrated by several initiatives:

- The deployment of Kubernetes and the industrialisation of DevOps practices have established a major technological foundation, improving application resilience, accelerating release cycles and demonstrating the increasing maturity of the software factory.

- The move towards platform-based architecture and interface standardisation is fundamentally transforming development and maintenance practices by reducing application complexity, harmonising user journeys and improving the experience of healthcare providers.

- The extension of the DRUIDES system across the entire PMSI marks a key milestone in unifying processes for data collection, validation, pseudonymisation, and transmission. This contributes to improved data quality and more streamlined PMSI campaigns. More than 20 collection applications were replaced in 2025 (see section on Continued deployment of DRUIDES to psychiatry and hospitalisation at home (HaH)).

- The implementation of a multi-domain generic platform is enabling the rationalisation of finance, HR, and medico-social platforms by sharing technical components, thereby reducing implementation costs and development lead times.

- The strengthening of information system security, notably through the integration of protection and monitoring solutions, the expansion of DevSecOps practices, and the preparation of a business continuity plan, enhances ATIH's overall resilience to cyber attacks and compliance with regulatory requirements.

A closer look at the platform-based approach

The DSEF (Social and Financial Data) platform, initially used as the back-office for Ancre, has been extended to new scopes: the PDSES (permanence of care of healthcare facilities) survey, the RSU (Single Social Report), and the SAAD (home help and support service) performance dashboard. The aim is for the integration of a new survey to require only the creation of a new environment for the application container. A platform-based approach can accelerate and industrialise survey deployment, while also facilitating the rollout of existing functions. It automates several stages of the process, simplifies survey validation and standardises data using consistent tables and metadata, thereby facilitating data reporting. Finally, it delivers a streamlined and standardised user experience with a common set of features across all campaigns, including file import, attachment upload, validation, status monitoring and integrated controls.

New user support service

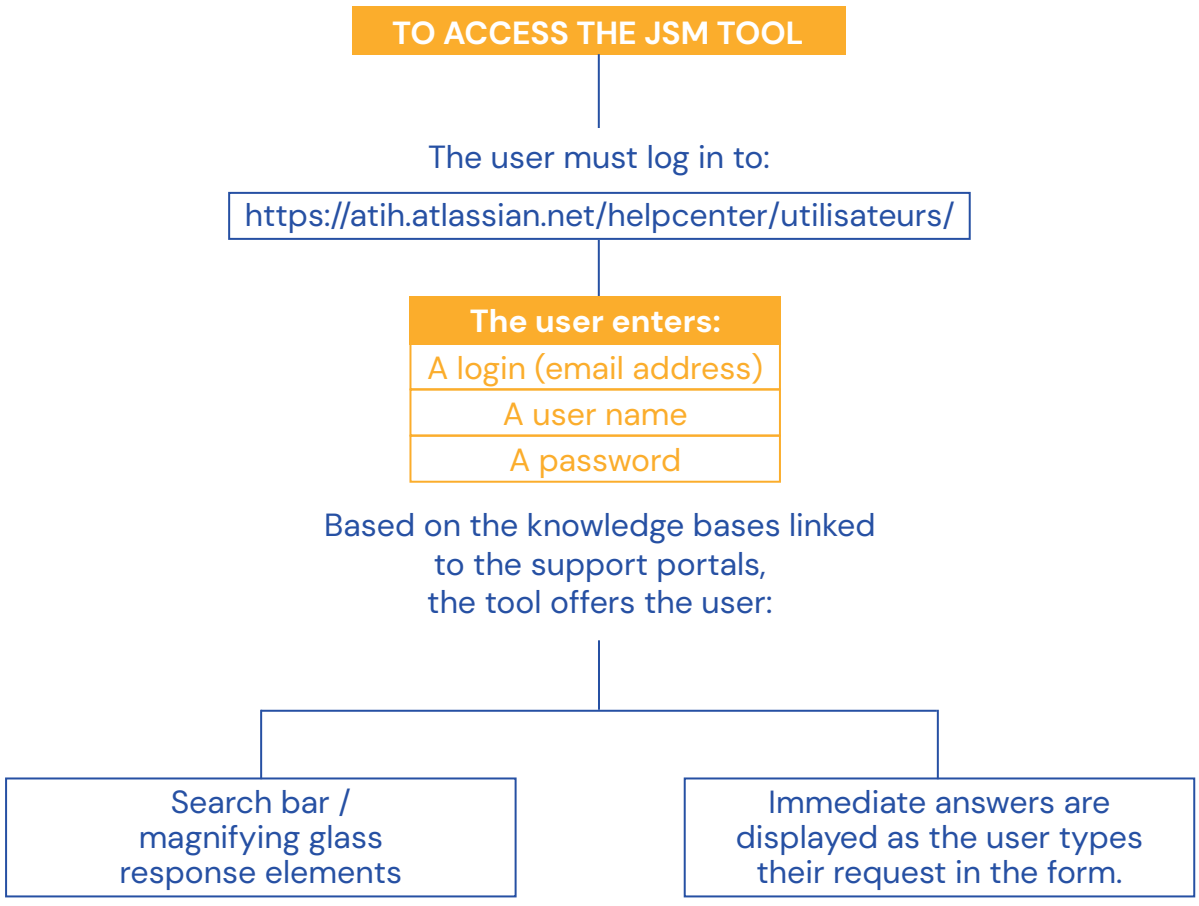
In early November 2025, ATIH introduced a new centralised online user support service (JSM – Jira Service Management, Atlassian).

This service has replaced all previous channels, including the Agora forum, telephone support, and generic support email addresses.

It is now the single point of contact for users of the agency's services. It centralises all requests for assistance, covering technical issues as well as operational and methodological queries.

Users are invited to log in and submit their questions as support tickets. Initial automated responses are provided, and users may request a personalised follow-up if needed.

Since its launch, the agency has continued to enhance this new service by regularly updating the knowledge base and integrating user feedback.



The tool includes a set of "portals", each covering major thematic areas.

For example, the "Medico-social information" portal, available on the homepage, contains four medico-social sub-themes.

- SSIAD https://atih.atlassian.net/helpcenter/utilisateurs/portal/23/group/99
- ESMS dashboard https://atih.atlassian.net/helpcenter/utilisateurs/portal/23/group/100
- SAAD dashboard https://atih.atlassian.net/helpcenter/utilisateurs/portal/23/group/101
- SERAFIN-PH https://atih.atlassian.net/helpcenter/utilisateurs/portal/23/group/102

These sub-themes contain different forms, which the user selects depending on their request.


ATIH
Nos données au service de la Santé
Bienvenue sur le support de l'ATIH
Rechercher des informations
Portails recommandés
Transmission PMSI
Informations médico-sociales
Informations financières
Informations médicales
Informations sur les coûts
Informations RH
PLAGE
Qualité des soins
ScanSanté
Observatoire
Autres recueils

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. In an era of ever-increasing sources of information, the agency is implementing a proactive system to promote its work in digital media, the professional press, and on social networks. This will ensure optimum visibility for its outputs, consolidate its reputation, and strengthen its identity.

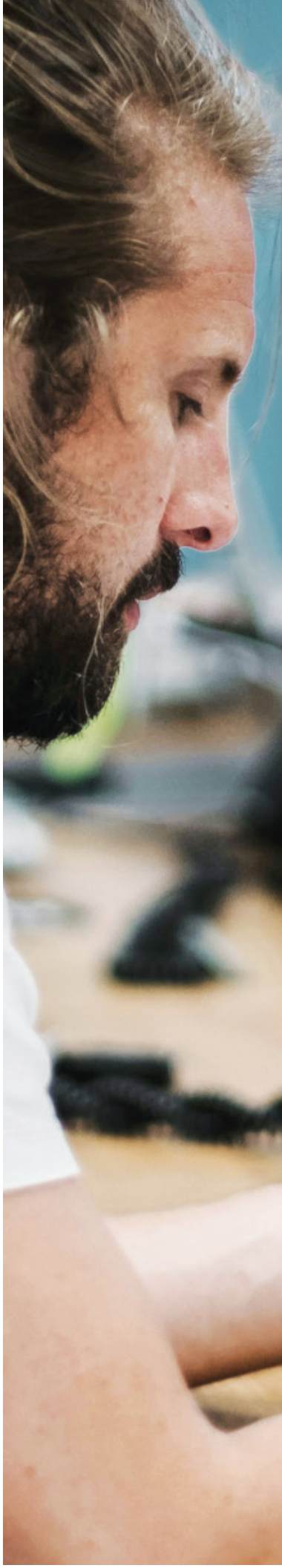
Modernising RSU production and processing

In 2025, ATIH identified the Single Social Report (RSU) as a key project for modernising and improving the reliability of its HR data production processes. A process of automation was implemented. This enabled the 2024 data to be presented to the Social Administration Committee in a shorter timeframe, while also improving the use of this information to:

- respond to requests from senior management, supervisory authorities, and the DSS
- provide supporting documentation for the financial controller
- produce HR data for the financial accounts
- strengthen social dialogue and internal analysis within the Social Administration Committee (CSA)

The RSU, which was established under the Civil Service Transformation Act and the 2020 Decree, has replaced the former social report. Its purpose is to standardise HR data, improve comparability, and promote social dialogue, particularly with regard to gender equality. It is based on a social database and an annual report published online, covering key HR themes with indicators broken down by gender, age, employment category, and occupation.

Despite automation, producing an RSU is still more demanding than the former social report. It requires safeguarding data anonymity and securing certain data cross-tabulations, in coordination with the Data Protection Officer (DPO) and staff representatives. The 2024 RSU was made available to the public on the agency's website, reinforcing its role as a strategic tool for HR management and analysis.




ATIH
Accès aux do
restituées par
Chiffres clés de l'
ScanSanté
ATIH
Accéder aux
données restituées

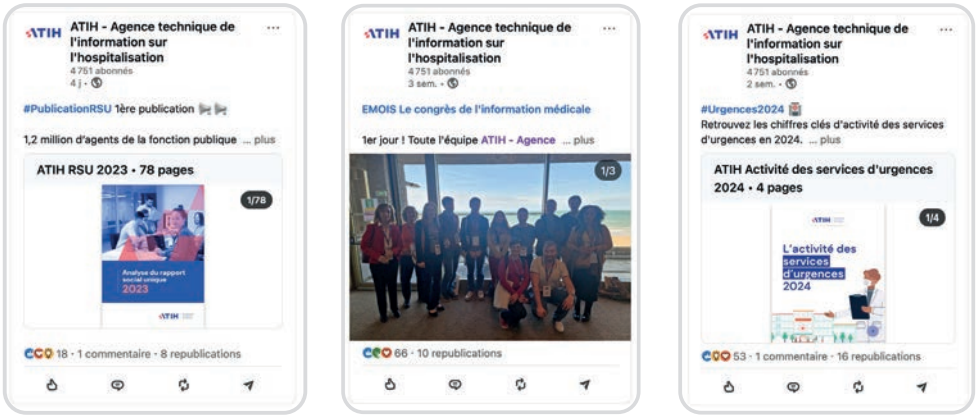
ATIH YouTube channel, created in 2023

@ ATIH Santé

168 videos are available online, presenting our technical tools to users, along with information and training sessions on various topics, as well as the opportunity to watch webinars.

ATIH LinkedIn account – 4,450 followers

@ ATIH - Agence technique de l'information sur l'hospitalisation



Agency-wide staff day – September 2025

On 23 September 2025, staff from the entire agency gathered at Les Terrasses du Parc in Lyon for a day focused on discussion and exchange.

Following the arrival of new staff members, including our new Chief Executive Officer, this event provided an opportunity to bring together all staff based in Paris and Lyon to share insights into the agency's missions and ongoing work.

Nathalie Fourcade opened the day with a presentation of the agency's strategic priorities.

We welcomed a guest speaker, Laurie Marrauld, Health Project Manager at The Shift Project and Associate Professor at the School of Public Health (EHESP), who raised awareness of sustainable development in healthcare and digital sobriety.

This was followed by presentations on several recently completed projects, including DRUIDES, the reform of MCR funding, the redesign of reporting tools, the Teradata project, the development of an e-learning module on accounting restatement (RTC), and the agency's Single Social Report (RSU).

The day concluded with a focus on the agency's information systems, including an update on the new Information Systems Master Plan (SDSI), the deployment of artificial intelligence, and the "Alternatives à SAS" project.

Evaluating user satisfaction for 2025

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.

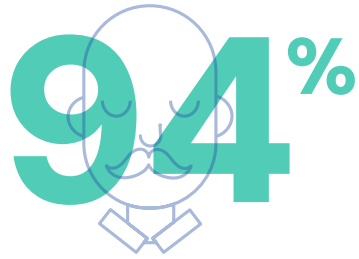
People can also leave their contact details to enable further participation if the agency wishes to explore a particular subject in greater depth.

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.).

National cost studies (ENC)



of respondents

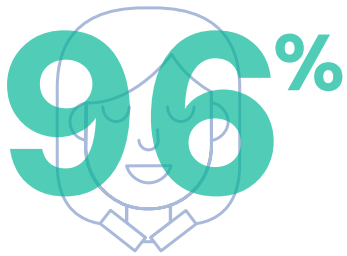
say they are satisfied
or very satisfied with the scheme

Collection and transmission of financial data

of respondents

say they are satisfied
or very satisfied with the scheme

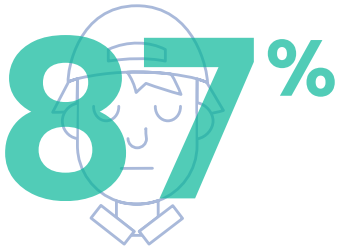
Collection and transmission of PMSI data



of respondents

say they are satisfied
or very satisfied with the scheme

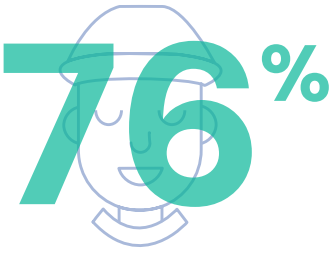
Survey of medicinal product purchasing and consumption in hospitals



of respondents

say they are satisfied
or very satisfied with the scheme.

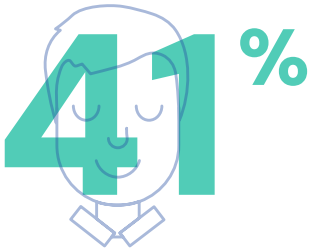
Collection and transmission of the performance dashboard data in the medico-social sector



of respondents

say they are satisfied
or very satisfied with the scheme

Collection and transmission of national surveys data PH 2025*



of respondents

say they are satisfied
or very satisfied with the scheme

Collection and transmission of accounting restatement (RTC) data

of respondents

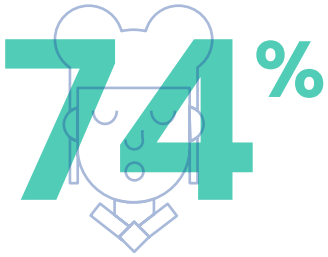
say they are satisfied
or very satisfied with the scheme

Statistical processing carried out on request

of beneficiairies

say they are satisfied
or very satisfied with processing carried out

ScanSanté
www.scansante.fr



of users

say they are satisfied
or very satisfied with the scheme

Hospital data platform
www.acces-securise.atih.sante.fr

of users

say they are satisfied
or very satisfied with the scheme

* The lowest satisfaction rate concerns the PH 2025 national survey. This mandatory data collection exercise, conducted in 2025 across all facilities providing care for children with disabilities, formed part of the Serafin-PH reform (see page 31).
The main challenge was achieving a high participation rate, which was reached at 88%, representing 2,960 facilities supported by ATIH.
For some establishments, this was the first time they had participated in a nationwide data collection exercise in the medico-social sector, and they faced the usual challenges associated with adopting a new methodology and the tools provided to support it. As indicated page 31 and in the interview with Marianne Tenand, user feedback was taken into account to improve the tools to be used from 2026 onwards.

Glossary

ABM	Agence de la biomédecine (French Biomedicines Agency)
AIPD	Analyse d'impact relative à la protection des donnée (DPIA – Data Protection Impact Assessment)
AMDAC	Administrateur ministériel des données, des algorithmes et des codes sources (Ministerial Administrator of Data, Algorithms and Source Codes)
AMI	Appel à manifestation d'intérêt (Calls for expressions of interest)
ANAP	Agence nationale d'appui à la performance des établissements de santé (National Support Agency for the Performance of Healthcare Facilities)
ANS	Agence du numérique en santé (Digital Health Agency)
AP-HP	Assistance publique-Hôpitaux de Paris (Greater Paris University Hospitals)
AP-HM	Assistance publique-Hôpitaux de Marseille (Greater Marseille University Hospitals)
API	Architecture et production informatiques (IT architecture et production)
ARS	Agence régionale de santé (Regional Health Agency)
AVC	Accident vasculaire cérébral (Stroke)
CAR-T cells	T cells featuring a chimeric receptor
CECICS	Cellule d'expertise et de coordination pour l'insuffisance cardiaque sévère (Severe Heart Failure Expertise and Coordination Unit)
CEHPP	Comité économique de l'hospitalisation publique et privée (Public and Private Hospital Economic Committee)
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)
CIM	Classification internationale des maladies (International Classification of Diseases)
CLLC	Centre de lutte contre le cancer (cancer centres)
CMA	Complication ou morbidité associé (associated complication or morbidity)
CMD	Catégorie majeure de diagnostic (Major Diagnostic Category)
CMS	Content Management System
CNAM	Caisse nationale de l'assurance maladie (National Health Insurance Fund)
CNEH	Centre national de l'expertise hospitalière (National Centre for Hospital Expertise)
CNG	Centre national de gestion (National Management Centre)
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)
COLLIGE	Collecte des informations de gestion (collection of management information)
COP	Contrat d'objectifs et de performance (Contract of Objectives and Performance)
CSA	Comité social d'administration (Social Administration Committee)
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)
CRG	Centre de recherche en gestion (Management Research Centre)

DATA	Demandes, accès, traitements, analyses des données (requests, access, processing and analysis of data)
DAF	Direction des affaires financières (Financial Affairs Department)
DSEF	Données sociales et financières (Social and Financial Data)
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)
DPO	Délégué à la protection des données (Data Protection Officer)
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	Ecole 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 et services médico-sociaux (medico-social facilities and services)
ETP	Équivalent temps plein (Full-time equivalent)
FAE	Financement et analyse économique (Financing and Economic Analysis)
FICHCOMP	Fichier complémentaire (complementary file)
FICHSUP	Fichier supplémentaire (supplementary file)
FINESS	Fichier national des établissements sanitaires et sociaux (National Register of Health and Social Care Institutions)
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)
HAD	Hospitalisation à domicile (Hospitalisation at Home)
HAS	Haute autorité de santé (French National Health Authority)
HCN	Haut conseil des nomenclatures (High Council for Classifications)
HPE	Hospitalisations potentiellement évitables (potentially avoidable hospitalisations)
IAP	Indicateur d'amélioration des pratiques (Practice Improvement Indicator)
ICD-Fit	International Classification of Diseases
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)
IAP	Indicateur d'amélioration des pratiques (Practice Improvement Indicators)
INRIA	Institut national de recherche en informatique et en automatique (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)
IQSO	Indicateurs de qualité des structures et des organisations (quality indicators for facilities and organisations)
IVC	Indicateur de vigilance en chirurgie (vigilance indicators in surgery)
LFSS	Loi de financement de la sécurité sociale (French Social Security Financing Law)
MCO	Médecine, chirurgie, obstétrique et odontologie (Medicine, Surgery and Obstetrics)
MRC	Maladie rénale chronique (Chronic Kidney Disease)
OMS	Organisation mondiale de la santé (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)
PDSES	Permanence des soins des établissements de santé (permanence of care of healthcare facilities)
PIRAMIG	Pilotage des rapports d'activité des missions d'intérêt général (management of general-interest mission activity reports)
PMSI	Programme de médicalisation des systèmes d'information (Information System Medicalisation Programme)
PNR	Programme nouveaux recueils (New Data Collection Programme)
PRA	Plan de reprise d'activité (business continuity plan)
PREMS	Patient-Reported Experience Measures
PROMS	Patient-Reported Outcome Measures
RAAC	Réhabilitation améliorée après chirurgie (improved post-surgery rehabilitation)
RAMSECE-PH	Data collection tool used as part of the Serafin-PH reform
REIN	Réseau épidémiologique et information en néphrologie (Nephrology Epidemiology and Information Network)
RGPD	Règlement général sur la protection des données (General Data Protection Regulation)
RH	Ressources humaines (Human Resources)
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)
RSSI	Responsable de la sécurité des systèmes d'information (Chief Information Security Officer)
RSU	Rapport social unique (Single Social Report)
RTC	Retraitement comptable (accounting restatement)
RT-PCR	Réaction en chaîne par polymérase après transcription inverse (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)
SAS	Statistical Analysis System
SDSI	Schéma directeur des systèmes d'information (Information Systems Master Plan)

SERAFIN-PH	Services et établissements : réforme pour une adéquation des financements aux parcours des personnes handicapées (services and institutions: reform to ensure the adequacy of funding for the needs of people with disabilities)
SGMAS	Secrétariat général des ministères chargés des affaires sociales (General Secretariat of Ministries of Social Affairs)
SIIPS	Soins infirmiers individualisés à la personne soignée (individualised nursing care services)
SNDS	Système National des Données de Santé (French National Health Data System)
SNOOPI	Système national d'observation obstétrical, périnatal et infantile (Perinatal and Infant Observation 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)
SMR	Soins médicaux et de réadaptation (Medical Care and Rehabilitation)
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)
SSII	Société de services en ingénierie informatique (IT service providers)
TDB	Tableau de bord (dashboard)
TDBESMS	Tableau de bord des établissements et services médico-sociaux (Dashboard for Social and Medico-Social Establishments and Services)
TDBSAD	Tableau de bord de la performance du médicosocial pour les SAD (Performance dashboard for medico-social facilities and services (SAD))
UO	Unité d'œuvre (Cost unit)

ATIH

Nos données
au service
de la Santé

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