Institut de recherche et documentation en économie de la santé
Institute for Research and Information in Health Economics

Veille scientifique
en économie de la santé

Watch on Health Economics Literature

Novembre 2023 / November 2023

Assurance maladie	*Health Insurance*
Démographie - Mode de vie	*Demography – Living Conditions*
E-santé – Technologies médicales	*E-Health – Medical Technologies*
Économie de la santé	*Health Economics*
État de santé	*Health Status*
Géographie de la santé	*Geography of Health*
Handicap	*Disabilities*
Hôpital	*Hospitals*
Inégalités de santé	*Health Inequalities*
Médicaments	*Pharmaceuticals*
Méthodologie – Statistique	*Methodology - Statistics*
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Prévention santé	*Health Prevention*
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Sociologie de la santé	*Sociology of Health*
Soins de santé primaires	*Primary Health Care*
Système de santé	*Health Systems*
Travail et santé	*Occupational Health*
Vieillissement	*Ageing*

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Veille scientifique en économie de la santé / **Watch on Health Economics Literature**

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Assurance maladie

Health Insurance

Ex-Ante Moral Hazard and Health Insurance: Evidence From China's Urban Residence Basic Medical Insurance Scheme

CHEN C., LIU G. G., WANG T., *et al.*

2023

Health Economics 32.(11) : 2516-2534

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4738

This study examines whether implementing Urban Residents Medical Insurance Scheme decreased an individual's risky lifestyle behavior before illness, termed ex-ante moral hazard. Ex-ante moral hazard is predicted by the classical economic theory suggesting that health insurance coverage reduces an individual's incentive to take preventive efforts to remain healthy. Studies have provided mixed evidence for this prediction. China's 2006 nationwide social experiment of implementing the Urban Residents Basic Medical Insurance Scheme offers an excellent opportunity for examining the effect of the transition from uninsured to insured on an individual's health behaviors. We exploit the longitudinal dimension of a representative survey data for 2007–2010 and employ the instrumental variable technique, thereby addressing the issue of self-selection into voluntary health insurance schemes. The results do not provide evidence for and contrast the prediction of the ex-ante moral hazard. Significant differences exist between insured and uninsured groups with respect to smoking, drinking habits, and being overweight. People with insurance care more about their health than people without insurance do. The main results still hold if we use alternative estimation methods and other robustness tests.

Oral Health Status and Coverage of Oral Health Care: A Five-Country Comparison

HENSCHKE C., WINKELMANN J., ERIKSEN A. G., *et al.*

2023

Health Policy 137: 104913.

https://doi.org/10.1016/j.healthpol.2023.104913

Oral health has received increased attention in health services research and policy. This study aims to assess oral health outcomes and public coverage of oral health services in Belgium, Denmark, Germany, the Netherlands, and Spain. Various indicators were used to compare oral health outcomes concerning the most common disorders by age group. Coverage of oral health services was analyzed according to the dimensions of the WHO Universal Coverage Cube. The results showed major differences in the coverage of services for the adult population: coverage was most comprehensive in Germany, followed by Belgium and Denmark. In Spain and the Netherlands, public coverage was limited. Except in Spain, coverage of oral health services for children was high, although with some differences between countries. Regarding oral health outcomes measured by the T-Health index, no country showed outstanding results across all age groups. While Denmark, the Netherlands, and Spain performed above average among 5- to 7-year-olds, Denmark and Germany performed above average among 12- to 14-year-olds, the Netherlands, Spain, and Belgium among 35- to 44-year-olds, and Belgium and the Netherlands among 65- to 74-year-olds. The selection of countries of this study was limited due to the availability and quality of oral health data demonstrating the urgent need for the European member states to establish corresponding databases.

The Impact of a Mandatory Universal Drug Insurance Program on Health Behaviors and Outcomes

LEBIHAN L.

2023

Health Economics 32(9): 2006-2046.

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4699

This paper investigates the effects of a mandatory, universal prescription drug insurance policy on health behaviors and outcomes within a public health care system providing physician and hospital services free of charge. Using Canadian longitudinal data, we show that the reform improved individuals' general health while reducing body mass index and smoking. However, the program also increased drinking and had no significant impact on mental health, physical activity, or preventive care. We also examine the mechanisms through which these effects can play a role, as well as the heterogeneous effects. Estimates suggest that the policy decreased SES-based disparities in health.

Effects of State Reinsurance Programs on Health Insurance Exchange Premiums and Insurer Participation

OYEKA O. ET WEHBY G. L.

2023

Health Services Research 58 (5) : 1077-1088

https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.14205

The aim of the study was to estimate the effect of the state-based reinsurance programs through the section 1332 State Innovation Waivers on health insurance marketplace premiums and insurer participation. Data Source 2015 to 2022 Robert Wood Johnson Foundation Health Insurance Exchange Compare Datasets. Study Design An event study difference-in-differences (DD) model separately for each year of implementation and a synthetic control method (SCM) are used to estimate year-by-year effects following program implementation. Principal Findings Reinsurance programs were associated with a decline in premiums in the first year of implementation by 10%–13%, 5%–19%, and 11%–17% for bronze, silver, and gold plans ($p < 0.05$). There is a trend of sustained declines especially for states that implemented their programs in 2019 and 2020. The SCM analyses suggest some effect heterogeneity across states but also premium declines across most states. There is no evidence that reinsurance programs affected insurer participation. Conclusion State-based reinsurance programs have the potential to improve the affordability of health insurance coverage. However, reinsurance programs do not appear to have had an effect on insurer participation, highlighting the need for policy makers to consider complementary strategies to encourage insurer participation.

Connaissance du contrat complémentaire santé et écart assurantiel

RISTORI A.-K.

2023

Revue économique 74(3): 399-439.

https://www.cairn.info/revue-economique-2023-3-page-399.htm

En France, l'assurance maladie obligatoire (AMO) couvre la majorité des dépenses de santé, le reste à charge étant plus ou moins pris en charge par l'assurance maladie complémentaire (AMC). Mais les assurés connaissent-ils vraiment leur contrat d'AMC ? Ce travail empirique explore des données administratives appariées à des données d'enquête renseignant des caractéristiques habituellement non observées (état de santé ou aversion au risque). Dans un premier temps, nous identifions les facteurs qui influencent la connaissance qu'ont les assurés de leur contrat, puis nous analysons l'écart entre les remboursements et les cotisations à l'aide de régressions quantiles. Paradoxalement, cet écart ne semble pas être creusé par la consommation de soins dits « de confort » mais plutôt par des soins hospitaliers. Une meilleure connaissance de son contrat semble être profitable.

Démographie - Mode de vie

Demography – Living Conditions

L'évolution démographique récente de la France. En région comme au niveau national, des comportements démographiques encore marqués par la Covid-19

BRETON D., BELLIOT N., BARBIERI M., *et al.*

2022

Population 77(4): 535-614.

https://www.cairn.info/revue-population-2022-4-page-535.htm

Le 1er janvier 2022, la France comptait 67,8 millions d'habitants soit 187 000 de plus qu'au 1er janvier 2021. Les nombres de naissances, d'IVG et de mariages en 2021 ont augmenté par comparaison à 2020, sans retrouver les niveaux observés avant la crise sanitaire. (2019). Il en est même pour les décès dont le nombre a diminué, mais reste encore supérieur à celui observé en 2019. En 2021, la France fait partie des 9 pays européens parmi les 27 dont le solde naturel est positif. Son solde migratoire l'est également et, en 2021, est supérieur au solde naturel. Au total, la population de la France continue d'augmenter, mais à un rythme plus faible qu'avant la pandémie. En 2020, les flux d'entrées de personnes venant de pays tiers avec un titre de

séjour ont très fortement diminué du fait de la crise sanitaire. Ce sont les titres pour raison professionnelle qui ont le plus baissé. Les demandes se concentrent en Île-de-France. En 2021, l'indice conjoncturel de fécondité augmente très légèrement (1,83 enfant par femme), principalement du fait de la hausse des taux entre 30 et 39 ans. Le profil par âge varie selon les régions. Le recours à l'avortement est plutôt stable entre 2020 et 2021, mais la part des IVG réalisées par la méthode médicamenteuse augmente d'année en année (77 % en 2021), surtout celles pratiquées en cabinet de ville. Cependant, on observe d'importantes différences territoriales, du fait d'une offre de soins inégale au niveau local. En 2021, le rattrapage des mariages qui n'ont pu être célébrés en 2020 n'a été que partiel. Pour la première fois en 2020, le nombre de pacs dépasse celui des mariages. Les mariages sont plus fréquents sur le flanc est du pays et les pacs sur la façade atlantique et dans le Sud-Ouest. Le nombre de décès reste important en 2021 malgré une amélioration par rapport à 2020. L'espérance de vie en 2021 reste inférieure de 4,6 mois pour les hommes par rapport à 2019, et de 1,4 mois pour les femmes. La surmortalité est estimée à 6,3 % en 2021 après avoir été de 7,5 % en 2020. Les régions les plus touchées ne sont pas nécessairement celles où la mortalité était initialement forte.

E-santé – Technologies médicales

E-Health – Medical Technologies

La télésurveillance du patient insuffisant respiratoire chronique en France : l'opportunité d'organiser une prise en charge efficiente

BOREL J. C., BUGHIN F. ET TEXEREAU J.

2023

Revue des Maladies Respiratoires 40(7): 623-629.

https://doi.org/10.1016/j.rmr.2023.05.002

L'année 2023 marque l'entrée en application de la télésurveillance médicale dans le droit commun. Les patients adultes, souffrant d'insuffisance respiratoire chronique (IRC) grave sous ventilation non invasive (VNI) et/ou oxygénothérapie à domicile, sont éligibles à la télésurveillance. La télésurveillance permet à un professionnel médical d'interpréter à distance les données nécessaires au suivi d'un patient et, le cas échéant, de prendre des décisions relatives à sa prise en charge. Ses objectifs sont de parvenir à un état de stabilité de la maladie, voire d'amélioration, grâce à une surveillance adaptée, améliorer la qualité des soins et leur efficience, et améliorer la qualité de vie des patients. Cette synthèse vise à faire un état des lieux de la télésurveillance des patients IRC en identifiant, à travers une analyse de la littérature, ses bénéfices et ses limites actuelles, et de les mettre en regard du référentiel de la Haute Autorité de santé pour l'application de la télésurveillance dans notre contexte national.

The Need to Strengthen the Evaluation of the Impact of Artificial Intelligence-Based Decision Support Systems on Healthcare Provision

CRESSWELL K., RIGBY M., MAGRABI F., *et al.*

2023

Health Policy 136: 104889.

https://doi.org/10.1016/j.healthpol.2023.104889

Despite the renewed interest in Artificial Intelligence-based clinical decision support systems (AI-CDS), there is still a lack of empirical evidence supporting their effectiveness. This underscores the need for rigorous and continuous evaluation and monitoring of processes and outcomes associated with the introduction of health information technology. We illustrate how the emergence of AI-CDS has helped to bring to the fore the critical importance of evaluation principles and action regarding all health information technology applications, as these hitherto have received limited attention. Key aspects include assessment of design, implementation and adoption contexts; ensuring systems support and optimise human performance (which in turn requires understanding clinical and system logics); and ensuring that design of systems prioritises ethics, equity, effectiveness, and outcomes. Going forward, information technology strategy, implementation and assessment need to actively incorporate these dimensions. International policy makers, regulators and stra-

tegic decision makers in implementing organisations therefore need to be cognisant of these aspects and incorporate them in decision-making and in prioritising investment. In particular, the emphasis needs to be on stronger and more evidence-based evaluation surrounding system limitations and risks as well as optimisation of outcomes, whilst ensuring learning and contextual review. Otherwise, there is a risk that applications will be sub-optimally embodied in health systems with unintended consequences and without yielding intended benefits.

Les reconfigurations du « travail du patient » et de la relation thérapeutique lors de l'intégration d'un dispositif de télésurveillance médicale. Le cas de la diabétologie

MATHIEU-FRITZ A. ET GÉRARD N.

2023

Sciences sociales et santé 41(2): 75-100.

https://doi.org/10.1684/sss.2023.0249

L'analyse de la mise en œuvre d'un dispositif de télésurveillance médicale en diabétologie intégrant un algorithme de calcul des doses d'insuline montre en quoi ses usages contribuent à transformer le « travail du patient » et son expérience de l'autosurveillance de la glycémie, ainsi que la relation thérapeutique. Les patients développent diverses tâches supplémentaires inhérentes à l'appropriation du dispositif, dont un travail d'information qui se caractérise par diverses tactiques de visibilisation des données glycémiques. La mise à l'épreuve du nouvel outil va contribuer à construire la confiance en celui-ci et à stabiliser son usage, de même que la relation régulière avec les professionnels de santé situés à distance. Les tâches de calcul des doses d'insuline étant confiées à un algorithme, les soignants sont confrontés initialement au flou qui entoure l'accompagnement thérapeutique. Au fur et à mesure, la relation avec les patients tend à se repositionner autour de l'écoute, du soutien et de la réassurance, ce qui amène les praticiens impliqués dans le dispositif à faire la part belle à la dimension psychosociale dans la relation de soin qui s'établit à distance et à (re)découvrir la diversité et l'ampleur des tâches inhérentes au « travail du patient ».

Téléconsultations médicales : attention aux dérives

REVUE PRESCRIRE

2023

Revue Prescrire 43(478): 622-624.

Identification des médecins pas toujours respectée. Risque de perte de compétences des médecins en cas d'exercice exclusif en téléconsultations, de non-respect des règles de recueil du consentement du patient, de surfacturation, et un risque d'aggravation des inégalités d'accès aux soins. Telles sont les dérives possibles en téléconsultation.

Choosing or Losing in Behavioral Health: A Study of Patients' Experiences Selecting Telehealth Versus In-Person Care

SOUSA J., SMITH A., RICHARD J., *et al.*

2023

Health Affairs 42(9): 1275-1282.

https://doi.org/10.1377/hlthaff.2023.00487

It is not known how the growth of telehealth has affected patients? choice of visit modalities (telehealth versus in person). In 2023 we conducted a mixed-methods study that paired a nationally representative survey of 2,071 adults (including 571 who used behavioral health services) and semi-structured interviews with twenty-six people with depression or bipolar disorder. We explored patients experiences with visit modality selection and their agency in the decision. Approximately one-third of patients receiving therapy or medication visits reported that their clinicians did not offer both modalities. Thirty-two percent reported that they did not typically receive their preferred modality, and 45 percent did not believe that their clinician considered their modality preferences. Qualitative findings revealed that some clinicians did not elicit patients? modality preferences. Perceived lack of choice affected satisfaction and rapport with clinicians and encouraged some people to seek care elsewhere. These findings highlight trade-offs in policies to preserve patient choice and approaches that clinicians can take to identify and accommodate patients? preferences.

A National Perspective of Telemedicine Use and Direct Medical Costs: Who Uses It and How Much It Costs

TAK H. J., COZAD M. ET HORNER R. D.

2023

Medical Care 61(8): 495-504.
https://doi.org/10.1097/mlr.0000000000001856
https://journals.lww.com/lww-medicalcare/Fulltext/2023/08000/A_National_Perspective_of_Telemedicine_Use_and.2.aspx

Telemedicine has the potential to reduce medical costs among health systems. However, there is a limited understanding of the use of telemedicine and its association with direct medical costs. Objectives: Using nationally representative data, we investigated telemedicine use and the associated direct medical costs among respondents overall and stratified by medical provider type and patient insurance status. Research Design, Subjects, and Measures: We used the 2020 Medical Expenditure Panel Survey full-year consolidated file, and outpatient department (OP) and office-based (OB) medical provider event files. Outcomes included total and out-of-pocket costs per visit for OP and OB. The primary independent variable was a binary variable indicating visits made through any telemedicine modality. We used multivariable generalized linear models and 2-part models, adjusting for types of providers and care, patient characteristics, and survey design. Results: Among total OP (n = 2938) and OB (n = 20,204) visits, 47.6% and 24.7% of visits, respectively were made through telemedicine. For OP, telemedicine visits were associated with lower total costs (average marginal effect: –$228; 95% confidence interval –$362, –$95) and out-of-pocket costs for all visits and for visits to specialists and to nurse practitioners or physicians assistants. For OB, telemedicine visits were associated with lower total costs, but not with lower out-of-pocket costs, for visits to primary care physicians or nurse practitioners or physician assistants, and for visits by Medicare patients. Conclusion: Telemedicine was associated with lower direct medical costs. Its potential for cost curbing should be proactively identified and integrated into clinical practice and health policy design.

Économie de la santé

Health Economics

The Social Value of a SARS-Cov-2 Vaccine: Willingness to Pay Estimates From Four Western Countries

COSTA-FONT J., RUDISILL C., HARRISON S., *et al.*

2023

Health Economics 32(8): 1818-1835.
https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4690

SARS-CoV-2 vaccines give rise to positive externalities on population health, society and the economy in addition to protecting the health of vaccinated individuals. Hence, the social value of such a vaccine exceeds its market value. This paper estimates the willingness to pay (WTP) for a hypothetical SARS-CoV-2 vaccine (or shadow prices), in four countries, namely the United States (US), the United Kingdom, Spain and Italy during the first wave of the pandemic when Covid-19 vaccines were in development but not yet approved. WTP estimates are elicited using a payment card method to avoid "yea saying" biases, and we study the effect of protest responses, sample selection bias, as well as the influence of trust in government and risk exposure when estimating the WTP. Our estimates suggest evidence of an average value of a hypothetical vaccine of 100–200 US dollars once adjusted for purchasing power parity. Estimates are robust to a number of checks.

The Effects of an Increase in the Retirement Age on Health Care Costs: Evidence From Administrative Data

GEYER J., BARSCHKETT M., HAAN P., *et al.*

2023

The European Journal of Health Economics 24(7): 1101-1120.
https://doi.org/10.1007/s10198-022-01535-w

In this paper, we use unique health record data that cover outpatient care and the associated costs to quantify the health care costs of a sizable increase in the retirement age in Germany. For the identification, we

exploit a sizable cohort-specific pension reform which abolished an early retirement program for all women born after 1951. Our results show that health care costs significantly increase by about 2.9% in the age group directly affected by the increase in the retirement age (women aged 60–62). We further show that the cost increase is mainly driven by the following specialist groups: Ophthalmologists, general practitioners (GPs), neurology, orthopedics, and radiology. While the effects are significant and meaningful on the individual level, we show that the increase in health care costs is modest relative to the positive fiscal effects of the pension reform. Specifically, we estimate an aggregate increase in the health costs of about 7.7 million euro for women born in 1952 aged 60–62 which amounts to less than 2% of the overall positive fiscal effects of the pension reform.

Out-Of-Pocket Expenses of Patients with Inflammatory Bowel Disease: A Comparison of Patient-Reported Outcomes Across 12 European Countries

HOLKO P., KAWALEC P., SAJAK-SZCZERBA M., *et al.*

2023

The European Journal of Health Economics 24(7): 1073-1083.

https://doi.org/10.1007/s10198-022-01536-9

There is a high variability of out-of-packet patient costs of inflammatory bowel diseases (IBDs), but the issue is not widely recognised. Therefore, we compared patient costs of IBDs between 12 European countries.

Out-Of-Pocket Medical Expenditures in the Redesigned Current Population Survey: Evaluating Improvements to Data Processing

JACKSON H. ET KEISLER-STARKEY K.

2023

Medical Care Research and Review 80(5): 548-557.

https://journals.sagepub.com/doi/abs/10.1177/10775587231170951

Household surveys are an important source of information on medical spending and burden. We examine how recently implemented post-processing improvements to the Current Population Survey Annual Social and Economic Supplement (CPS ASEC) affected estimates of medical expenditures and medical burden. The revised data extraction and imputation procedures mark the second stage of the CPS ASEC redesign and the beginning of a new time series for studying household medical expenditures. Using data for the calendar year 2017, we find that median family medical expenditures are not statistically different from legacy methods; however, updated processing does significantly reduce the percentage of families estimated to have a high medical burden (medical expenses are at least 10% of family income). The updated processing system also changes the characteristics of families with high medical spending and is primarily driven by changes in imputation of health insurance and medical spending.

La tarification à l'expérience est-elle un instrument efficace d'incitation à la prévention ?

LENGAGNE P.

2023

Regards 61(1): 143-150.

https://www.cairn.info/revue-regards-2023-1-page-143.htm

L'employeur peut développer dans l'entreprise des moyens de prévention des accidents du travail et des maladies professionnelles, ainsi que des mesures favorisant la prévention des risques de désinsertion professionnelle pour les salariés accidentés. L'enjeu d'une tarification incitative est d'activer ces marges d'intervention. Cet article présente une synthèse de la littérature sur les effets incitatifs de la tarification à l'expérience dans l'assurance des risques professionnels et la question de l'intérêt de ce système dans l'objectif de tendre vers davantage de prévention des risques professionnels et des risques de perte d'emploi.

Analysing Changes to the Flow of Public Funding Within Local Health and Care Systems: An Adaptation of the System of Health Accounts Framework to a Local Health System in England

MOSS C., ANSELMI L., MORCIANO M., *et al.*

2023

Health Policy 137: 104904.

https://doi.org/10.1016/j.healthpol.2023.104904

Financial flows relating to health care are routinely analysed at national and international level. They have rarely been systematically analysed at local level, despite sub-national variation due to population needs and decisions enacted by local organisations. We illustrate an adaptation of the System of Health

Accounts framework to map the flow of public health and care funding within local systems, with an application for Greater Manchester (GM), an area in England which agreed a health and social care devolution deal with the central government in 2016. We analyse how financial flows changed in GM during the four years post-devolution, and whether spending was aligned with local ambitions to move towards prevention of ill-health and integration of health and social care. We find that GM decreased spending on public health by 15%, and increased spending on general practice by 0.1% in real terms. The share of total local expenditure paid to NHS Trusts for general and acute services increased from 70.3% to 71.6%, while that for community services decreased from 11.7% to 10.3%. Results suggest that GM may have experienced challenges in redirecting resources towards their goals. Mapping financial flows at a local level is a useful exercise to examine whether spending is aligned with system goals and highlight areas for further investigation.

▶ Quelles sont les différences de reste à charge selon le bénéfice de l'affection de longue durée pour les personnes avec un cancer colorectal incident en 2016 ?

NICOLAS M., VERBOUX D., RACHAS A., *et al.*

2023

Journal de gestion et d'économie de la santé 1(1): 23-44.

https://www.cairn.info/revue-journal-de-gestion-et-d-economie-de-la-sante-2023-1-page-23.htm

Les personnes atteintes d'une affection de longue durée (ALD) engendrant une prise en charge thérapeutique longue et coûteuse peuvent bénéficier de l'exonération du ticket modérateur pour les dépenses remboursables liées à cette pathologie. Pour autant, la déclaration d'une ALD n'est pas systématique et certains patients, bien qu'éligibles, ne bénéficient pas de ce dispositif. Cette étude, basée sur les données du Système national des données de santé (SNDS), propose d'analyser l'effet de l'ALD cancer sur les restes à charge (RAC) et leurs parts dans la dépense totale, pour les personnes avec un cancer colorectal incident en 2016. Les résultats descriptifs sur la population d'étude, détaillés par poste de dépense, montrent que pour les bénéficiaires du dispositif, la part du RAC dans la dépense est inférieure à celle des personnes sans l'ALD cancer, et ceci, malgré des dépenses globalement bien plus élevées. Les estimations réalisées sur données appariées (afin de prendre en compte le biais de sélection lié aux caractéristiques des personnes recourant à l'ALD cancer) révèlent quant à elles l'absence de différence significative de RAC moyen entre bénéficiaires et non bénéficiaires du dispositif pour la plupart des postes de dépenses (excepté la pharmacie, la biologie et les soins de spécialistes), et des écarts significatifs en faveur des bénéficiaires de l'ALD cancer concernant la part de RAC dans la dépense (pour l'ensemble des postes de dépenses étudiés). Ces résultats illustrent, poste par poste, la prise en charge plus importante des dépenses de soins en cas de bénéfice de l'ALD cancer, mais aussi la persistance de RAC AMO plus élevés pour les postes de pharmacie, la biologie et les soins de spécialistes.

▶ Catastrophic Health-Care Payments and Multidimensional Poverty: Are They Related?

PINILLA-RONCANCIO M., AMAYA-LARA J. L., CEDEÑO-OCAMPO G., *et al.*

2023

Health Economics 32(8): 1689-1709.

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4684

The negative impact of health-related out-of-pocket (OOP) payments is a well-known problem in low and middle-income countries (LMICs). Cross-sectional analysis reveals that households use different coping mechanisms to mitigate or overcome the effect of OOP payments, but little is known from a longitudinal perspective. We explore this link using panel data for Colombia, Mexico, India, Malawi, Nigeria, Uganda, and Tanzania. Using a fixed-effect model, we computed the association between multidimensional poverty (MP) and facing catastrophic health payments (CHP) using a capacity-to-pay approach. We estimated different heterogeneous effects, including variables such as area of residence, facing CHP, being poor in the first wave, and facing CHP in period two. While using cross-sectional data, we found that the association between CHP and MP is present for six of the seven countries; it is not the case for the time variation in most of them. The results provide evidence that OOP induce a long-term impact on MP only in Colombia, India and Nigeria. In the last two countries, the levels of poverty and CHP were the highest of all seven, and the association between both situations was found by using different poverty cutoffs and thresholds to define CHP.

A Systematic Review of Cost-Effectiveness Analyses of Colorectal Cancer Screening in Europe: Have Studies Included Optimal Screening Intensities?

POKHAREL R., LIN Y.-S., MCFERRAN E., *et al.*

2023

Applied Health Economics and Health Policy 21(5): 701-717.

https://doi.org/10.1007/s40258-023-00819-3

This aim of this study is to assess the range of strategies analysed in European cost-effectiveness analyses (CEAs) of colorectal cancer (CRC) screening with respect to the screening intervals, age ranges and test cut-offs used to define positivity, to examine how this might influence what strategies are found to be optimal, and compare them with the current screening policies with a focus on the screening interval.

Impact of Tariff Refinement on the Choice Between Scheduled C-Section and Normal Delivery: Evidence From France

PROSHIN A., CAZENAVE-LACROUTS A. ET ROCHAIX L.

2023

Health Economics 32 (7): 1397-1433

http://d.repec.org/n?u=RePEc:hal:pseptp:hal-04157204&r=hea

Studying quasi-experimental data from French hospitals from 2010 to 2013, we test the effects of a substantial diagnosis-related group (DRG) tariff refinement that occurred in 2012, designed to reduce financial risks of French maternity wards. To estimate the resulting DRG incentives with regard to the choice between scheduled C-sections and other modes of child delivery, we predict, based on pre-admission patient characteristics, the probability of each possible child delivery outcome and calculate expected differences in associated tariffs. Using patient-level administrative data, we find that introducing additional severity levels and clinical factors into the reimbursement algorithm had no significant effect on the probability of a scheduled C-section being performed. The results are robust to multiple formulations of DRG financial incentives. Our paper is the first study that focuses on the consequences of a DRG refinement in obstetrics and develops a probabilistic approach suitable for measuring the expected effects of DRG fee incentives in the presence of multiple tariff groups.

Les dépenses de prévention, complexes à mesurer, très difficiles à comparer…

RAYNAUD D.

2023

Regards 61(1): 55-66.

https://www.cairn.info/revue-regards-2023-1-page-55.htm

Les dépenses courantes de santé représentent en France 12,3 % du PIB en 2021 (Drees, 2022a), ce qui place la France dans le peloton de tête derrière les États-Unis (17,8 %) et l'Allemagne (12,8 %). En termes d'état de santé, la France se trouve à la fois dans une situation favorable et contrastée. Favorable car l'espérance de vie à la naissance en France est parmi les plus élevées au monde, notamment pour les femmes (85,4 ans en 2021) et car l'espérance de vie sans incapacité (65 ans) a progressé de 2,5 années depuis 2010. Contrastée car l'espérance de vie des hommes est nettement plus basse (79,3 ans en 2021), ce désavantage masculin étant plus marqué que dans les autres pays d'Europe (Moisy, 2019). Il est la conséquence d'une mortalité prématurée masculine élevée, principalement en raison des cancers, maladies cardio-vasculaires et accidents. Contrastée aussi car les inégalités sociales de santé apparaissent importantes, les personnes les plus modestes développant plus souvent des maladies chroniques (par exemple le risque de diabète est triplé entre le premier et dernier décile de niveau de vie), si bien que l'écart d'espérance de vie à la naissance entre les 5 % les plus aisés et les 5 % les plus modestes est de 8 ans chez les femmes et de 13 ans chez les hommes ! Ces inégalités entre femmes et hommes et ces inégalités sociales doivent être examinées au regard des comportements et facteurs de risque tels que les consommations de tabac et d'alcool, et de la prévalence du surpoids et de l'obésité. Ces résultats interrogent donc sur la prévention de ces risques, plus globalement sur les politiques de prévention et notamment sur les dépenses de prévention en France, comparativement aux autres pays.

Increasing Capitation in Mixed Remuneration Schemes: Effects on Service Provision and Process Quality of Care

SKOVSGAARD C. V., KRISTENSEN T., PULLEYBLANK R., *et al.*

2023

Health Economics 32(11): 2477-2498

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4736

Many health systems apply mixed remuneration schemes for general practitioners, but little is known about the effects on service provision of changing the relative mix of fee for services and capitation. We apply difference-in-differences analyses to evaluate a reform that effectively reversed the mix between fee for services and capitation from 80/20 to 20/80 for patients with type 2 diabetes. Our results show reductions in provision of both the contact services that became capitated and in other non-capitated (still-billable) services. Reduced provision also occurred for guideline-recommended process quality services. We find that the effects are mainly driven by patients with co-morbidities and by general practitioners with high income, relatively many diabetes patients, and solo practitioners. Thus, increasing capitation in a mixed remuneration schemes appears to reduce service provision for patients with type 2 diabetes monitored in general practice with a risk of unwanted quality effects.

Under-Spending, Over-Spending or Substitution Among Services? Spatial Patterns of Unexplained Shares of Health Care Expenditures

TORRINI I., GRASSETTI L. ET RIZZI L.

2023

Health Policy 137: 104902.

https://doi.org/10.1016/j.healthpol.2023.104902

Using individual-level administrative data, we investigate the spatial patterns of unexplained shares of health care expenditures (HCE) at the municipality level. The focus is on the elderly population in the Italian Region Friuli-Venezia Giulia observed over the period 2017-2019. The empirical analysis comprises two steps. First, random-effects two-part models are estimated to analyze the effect of age, morbidity, and death on the probability and amount of positive individual total HCE and its components. Second, the unexplained shares of HCE at the municipality level are examined to identify areas with under- or over-spending and substitution among services. Results confirm the existing findings on the determinants of HCE and reveal geographic patterns in the unexplained shares of expenditures. We identify clusters of municipalities with observed HCE higher than predicted for each type of service and clusters with substitution between home care and all other services. These findings are associated with the degree of urbanization of these areas and, consequently, with the ease of access to health care. This is crucial from a policy perspective, as it indicates specific policy targets for public health intervention.

État de santé

Health Status

Heat-Related Mortality in Europe During the Summer of 2022

BALLESTER J., QUIJAL-ZAMORANO M., MÉNDEZ TURRUBIATES R. F., *et al.*

2023

Nature Medicine 29 : 1857–1866

https://doi.org/10.1038/s41591-023-02419-z

Over 70,000 excess deaths occurred in Europe during the summer of 2003. The resulting societal awareness led to the design and implementation of adaptation strategies to protect at-risk populations. We aimed to quantify heat-related mortality burden during the summer of 2022, the hottest season on record in Europe. We analyzed the Eurostat mortality database, which includes 45,184,044 counts of death from 823 contiguous regions in 35 European countries, representing the whole population of over 543 million people. We estimated 61,672 (95% confidence interval (CI) = 37,643–86,807) heat-related deaths in Europe between 30

May and 4 September 2022. Italy (18,010 deaths; 95% CI = 13,793–22,225), Spain (11,324; 95% CI = 7,908–14,880) and Germany (8,173; 95% CI = 5,374–11,018) had the highest summer heat-related mortality numbers, while Italy (295 deaths per million, 95% CI = 226–364), Greece (280, 95% CI = 201–355), Spain (237, 95% CI = 166–312) and Portugal (211, 95% CI = 162–255) had the highest heat-related mortality rates. Relative to population, we estimated 56% more heat-related deaths in women than men, with higher rates in men aged 0–64 (+41%) and 65–79 (+14%) years, and in women aged 80+ years (+27%). Our results call for a reevaluation and strengthening of existing heat surveillance platforms, prevention plans and long-term adaptation strategies.

Sex Differences in Temperature-Related All-Cause Mortality in the Netherlands

FOLKERTS M. A. ET BRÖDE P.

2022

95(1): 249-258.

https://doi.org/10.1007/s00420-021-01721-y

Purpose: Over the last few decades, a global increase in both cold and heat extremes has been observed with significant impacts on human mortality. Although it is well-identified that older individuals (>65 years) are most prone to temperature-related mortality, there is no consensus on the effect of sex. The current study investigated if sex differences in temperature-related mortality exist in the Netherlands. Methods: Twenty-three-year ambient temperature data of the Netherlands were combined with daily mortality data which were subdivided into sex and three age classes (<65 years, 65-80 years, ≥80 years). Distributed lag non-linear models were used to analyze the effect of ambient temperature on mortality and determine sex differences in mortality attributable to the cold and heat, which is defined as mean daily temperatures below and above the Minimum Mortality Temperature, respectively. Results: Attributable fractions in the heat were higher in females, especially in the oldest group under extreme heat (≥97.5th percentile), whilst no sex differences were found in the cold. Cold- and heat-related mortality was most prominent in the oldest age group (≥80 years) and to a smaller extent in the age group between 65-80 years. In the age group <65 years temperature-related mortality was only significant for males in the heat. Conclusion: Mortality in the Netherlands represents the typical V- or hockey-stick shaped curve with a higher daily mortality in the cold and heat than at milder temperatures in both males and females, especially in the age group ≥80 years. Heat-related mortality was higher in females than in males, especially in the oldest age group (≥80 years) under extreme heat, whilst in the cold no sex differences were found. The underlying cause may be of physiological or behavioral nature, but more research is necessary.

Different Health Systems – Different Mortality Outcomes? Regional Disparities in Avoidable Mortality Across German-Speaking Europe, 1992–2019

MÜHLICHEN M., LERCH M., SAUERBERG M., *et al.*

2023

Social Science & Medicine 329: 115976.

https://doi.org/10.1016/j.socscimed.2023.115976

Evaluating the impact of health systems on premature mortality across different countries is a very challenging task, as it is hardly possible to disentangle it from the influence of contextual factors such as cultural differences. In this respect, the German-speaking area in Central Europe (Austria, Germany, South Tyrol and large parts of Switzerland) represents a unique 'natural experiment' setting: While being exposed to different health policies, they share a similar culture and language. Methods To assess the impact of different health systems on mortality differentials across the German-speaking area, we relied on the concept of avoidable mortality. Based on official mortality statistics, we aggregated causes of death below age 75 that are either 1) amenable to health care or 2) avoidable through primary prevention. We calculated standardised death rates and constructed cause-deleted life tables for 9 Austrian, 96 German, 1 Italian and 5 Swiss regions from 1992 to 2019, harmonised according to the current territorial borders. Results There are strong north-south and east-west gradients in amenable and preventable mortality across the studied regions to the advantage of the southwest. However, the Swiss regions still show significantly lower mortality levels than the neighbouring regions in southern Germany. Eliminating avoidable deaths from the life tables reduces spatial inequality in life expectancy in 2017/2019 by 30% for men and 28% for women. Conclusions The efficiency of health policies in assuring timely and adequate health care and in preventing risk-relevant behaviour has room for improvement in all German regions, especially in the north, west and east, and in eastern Austria as well.

Sex Differences in Mortality After Heat Waves: Are Elderly Women at Higher Risk?

VAN STEEN Y., NTARLADIMA A. M., GROBBEE R., *et al.*

2019

Int Arch Occup Environ Health 92(1): 37-48.
https://doi.org/10.1007/s00420-018-1360-1

Climate change leads to more frequent, intense and longer-lasting heat waves which can have severe health outcomes. The elderly are a high-risk population for heat-related mortality and some studies suggested that elderly women are more affected by extreme heat than men. This study aimed to review the presence of sex-specific results in studies performed on mortality in elderly (> 65 years old) after heat waves in Europe. Methods : A literature search was conducted in July 2017 on papers published in databases Pubmed and Web of Science between January 2000 and December 2016. RESULTS: 68 papers that included mortality data for elderly after heat waves were identified. The 13 of them which presented results distinguished by sex and age group were included in the review. Eight studies showed worse health outcome for elderly women compared to men. One study showed higher mortality rates for men, two found no sex differences and two studies presented inconsistent results. Conclusion: Studies that present sex-stratified data on mortality after heat waves seem to indicate that elderly women are at higher risk than men. Future research is warranted to validate this finding. Furthermore, a better understanding on the underlying physiological or social mechanisms for possible sex and gender differences in excessive deaths for this vulnerable population is needed to set up appropriate policy measures.

Prevalence of and Factors Associated with Tobacco Dependence Among Adolescents Aged 12–16 Years Who Were Currently Smoking Tobacco in 125 Countries or Territories, 2012–2019

YANG H., MA C., ZHAO M., *et al.*

2023

American Journal of Public Health 113(8): 861-869.
https://doi.org/10.2105/AJPH.2023.307283
https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2023.307283

The objectives of this paper are to examine the global prevalence of and factors associated with tobacco dependence among adolescents who are currently smoking. Methods. We obtained 2012 to 2019 Global Youth Tobacco Survey data on 67 406 adolescents aged 12 to 16 years from 125 countries or territories (hereafter countries). Those with tobacco dependence were defined as current smokers who felt a strong desire to smoke again within 24 hours after smoking or who had ever smoked or felt like smoking first thing in the morning. Results. The global prevalence of tobacco dependence among adolescents who were currently smoking was 38.4% (95% confidence interval [CI] = ?34.0, 42.7). The prevalence was highest in high-income countries (49.8%; 95% CI = 47.0, 52.6) and lowest in lower-middle-income countries (31.2%; 95% CI = 26.9, 35.4). Secondhand smoke exposure, parental smoking, smoking among closest friends, tobacco advertisement exposure, and offers of free tobacco products were positively associated with tobacco dependence. Conclusions. Nearly 40% of adolescents who are currently smoking have tobacco dependence worldwide. Public Health Implications. Our findings emphasize the need to develop tobacco control interventions to prevent experimentation from progressing to regular smoking among adolescents who are currently smoking tobacco. (Am J Public Health. 2023;113(8):861?869. https://doi.org/10.2105/AJPH.2023.307283)

Géographie de la santé

Geography of Health

Mortality Inequality, Spatial Differences and Health Care Access

ATALAY K., EDWARDS R. ET GEORGIAKAKIS F.

2023

Health Economics 32 (11).: 2632-2654
https://doi.org/10.1002/hec.4746

Although Australia maintains relatively high standards of health and healthcare, there exists disparity in health outcomes and longevity among different segments of the population. Internationally, there is growing evidence that life expectancy gains are not being shared equally among the rich and the poor. In this paper we examine the evolution of mortality inequality in Australia between 2001 and 2018. Using a spatial inequality model and combining data from several administrative data sources, we document significant mortality inequality between the rich and the poor in Australia. For most age groups, mortality inequality has remained unchanged over the last 20 years. However, mortality inequality is increasing for middle-aged men and women. In part, this can be explained by improvements in longevity which favor urban over rural Australians. Another contributing factor we identify is differential access to healthcare in rich and poor regions. Although Australia's socio-economic gradient of mortality is flatter than in the US, due to universal health coverage, the fact that mortality inequality is increasing for some groups accentuates the importance of safeguarding health care accessibility.

Access to Health Care For Transgender and Gender-Diverse Adults in Urban and Rural Areas in the United States

MACDOUGALL H., HENNING-SMITH C., GONZALES G., *et al.*

2023

Medical Care Research and Review(Ahead of pub): 10775587231191649.
https://journals.sagepub.com/doi/abs/10.1177/10775587231191649

The objective of this study is to examine access to care based on gender identity in urban and rural areas, focusing on transgender and gender diverse (TGD) populations. Data on TGD (n = 1,678) and cisgender adults (n = 403,414) from the 2019 to 2020 Behavioral Risk Factor Surveillance System were used. Outcome measures were four barriers to care. We conducted bivariate and multivariable logistic regressions to assess associations between access, rurality, and gender identity. Bivariate results show that TGD adults were significantly more likely to experience three barriers to care. In multivariable models, TGD adults were more likely to delay care due to cost in the full sample (adjusted odds ratio [AOR]: 2.00, p < .001), rural subsample (AOR: 2.14, p < .01), and urban subsample (AOR: 1.97, p < .01). This study revealed greater barriers to care for TGD adults, with the most frequent barriers found among rural TGD adults. Increased provider awareness and structural policy changes are needed to achieve health equity for rural TGD populations.

Rapport 23-11. Les zones sous-denses, dites « déserts médicaux », en France. États des lieux et propositions concrètes

QUENEAU P. ET OURABAH R.

2023

Bulletin de l'Académie Nationale de Médecine 207(7): 860-871.
https://doi.org/10.1016/j.banm.2023.06.003

L'extrême gravité de la pénurie en médecins en France et la complexité du problème posé ont conduit l'Académie nationale de médecine à établir un état des lieux précis et à exprimer les recommandations suivantes : (i) proposer d'urgence : l'instauration d'un service médical citoyen d'un an pour les médecins nouvellement diplômés dans le cadre d'un engagement contractuel s'appuyant sur leur conscience professionnelle et excluant toute forme de régulation ou de coercition, notamment concernant l'installation. Ce service médical citoyen permettrait de renforcer la médicalisation des zones sous- denses et d'éclairer le choix de carrière des jeunes médecins par une expérience de terrain ; toutes mesures favorisant le cumul emploi- retraite des médecins récemment retraités tout en permettant à leurs cotisations de générer des droits supplémentaires ; favoriser l'exercice multisite qui a déjà fait ses preuves dans notre pays lorsqu'il fut confronté à un déficit de soignants après la seconde

guerre mondiale, et qui devrait retrouver une place privilégiée dans la lutte contre les déserts médicaux (par exemple un groupe de 5 médecins exerçant ensemble pourrait assurer une journée de consultations par semaine dans un cabinet décentralisé, avec des aides de la collectivité locale qui l'accueille) ; une sensibilisation de la population au bon usage de la médecine, incluant le respect des rendez-vous pris auprès des médecins et autres soignants, et la reconnaissance du service rendu par le système de santé français eu égard à sa complexité, son coût et ses difficultés d'exercice ; (ii) mettre en place au plus vite les autres mesures suivantes : redonner au médecin du temps médical : en optimisant les délégations de tâches à d'autres professionnels de santé (infirmiers, maïeuticiens, pharmaciens…) dans le cadre de parcours de soins coordonnés par le médecin, en respectant le champ de compétence de chacun ; en allégeant la charge administrative en simplifiant les réglementations et en recrutant des assistants médicaux, des secrétaires et des personnels informatiques ; promouvoir et faciliter l'exercice et les installations précoces dans les zones sous-denses (guichet unique, incitation au cumul emploi-retraite, exercices multisites, consultations délocalisées, bon usage de la télémédecine) ; renforcer la sécurité des médecins dans les zones sensibles ; réactiver les visites à domicile, en les valorisant financièrement et en les facilitant techniquement ; densifier localement les interactions avec l'hôpital ; augmenter immédiatement et significativement le « numerus apertus », en l'adaptant aux besoins des territoires, évalués avec les élus locaux, les médecins (libéraux, hospitaliers, universitaires) et les autres professionnels de santé, ainsi que les représentants des patients ; diversifier l'origine territoriale et sociale des étudiants par des incitations et des accompagnements dès le lycée ; développer les stages en zones sous-denses dès le deuxième cycle, en augmentant le nombre de stages et de maîtres de stage, et en créant des tuteurs ; éviter toute coercition concernant l'installation en médecine libérale, de même que lors des stages dans la quatrième année du DES de médecine générale.

Une innovation de l'Académie de médecine : un service médical citoyen contractuel d'un an pour les nouveaux diplômés

QUENEAU P. ET OURABAH R.

2023

Médecine : De La Médecine Factuelle à Nos Pratiques 19(4): 191-192.

https://www.jle.com/fr/revues/med/e-docs/une_innovation_de_lacademie_de_medecine_un_service_medical_citoyen_contractuel_dun_an_pour_les_nouveaux_diplomes_332356/article.phtml

Phénomène mondial, les déserts médicaux sont une tragédie pour la France. Les déserts médicaux s'aggravent et concernent aujourd'hui presque tous les territoires : ruraux, au sein de véritables « déserts sociétaux », mais aussi péri-urbains et urbains, à l'origine d'inacceptables inégalités sociales et d'abandon des citoyens, les conduisant à de fréquents et graves renoncements aux soins. Et le pire est à venir…Ils concernent bien entendu la médecine générale, mais aussi presque toutes les spécialités. C'est pour cette raison que l'Académie nationale de médecine propose un service médical citoyen contractuel d'un an pour les médecins nouvellement diplômés.

La santé des médecins généralistes en désert médical : trois modèles de gestion temporelle

REBOUL L. ET CAROLY S.

2023

Le travail humain 86(1): 3-34.

https://www.cairn.info/revue-le-travail-humain-2023-1-page-3.htm

Cette recherche en ergonomie a pour objectif de comprendre l'activité des médecins généralistes afin de produire des connaissances sur leur travail et leur santé dans un contexte d'expansion de la désertification médicale. La perspective adoptée ici s'intéresse à l'activité déployée par les médecins généralistes pour trouver des compromis entre des conflits temporels multiples, générés par un volume important de patients à suivre, des motifs de consultations variés (somatiques1, psychosociaux, urgences) et des impératifs personnels à intégrer dans l'organisation du travail. Elle vise également à resituer ces stratégies dans des temps longs, à l'échelle des parcours professionnels et de vie des médecins généralistes qui conditionnent l'élaboration de l'expérience. L'étude a été réalisée

auprès de dix médecins généralistes exerçant dans une zone rurale de désert médical en 2020-2021. Les résultats montrent trois modèles d'organisation temporelle de l'activité des médecins : des médecins « techniciens », des médecins « disponibles » et des médecins « globalistes ». Ces résultats donnent ainsi à voir la diversité des « arbitrages temporels » réalisés par les médecins. Il est aussi question de montrer les configurations qui orientent vers des parcours-usure, c'est-à-dire des parcours marqués par la fatigue, les problèmes de santé et un départ précipité de la profession, et inversement, vers des parcours-santé, source de construction de la santé au moyen du développement des compétences.

▶ Les communautés professionnelles territoriales de santé : pour mobiliser et coordonner les professionnels de santé

REVUE PRESCRIRE

2023

Revue Prescrire 43(479): 698-703.

Définies en 2016, les communautés professionnelles territoriales de santé (CPTS) ont pour objectif de mobiliser et coordonner les professionnels de santé et les acteurs médicosociaux d'un même territoire, afin de répondre à des problématiques de santé identifiées. Trois exemples spécifiques de CPTS sont présentés dans ce texte afin d'illustrer les adaptations possibles des actions de santé et de prévention aux besoins de la population locale et aux spécificités territoriales.

▶ Les groupements hospitaliers de territoire ont-ils mis un terme à la course aux armes médicales ?

SIRVEN N. ET LESCHER-CLUZEL M.

2023

Revue économique 74(3): 471-492.

https://www.cairn.info/revue-economique-2023-3-page-471.htm

L'objectif de ce travail est d'analyser l'impact causal de la mise en œuvre d'une politique d'intégration verticale des hôpitaux publics (ou groupements hospitaliers de territoire, GHT) sur l'investissement en technologie au sein des établissements de santé français à partir de données de panel de la Statistique annuelle des établissements et d'une méthode de doubles différences sur la période récente (2013-2019). Nos résultats indiquent un double effet. D'un côté, le secteur public a poursuivi sa logique de décélération de l'acquisition technologique, cohérente avec la volonté de réorganiser les équipements au sein du groupement d'établissements. D'un autre côté, est apparue une réaction contra-cyclique et concurrentielle du secteur privé qui a relancé sa stratégie d'adoption de technologies de santé. Classification JEL : C33, D23, I11.

Handicap
Disabilities

▶ Vieillissement au travail et handicap : quand la structure organisationnelle s'immisce dans les parcours

BURNAY N. ET PIERRE A.

2023

Retraite et Société 90(1): 117-135.

https://www.cairn.info/revue-retraite-et-societe-2023-1-page-117.htm

En 1995, les entreprises de travail adapté (ETA) voient le jour en Belgique. Ces lieux doivent permettre une inclusion sur le marché du travail des personnes en situation de handicap. Les parcours professionnels se construisent au fil du handicap, mais également en fonction du positionnement de l'ETA sur un continuum organisationnel qui oscille entre bienveillance et productivité. Cette enquête qualitative réalisée dans un ETA en Belgique francophone montre combien le vieillissement au travail ne peut se résumer à une question d'âge, mais doit être considéré de manière complexe en tenant compte de l'ensemble du parcours de vie ainsi que des structures organisationnelles dans lesquelles ils prennent place. Les récentes transformations du secteur risquent bien de renforcer les contraintes de rentabilité et conduire de facto à un risque accru de sortie prématurée de l'emploi de cette population déjà fragilisée.

Adopter une approche du handicap par les droits humains ? La domestication en spirale de la Convention internationale sur les droits des personnes handicapées en France

EYRAUD B.

2023

Droit et Société 113(1): 55-71.

https://www.cairn.info/revue-droit-et-societe-2023-1-page-55.htm

Quinze ans après son adoption par l'Assemblée générale des Nations unies, dix ans après sa ratification, l'appropriation par la France de la Convention internationale pour les droits des personnes handicapées (CIDPH) est jugée sévèrement par les instances onusiennes. Cette sévérité se fonde non pas tant sur la question de l'application d'une norme internationale que sur celle du « modèle du handicap basé sur les droits de l'homme ». À travers la notion de domestication et son emploi pour analyser l'influence de l'article 12 de la CIDPH dans le contexte français, cet article se propose d'éclairer les conditions sociales et institutionnelles des changements de représentation des droits des personnes handicapées. Il montrera la portée et les limites de la domestication de l'article 12 à partir de l'exemple de l'universalisation du droit de vote à toutes les personnes handicapées et les réticences à transformer des normes juridiques comme celles des tutelles/curatelles et du soin sans consentement.

Quand la sociologie du droit s'empare du handicap. Présentation du dossier

LEJEUNE A. ET REVILLARD A.

2023

Droit et société 113(1): 21-29.

https://www.cairn.info/revue-droit-et-societe-2023-1-page-21.htm

Ce dossier vise à rendre compte de l'essor récent de travaux de sociologie du droit portant sur le handicap. S'inscrivant pour partie dans le prolongement d'autres approches critiques, telles que les Feminist Legal Studies et la Critical Race Theory, ces travaux interrogent le rôle du droit dans la reproduction ou la transformation des inégalités sociales liées au handicap.

Hôpital

Hospitals

Décider dans la tourmente : quatre CHU face à la Covid-19

BERTEZENE S., VALLAT D. ET MICHEL P.

2023

Politiques & management public 2(2): 225-253.

https://www.cairn.info/revue-politiques-et-management-public-2023-2-page-225.htm

L'objectif de cet article est double : mieux comprendre le processus organisationnel de prise de décision mobilisé par les hôpitaux durant la première année de la pandémie afin de faire face à cette crise ; et vérifier dans quelle mesure ce processus s'apparente à celui déployé par les organisations à haute fiabilité (OHF). Les résultats de la recherche exploratoire réalisée au sein de quatre centres hospitaliers universitaires (CHU) montre que le processus de prise de décision se manifeste différemment au cours de trois périodes successives : au début de l'apparition de la Covid-19 dans notre pays, le processus est celui d'une bureaucratie weberienne ; au cours de la première vague jusqu'à sa fin il devient flexible, agile ; et enfin, à partir de la deuxième vague, il reprend son caractère bureaucratique initial. La dernière partie met en avant les apports de la théorie des OHF aux sciences de gestion et au pilotage des hôpitaux français.

The Effect of Hospital Spending on Waiting Times

BRINDLEY C., LOMAS J. ET SICILIANI L.

2023

Health Economics 32 (11). 2427-2445

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4735

Long waiting times have been a persistent policy issue in the United Kingdom that the Covid-19 pandemic has exacerbated. This study analyses the causal effect of

hospital spending on waiting times in England using a first-differences panel approach and an instrumental variable strategy to deal with residual concerns for endogeneity. We use data from 2014 to 2019 on waiting times from general practitioner referral to treatment (RTT) measured at the level of local purchasers (known as Clinical Commissioning Groups). We find that increases in hospital spending by local purchasers of 1% reduce median RTT waiting time for patients whose pathway ends with a hospital admission (admitted pathway) by 0.6 days but the effect is not statistically significant at 5% level (only at the 10% level). We also find that higher hospital spending does not affect the RTT waiting time for patients whose pathway ends with a specialist consultation (non-admitted pathway). Nor does higher spending have a statistically significant effect on the volume of elective activity for either pathway. Our findings suggest that higher spending is no guarantee of higher volumes and lower waiting times, and that additional mechanisms need to be put in place to ensure that increased spending benefits elective patients.

▶ Does Competition Improve Hospital Performance: A DEA Based Evaluation From the Netherlands

DOHMEN P., VAN INEVELD M., MARKUS A., *et al.*

2023

The European Journal of Health Economics 24(6): 999-1017.

https://doi.org/10.1007/s10198-022-01529-8

Many countries have introduced competition among hospitals aiming to improve their performance. We evaluate the introduction of competition among hospitals in the Netherlands over the years 2008–2015. The analysis is based on a unique longitudinal data set covering all Dutch hospitals and health insurers, as well as demographic and geographic data. We measure hospital performance using Data Envelopment Analysis and distinguish three components of competition: the fraction of freely negotiated services, market power of hospitals, and insurer bargaining power. We present new methods to define variables for each of these components which are more accurate than previously developed measures. In a multivariate regression analysis, the variables explain more than half of the variance in hospital efficiency. The results indicate that competition between hospitals and the relative fraction of freely negotiable health services are positively related to hospital efficiency. At the same time, the policy measure to steadily increase the fraction of health services contracted in competition may well have resulted in a decrease in hospital efficiency. The models show no significant association between insurer bargaining power and hospital efficiency. Altogether, the results offer little evidence that the introduction of competition for hospital care in the Netherlands has been effective.

▶ Médecins hospitaliers : la réforme de l'intérim médical à l'hôpital

DUBOT J.

2023

Revue de Droit Sanitaire et Social 579: 695-706.

L'ampleur de l'intérim médical au sein de établissements publics de santé a conduit les pouvoirs publics à intervenir plusieurs fois ces dernières années, sans succès jusqu'alors pour réussir à réguler les dérives de ce système. L'application d'abord reportée de l'article 33 de la loi du 26 avril 2021 et finalement opposable à compter du 3 avril 2023 ouvre des perspectives de régulation salvatrices. Du moins en apparence compte tenu notamment des dispositifs déployés pour tenter de répondre aux problématiques de l'offre de soins.

▶ Retour d'expérience après six ans de fonctionnement du centre Vi'Tal, un hôpital de jour ouvert sur la ville

EMMANUEL M., MARTINE B., DIANA MOUARO B., *et al.*

2023

Médecine 19(6): 272-277.

https://doi.org/10.1684/med.2023.882

Dans un contexte où les capacités hospitalières et les services d'urgence sont saturés, l'hôpital de jour peut offrir un espace de soins hospitaliers pluri professionnels susceptible de répondre aux besoins des médecins de ville, notamment dans les zones de désert médical. Située au sein de l'hôpital Max-Fourestier de Nanterre (92 000) et appelée centre Vi'Tal pour marquer le lien entre la ville et l'hôpital, cette offre de soins vise à rendre simples les liens entre les médecins de ville et ceux de l'hôpital afin de permettre aux patients de bénéficier rapidement, à la demande de leur médecin, d'une expertise hospitalière.

Associations Between Self-Reported Healthcare Disruption Due to Covid-19 and Avoidable Hospital Admission: Evidence From Seven Linked Longitudinal Studies For England

GREEN M. A., MCKEE M., HAMILTON O. K., *et al.*

2023

BMJ 382: e075133.

https://doi.org/10.1136/bmj-2023-075133

The aim of this study is to examine whether there is an association between people who experienced disrupted access to healthcare during the covid-19 pandemic and risk of an avoidable hospital admission. Design Observational analysis using evidence from seven linked longitudinal cohort studies for England. Setting Studies linked to electronic health records from NHS Digital from 1 March 2020 to 25 August 2022. Data were accessed using the UK Longitudinal Linkage Collaboration trusted research environment. Participants Individual level records for 29 276 people. Main outcome measures Avoidable hospital admissions defined as emergency hospital admissions for ambulatory care sensitive and emergency urgent care sensitive conditions .Results 9742 participants (weighted percentage 35%, adjusted for sample structure of longitudinal cohorts) self-reported some form of disrupted access to healthcare during the covid-19 pandemic. People with disrupted access were at increased risk of any (odds ratio 1.80, 95% confidence interval 1.39 to 2.34), acute (2.01, 1.39 to 2.92), and chronic (1.80, 1.31 to 2.48) ambulatory care sensitive hospital admissions. For people who experienced disrupted access to appointments (eg, visiting their doctor or an outpatient department) and procedures (eg, surgery, cancer treatment), positive associations were found with measures of avoidable hospital admissions. Conclusions Evidence from linked individual level data shows that people whose access to healthcare was disrupted were more likely to have a potentially preventable hospital admission. The findings highlight the need to increase healthcare investment to tackle the short and long term implications of the pandemic, and to protect treatments and procedures during future pandemics. Datasets used in the study contain sensitive and personal data, which means that data cannot be openly shared. All data can be accessed by accredited researchers through application to UK Longitudinal Linkage Collaboration (https://ukllc.ac.uk/). R scripts to replicate the analyses presented in the paper can be openly accessed at https://github.com/markagreen/healthcare_disruption_LLC.

Using Exogenous Organizational and Regional Hospital Attributes to Explain Differences in Case-Mix Adjusted Hospital Costs

HAVRANEK M. M., ONDREJ J., WIDMER P. K., *et al.*

2023

Health Economics 32(8): 1733-1748.

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4686

Diagnosis-related group (DRG) hospital reimbursement systems differentiate cases into cost-homogenous groups based on patient characteristics. However, exogenous organizational and regional factors can influence hospital costs beyond case-mix differences. Therefore, most countries using DRG systems incorporate adjustments for such factors into their reimbursement structure. This study investigates structural hospital attributes that explain differences in average case-mix adjusted hospital costs in Switzerland. Using rich patient and hospital-level data containing 4 million cases from 120 hospitals across 3 years, we show that a regression model using only five variables (number of discharges, ratio of emergency/ambulance admissions, rate of DRGs to patients, expected loss potential based on DRG mix, and location in large agglomeration) can explain more than half of the variance in average case-mix adjusted hospital costs, capture all cost variations across commonly differentiated hospital types (e.g., academic teaching hospitals, children's hospitals, birth centers, etc.), and is robust in cross-validations across several years (despite differing hospital samples). Based on our findings, we propose a simple practical approach to differentiate legitimate from inefficiency-related or unexplainable cost differences across hospitals and discuss the potential of such an approach as a transparent way to incorporate structural hospital differences into cost benchmarking and payment schemes.

CMS Hospital Value-Based Programs: Refinements Are Needed to Reduce Health Disparities and Improve Outcomes

KAHN C. N., RHODES K., PAL S., *et al.*

2023

Health Affairs 42(7): 928-936.

https://doi.org/10.1377/hlthaff.2022.00844

Several Centers for Medicare and Medicaid Services (CMS) programs aim to transform how health care is delivered by adjusting Medicare inpatient hospital payments through a system of rewards and penalties

based on performance on measures of quality. These programs are the Hospital Readmissions Reduction Program, the Hospital Value-Based Purchasing Program, and the Hospital-Acquired Condition Reduction Program. We analyzed value-based program penalty results for various groups of hospitals across these three programs and assessed the impact of patient and community health equity risk factors on hospital penalties. We found statistically significant positive relationships between hospital penalties and several factors that affect hospital performance but that hospitals cannot control namely, medical complexity (as measured by Hierarchical Condition Categories scores), uncompensated care, and the portion of hospital catchment area populations who live alone. Moreover, these environmental conditions can be worse for hospitals that operate in areas with historically underserved populations. This suggests that the CMS programs might not adequately account for health equity factors at the community level. Refinements to these programs (including an explicit incorporation of patient and community health equity risk factors) and continued monitoring will help ensure that the programs work as intended in a fair and equitable fashion.

Non-Urgent Patients in Emergency Departments: Prioritisation, Orientation, and Selection Through the Prism of Social Sciences

LABAINVILLE I. ET LEFÈVE C.

2023

Med Sci (Paris) 39(6-7): 569-574.

https://doi.org/10.1051/medsci/2023074

Emergency departments overcrowding is often attributed to inappropriate use by patients who ought to be treated in primary care. This article challenges this assertion by examining the articulation of medical and social definitions of non-urgent patients within medical and sociological literature, and how they translate into prioritisation, selection and triage criteria. It shows that triage practices, which are necessary for prioritising life-threatening emergencies are not only based on clinical criteria, but also incorporate moral and social considerations which can lead to discrimination and hinder equitable access to care, particularly for the most vulnerable patients.

Impact of Covid-19 on Hospital Screening, Diagnosis and Treatment Activities Among Prostate and Colorectal Cancer Patients in Canada

LEE S.-H., OJO A. T., HALAT M., *et al.*

2023

International Journal of Health Economics and Management 23(3): 345-360.

https://doi.org/10.1007/s10754-023-09342-3

Suspension of cancer screening and treatment programs were instituted to preserve medical resources and protect vulnerable populations. This research aims to investigate the implications of Covid-19 on cancer management and clinical outcomes for patients with prostate and colorectal cancer in Canada.

Private Equity and Healthcare Firm Behavior: Evidence From Ambulatory Surgery Centers

LIN H., MUNNICH E. L., RICHARDS M. R., *et al.*

2023

Journal of Health Economics 91: 102801.

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Healthcare firms regularly seek outside capital; yet, we have an incomplete understanding of external investor influence on provider behavior. We investigate the effects of private equity investment, divestment, and an initial public offering (IPO) on ambulatory surgery centers (ASCs). Throughput is unchanged while charges grow by up to 50% for the same service mix. Affected ASCs witness declines in privately insured cases and rely more on Medicare business. Private equity increases physician ASC ownership stakes, and both simultaneously divest when the ASC is sold. Our findings appear more consistent with private equity influencing the financing of ASCs, rather treatment approaches.

The Geography of Medicare's Hospital Value-Based Purchasing in Relation to Market Demographics

MCLAUGHLIN C. C. ET BOSCOE F. P.

2023

Health Services Research 58(4): 844-852.
https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.14141

The objective of this paper is to illustrate the association between the sociodemographic characteristics of hospital markets and the geographic patterns of Medicare hospital value-based purchasing (HVBP) scores. Data Sources and Study Setting This is a secondary analysis of United States hospitals with a HVBP Total Performance Score (TPS) for 2019 in the Centers for Medicare and Medicaid Services (CMS) Hospital Compare database (4/2021 release) and American Community Survey (ACS) data for 2015–2019. Study Design This is a cross-sectional study using spatial multivariable autoregressive models with HVBP TPS and component domain scores as dependent variables and hospital market demographics as the independent variables. Data Collection/Extraction Methods We calculated hospital market demographics using ZIP code level data from the ACS, weighted the 2019 CMS inpatient Hospital Service Area file. Principal Findings Spatial autoregressive models using eight nearest neighbors with diversity index, race and ethnicity distribution, families in poverty, unemployment, and lack of health insurance among residents ages 19–64 years provided the best model fit. Diversity index had the highest statistically significant contribution to lower TPS (ß = –12.79, p < 0.0001), followed by the percent of the population coded to "non-Hispanic, some other race" (ß = –2.59, p < 0.0023), and the percent of families in poverty (ß = –0.26, p < 0.0001). Percent of the population was non-Hispanic American Indian/Alaskan Native (ß = 0.35, p < 0.0001) and percent non-Hispanic Asian (ß = 0.12, p < 0.02071) were associated with higher TPS. Lower predicted TPS was observed in large urban cities throughout the US as well as in states throughout the Southeastern US. Similar geographic patterns were observed for the predicted Patient Safety, Person and Community Engagement, and Efficiency and Cost Reduction domain scores but are not for predicted Clinical Outcomes scores. Conclusions The lower predicted scores seen in cities and in the Southeastern region potentially reflect an inherent—that is, structural—association between market sociodemographics and HVBP scores.

Continuity of Care Versus Language Concordance As an Intervention to Reduce Hospital Readmissions From Home Health Care

SQUIRES A., ENGEL P., MA C., *et al.*

2023

Medical Care 61(9): 605-610.
https://doi.org/10.1097/mlr.0000000000001884

Language concordance between health care practitioners and patients have recently been shown to lower the risk of adverse health events. Continuity of care also been shown to have the same impact. Objective: The purpose of this paper is to examine the relative effectiveness of both continuity of care and language concordance as alternative or complementary interventions to improve health outcomes of people with limited English proficiency. Design: A multivariable logistic regression model using rehospitalization as the dependent variable was built. The variable of interest was created to compare language concordance and continuity of care. Participants: The final sample included 22,103 patients from the New York City area between 2010 and 2015 who were non–English-speaking and admitted to their home health site following hospital discharge. Measures: The odds ratio (OR) average marginal effect (AME) of each included variable was calculated for model analysis. Results: When compared with low continuity of care and high language concordance, high continuity of care and high language concordance significantly decreased readmissions (OR = 0.71, 95% CI: 0.62–0.80, P<0.001, AME = –4.95%), along with high continuity of care and low language concordance (OR = 0.80, 95% CI: 0.74–0.86, P<0.001, AME = –3.26%). Low continuity of care and high language concordance did not significantly impact readmissions (OR = 1.04, 95% CI: 0.86–1.26, P = 0.672, AME = 0.64%). Conclusion: In the US home health system, enhancing continuity of care for those with language barriers may be helpful to address disparities and reduce hospital readmission rates.

Surgeon Supply and Healthcare Quality: Are Revision Rates For Hip and Knee Replacements Lower in Hospitals that Employ More Surgeons?

VAN GESTEL R., BROEKMAN N. ET MÜLLER T.

2023
Health Economics 32 (10): 2298-2321
https://doi.org/10.1002/hec.4727

We study the link between department-wide surgeon supply and quality of care for two major elective medical procedures. Several countries have adopted policies to concentrate medical procedures in high-volume hospitals. While higher patient volumes might translate to higher quality, we provide evidence for a positive relationship between surgeon supply and hospital revision rates for hip and knee replacement surgery. Hence, hospital performance decreases with higher surgeon supply, and this finding holds conditional on patient volumes.

Emergency Care Reconfiguration in the Netherlands: Conflicting Interests and Trade-Offs From a Multidisciplinary Perspective

VAN VELZEN N., JANSSEN R. ET VARKEVISSER M.

2023
Health Economics, Policy and Law: 1-17.
https://doi.org/10.1017/S1744133123000099

Many countries are reconfiguring their emergency care systems to improve quality and efficiency of care, and this often includes the concentration of emergency departments (EDs). This trend is evident in the Netherlands, but the best approach is the subject of debate among stakeholders. We (i) examined the views of stakeholders on the concentration of EDs in the Netherlands and (ii) identified the main conflicting interests and trade-offs that are relevant for health policy. To do this, we organised focus groups and semi-structured interviews with emergency care professionals, hospital executives and selected external stakeholders. First, the participants saw both advantages and disadvantages to concentration, but these were also contested and debated. Second, we found that – sometimes conflicting – public health care goals (i.e. quality, accessibility and affordability) and narrower interests (e.g. the interests of specific hospitals, insurers, medical specialists and local administrators) were both pointed out. Third, there was no clear preferred approach to the future organisation of EDs, although most stakeholders mentioned some form of centralised decision-making at the national level, combined with regional customisation. Our findings will facilitate health policy decision-making around the reconfiguration of emergency care with the long-term goal of achieving efficient and high-quality emergency care.

Inégalités de santé

Health Inequalities

Inégalité des chances en santé chez les séniors : quelles différences selon le genre ?

BIGORNE A., BOGGIAN L. ET TUBEUF S.

2023

Revue économique 74(3): 373-397.

https://www.cairn.info/revue-economique-2023-3-page-373.htm

Les inégalités de santé liées aux conditions dans l'enfance, aussi appelées inégalités des chances en santé, sont-elles similaires pour les hommes et les femmes ? À partir de données européennes et de modèles de forme réduite, nous mesurons et décomposons les inégalités de santé séparément pour les femmes et les hommes. Nous observons que la moitié de l'inégalité totale de santé relève d'inégalités des chances. Les inégalités de santé sont d'autant plus marquées que le pays connaît des inégalités de genre importantes. Les inégalités de santé sont plus importantes parmi les femmes. Nous montrons une transmission intergénérationnelle genrée de la santé : la santé des filles est principalement associée à la santé des mères et celle des fils à celle des pères. De plus, l'éducation de la mère est exclusivement associée à la santé des filles tandis que l'éducation du père est associée à celle des fils. Classification JEL : D63, I14, N30.

Health Insurance Coverage and Access to Care Among LGBT Adults, 2013–19

BOLIBOL A., BUCHMUELLER T. C., LEWIS B., *et al.*

2023

Health Affairs 42(6): 858-865.

https://doi.org/10.1377/hlthaff.2022.01493

Historically, lesbian, gay, bisexual, and transgender (LGBT) adults have faced barriers to obtaining health insurance coverage, which have contributed to disparities in access to care and health outcomes. The Affordable Care Act (ACA) and the 2015 Supreme Court ruling on marriage equality had the potential to improve access to health insurance for LGBT people. Using data from the nationally representative Health Reform Monitoring Survey, we provide new evidence on trends in coverage and access to care for LGBT and non-LGBT adults between 2013 and 2019. In 2013 LGBT adults were significantly less likely than non-LGBT adults to have insurance coverage and more likely to report difficulty obtaining necessary medical care. Disparities in insurance coverage began to decline in 2014, when the main coverage provisions of the ACA went into effect. By 2017-19, coverage rates for LGBT adults were comparable to those of non-LGBT adults, although significant disparities in access remained.

L'interprétariat en santé

BRESSON L.

2023

Médecine : De La Médecine Factuelle à Nos Pratiques 19(3): 122-126.

https://www.jle.com/fr/revues/med/e-docs/linterpretariat_en_sante_332251/article.phtml

Permettre un accès aux soins équitables pour des patients allophones passerait en partie par un accès à un interprétariat professionnel. Depuis plusieurs années, en France, les politiques publiques commencent à s'emparer de cette thématique. Cependant, sur le terrain, le peu de dispositifs existant semblent peu connus et utilisés par les professionnels. Ainsi la première bonne pratique en termes d'interprétariat ne serait-elle pas sa généralisation ?

The Vulnerability to Covid-19 of Migrants in Large Urban Areas: Structural Exacerbators and Community-Level Mitigators

HITCH L., MASOUD D., HOBBS L. A., *et al.*

2023

European Journal of Public Health 33(4): 704-716.

https://doi.org/10.1093/eurpub/ckad076

Despite research on large urban areas in the context of Covid-19, evidence on how these settings impact migrants is still limited. To explore exacerbating and mitigating factors of large urban areas on migrants' vulnerabilities during the Covid-19 pandemic. We conducted a systematic review of peer-reviewed studies published between 2020 and 2022, focused on migrants (foreign-born individuals who have not been naturalized in the host country, regardless of legal immigra-

tion status) in urban areas with a population >500000. After screening 880 studies, 29 studies were included and categorized within the following thematic framework: (i) pre-existing inequities, (ii) governance strategies, (iii) urban design and (iv) engagement of civil society organizations (CSOs).Exacerbating factors include pre-existing inequities (e.g. unemployment, financial instability and barriers to healthcare access), exclusionary government responses (e.g. ineligibility for relief funds or unemployment benefits) and residential segregation. Mitigating community-level factors include the engagement of CSOs to fill institutional and governmental gaps through service provision and use of technology. We recommend increased attention to pre-existing structural inequities faced by migrants, more inclusive governance strategies and partnerships between government and CSOs to improve the design and delivery of services to migrants in large urban areas. More research is needed on how urban design can be utilized to mitigate Covid-19 impacts on migrant communities. The factors identified in this systematic review should be considered as part of migrant-inclusive emergency preparedness strategies to address the disproportionate impact of health crises on migrant communities.

Self-Reported Barriers to Care Among Sexual and Gender Minority People with Disabilities: Findings From the PRIDE Study, 2019–2020

LAMBA S., OBEDIN-MALIVER J., MAYO J., *et al.*

2023

American Journal of Public Health: e1-e10.

https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2023.307333

The aim of this study is to examine the associations of self-reported disability status with health care access barriers for sexual and gender minority (SGM) people. Methods. The Population Research in Identity and Disparities for Equality (PRIDE) Study participants lived in the United States or its territories, completed the 2019 annual questionnaire (n? = ?4961), and self-reported their disability and health care access experiences, including whether they had a primary care provider, were uninsured, delayed care, and were unable to obtain care. We classified disabilities as physical, mental, intellectual, and other; compared participants to those without disabilities; and performed logistic regression to determine the associations of disability status and health care access barriers. Results. SGM people with disabilities were less likely to have a usual place to seek health care (69.0% vs 75.3%; P≤.001) and more often reported being mistreated or disrespected as reasons to delay care (29.0% vs 10.2%; P?≤?.001). SGM people with disabilities were more likely to delay care (adjusted odds ratio [AOR] = 3.28; 95% confidence interval [CI] = 2.83, 3.81) and be unable to obtain care (AOR = ?3.10; 95% CI = ?2.59, 3.71). Conclusions. Future work should address culturally competent health care to ameliorate disparities for the SGM disability community.

L'accès aux soins pour les sourdes. Deuxième partie : En France : un exemple de santé communautaire

MACHKOUR H., CHALOT T., BONNEFOND H., *et al.*

2023

Médecine : De La Médecine Factuelle à Nos Pratiques 16(4): 173-179.

https://www.jle.com/fr/revues/med/e-docs/lacces_aux_soins_pour_les_sourds._deuxieme_partie_en_france_un_exemple_de_sante_communautaire__332250/article.phtml

Les Sourds locuteurs de la langue des signes rencontrent des obstacles aux soins médicaux et cette population présente des indicateurs de santé moins bons que ceux de la population générale. L'objectif de cette étude consiste à inventorier les dispositifs en place à l'échelle internationale, nationale et territoriale. Un premier article a décrit la naissance des unités d'accueil et de soins aux Sourds en France et proposait une revue narrative de la littérature afin de comparer les modalités d'action avec celles déployées dans des pays développés. Ce deuxième article décrit le système français, les acteurs, les missions et met en lumière ce qu'il reste du modèle de santé communautaire qui avait concouru à la mise en place des premiers dispositifs français.

The Case For Individualised Public Health Interventions: Smoking Prevalence and Inequalities in Northern Ireland 1985-2015

NGUYEN D. T., DONNELLY M., VAN HOANG M., *et al.*

2023

Health Policy 135: 104879.

https://doi.org/10.1016/j.healthpol.2023.104879

While smoking prevalence in high income countries has declined over time, socioeconomic inequalities

in smoking have widened. This study is one of the few studies to examine the longitudinal pattern of income-related smoking inequalities and only the second using concentration indices in its analysis. Method Income-related smoking inequalities were measured using concentration indices using the Northern Ireland Continuous Household Survey data. Smoking inequalities were compared quantitatively and visually across three periods: 1985–1995, 1997–2005 and 2007–2015. Joinpoint analysis was used to measure the overall time trend of smoking inequalities. Subgroup analysis was used to examine the nature of change in smoking inequalities across population sub-groups. Findings Throughout 1985–2015, smoking was more concentrated among the poor (standard concentration index of-0·131, p < 0·001). While prevalence declined sharply across population, income-related inequalities increased sharply in general and within subgroups. Income-related smoking inequalities were significantly larger among high educated group and those who were employed. No structural break was observed with respect to the adoption of any specific policy measures over the period. Conclusion Current approaches to tobacco control may be ill-suited to addressing smoking inequalities and may indeed be counterproductive. More tailored approaches that address the specific needs of population sub-groups or more draconian approaches such as extensions to prohibition may be required to reduce prevalence further while avoiding a widening of inequalities.

Impacts of an Interpretation Fee on Immigrants' Access to Healthcare: Evidence From a Danish Survey Study Among Newly Arrived Immigrants

NIELSEN M. R. ET JERVELUND S. S.

2023

Health Policy 136: 104893.

https://doi.org/10.1016/j.healthpol.2023.104893

In 2018, a fee for healthcare interpretation was introduced for immigrants living in Denmark for more than 3 years to incentivize learning Danish faster. Little is known about who is affected and how immigrants experience impacts of the fee. Using survey data from 2021 (n = 486), we analysed prevalence and socio-demographic background of immigrants reporting interpretation needs, and self-reports about whether the fee had impacted their access to healthcare. In the study population, 19% (n = 95) reported interpretation needs. Refugees and their families (OR: 10.2) more often reported interpretation need compared with EU/EEA immigrants, as did immigrants with low education (OR: 1.86), low income (OR: 2.63) or poor self-perceived health (OR: 3.18), adjusted for gender, age, region of residence and length of stay. among immigrants needing interpretation, 42% (n = 69) reported having refrained from seeking healthcare due to the fee, 73% (n = 119) using ad hoc interpreters, and 77% (n = 126) trying to learn Danish faster. Findings suggest that the policy aim of incentivizing host country language acquisition is partly met, but that the fee has unintended consequences in terms of hampered access to healthcare and increased use of ad hoc interpreters, raising concerns about unmet health needs and poorer quality of care for a substantial group. Potential benefits of the policy should be carefully evaluated against severe negative impacts on immigrants' access to healthcare.

Differences in Use of High- and Low-Value Health Care Between Immigrant and US-Born Adults

PARK S., VARGAS BUSTAMANTE A., CHEN J., *et al.*

2023

Health Services Research 58(5): 1098-1108.

https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.14206

The objective of this study is to examine differences in the use of high- and low-value health care between immigrant and US-born adults. Data Source The 2007–2019 Medical Expenditure Panel Survey. Study Design We split the sample into younger (ages 18–64 years) and older adults (ages 65 years and over). Our outcome measures included the use of high-value care (eight services) and low-value care (seven services). Our key independent variable was immigration status. For each outcome, we ran regressions with and without individual-level characteristics. Data Collection/Extraction Methods N/A. Principal Findings Before accounting for individual-level characteristics, the use of high- and low-value care was lower among immigrant adults than US-born adults. After accounting for individual-level characteristics, this difference decreased in both groups of younger and older adults. For high-value care, significant differences were observed in five services and the direction of the differences was mixed. The use of breast cancer screening was lower among immigrant than US-born younger and older adults (–5.7 [95% CI: –7.4 to –3.9] and –2.9 percentage points [95% CI: –5.6 to –0.2]) while the use of colorectal

cancer screening was higher among immigrant than US-born younger and older adults (2.6 [95% CI: 0.5 to 4.8] and 3.6 [95% CI: 0.2 to 7.0] percentage points). For low-value care, we did not identify significant differences except for antibiotics for acute upper respiratory infection among younger adults and opioids for back pain among older adults (–3.5 [95% CI: –5.5 to –1.5] and –3.8[95% CI: –7.3 to –0.2] percentage points). Particularly, differences in socioeconomic status, health insurance, and care access between immigrant and US-born adults played a key role in accounting for differences in the use of high- and low-value health care. The use of high-value care among immigrant and US-born adults increased over time, but the use of low-value care did not decrease. Conclusion Differential use of high- and low-value care between immigrant and US-born adults may be partly attributable to differences in individual-level characteristics, especially socioeconomic status, health insurance, and access to care.

Accès à l'emprunt des personnes malades : du mieux depuis 2022, mais des risques selon les associations de patients

REVUE PRESCRIRE

2023

Revue Prescrire 43(477): 548-549.

En France, la convention Aeras vise à faciliter l'accès aux prêts bancaires des personnes exclues des assurances standard pour raison de santé. De nouvelles dispositions ont été mises en place en 2022, notamment grâce à des associations de patients. Mais ces associations de patients évoquent néanmoins des risques de dérive et de contournement liés à la suppression du questionnaire santé.

Reducing Socioeconomic Health Inequalities? a Questionnaire Study of Majorization and Invariance Conditions

ROHDE K. I. M., VAN OURTI T. ET SOEBHAG A.

2023

Journal of Health Economics 90: 102773.

https://doi.org/10.1016/j.jhealeco.2023.102773

We study the appeal of basic preference conditions that underpin health inequality indices, including the widely used concentration index. We did a lab experiment in which 349 respondents had to choose repeatedly between two policies that generated a distribution of income and health among five groups in society. We found stronger support for preference conditions that focus on inequality in the marginal distribution of health (and income) than for preference conditions that favor reduced correlation between both dimensions. Respondents' choices were more in line with the principle of income related health transfers when policies did not affect the ranking of groups in terms of health. Respondents also expressed more concern about the correlation between income and health when health was expressed as a shortfall rather than an attainment. Support for the preference conditions was unaffected when all groups in society experienced the same absolute or relative health change.

Perception des freins et facilitateurs de la continuité des soins délivrés aux migrants précaires en médecine générale

ROMEY A., VAYSSE M., JOUAULT C., *et al.*

2023

Santé Publique 35(2): 171-181.

https://www.cairn.info/revue-sante-publique-2023-2-page-171.htm

La continuité des soins est essentielle pour le diagnostic et le traitement des pathologies somatiques et psychiques des migrants précaires. Cette étude a exploré les freins et les facilitateurs de la continuité des soins délivrés aux migrants précaires en médecine générale. Méthodes : Étude qualitative par entretiens semi-dirigés, conduits auprès de 20 migrants précaires. Le terme « suivi médical » a été utilisé dans la grille d'entretien pour représenter le concept de continuité des soins. Les verbatims ont été analysés selon l'approche par théorisation ancrée, avec une triangulation de l'analyse des données. Résultats : Les migrants précaires décrivaient le suivi médical comme un accès répété chez un même médecin pour tous leurs problèmes de santé. Ce suivi était limité par les difficultés d'accès à la couverture maladie et d'orientation dans le système de santé, et par les barrières linguistique et culturelle. En revanche, le savoir-faire et le savoir-être du médecin, la présence d'un traducteur, le soutien de l'entourage familial et associatif des migrants et certaines organisations de la structure de soins facilitaient leur suivi médical. Conclusions : Les continuités relationnelle, organisationnelle et informationnelle des soins délivrés aux migrants précaires méritent d'être optimisées de façon synergique. Pour cela, il conviendrait d'améliorer la formation des médecins à la communication avec les migrants, le partage des informations

médicales et l'éducation des migrants au bon usage du système de santé, afin de favoriser leur autonomisation progressive dans leur parcours de soins.

L'accès aux soins pour les Sourds. Deuxième partie : En France : un exemple de santé communautaire ?

THIBAUT C., HIND M., HERVÉ B., *et al.*

2023

Médecine 19(4): 173-179.

https://doi.org/10.1684/med.2023.866

Les Sourds locuteurs de la langue des signes rencontrent des obstacles aux soins médicaux et cette population présente des indicateurs de santé moins bons que ceux de la population générale. L'objectif de cette étude consiste à inventorier les dispositifs en place à l'échelle internationale, nationale et territoriale. Un premier article a décrit la naissance des unités d'accueil et de soins aux Sourds en France et proposait une revue narrative de la littérature afin de comparer les modalités d'action avec celles déployées dans des pays développés. Ce deuxième article décrit le système français, les acteurs, les missions et met en lumière ce qu'il reste du modèle de santé communautaire qui avait concouru à la mise en place des premiers dispositifs français.

Médicaments

Pharmaceuticals

A Critical Review of Methodologies Used in Pharmaceutical Pricing Policy Analyses

JOOSSE I. R., TORDRUP D., BERO L., *et al.*

2023

Health Policy 134: 104576.

https://doi.org/10.1016/j.healthpol.2022.03.003

Robust evidence from health policy research has the potential to inform policy-making, but studies have suggested that methodological shortcomings are abundant. We aimed to identify common methodological weaknesses in pharmaceutical pricing policy analyses. A systematic review (SR) of studies examining pharmaceutical pricing policies served as basis for the present analysis. We selected all studies that were included in the SR (n = 56), and those that were excluded from the SR due to ineligible study designs only (n = 101). Risk of bias was assessed and specific study design issues were recorded to identify recurrent methodological issues. Sixty-one percent of studies with a study design eligible for the SR presented with a high risk of bias in at least one domain. Potential interference of co-interventions was a source of possible bias in 53% of interrupted time series studies. Failing to consider potential confounders was the primary cause for potential bias in difference-in-differences, regression, and panel data analyses. In 101 studies with a study design not eligible for the SR, 32% were uncontrolled before-after studies and 23% were studies without pre-intervention data. Some of the methodological issues encountered may be resolved during the design of a study. Awareness among researchers on methodological issues will help improve the rigor of health policy research in general.

Evidence on the Effectiveness of Policies Promoting Price Transparency - a Systematic Review

JOOSSE I. R., TORDRUP D., GLANVILLE J., *et al.*

2022

Health Policy 134: 104681.

https://doi.org/10.1016/j.healthpol.2022.11.002

Policies promoting price transparency may be an important approach to control medicine prices and achieve better access to medicines. As part of a wider review, we aimed to systematically determine whether policies promoting price transparency are effective in managing the prices of pharmaceutical products. We searched for studies published between January 1, 2004 and October 10, 2019, comparing policies promoting price transparency against other interventions or a counterfactual. Eligible study designs included randomized trials, and non-randomized or quasi-experimental studies such as interrupted time-series (ITS), repeated measures (RM), and controlled before-after studies. Studies were eligible if they included at least one of the following outcomes: price (or expenditure

as a proxy for price and volume), volume, availability or affordability of pharmaceutical products. The quality of the evidence was assessed using the GRADE methodology. A total of 32011 records were retrieved, two of which were eligible for inclusion. Although based on evidence from a single study, public disclosure of medicine prices may be effective in reducing prices of medicines short-term, with benefits possibly sustained long-term. Evidence on the impact of a cost-feedback approach to prescribers was inconclusive. No evidence was found for impact on the outcomes volume, availability or affordability. The overall lack of evidence on policies promoting price transparency is a clear call for further research.

▶ Administrer le juste prix des médicaments : entre gouvernement des valeurs et gouvernement des conduites

NOUGUEZ É.

2023

Regards Croisés sur l'Economie 32(1): 239-247.

https://www.cairn.info/revue-regards-croises-sur-l-economie-2023-1-page-239.htm

Les prix des médicaments remboursés sont négociés en France par un Comité interministériel avec les entreprises pharmaceutiques depuis le milieu des années 1990. Ce contrôle des prix a permis aux pouvoirs publics de gouverner les valeurs conférées aux médicaments en articulant plusieurs conceptions de la justice sociale. Dans le même temps, le Comité économique des produits de santé (CEPS) a également cherché à gouverner les conduites des entreprises et des prescripteurs, en ajustant les prix pour prendre en compte les dynamiques marchandes. Il en découle une architecture des prix des médicaments dont la justice sociale et la justesse marchande sont sujettes à de multiples controverses.

▶ Les avis médico-économiques de la Haute autorité de santé en France. Première partie : Une place croissante entre 2008 et 2021

REVUE PRESCRIRE

2023

Revue Prescrire 43(478): 617-621.

Les avis d'efficience de la Haute autorité de santé (HAS) apportent une critique rigoureuse et sans concession des études médico-économiques des firmes. Leur impact sur le prix des médicaments semble cependant très limité. Depuis 2014, la Haute autorité de santé (HAS) est chargée d'émettre un avis sur l'efficience de la prise en charge par l'assurance maladie des produits de santé les plus susceptibles d'apporter un progrès pour les patients ou de peser sur les comptes de l'assurance maladie. Ces avis font partie des informations que le Comité économique des produits de santé (CEPS) peut prendre en compte pour fixer le prix des médicaments remboursables. Dans ses avis d'efficience, la HAS se livre à une analyse méthodologique des études médico-économiques fournies par les firmes. Ses réserves méthodologiques peuvent avoir un impact dans la fixation du prix des médicaments par le CEPS.

▶ Les avis médico-économiques de la Haute autorité de santé en France. Deuxième partie : Des avis d'efficience très critiques, mais de quelle utilité ?

REVUE PRESCRIRE

2023

Revue Prescrire 43(479): 705-709.

Dans ses avis d'efficience, la HAS se livre à une analyse méthodologique des études médico-économiques fournies par les firmes. Ses réserves méthodologiques peuvent avoir un impact dans la fixation du prix des médicaments par le CEPS. Environ un tiers des avis d'efficience ont rejeté l'analyse médico-économique de la firme : cette proportion n'a pas diminué depuis 2014. On peut en supposer notamment que les firmes ne sont pas capables d'appliquer les recommandations de la HAS, qu'elles sous-estiment le professionnalisme de la HAS, ou qu'elles ne donnent pas beaucoup d'importance à ces avis. Le CEPS dit prendre en compte les avis de la HAS à différents niveaux, mais plusieurs exemples montrent des écarts par rapport aux règles affichées. L'intérêt des avis d'efficience de la HAS est d'apporter une rigueur d'analyse, en cherchant à comparer le nouveau médicament aux traitements habituels, afin d'aider à faire des choix entre plusieurs options. Ce positionnement exigeant semble très éloigné de celui des commissions d'autorisation de mise sur le marché (AMM), en Europe notamment, qui ne tiennent pas assez compte des faiblesses méthodologiques des essais cliniques.

Méthodologie – Statistique

Methodology - Statistics

Trajectoires et Origines 2019-2020 (TeO2) : présentation d'une enquête sur la diversité des populations en France

BEAUCHEMIN C., ICHOU M. ET SIMON P.

2023

Population 78(1): 11-28.

https://www.cairn.info/revue-population-2023-1-page-11.htm

Cet article présente la deuxième édition d'une enquête de référence sur la diversité des populations en France : l'enquête Trajectoires et Origines (TeO2), coproduite par l'Institut national d'études démographiques (Ined) et l'Institut national de la statistique et des études économiques (Insee). Cette réédition, qui se place dans la continuité de TeO1, répond à des attentes renouvelées pour des données de grande ampleur permettant de mesurer l'intégration des immigré·es et de leurs descendant·es, ainsi que les discriminations qu'ils et elles ont subies. Issue d'une procédure d'échantillonnage complexe, la collecte a permis d'obtenir des informations sur 27 181 individus, représentatifs de la population résidant en France métropolitaine âgée de 18 à 59 ans, au sein desquels sont sur-échantillonné·es les immigré·es, les personnes originaires des Départements et régions d'Outre-Mer (Drom), et les enfants de ces deux groupes. Le questionnaire multithématique, effectué essentiellement en face-à-face, renseigne sur un grand nombre de sphères de la vie sociale des enquêté·es. Pour la première fois, il permet d'identifier les petits-enfants d'immigré·es.

Assessing European National Health Information Systems in Peer Review Format: Lessons Learnt

BOGAERT P., VERSCHUUREN M., ABBOUD L., *et al.*

2023

European Journal of Public Health 33(4): 580-584.

https://doi.org/10.1093/eurpub/ckad085

Systematic assessments of a country's health information system (HIS) help identify strengths and weaknesses and may stimulate actions for improvement. They represent a capacity-building process for the country assessed as well as for the assessor. The joint action on HISs (InfAct) developed a peer-to-peer assessment methodology adapting an established WHO support tool. The aim of this study is to identify lessons learnt and the added value of the InfAct peer assessment for the assessors. A qualitative evaluation of the peer HIS assessment was performed based on 12 semi-structured interviews: nine interviews were carried out with assessors from nine participating countries, and three with an observer (present during assessments). The interviews were carried out between May 2019 and January 2020. Interviews were analysed using qualitative content analysis. The interviews revealed the experiences of the assessors mainly occurred in five areas: assessors strengthened their understanding of what a population-based HIS is; they strengthened their understanding of how a HIS operates in different countries; they learnt how to carry out a HIS assessment; they strengthened their organization, communication, negotiation and reporting skills and they strengthened the networks in health information within and between countries. Since the assessors are key personnel in their respective national health systems, the impact of the assessment is not limited to the assessor alone but may extend to stakeholders in their country. The deployment of the InfAct HIS peer assessment, anchored in systematic HIS capacity building across European countries, is recommended.

Remettre les chercheurs et la science au cœur de l'organisation de la recherche en santé

BOITARD C., BRICE A., CLÉMENT B., *et al.*

2023

Bulletin de l'Académie Nationale de Médecine 207(7). 961-966

https://doi.org/10.1016/j.banm.2023.05.002

Pour enrayer le déclin de la recherche dont celle en biologie et santé, l'Académie nationale de médecine a proposé plusieurs scénarii s'appuyant sur une politique de site renforcée et une refonte structurelle des organismes nationaux de recherche et des agences de financement. Cependant, il serait illusoire de croire qu'une réforme basée uniquement sur une réorganisation des structures administratives puisse résoudre le problème de l'efficience de la recherche et de son attractivité. Toute réforme de simplification de l'organisation de la recherche doit remettre en priorité le

chercheur et son équipe au cœur du dispositif, faciliter la mise en œuvre des projets et alléger son environnement administratif. Cet article reprend plusieurs recommandations antérieures de l'Académie nationale de médecine pour une réforme de la recherche en biologie et santé.

▶ Système national des données de santé (SNDS) : perspectives en santé au travail et environnementale

CHAMOT S., MANAOUIL C., FANTONI S., *et al.*

2023

Archives des Maladies Professionnelles et de l'Environnement 84(6): 101875.

https://doi.org/10.1016/j.admp.2023.101875

Le Système national de données de santé (SNDS) regroupe des informations de santé issues des données de remboursement et de prestation de l'Assurance maladie, des données sur l'activité des établissements hospitaliers publics et privés et sur les causes de décès. D'autres données sont amenées à le compléter, dont les données des dossiers médicaux en santé au travail. Le SNDS permet de suivre le parcours résidentiel de chaque individu à l'échelle de la commune et ouvre par la connaissance des expositions des perspectives de recherche en santé environnementale. Les modalités d'accès s'élargissent et se fluidifient au fur et à mesure qu'il se développe. L'utilisation des données du SNDS en santé au travail et en santé environnementale représente une opportunité majeure.

▶ Compter les morts en EHPAD. La construction et la communication des données de mortalité en EHPAD durant la crise Covid

JANY-CATRICE F., DELOUETTE I., LEFEBVRE-CHOMBART A., *et al.*

2023

Politiques & management public 2(2): 149-171.

https://www.cairn.info/revue-politiques-et-management-public-2023-2-page-149.htm

Cet article analyse la genèse et la consolidation de « l'argument statistique » (Desrosières, 2008) de mortalité durant la pandémie de la Covid-19, en se centrant sur la mortalité en EHPAD. Les données de santé sont abordées sous l'angle du biopouvoir, et l'article explore les conditions sociales de la production et de la diffusion des données de mortalité en EHPAD. Nous montrons qu'ils sont le fait de ce que nous désignons par une « agençologie » territoriale et nationale de la santé publique caractérisée par une mille-feuille d'intervenants, générateur de flou, d'incertitude et de données d'autant plus fragiles que les conventions statistiques étaient en émergence, dans une période pourtant marquée par la centralisation du pouvoir. La fragilité des chiffres de mortalité est mise en miroir de la fragilité de l'institution EHPAD. Nous montrons que les décomptes de la mortalité se conjuguent avec de nombreuses faillibilités, en particulier les fragilités économiques (pénurie de moyens) et institutionnelles (tension entre sanitaire et social).

▶ The European Health Data Space: Too Big to Succeed?

MARELLI L., STEVENS M., SHARON T., *et al.*

2023

Health Policy 135: 104861.

https://doi.org/10.1016/j.healthpol.2023.104861

In May 2022, the European Commission issued the Proposal for a Regulation on the European Health Data Space (EHDS), with the aims of granting citizens increased access to and control of their (electronic) health data across the EU, and facilitating health data re-use for research, innovation, and policymaking. As the first in a series of European domain-specific "data spaces", the EHDS is a high-stakes development that will transform health data governance in the EU region. As an international consortium of experts from health policy, law, ethics and the social sciences, we are concerned that the EHDS Proposal will detract from, rather than lead to the achievement of, its stated aims. We are in no doubt on the benefits of using health data for secondary purposes, and we appreciate attempts to facilitate such uses across borders in a carefully curated manner. Based on the current draft Regulation, however, the EHDS risks undermining rather than enhancing patient control over data; hindering rather than facilitating the work of health professionals and researchers; and eroding rather than increasing the public value generated through health data sharing. Therefore, significant adjustments are needed if the EHDS is to realize its promised benefits. Besides analyzing the implications for key groups and European societies at large who will be affected by the implementation of the EHDS, this contribution advances targeted policy recommendations to address the identified shortcomings of the EHDS Proposal.

Estimating Healthcare Expenditures after Becoming Divorced or Widowed Using Propensity Score Matching

MEULMAN I., LOEF B., STADHOUDERS N., *et al.*

2023

The European Journal of Health Economics 24(7): 1047-1060.

https://doi.org/10.1007/s10198-022-01532-z

Becoming divorced or widowed are stressful life events experienced by a substantial part of the population. While marital status is a significant predictor in many studies on healthcare expenditures, effects of a change in marital status, specifically becoming divorced or widowed, are less investigated. This study combines individual health claims data and registered sociodemographic characteristics from all Dutch inhabitants (about 17 million) to estimate the differences in healthcare expenditure for individuals whose marital status changed (n = 469,901) compared to individuals who remained married, using propensity score matching and generalized linear models. We found that individuals who were (long-term) divorced or widowed had 12–27% higher healthcare expenditures (RR = 1.12, 95% CI 1.11–1.14; RR = 1.27, 95% CI 1.26–1.29) than individuals who remained married. Foremost, this could be attributed to higher spending on mental healthcare and home care. Higher healthcare expenditures are observed for both divorced and widowed individuals, both recently and long-term divorced/widowed individuals, and across all age groups, income levels and educational levels.

Statistiques publiques et débat démocratique : de la création à la consolidation (1946-1987)

PERETTI G. D. ET TOUCHELAY B.

2023

Courrier des Statistiques(9): 17.

https://www.insee.fr/fr/information/7635819?sommaire=7635842

Le développement et la diffusion de l'information statistique est au cœur des préoccupations du Conseil national de la Résistance pour instaurer une démocratie économique et sociale. Au travers d'une esquisse historique des quarante premières années de fonctionnement de l'Insee, deux périodes se dessinent. Dans la première, qualifiée de construction, l'appareil statistique s'étoffe et assoit sa position. L'institution, reconnue et écoutée, s'affirme mais l'essentiel des regards sont portés vers les décideurs politiques et économiques. Il s'agit avant tout de répondre aux besoins de la reconstruction. Dans un deuxième temps, nommé "consolidation par l'ouverture", il s'agit, tout en s'appuyant sur les travaux déjà réalisés, de consolider ces acquis mais surtout de s'ouvrir aux autres utilisateurs, que ce soit au niveau local en lien avec les différentes vagues de décentralisation, au niveau national avec la mise en place d'instances de concertation, et plus généralement à destination du grand public à travers une politique offensive de diffusion de l'information statistique.

Confidentialité des données statistiques : un enjeu majeur pour le service statistique public

REDOR P.

2023

Courrier Des Statistiques(9): 18.

https://www.insee.fr/fr/information/7635823?sommaire=7635842

Le service statistique public (SSP) est chargé de produire et de diffuser de l'information statistique à partir de données issues de fichiers administratifs ou d'enquêtes. Le SSP est ainsi dépositaire d'un large éventail de données confidentielles sur des individus, des ménages, des entreprises ou des organisations. Pour répondre à ses obligations légales et éthiques, le SSP doit garantir la confidentialité des données collectées ou produites à des fins statistiques, en appliquant le secret statistique et en respectant les obligations de protection des données personnelles formulées par la loi Informatique et libertés et le règlement général sur la protection des données (RGPD). Le SSP est dispensé de répondre aux demandes de réquisitions, et en cas de non- respect du secret statistique, des sanctions pénales sévères sont appliquées. Les obligations relatives au secret statistique découlent de la loi de 1951 sur l'obligation, la coordination et le secret en matière de statistiques et des règlements européens, tels que le règlement général sur la protection des données (RGPD) et le règlement n° 223 sur les statistiques européennes.

Politique de santé

Health Policy

Understanding Household Healthcare Expenditure Can Promote Health Policy Reform

BEST R. ET TUNCAY B.

2023

Health Economics, Policy and Law(Ahead of pub): 1-24.
https://doi.org/10.1017/S1744133123000129

Studies of health care expenditure often exclude explanatory variables measuring wealth, despite the intuitive importance and policy relevance. We use the Household, Income and Labour Dynamics in Australia Survey to assess impacts of income and wealth on health expenditure. We investigate four different dependent variables related to health expenditure and use three main methodological approaches. These approaches include a first difference model and introduction of a lagged dependent variable into a cross-sectional context. The key findings include that wealth tends to be more important than income in identifying variation in health expenditure. This applies for health variables which are not directly linked to means testing, such as spending on health practitioners and for being unable to afford required medical treatment. In contrast, the paper includes no evidence of different impacts of income and wealth on spending on medicines, prescriptions or pharmaceuticals. The results motivate two novel policy innovations. One is the introduction of an asset test for determining rebate eligibility for private health insurance. The second is greater focus on asset testing, rather than income tests, for a wide range of general welfare payments that can be used for health expenditure. Australia's world-leading use of means testing can provide a test case for many countries.

Special Issue: on the Roof Top of Health Policy Change: Overlooking 21 Years of the European Health Policy Group

OR Z., WALLENBURG I., FRIEBEL R., *et al.*

2023

Health Econ Policy Law: 1-3.

Toward Future Triage Regulations: Investigating Preferred Allocation Principles of the German Public

SPRENGHOLZ P., FELGENDREFF L., BUYX A., *et al.*

2023

Health Policy 134: 104845.
https://doi.org/10.1016/j.healthpol.2023.104845

When intensive care capacity is limited, triage may be required. Given that the German government started working on new triage legislation in 2022, the present study investigated the German public's preferences for intensive care allocation in two situations: ex-ante triage (where multiple patients compete for available resources) and ex-post triage (where admitting a new patient to intensive care means withdrawing treatment from another because ICU resources are depleted). Method In an online experiment, N = 994 participants were presented with four fictitious patients who differed in age and pre- and post-treatment chance of survival. In a series of pairwise comparisons, participants were asked to select one patient for treatment or to opt for random selection. Ex-ante and ex-post triage situations were varied between participants and preferred allocation strategies were inferred from their decisions. Results On average, participants prioritized better post-treatment prognosis ahead of younger age or treatment benefit. Many participants rejected random allocation (on the flip of a coin) or prioritization by worse pre-treatment prognosis. Preferences were similar for ex-ante and ex-post situations. Discussion Although there may be good reasons for deviating from laypeople's preference for utilitarian allocation, the results can help to design future triage policies and accompanying communication strategies.

Health Care Reform and Financial Crisis in the Netherlands: Consequences For the Financial Arena of Health Care Organizations

VAN DIJK T. S., VAN DER SCHEER W. K., FELDER M., *et al.*

2023

Health Economics, Policy and Law 18(3): 305-320.
https://doi.org/10.1017/S1744133123000075

Over the past decade, many health care systems across the Global North have implemented elements of market mechanisms while also dealing with the consequences of the financial crisis. Although effects of these two developments have been researched separately, their combined impact on the governance of health care organizations has received less attention. The aim of this study is to understand how health care reforms and the financial crisis together shaped new roles and interactions within health care. The Netherlands – where dynamics between health care organizations and their financial stakeholders (i.e., banks and health insurers) were particularly impacted – provides an illustrative case. Through semi-structured interviews, additional document analysis and insights from institutional change theory, we show how banks intensified relationship management, increased demands on loan applications and shifted financial risks onto health care organizations, while health insurers tightened up their monitoring and accountability practices towards health care organizations. In return, health care organizations were urged to rearrange their operations and become more risk-minded. They became increasingly dependent on banks and health insurers for their existence. Moreover, with this study, we show how institutional arenas come about through both the long-term efforts of institutional agents and unpredictable implications of economic and societal crises.

Politique sociale

Social Policy

L'institutionnalisation de l'élite du Welfare au coeur de l'État. Les nouveaux gardiens des politiques d'assurance maladie

DARVICHE M.-S., GENIEYS W. ET HASSENTEUFEL P.

2022

Revue française de science politique 72(5): 701-721.
https://www.cairn.info/revue-francaise-de-science-politique-2022-5-page-701.htm

Cet article cherche à comprendre comment l'élite du Welfare est parvenue à gouverner le système d'assurance maladie français dans la durée en jouant progressivement un rôle de gardien des politiques d'assurance maladie. Il met en avant l'institutionnalisation de cette élite via la création de nouvelles instances qui ont permis la circulation de ses membres au sein d'un « triangle de fer ». Ce processus explique pourquoi la mise sous double tutelle de la Direction de la Sécurité sociale, à partir de 2007, puis la crise de 2008 n'ont pas remis en cause l'autonomie d'action de cette élite. Ces gestionnaires du social, dont le profil et les trajectoires sont analysés sur la période 2007-2020 à partir d'une enquête empirique mobilisant l'approche programmatique, ont été en mesure de résister aux hauts fonctionnaires de Bercy sur le terrain de la maîtrise des dépenses d'assurance maladie tout en renforçant l'extension de la couverture maladie.

Prévention santé

Health Prevention

Croyances, préférences face au risque et au temps et comportements de prévention contre le Covid-19 des séniors en France

BERGEOT J. ET JUSOT F.

2023

Revue économique 74(3): 319-344.

https://www.cairn.info/revue-economique-2023-3-page-319.htm

Cet article analyse le rôle des préférences liées au risque et au temps, la confiance envers les autres et les opinions politiques dans l'adoption de comportements de prévention contre le Covid-19 en France. Nous utilisons les données au niveau individuel de la partie française de plusieurs vagues de l'Enquête sur la santé, le vieillissement et la retraite en Europe (SHARE), qui enquête des Européens âgés de 50 ans et plus, appariées aux données de l'enquête SHARE-Corona à l'été 2020, et aux informations sur les préférences et croyances collectées en 2019 à l'aide d'un questionnaire spécifique à la France. Nos résultats suggèrent que la patience et l'aversion au risque prédisent fortement les comportements de prévention contre le Covid-19. Les individus patients sont plus susceptibles de s'abstenir de rendre visite à leur famille, de porter un masque et de garder leurs distances en dehors de chez eux. L'aversion au risque augmente la probabilité de ne pas se réunir avec plus de cinq personnes extérieures au ménage et de ne plus rendre visite aux membres de la famille. Avoir un plus haut niveau de confiance envers les autres atténue au contraire le respect des recommandations sur les rassemblements de plus de cinq personnes et les réunions familiales, les individus faisant confiance aux autres percevant sans doute un moindre risque d'être infecté par des amis ou de la famille. Les opinions politiques extrêmes sont également associées à un moindre respect des recommandations sur les rassemblements de plus de cinq personnes. Ces résultats suggèrent de prendre en compte l'hétérogénéité des préférences et des croyances individuelles pour la définition des politiques et recommandations de prévention, notamment contre le Covid-19.

Comment évaluer l'efficacité économique de la prévention ?

CASH R. ET FOURCADE N.

2023

Regards 61(1): 31-42.

https://www.cairn.info/revue-regards-2023-1-page-31.htm

La prévention agit sur les déterminants de santé. Son champ et celui de ses impacts sont potentiellement extrêmement vastes, et l'horizon temporel de son action souvent lointain. Ceci rend d'autant plus nécessaire, pour une bonne allocation des dépenses publiques, son évaluation économique. Parmi les actions, préventives ou curatives, ayant un bon rapport coût/bénéfice de santé, beaucoup relèvent d'actions de prévention collectives et hors du système de soins, en particulier les taxes comportementales et les réglementations sur l'alimentation et l'environnement. Des actions préventives dans le champ sanitaire sont également efficientes : conseils pour l'arrêt du tabac, certaines vaccinations ou campagnes de dépistage... Les co-bénéfices des interventions en matière de santé humaine, animale et des écosystèmes renouvellent aujourd'hui l'approche des politiques de prévention. La recherche et l'évaluation dans ces domaines doivent être développées.

Les effets directs et indirects des politiques vaccinales sur la santé : une revue de la littérature

GARROUSTE C., JUET A. ET SAMSON A.-L.

2023

Revue française d'économie XXXVIII(1): 107-148.

https://www.cairn.info/revue-francaise-d-economie-2023-1-page-107.htm

Cet article propose une revue de la littérature nationale et internationale sur les effets causaux des campagnes de vaccination menées dans les pays de l'OCDE. Qu'elles prennent la forme de recommandations ou d'une obligation vaccinale, les campagnes de vaccination, et notamment celles menées en milieu scolaire ou ciblant les jeunes enfants, ont un effet direct très positif : elles contribuent à augmenter très fortement les taux de vaccination contre la maladie ciblée, pour la population visée par la campagne. Par ailleurs, la lit-

térature met en évidence l'existence d'effets indirects de ces campagnes, c'est-à-dire d'effets collatéraux, qui s'étendent au-delà de la population ou du vaccin ciblés par la campagne. Certains de ces effets externes, négatifs, conduisent naturellement à s'interroger sur l'effet net de la campagne. Au total, notre revue de littérature montre l'importance, mais également la difficulté, d'évaluer les campagnes de vaccination, comme toute politique publique, dans leur globalité, en ne se focalisant pas seulement sur l'impact direct qu'elles peuvent avoir sur la population ciblée et le vaccin concerné.

Delivery of Cervical and Colorectal Cancer Screenings During the Pandemic in Community Health Centers: Practice Changes and Recovery Strategies

HUGUET N., DANNA M., BARON A., *et al.*

2023

Medical Care 61(8)

https://journals.lww.com/lww-medicalcare/Fulltext/2023/08000/Delivery_of_Cervical_and_Colorectal_Cancer.9.aspx

The coronavirus disease 2019 pandemic led to clinical practice changes, which affected cancer preventive care delivery. Objectives: To investigate the impact of the coronavirus disease 2019 pandemic on the delivery of colorectal cancer (CRC) and cervical cancer (CVC) screenings. Research Design: Parallel mixed methods design using electronic health record data (extracted between January 2019 and July 2021). Study results focused on 3 pandemic-related periods: March–May 2020, June–October 2020, and November 2020–September 2021. Subjects: Two hundred seventeen community health centers located in 13 states and 29 semistructured interviews from 13 community health centers. Measures: Monthly up-to-date CRC and CVC screening rates and monthly rates of completed colonoscopies, fecal immunochemical test (FIT)/fecal occult blood test (FOBT) procedures, Papanicolaou tests among age and sex-eligible patients. Analysis used generalized estimating equations Poisson modeling. Qualitative analysts developed case summaries and created a cross-case data display for comparison. Results: The results showed a reduction of 75% for colonoscopy [rate ratio (RR) = 0.250, 95% CI: 0.224–0.279], 78% for FIT/FOBT (RR = 0.218, 95% CI: 0.208–0.230), and 87% for Papanicolaou (RR = 0.130, 95% CI: 0.125–0.136) rates after the start of the pandemic. During this early pandemic period, CRC screening was impacted by hospitals halting services. Clinic staff moved toward FIT/FOBT screenings. CVC screening was impacted by guidelines encouraging pausing CVC screening, patient reluctance, and concerns about exposure. During the recovery period, leadership-driven preventive care prioritization and quality improvement capacity influenced CRC and CVC screening maintenance and recovery. Conclusions: Efforts supporting quality improvement capacity could be key actionable elements for these health centers to endure major disruptions to their care delivery system and to drive rapid recovery.

Acceptabilité d'une intervention : exemple de participation des publics en recherche interventionnelle en santé publique

LAMOUROUX-DELAY A., CASANOVA C., REDMOND N. M., *et al.*

2023

Santé Publique 35(2): 159-170.

https://www.cairn.info/revue-sante-publique-2023-2-page-159.htm

Le taux de participation au dépistage du cancer colorectal reste insuffisant en France et diminue à mesure que le niveau de précarité augmente. La littératie en santé est un déterminant important du recours au dépistage. But de l'étude : Cette étude, nichée dans notre essai randomisé multicentrique, a pour but de présenter la procédure d'élaboration (procédé itératif de test d'utilisabilité et d'acceptabilité) et de vérification de l'acceptabilité de l'intervention (formation et brochure imagée) ciblant les médecins généralistes et usagers du soin dans des zones géographiques défavorisées, selon une approche participative. Méthodes : Le développement de la brochure et de la formation a été réalisé en trois étapes : deux pour l'élaboration et tests itératifs d'utilisabilité et acceptabilité et une troisième pour vérifier l'acceptabilité auprès des publics cibles. Nous avons utilisé une approche qualitative par focus group et entretiens individuels cognitifs dont l'analyse repose sur le « nid d'abeille » de Morville et la grille COREQ. Résultats : Le développement itératif et la vérification de l'acceptabilité du matériel nous ont permis, d'une part, de réaliser des ajustements quant au contenu de la formation, en proposant des exemples plus ancrés dans la réalité professionnelle et, d'autre part, de produire une brochure imagée facile à lire et à comprendre, acceptable et adaptée au public ciblé par l'intervention. Conclusions : Cette expérience illustre, de manière concrète, la faisabilité de cette modalité de participation des publics concernés et son intérêt

dans le cadre de la recherche interventionnelle et, plus généralement, dans le matériel interventionnel.

Exploring Non-Participation in Colorectal Cancer Screening: A Systematic Review of Qualitative Studies

LE BONNIEC A., MEADE O., FREDRIX M., *et al.*

2023

Social Science & Medicine 329: 116022.

https://doi.org/10.1016/j.socscimed.2023.116022

Worldwide, colorectal cancer is a major public health issue. Despite the existence of screening programmes in many countries, global uptake remains low. This meta-ethnography aimed to analyse qualitative literature to explore attitudes towards colorectal cancer screening and reasons for non-participation in eligible people that do not participate when invited. Methods Systematic searches were conducted in five databases in May 2021. Critical appraisal of included studies was performed using the CASP checklist for qualitative studies. Findings Thirteen studies were included. Three main themes and eight sub-themes were developed across studies: (1) Differences in motivation, with non-participants expressing a lack of knowledge and varying levels of intention to participate but not feeling screening was personally necessary; (2) Active aversion to screening expressed by fear, discomfort, disgust or not wanting to know; and (3) Contextual barriers of the healthcare system such as practical constraints or poor relationships with healthcare professionals. Conclusion Findings suggest multiple pathways to non-participation including ambivalence, aversion to the process and consequences of screening or lack of support. Persuasive messages and prompts to action to target ambivalence, reassurance regarding the screening procedures to target negative reactions, and increased support from healthcare professionals may be beneficial in increasing screening uptake.

Behavioral Interventions For Vaccination Uptake: A Systematic Review and Meta-Analysis

MALIK A. A., AHMED N., SHAFIQ M., *et al.*

2023

Health Policy 137 104894.

https://doi.org/10.1016/j.healthpol.2023.104894

Human behavior and more specifically behavioral insight-based approaches to vaccine uptake have often been overlooked. While there have been a few narrative reviews indexed in Medline on behavioral interventions to increase vaccine uptake, to our knowledge, none have been systematic reviews and meta-analyses covering not just high but also low-and-middle income countries. Methods : We included 613 studies from the Medline database in our systematic review and meta-analysis categorizing different behavioral interventions in to 9 domains: education campaigns, on-site vaccination, incentives, free vaccination, institutional recommendation, provider recommendation, reminder and recall, message framing, and vaccine champion. Additionally, considering that there is variability in the acceptance of vaccines among different populations, we assessed studies from both high-income countries (HIC) and low- to middle-income countries (LMIC), separately. Findings : Our results show that behavioral interventions can considerably improve vaccine uptake in most settings. All domains that we examined improved vaccine uptake with the highest effect size associated with Provider Recommendation (OR: 3.4 (95%CI: 2.5-4.6); Domain: motivation) and Onsite vaccination (OR: 2.9 (95%CI: 2.3-3.7); Domain: practical issues). Although the number of studies from LMIC was smaller, the quality of studies was similar across HIC and LMIC. However, effect sizes were different. Interpretation Our findings indicate that "provider recommendation" and "on-site vaccination" along with other behavioral interventions can be employed to increase vaccination rates globally.

From Cancer Prevention to Death: The Case For Transdiagnostic Services For Physical Health in People with Mental Disorders

SOLMI M., CORTESE S., WOOTEN J. C., *et al.*

2023

Lancet Psychiatry 10(7): 475-476.

https://www.ncbi.nlm.nih.gov/pubmed/37353252

Socioeconomic, Lifestyle and Biological Determinants of Cervical Screening Coverage: Lolland–Falster Health Study, Denmark

TABATABAI M. K., LOPHAVEN S., LAUENBORG J., *et al.*

2023

European Journal of Public Health 33(4): 568-573.
https://doi.org/10.1093/eurpub/ckad091

Cervical cancer is preventable. Screening is important for early detection. However, even in high-income countries, coverage is sub-optimal. We identified socioeconomic, lifestyle and biological determinants of cervical screening coverage. In Denmark, women aged 23–64 are free of charge personally invited to screening. All cervical cell samples are registered centrally in the Patobank. We linked data from the Lolland–Falster Health Study (LOFUS) with Patobank data. LOFUS was a population-based health survey undertaken in 2016–2020. With logistic regression, coverage defined as ≥1 cervical sample registered within a 6-year period from 2015 to 2020 was compared across levels of risk factors expressed as adjusted odds ratios (aOR) with 95% confidence intervals (CI).Among 13406 women of screening aged 23–64 and invited to LOFUS, 72% had ≥1 cervical sample registered. Non-participation in LOFUS was a strong predictor of low coverage; aOR 0.32; 95% CI 0.31–0.36. Among LOFUS participants, education was a strong predictor of coverage in univariate analysis, OR 0.58; 95% CI 0.48–0.71, but this association disappeared in multi-variate analysis, aOR 0.86; 95% CI 0.66–1.10. In multi-variate analysis, predictors of low coverage were high age, living without a partner, retired, current smoker, poor self-rated health, elevated blood pressure and elevated glycated haemoglobin. Women with low cervical screening coverage had limited contact to healthcare, exemplified by non-participation in LOFUS, and pertinent health and social problems, exemplified by elevated blood pressure and glycated haemoglobin, poor self-rated health, and retirement already in screening age. Structural changes in screening are needed to reach non-screened women.

Return on Investment of Workplace-Based Prevention Interventions: A Systematic Review

THONON F., GODON-RENSONNET A.-S., PEROZZIELLO A., *et al.*

2023

European Journal of Public Health 33(4): 612-618.
https://doi.org/10.1093/eurpub/ckad092

Occupational Safety and Health is an important public health topic. Many employers may regard health promotion or prevention initiatives as an additional cost with few benefits. The aim of this systematic review is to identify the studies conducted on the return on investment (ROI) of preventive health interventions conducted within workplaces, and to describe their designs, topics and calculation methods. We searched PubMed, Web of Science, Science Direct, National Institute for Occupational Safety and Health, International Labour Organization and Occupational Safety and Health Administration from 2013 to 2021. We included studies that evaluated prevention interventions in the workplace setting and reported an economic outcome or company-related benefits. We report the findings according to PRISMA reporting guidelines. We included 141 articles reporting 138 interventions. Of them, 62 (44.9%) had an experimental design, 29 (21.0%) had a quasi-experimental design, 37 (26.8%) were observational studies and 10 (7.2%) were modelling studies. The interventions' objectives were mostly related to psychosocial risks (N = 42; 30.4%), absenteeism (N = 40; 29.0%), general health (N = 35; 25.4%), specific diseases (N = 31; 22.5%), nutrition (N = 24; 17.4%), sedentarism (N = 21; 15.2%) musculoskeletal disorders (N = 17; 12.3%) and accidents (N = 14; 10.1%). The ROI calculation was positive for 78 interventions (56.5%), negative for 12 (8.7%), neutral for 13 (9.4%) and undetermined for 35 (25.4%).There were many different ROI calculations. Most studies have a positive result but randomized controlled trials have fewer positive results than other designs. It is important to conduct more high-quality studies so that results can inform employers and policy-makers.

Prévision – Evaluation

Prevision - Evaluation

Élaboration d'un score composite pour évaluer la qualité de prise en charge hospitalière

LELEU H., VIMONT A., CRAPEAU N., *et al.*

2023

Journal de gestion et d'économie de la santé 1(1): 45-67.

https://www.cairn.info/revue-journal-de-gestion-et-d-economie-de-la-sante-2023-1-page-45.htm

Depuis plusieurs années en France, les autorités sanitaires ont lancé de nombreux travaux visant à tester une série d'indicateurs pour évaluer l'impact des mesures d'amélioration de la qualité menées au sein des établissements hospitaliers. Une fois validée, la diffusion publique de ces indicateurs de qualité est nécessaire pour une transparence envers les patients et pour contribuer à l'amélioration de la qualité des soins. L'objectif de cette étude est d'élaborer et de qualifier un modèle d'évaluation de la qualité de la prise en charge hospitalière, au travers d'un score composite fondé sur un ensemble d'indicateurs validés scientifiquement et reconnus par les autorités sanitaires. Le score composite, qui est constitué de trois sous-scores (réhospitalisation, sécurité des patients, recours aux soins), a été construit à partir de la base de données nationale de l'Échantillon Généraliste des Bénéficiaires (EGB) et a été évalué dans différentes catégories majeures de diagnostic (CMD). Il permet de classer les établissements selon des niveaux de prise en charge, tout en utilisant des critères conservateurs. Les analyses de robustesse montrent que le score composite minimise le risque d'attribuer à tort un niveau discutable de qualité. Les indicateurs de qualité inclus dans cette étude sont complémentaires des indicateurs déjà existants dans la plateforme ScopeSanté qui ne couvrent pas aujourd'hui le parcours de soins entre l'hôpital et la ville, en particulier sur le recours aux soins de ville après hospitalisation. La diffusion d'un score composite évaluant la qualité de prise en charge devrait diminuer l'asymétrie de l'information qui caractérise le marché des soins et ainsi amener à une concurrence par la qualité des offreurs de soins.

Psychiatrie

Psychiatry

Trajectories of the Socioeconomic Gradient of Mental Health: Results From the CLSA COVID-19 Questionnaire Study

ASADA Y., GRIGNON M., HURLEY J., *et al.*

2023

Health Policy 131: 104758.

https://www.sciencedirect.com/science/article/pii/S0168851023000611

As the coronavirus disease (Covid-19) pandemic prolongs, documenting trajectories of the socioeconomic gradient of mental health is important. We describe changes in the prevalence and absolute and relative income-related inequalities of mental health between April and December 2020 in Canada. We used data from the Canadian Longitudinal Study on Aging (CLSA) Covid-19 Questionnaire Study and the pre-pandemic CLSA Follow-up 1. We estimated the prevalence proportion, the concentration index (relative inequality), and the generalized concentration index (absolute inequality) for anxiety and self-reported feeling generally unwell at multiple points in April-December 2020, overall, by sex and age group, by region, and among those who reported poor or fair overall health and mental health pre-pandemic. Overall, the prevalence of anxiety remained unchanged (22.45 to 22.10%, p = 0.231), but self-reported feeling generally unwell decreased (9.83 to 5.94%, p = 0.004). Relative and absolute income-related inequalities were unchanged for both anxiety and self-reported feeling generally unwell, with exceptions of an increased concentration of self-reported feeling generally unwell among

the poor, measured by the concentration index, overall (-0.054 to -0.115, p = 0.004) and in Ontario (-0.035 to -0.123, p = 0.047) and British Columbia (-0.055 to -0.141, p = 0.044). The Covid-19 pandemic appeared to neither exacerbate nor ameliorate existing income-related inequalities in mental health among older adults in Canada between April and December 2020. Continued monitoring of inequalities is necessary.

Challenges Facing Mental Health Systems Arising From the COVID-19 Pandemic: Evidence From 14 European and North American Countries

CUMMINGS J. R., ZHANG X., GANDRÉ C., *et al.*

2023

Health Policy(Ahead of pub): 104878.

https://doi.org/10.1016/j.healthpol.2023.104878

We assessed challenges that the Covid-19 pandemic presented for mental health systems and the responses to these challenges in 14 countries in Europe and North America. Experts from each country filled out a structured questionnaire with closed- and open-ended questions between January and June 2021. We conducted thematic analysis to investigate the qualitative responses to open-ended questions, and we summarized the responses to closed-ended survey items on changes in telemental health policies and regulations. Findings revealed that many countries grappled with the rising demand for mental health services against a backdrop of mental health provider shortages and challenges responding to workforce stress and burnout. All but one country in our sample implemented new policies or initiatives to strengthen mental health service delivery – with more than two-thirds investing to bolster their specialized mental health care sector. There was a universal shift to telehealth to deliver a larger portion of mental health services in all 14 countries, which was facilitated by changes in national regulations and policies; 11 of the 14 participating countries relaxed regulations and 10 of 14 countries made changes to reimbursement policies to facilitate telemental health care. These findings provide a first step to assess the long-term challenges and re-organizational effect of the Covid-19 pandemic on mental health systems in Europe and North America.

Les équipes mobiles en psychiatrie : contre, tout contre la sectorisation ?

FAUQUETTE A. ET PIERRU F.

2023

L'Information Psychiatrique 99(6): 351-356.

https://www.cairn.info/revue-l-information-psychiatrique-2023-6-page-351.htm

Les équipes mobiles sont au cœur d'une ambivalence de taille. D'un côté, elles représentent une forme de consécration de la sectorisation psychiatrique. En intervenant aux domiciles des patients, voire directement dans la rue, les équipes mobiles incarnent en effet un modèle de psychiatrie dans la cité, plus fluide, plus labile, plus adaptative. En somme, une psychiatrie qui désinstitutionnalise un peu plus la psychiatrie. D'un autre côté, en intervenant le plus souvent dans des situations de crise, elles incarnent également une forme d'urgence psychiatrique qui peut se retourner contre les principes axiologiques initiaux de la philosophie des secteurs, à savoir une attention portée au contexte de vie des patients et à la continuité des soins propice à la gestion de la chronicité. Cette ambivalence est au cœur de notre questionnement : les équipes mobiles sont-elles la consécration de la philosophie de la sectorisation, ou sont-elles plutôt une psychiatrie d'urgence soluble dans l'air du temps gestionnaire ?

La parole et la folie, une affaire purement politique ? Une analyse clinique des difficultés relationnelles en psychiatrie. Commentaire

HALIDAY H.

2023

Sciences sociales et santé 41(2): 31-39.

https://www.cairn.info/revue-sciences-sociales-et-sante-2023-2-page-31.htm

Dessiner la psychiatrie : un regard sur les invisibilités

LE GUILLOU T.

2023

Gestions Hospitalières(627): 340-343.

Dessiner la psychiatrie peut-il permettre d'établir un espace de dialogue et de réflexivité entre deux mondes qui se côtoient mais s'ignorent. En tant que psychiatre, Thomas Le Guillou fait le constat quotidien d'un fossé béant entre ce que le corps administratif imagine du travail en psychiatrie et la réalité du terrain. Le

corps soignant, souvent, ne comprend rien non plus aux nécessités comptables de l'hôpital public. Cette mutuelle incompréhension nourrit une défiance, voire un divorce, in fine délétère pour tous. Tirées de son expérience, les « vignettes cliniques » illustrées présentées ici ont pour ambition de réduire un peu la distance entre familiers et méconnaisseurs de la psychiatrie, permettant à ces derniers une forme d'immersion dans le quotidien des soignants en psychiatrie.

Work Environment and Mental Health in Nurse Assistants, Nurses and Health Executives: Results From the AMADEUS Study

LUCAS G., COLSON S., BOYER L., *et al.*

2022

J. Nurs Management 30(7): 2268-2277.

This study aimed to explore work environment and mental health in nurse assistants, nurses and health executives in a national large-scale study. Background: We have data for physicians but not for other health care workers categories. Methods: A total of 6935 participants were recruited between May and June 2021 by professional mailings and professional networks. RESULTS: All professional categories reported high rates of high psychological demand (>90%), low social support (>60%), burnout (50% to 60%), exposure to potentially morally injurious events (>40%) and depression (approximately 30%). Surgery nurses reported the highest exposure to potentially morally injurious events. Major depression was identified in approximately 30% of participants in all categories, but less than 10% reported consuming antidepressants. A total of 31% to 49% of participants reported sleep disorders and 16% to 21% reported consuming regularly hypnotics. Physicians reported high hazardous drinking behaviour and nurse assistant high smoking rates. Our results suggest that preventing burnout and depression in health care workers is a priority. To reach this goal, nursing managers could develop some interventions to reduce psychological demand and increase personal accomplishment and social support between colleagues, and prevent sustained bullying at the workplace and health risk behaviours. These interventions should be further developed and evaluated.

Association Between Pain and Mental Health Among Undocumented Immigrants in France

MOUSSAOUI S., VIGNIER N., GUILLAUME S., *et al.*

2023

Research Square(Ahead of pub).

Undocumented immigrants often face mental health issues and multisite pain. Links between pain and mental health have been described however not among undocumented immigrants in France. Describing these associations supports further research on the mental health of this population, especially when no cause can explain the pain. The main objective of this study was to analyze associations between pain and mental health among undocumented immigrants in France. Methods. We drew from the data collected in the multicentric cross-sectional "Premier Pas" study carried out in the Parisian and Bordeaux region between February and April 2019. Undocumented immigrants over the age of 18 were included from sixty-three sites. Participants were asked about their mental health and whether they were experiencing pain. Associations were explored using univariate and multivariate analysis with logistic regression models. Results. Among 1188 research participants, our results showed associations between pain and mental health: musculoskeletal pain with sleep disorder and abdominal pain with anxiety and sleep disorder. Also, social determinants of health such as the duration of residence in France, housing conditions or food insecurity were associated with different types of pain. Conclusion. This study is the first to document the existence of associations between pain experienced by undocumented immigrants in France and their mental health. It provides a new contribution to the French literature and evidence for clinicians to investigate the mental health of undocumented immigrants experiencing pain.

Mental Disorders, Participation, and Trajectories in the Danish Colorectal Cancer Programme: A Population-Based Cohort Study

THOMSEN M. K., JORGENSEN M. D., PEDERSEN L., *et al.*

2023

Lancet Psychiatry 10(7): 518-527.

https://doi.org/10.1016/S2215-0366(23)00179-7

People with mental disorders exhibit increased mortality due to colorectal cancer, despite having a similar

incidence to the general population. We aimed to evaluate the extent to which people with mental disorders participate in organised colorectal cancer screening. Methods : We conducted a population-based cohort study of all Danish residents aged 50-74 years who were invited to undergo biennial faecal immunochemical testing between March 1, 2014, and Sept 30, 2018. Findings: Of 2 036 704 people who were invited, we included 2 036 352 in the final cohort, of whom 1 008 045 (49.5%) were men and 1 028 307 (50.5%) were women, with a mean age of 60.7 years (SD 8.3, range 49-78). Data on ethnicity were not collected. Compared with people with no mental disorders, the adjusted analysis showed lower participation among people with mild or moderate mental disorders (men: participation difference -4.4 percentage points [95% CI -4.7 to -4.1]; women: -3.8 percentage points [-4.1 to -3.6]) and severe mental disorders (men: participation difference -13.8 percentage points [-14.3 to -13.3]; women: -15.4 percentage points [-15.8 to -14.9]). People with mental disorders had a higher proportion of positive faecal immunochemical test results, lower adherence to colonoscopy, and more incomplete colonoscopies than people without mental disorders. Interpretation: People with mental disorders were less likely to participate in colorectal cancer screening than those without these disorders. Patients with mental disorders could benefit from support or encouragement from their general practitioner or mental health-care facility to participate in cancer screening. Potential interventions should consider type of mental disorder, as needs might differ.

Sociologie de la santé

Sociology of Health

▶ Consentement, éthique, soins et santé : dossier

AMSELLEN-MAINGUY Y. ET CARAYON L.

2023

Santé En Action (La)(464): 44.

La notion de consentement peut être définie comme un « acte par lequel quelqu'un donne à une décision, dont un autre a eu l'initiative, l'adhésion personnelle nécessaire pour passer à l'exécution « . À tout moment de sa vie l'individu est amené à donner son consentement, et ainsi de décider de ce qu'il souhaite. Ceci vaut bien entendu pour la vie affective et sexuelle pour laquelle la notion de consentement est incontournable. Mais aussi pour la contraception, l'interruption volontaire de grossesse, les consultations médicales, les actes médicaux, l'ensemble des soins, la fin de vie, etc. Ce dossier analyse les conditions que les professionnels de tous champs – santé mais aussi éducation social – doivent réunir, toutes les questions qu'ils doivent se poser pour recueillir le consentement des personnes avant tout geste et tout acte.

▶ « Pas de crise, soyez coopérative ! » : les conditions de prise en compte de la parole des patient·e·s dans une unité psychiatrique

SAETTA S., FILLION E., MARQUES A., *et al.*

2023

Sciences sociales et santé 41(2): 5-29.

https://www.cairn.info/revue-sciences-sociales-et-sante-2023-2-page-5.htm

La valorisation de la parole des patient·e·s dans le système de santé soulève en psychiatrie des enjeux spécifiques, pour partie liés au statut particulier qu'y occupe cette parole. Cette exigence entre en tension avec les transformations de l'hôpital et de la psychiatrie confrontés à des difficultés majeures de recrutement et à des pressions gestionnaires. Notre article vise à éclairer les conditions concrètes de réception de la parole des patient·e·s dans le quotidien d'une unité d'hospitalisation en psychiatrie. Notre enquête, basée sur des observations et des entretiens, montre que la vie au sein de l'unité est rythmée par de nombreuses sollicitations de la part des patient·e·s. Elles produisent un « bruit de fond » qui ne les rend pas toujours audibles. Des espaces dédiés d'échanges entre professionnel·le·s et patient·e·s, notamment la réunion soignant·e·s- soigné·e·s, permettent de faire émerger

les critiques de patient·e·s à l'égard de la disponibilité de l'équipe professionnelle. Cette critique donne lieu à des débats parfois houleux, mais qui invitent les professionnel·le·s à une réflexivité sur leurs pratiques et l'organisation du travail en psychiatrie. Ainsi, la dimension relationnelle du travail psychiatrique est discutée par les soignant·e·s, à la fois comme le cœur de leur mandat et comme un révélateur des apories de son exercice.

▶ La qualité soignante de l'alcool. Ethnographie d'une relation de soin dans un centre d'hébergement médicalisé pour sans-abri

URIBELARREA G.

2023

Sciences sociales et santé 41(2): 41-64.

https://www.cairn.info/revue-sciences-sociales-et-sante-2023-2-page-41.htm

À partir d'une enquête ethnographique, cet article analyse comment les consommations d'alcool d'une personne sans-abri, accueillie dans un centre d'hébergement médicalisé, sont qualifiées et prises en charge par les professionnels de l'établissement à l'aune de leur qualité soignante. Cela signifie que les consommations sont jugées au regard de leurs conséquences, anticipées et observées, sur l'état de santé du buveur et sur les soins dans lesquels il est engagé. Si les professionnels considèrent la consommation d'alcool comme une prise favorisant l'accès aux soins du patient, ils peuvent lui aménager une place dans l'institution ; s'ils la définissent comme une emprise, au regard de ses effets néfastes sur la santé et l'accès aux soins du patient, ils maintiennent un interdit règlementaire et sont susceptibles de chercher à couper le buveur de cette dépendance nocive. Le patient peut souscrire aux qualifications des professionnels ou les contester. Dans tous les cas, les jugements et les pratiques vis-à-vis de l'alcool n'ont rien d'arbitraire ou de naturel. Ils sont continuellement réévalués, confirmés ou révisés au cours des épreuves qui jalonnent la relation de soin. Cet article met en lumière les tensions morales qui traversent les pratiques soignantes et réinterroge la place du patient en situation de précarité dans la relation de soin.

Soins de santé primaires

Primary Health Care

▶ General Practitioners Activity Patterns: The Medium-Term Impacts of Primary Care Teams in France

CASSOU M., MOUSQUÈS J. ET FRANC C.

2023

Health Policy 136: 104868.

https://doi.org/10.1016/j.healthpol.2023.104868

Faced with the fragmentation of the French primary care system, public policies aim to promote multiprofessional teamwork to improve both delivery efficiency and health professionals' working conditions. Thus, a practice-level add-on payment backed by cooperation commitments is implemented to foster and sustain the development of multiprofessional primary care groups (MPCGs). We study the impact of practising in MPCGs for general practitioners (GPs) in terms of the supply of care, practice patterns and income. Based on this quasi-experimental framework with a panel dataset covering the period 2005-2017, we account for the selection into MPCGs by combining a difference-in-differences design with propensity score matching to prebalance samples. We show that GPs in MPCGs increased their patient list more rapidly than control GPs (+10% increase of encountered patients) without increasing their provision of services (number of visits and drug prescriptions) more rapidly. Instead, compared to control GPs, MPCG GPs had a significantly faster reduction in the average number of visits (+5.5% reduction) and the euro-amounts of drug prescriptions per patient (+7.2% reduction) and other prescriptions. In addition, we show that GPs' financial concerns should not be a barrier to the development of MPCG practices in the medium term.

Did the Long-Term Care Physician Workforce Change During the Pandemic? Describing MRP Trends in Ontario, Canada

DASH D., SIU H., KIRKWOOD D., *et al.*

2023

Journal of the American Medical Directors Association 24(7): 1042-1047.e1041.

https://doi.org/10.1016/j.jamda.2023.03.036

The objectives of this study are to examine the practice patterns and trends of long-term care (LTC) physicians between 2019 and 2021 in Ontario, Canada.

Health-Promoting Work Schedules Among Nurses and Nurse Assistants in France: Results From Nationwide AMADEUS Survey

FOND G., LUCAS G. ET BOYER L.

2023

BMC Nurs 22(1): 255.

https://www.ncbi.nlm.nih.gov/pubmed/37537611

The study aimed to investigate the relationship between different work schedules and self-reported working conditions and health risk behaviours among nurses and nurse assistants (NNA) in France. It hypothesized that work schedules, particularly long shifts, could impact work-life balance, workload, stress levels, burnout, and smoking habits. NNA had the option to work either with a 7-hour schedule, 5 days per week, or with long work schedules consisting of ten to twelve-hour shifts, three days per week. These schedules could potentially influence various aspects of their professional lives. METHODS: The survey followed the guidelines of the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement and was administered to NNA working in public and private national healthcare facilities in France. The researchers used the Job Content Questionnaire to assess the work environment and the French version of the 22-item Maslach Burnout Inventory (MBI) scale to measure burnout. RESULTS: A total of 3,133 NNA participated in the study, including 2,369 nurses (75.6%) and 764 nurse assistants (24.4%). Among them, 1,811 individuals (57.8%) followed a 7-hour work schedule, while 1,322 individuals (42.2%) had a long work schedule. Multivariate analyses revealed that NNA working with long schedules reported higher psychological demands, more frequent burnout, a higher number of daily smoked cigarettes, and greater coffee consumption. These findings were independent of other factors such as sector of employment, type of healthcare facility, job status, work schedules, night shifts, department specialty, age, and family responsibilities. CONCLUSIONS: While some NNA may choose long schedules to have more days off, those working with these schedules experience greater work-related burdens and engage in worse health risk behaviours as a coping mechanism. It emphasizes the importance of considering health-promoting work schedules to address the high psychological demands and burnout experienced by NNA with long schedules. Implementing changes in work schedules could potentially improve the overall well-being and job satisfaction of these healthcare professionals.

Infirmier, malaise dans le genre ?

GILIOLI C.

2023

Gestions Hospitalières(626): 311-313.

En 2017, dans un article consacré à l'égalité des droits, Marie-Gabrielle Vaissière-Bonnet mettait en exergue que celle entre hommes et femmes n'est que théorique à l'hôpital. La réalité, par l'entremise de ce qu'il est convenu d'appeler l'« escalator de verre » (en référence au plafond de verre, montre une forte inégalité, notamment dans l'évolution de carrière des infirmiers/ères dans le service public hospitalier. En raison même de ses principes et de ses valeurs (égalité, neutralité…), cet espace ne devrait pourtant connaître – entre autres – aucune discrimination par le sexe. Au-delà du constat in fine que M.-G. Vaissière-Bonnet dénonçait en le dévoilant, cette situation est aussi insidieuse qu'inacceptable. Il est possible toutefois qu'elle relève d'un ressort plus inattendu qu'un simple héritage d'un patriarcat justement combattu, mais presque toujours passé sous silence.

Euthanasie et suicide assisté : comparaison de la presse médicale lue par les médecins généralistes et de la presse grand public

GUINEBERTEAU C., PETRIOLLE G., VIELLE P., *et al.*

2023

Éthique & Santé 20(3): 193-213.

https://doi.org/10.1016/j.etiqe.2023.04.010

La mort médicalement assistée est un sujet clivant qui impliquerait les médecins généralistes (MG). Les opi-

nions des MG et du grand public sur ce sujet peuvent être divergentes. L'objectif était de comparer la façon dont la presse médicale lue par les MG et la presse grand public traitent le sujet de l'euthanasie et du suicide assisté, en France, depuis 2016. Méthodes Il s'agissait d'une revue narrative de la littérature combinant analyse quantitative et qualitative. Les quatre revues grand public les plus lues ainsi que six revues lues par les MG ont été sélectionnées. Les bases de données suivantes ont été interrogées par deux chercheurs : Europresse et Docdocpro, ainsi que les moteurs de recherche de certaines revues. Étaient inclus les articles écrits entre le 02/02/2016 et le 01/06/2021 et contenant le terme euthanasie ou suicide assisté dans leur titre ou sous- titre. Résultats Au total, 215 articles ont été retenus pour la presse grand public et 48 pour la presse médicale. Les articles des deux presses laissaient peu la parole à des intervenants autres que des journalistes, étaient très rarement pluridisciplinaires et favorisaient l'actualité législative et les faits- divers plutôt que la réflexion de fond. Peu d'articles exprimaient des opinions divergentes. Conclusion La presse médicale traite le sujet de la mort médicalement assistée de façon similaire à la presse grand public, moins fréquemment et sans aborder les questions que se posent les médecins. Les articles de la presse médicale ne permettent donc pas aux MG une réflexion éthique de qualité.

Participation in a Medicare Advanced Primary Care Model and the Delivery of High-Value Services

HE F., GASDASKA A., WHITE L., *et al.*

2023

Health Services Research(Ahead of pub).

https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.14213

The aim of this study is to evaluate whether primary care providers' participation in the Comprehensive Primary Care Plus Initiative (CPC+) was associated with changes in their delivery of high-value services. Data Sources Medicare Physician & Other Practitioners public use files from 2013 to 2019, 2017 to 2019 Medicare Part B claims for a 5% random sample of Medicare Fee-for-Service (FFS) beneficiaries, the Area Health Resources File, the National Plan & Provider Enumeration System files, and public use datasets from the Centers for Medicare & Medicaid Services Physician Compare. Study Design We used a difference-in-difference approach with a propensity score-matched comparison group to estimate the association of CPC+ participation with the delivery of annual wellness visits (AWVs), advance care planning (ACP), flu shots, counseling to prevent tobacco use, and depression screening. These services are prominent examples of high-value services, providing benefits to patients at a reasonable cost. We examined both the likelihood of delivering these services within a year and the count of services delivered per 1000 Medicare FFS beneficiaries per year. Principal Findings We find that CPC+ participation was associated with increases in the likelihood of delivering AWVs (13.03 percentage points by CPC+'s third year, $p < 0.001$) and the number of AWVs per 1000 Medicare FFS beneficiaries (44 more AWVs by CPC+'s third year, $p < 0.001$). We also find that CPC+ participation was associated with more flu shots per 1000 beneficiaries (52 more shots by CPC+'s third year, $p < 0.001$) but not with the likelihood of delivering flu shots. We did not find consistent evidence for the association between CPC+ participation and ACP services, counseling to prevent tobacco use, or depression screening. Conclusions CPC+ participation was associated with increases in the delivery of AWVs and flu shots, but not other high-value services.

The Impact of Physician Exits in Primary Care: A Study of Practice Handovers

HJALMARSSON L., KAISER B. ET BISCHOF T.

2023

Health Policy 135 : 104867.

https://doi.org/10.1016/j.healthpol.2023.104867

Recent studies on physician exits suggest that general practitioners (GPs) have an important impact on health care utilization and costs, but the transmission channels - interpersonal dis- continuities of care, practice style differences and deterioration in access - are usually not clear. Our objective is to estimate the short-run and long-run impacts of switches in GPs on patients' health care utilization and costs, while all other factors of the health care setting re- main the same. To do this, we collect data on handovers of primary care practices in Switzer- land, occurring between 2007 and 2015. We link this data to rich insurance claims to construct a panel dataset of roughly 240,000 patients. Employing a difference-in-difference type frame- work, we find transitory increases in overall visits and costs, which are likely caused by the entering GP's initial re-assessment of patients' health care needs. Additionally, we find long- term increases in specialist health care utilization and ambulatory costs. The latter finding can

be explained by changes in practice styles between the exiting GP and her successor, who is typically much younger and more likely to be female. In contrast to the literature on practice closures, we do not find evidence on reduced overall utilization rates. An important lesson for health policy is thus to preserve patients' access to care in the case of GP exits.

Health Outcomes and Provider Choice Under Full Practice Authority For Certified Nurse-Midwives

HOEHN-VELASCO L., JOLLES D. R., PLEMMONS A., *et al.*

2023

Journal of Health Economics 92: 102817.

https://doi.org/10.1016/j.jhealeco.2023.102817

Full practice authority grants non-physician providers the ability to manage patient care without physician oversight or direct collaboration. In this study, we consider whether full practice authority for certified nurse-midwives (CNMs/CMs) leads to changes in health outcomes or CNM/CM use. Using U.S. birth certificate and death certificate records over 2008–2019, we show that CNM/CM full practice authority led to little change in obstetric outcomes, maternal mortality, or neonatal mortality. Instead, full practice authority increases (reported) CNM/CM-attended deliveries by one percentage point while decreasing (reported) physician-attended births. We then explore the mechanisms behind the increase in CNM/CM-attended deliveries, demonstrating that the rise in CNM/CM-attended deliveries represents higher use of existing CNM/CMs and is not fully explainable by improved reporting of CNM/CM deliveries or changes in CNM/CM labor supply.

L'effet combiné de l'exercice en maison de santé pluriprofessionnelle et des paiements à la coordination sur l'activité des médecins généralistes

LOUSSOUARN C., FRANC C., VIDEAU Y., *et al.*

2023

Revue économique 74(3): 441-470.

https://www.cairn.info/revue-economique-2023-3-page-441.htm

La raréfaction de l'offre de soins en médecine générale et une demande de soins croissante et évolutive exacerbent les déséquilibres préexistants. La promotion de l'intégration horizontale et verticale sous la forme de maisons de santé pluriprofessionnelles (MSP) et l'introduction d'une rémunération collective à la coordination ont vocation à générer des gains d'efficience productive. Nous montrons, à partir de données en panel sur la période 2013-2017, d'un appariement exact et d'estimations en différence-de-différences, que l'exercice en MSP couplé au paiement à la coordination accroît significativement les nombres de jours travaillés et de patients rencontrés par les médecins généralistes ainsi que leur nombre de consultations au cabinet. Ces effets sont particulièrement concentrés sur les médecins femmes, jeunes et exerçant dans des territoires sous-dotés médicalement. Ils sont principalement liés au mode d'organisation et non au paiement à la coordination.

The 2022 Primary Care Reform in Italy: Improving Continuity and Reducing Regional Disparities?

MAURO M. ET GIANCOTTI M.

2023

Health Policy 135: 104862.

https://doi.org/10.1016/j.healthpol.2023.104862

Several member countries of the Organisation for Economic Co-operation and Development are reforming their primary care systems to improve continuity and co-ordination of care. In May 2022, the Italian health minister issued a new Decree on 'defining models and standards for the development of primary care in the national health service', which addresses some of the major challenges outlined by the National Recovery and Resilience Plan. The reform will target many aspects of the Italian national health system by transforming primary care into community care, while aiming to overcome geographical disparities and achieve greater effectiveness of services. The reform seeks to establish a new organisational model of the primary care network. There exists the potential to guarantee the same quality of care nationwide, thereby reducing geographical differences in the provision of services and improving healthcare services overall. Nevertheless, in a decentralised health system such as Italy's, reform implementation could actually proliferate rather than reduce regional disparities. This study explains the main points of the Decree, shows how the primary care models of the Italian regions may evolve in relation to the specified criteria, and examines the Decree's capacity to bridge regional discrepancies.

A Systematic Review of Outcomes Related to Nurse Practitioner-Delivered Primary Care For Multiple Chronic Conditions

MCMENAMIN A., TURI E., SCHLAK A., *et al.*

2023

Medical Care Research and Review (Ahead of pub): 10775587231186720.

https://journals.sagepub.com/doi/abs/10.1177/10775587231186720

Multiple chronic conditions (MCCs) are more common and costly than any individual health condition in the United States. The growing workforce of nurse practitioners (NPs) plays an active role in providing primary care to this patient population. This study identifies the effect of NP primary care models, compared with models without NP involvement, on cost, quality, and service utilization by patients with MCCs. We conducted a literature search of six databases and performed critical appraisal. Fifteen studies met inclusion criteria (years: 2003–2021). Overall, most studies showed reduced or similar costs, equivalent or better quality, and similar or lower rates of emergency department use and hospitalization associated with NP primary care models for patients with MCCs, compared with models without NP involvement. No studies found them associated with worse outcomes. Thus, NP primary care models, compared with models without NP involvement, have similar or positive impacts on MCC patient outcomes.

Preferences For Enhanced Primary Care Services Among Older Individuals and Primary Care Physicians

OZDEMIR S., ANSAH J. ET MATCHAR D.

2023

Applied Health Economics and Health Policy 21(5): 785-797.

https://doi.org/10.1007/s40258-023-00809-5

We aimed to identify the factors that are most important for community-dwelling older individuals (i.e., users) and primary care (PC) providers to enhance PC services.

Characteristics and Practice Patterns of Family Physicians Who Provide Home Visits in Ontario, Canada: A Cross-Sectional Study

SALAHUB C., KIRAN T., NA Y., *et al.*

2023

CMAJ Open 11(2): E282-e290.

https://doi.org/10.9778/cmajo.20220124

Physician home visits are essential for populations who cannot easily access office-based primary care. The objective of this study was to describe the characteristics, practice patterns and physician-level patient characteristics of Ontario physicians who provide home visits. Methods: This was a retrospective cross-sectional study, based on health administrative data, of Ontario physicians who provided home visits and their patients, between Jan. 1, 2019, and Dec. 31, 2019. We selected family physicians who had at least 1 home visit in 2019. Physician demographic characteristics, practice patterns and aggregated patient characteristics were compared between high-volume home visit physicians (the top 5%) and low-volume home visit physicians (bottom 95%). Results: A total of 6572 family physicians had at least 1 home visit in 2019. The top 5% of home visit physicians (n = 330) performed 58.6% of all home visits (n = 227 321 out of 387 139). Compared with low-volume home visit physicians (n = 6242), the top 5% were more likely to be male and practise in large urban areas, and rarely saw patients who were enrolled to them (median 4% v. 87.5%, standardized mean difference 1.12). High-volume physicians' home visit patients were younger, had greater levels of health care resource utilization, resided in lower-income and large urban neighbourhoods, and were less likely to have a medical home. Interpretation: A small subset of home visit physicians provided a large proportion of home visits in Ontario. These home visits may be addressing a gap in access to primary care for certain patients, but could be contributing to lower continuity of care.

Système de santé

Health Systems

Questionner la finalité du système de santé : approche politico-économique

BONDIL X., HAYE M. H. ET DRITSCH N.

2023

Éthique & Santé 20(3): 188-192.
https://doi.org/10.1016/j.etiqe.2023.04.006

Le comportement individuel est influencé par les systèmes au sein desquels les individus évoluent. Ces systèmes sont organisés par des règles protéiformes écrites et tacites qui déterminent les droits, les obligations et les modalités de règlement des litiges. Dans le règlement des litiges, les règles écrites prévalent ; cet état de droit répond à une hiérarchie inspirée de la pensée du théoricien Hans Kelsen, également fondateur du positivisme juridique. On ne peut questionner les évolutions du système de santé en France sans questionner le modèle politico-économique dominant qu'est le droit européen.

Irlande. Le système de santé sous pression malgré un plan de réforme ambitieux

DELAHAIE N.

2023

Chronique Internationale de l'IRES 182(2): 19-31.
https://www.cairn.info/revue-chronique-internationale-de-l-ires-2023-2-page-19.htm

La République d'Irlande est le seul pays d'Europe de l'Ouest où il n'existe pas d'accès universel aux soins de santé. Près de la moitié de la population dispose ainsi d'une assurance santé privée, laquelle permet un accès plus rapide aux soins, au détriment des assurés publics. Un plan de réforme inédit a certes été lancé en 2017 avec l'objectif d'universaliser l'accès aux soins mais sa très lente mise en œuvre suscite l'inquiétude du corps médical, qui redoute « une crise » du système de santé.

Organization and Quality of Care in Patient-Sharing Networks

FLEMMING D. R. ET SUNDMACHER P. D. L.

2023

Health Policy 136: 104891.
https://doi.org/10.1016/j.healthpol.2023.104891

Healthcare systems seek to provide continuous and coordinated care of high quality. However, patient pathways in the ambulatory sector may differ and result in various provider units. Our aim was to analyze whether health outcomes and the quality of care differ between different types of patient-sharing physician networks. We analyzed administrative data on patients with diagnosed heart failure in Germany. We investigated distinct networks of ambulatory physicians by using a modular-based optimization algorithm and characterized each network as having either a key physician at its center or some other kind of configuration. We subsequently conducted multilevel regression analyses to estimate the impact a network's configuration has on hospitalization rates and guideline-based process indicators. We identified 1,847 networks, of which 27% had a key physician at their center. Compared to physician networks with other configurations, networks that had a key physician at their center were associated in our regression analysis with (a) somewhat lower hospitalization rates, and (b) heart failure treatment that was more frequently in concordance with the German national treatment guideline. Organizing healthcare for people with chronic disease into units that have a key physician at their center and include the relevant specialists may foster treatment that is effective and of higher quality.

Travail et santé

Occupational Health

Work Strains and Disabilities in French Workers: A Career-Long Retrospective Study

BARNAY T. ET DEFEBVRE É.

2023

Labour 37(3): 385-408.

https://onlinelibrary.wiley.com/doi/abs/10.1111/labr.12252

This study aims to estimate the causal impact of detrimental working conditions on the self-reported disabilities in France. Using a retrospective lifelong panel, we implement a mixed econometric strategy that relies on difference-in-differences and matching methods to take into account for selection biases as well as unobserved heterogeneity. Deleterious effects from exposure on disability are found, depending on the nature and magnitude of the strains. These results provide insights into the debate on legal retirement age postponement and justify policies being enacted early in individuals' careers, but also schemes that are more focused on psychosocial risk factors.

Covid-19 and Healthcare Worker Mental Well-Being: Comparative Case Studies on Interventions in Six Countries

BYRNE J.-P., HUMPHRIES N., MCMURRAY R., *et al.*

2023

Health Policy 135(Ahead of pub): 104863.

https://doi.org/10.1016/j.healthpol.2023.104863

Healthcare worker (HCW) mental well-being has become a global public health priority as health systems seek to strengthen their resilience in the face of the Covid-19 pandemic. Analysing data from the Health System Response Monitor, we present six case studies (Denmark, Italy, Kyrgyzstan, Lithuania, Romania, and the United Kingdom) as a comparative review of policy interventions supporting HCW mental health during the pandemic. The results illustrate a wide range of interventions. While Denmark and the United Kingdom built on pre-existing structures to support HCW mental wellbeing during the pandemic, the other countries required new interventions. Across all cases, there was a reliance on self-care resources, online training tools, and remote professional support. Based on our analysis, we develop four policy recommendations for the future of HCW mental health supports. First, HCW mental health should be seen as a core facet of health workforce capacity. Second, effective mental health supports requires an integrated psychosocial approach that acknowledges the importance of harm prevention strategies and organisational resources (psychological first aid) alongside targeted professional interventions. Third, personal, professional and practical obstacles to take-up of mental health supports should be addressed. Fourth, any specific support or intervention targeting HCW's mental health is connected to, and dependent on, wider structural and employment factors (e.g. system resourcing and organisation) that determine the working conditions of HCWs.

Analyse du profil des salariés déclarés inaptes au poste de travail : quelle place pour les facteurs sociétaux ou extra-professionnels et quelles conséquences sur l'emploi ?

COURTOIS R., COUVREUR M., GEHANNO J. F., *et al.*

2023

Revue d'Épidémiologie et de Santé Publique 71(4): 102089.

https://doi.org/10.1016/j.respe.2023.102089

La carrière professionnelle peut être modifiée par des problèmes de santé. L'altération professionnelle, notifiée par le médecin du travail, peut être suivie d'une recherche de reclassement ou d'une désinsertion professionnelle. L'objectif de cet article est de décrire le profil des travailleurs déclarés inaptes à leur poste de travail et décrire le profil de ceux qui n'ont pas de capacité de travail restante (CTR). Méthodes Population de travailleurs suivie par un service de santé au travail interentreprises de 20 médecins du travail. Les caractéristiques des travailleurs déclarés inaptes à leur poste de travail ont été extraites des dossiers médicaux (âge, sexe, secteur d'activité (Naf), catégorie socioprofessionnelle (PCS), pathologie entraînant une déficience professionnelle (CIM10), statut d'obligation d'emploi de travailleurs handicapés (BOETH). Les facteurs associés à l'inaptitude au travail dû à l'absence de capacité de travail restante (CTR) ont été identifiés par des modèles de régression logistique. Discussion Aucune administration publique ne

recense l'ensemble des inaptitudes professionnelles en France. Les études antérieures ont décrit le profil des travailleurs inaptes à leur poste de travail mais aucune n'a décrit le profil de ceux qui n'ont pas de CTR. Ces travailleurs sont pourtant exposés à un risque élevé de précarité. Conclusions Les pathologies psychiques sont les pathologies qui génèrent le plus d'inaptitudes professionnelles sans CTR. La prévention de ces pathologies est essentielle. Les pathologies rhumatologiques sont la première cause d'inaptitude au poste de travail mais la proportion de travailleurs sans CTR est moins importante. Celles-ci peuvent être en relation avec les efforts déployés pour le retour au travail de ces patients.

Heat and Worker Health

IRELAND A., JOHNSTON D. ET KNOTT R.

2023

Journal of Health Economics 91: 102800.

https://doi.org/10.1016/j.jhealeco.2023.102800

Extreme heat negatively impacts cognition, learning, and task performance. With increasing global temperatures, workers may therefore be at increased risk of work-related injuries and illness. This study estimates the effects of temperature on worker health using records spanning 1985–2020 from an Australian mandatory insurance scheme. High temperatures are found to cause significantly more claims, particularly among manual workers in outdoor-based industries. These adverse effects have not diminished across time, with the largest effect observed for the 2015–2020 period, indicating increasing vulnerability to heat. Within occupations, the workers most adversely affected by heat are female, older-aged and higher-earning. Finally, results from firm-level panel analyses show that the percentage increase in claims on hot days is largest at "safer" firms.

The Health and Welfare Effects of Increases in Workers' Compensation Benefits

JINKS L.

2023

Journal of Labor Economics 41(3): 615-642.

https://www.journals.uchicago.edu/doi/abs/10.1086/720456

This paper estimates the causal impacts of workers' compensation income benefits on workers' health and welfare outcomes. Using claims data from 2004 to 2016, I explore the variation in benefits due to a reform of New York workers' compensation that increased the maximum weekly benefits. I find that a $77 increase in the weekly benefits led to an additional 3.4 days off work. Medical utilization did not increase. Each extra day off work decreased the reinjury likelihood by 2.9%. The current benefit level in New York is close to optimal in balancing payer cost and worker health outcomes.

Sick Leave Cuts and (Unhealthy) Returns to Work

MARIE O. ET CASTELLÓ J. V.

2023

Journal of Labor Economics(Ahead of pub): 000-000.

https://www.journals.uchicago.edu/doi/abs/10.1086/720629

We investigate the impact on work absences of a large reduction in paid sick leave benefits in Spain. Our results highlight substantial decreases in frequency (number of spells) mostly offset by increases in duration (length of spells). Overall, the policy did reduce the number of days lost to sick leave. For some, however, return to work was premature, as we document large increases in both the proportion of relapses and the number of working accidents. Displacement toward this unaffected benefit scheme cancels out almost two-fifths of the gains in terms of estimated absence reductions from the sick leave benefit cut.

Le prix de la maladie professionnelle. La construction des dimensions morales de l'indemnisation des maladies liées à l'amiante

PILLAYRE H.

2023

Droit et société 113(1): 133-156.

https://www.cairn.info/revue-droit-et-societe-2023-1-page-133.htm

Le scandale de l'amiante a été à l'origine de deux innovations : le Fonds d'indemnisation des victimes de l'amiante (Fiva), plus favorable aux victimes que le système traditionnel d'indemnisation des maladies professionnelles, et les procès en « faute inexcusable de l'employeur », qui permettent la prise en charge de l'indemnisation par les employeurs jugés coupables. Le Fiva a été critiqué par certains sociologues qui y voient une poursuite de la monétarisation des risques professionnels sans dimension morale, ne reposant pas

sur une sanction des employeurs coupables. L'article montre au contraire la diversité des attentes normatives construites autour de ces procédures diverses, et le rôle des « intermédiaires du droit » dans la stabilisation de ces attentes.

Work-Limiting Musculoskeletal Pain and Its Association with Loss of Paid Employment Among Senior Workers: Prospective Cohort Study with Register Follow-Up

SKOVLUND S. V., VINSTRUP J., SUNDSTRUP E., *et al.*

2023

European Journal of Public Health 33(4): 606-611.

https://doi.org/10.1093/eurpub/ckad090

A growing population of elderly necessitates a sharpened focus on sustainable employment through aging. Physically demanding work can be challenging, especially for senior workers. Establishing determinants of labor market participation could guide policy development and preventive efforts at the workplaces aiming at keeping senior workers longer in the labor market. We used data from SeniorWorkingLife, a comprehensive questionnaire survey among a representative sample of Danish +50-year workers, and investigated the prospective association between self-reported work limitations due to musculoskeletal pain ('work-limiting pain') in 2018 and register-based loss of paid employment before state pension age at 2-year follow-up among +50-year Danish workers with physically demanding work (n = 3050).Results showed that work-limiting pain increased the risk of loss of paid employment before the state pension age in a progressive manner, i.e. the higher degree of work-limiting pain, the higher risk of loss of paid employment ($P < 0.001$). Experiencing a low degree of work-limiting pain was associated with an 18% increased risk of loss of paid employment [risk ratio (RR): 1.18, 95% confidence interval (CI): 1.14–1.21], whereas experiencing a very high degree of work-limiting pain increased the risk of loss of paid employment by 155% (RR: 2.55, 95% CI: 2.43–2.69) compared to no work-limiting pain. In conclusion, work-limiting pain constitutes an important risk factor for loss of paid employment among senior workers with physically demanding work, and effective preventive efforts at both policy and workplace levels should be documented and implemented.

Vieillissement

Ageing

La prévention de la perte d'autonomie des personnes âgées

APPARITIO S. ET ASSOUS L.

2023

Regards 61(1): 67-78.

https://www.cairn.info/revue-regards-2023-1-page-67.htm

La Cour des comptes a publié en novembre 2021 un rapport relatif à la prévention de la perte d'autonomie des personnes âgées. Les lecteurs sont invités à le consulter pour prendre connaissance des constats et des recommandations que la Cour porte sur ce sujet . La perte d'autonomie, dont l'incidence augmente fortement avec l'âge, n'est pas la conséquence inéluctable du vieillissement : c'est l'accumulation de pathologies qui peut conduire à la dépendance si elles ne sont pas compensées. La moitié des centenaires vivent d'ailleurs à domicile. Mais la prévention est primordiale pour limiter les effets de la transition démographique en cours. Les développements qui suivent privilégient certaines thématiques abordées dans le rapport de la Cour dans l'objectif de mettre l'accent sur les coûts de l'inaction en matière de prévention aussi bien en termes financiers que de santé publique.

Perte d'autonomie des personnes âgées en France : pourquoi y a-t-il des différences territoriales ?

CARRÈRE A.

2023

Revue économique 74(3): 345-372.

https://www.cairn.info/revue-economique-2023-3-page-345.htm

Cet article cherche à comprendre les différences dépar-

tementales de prévalences de la perte d'autonomie : sont-elles sociales, liées à l'accessibilité financière ou géographique de l'offre médico-sociale, à des mobilités territoriales ou à d'autres facteurs territoriaux ? Les données de deux enquêtes : Vie quotidienne et santé (VQS) 2014 et EHPA 2015, sont assemblées pour modéliser la perte d'autonomie grâce à une analyse multiniveau. Elles sont complétées de données contextuelles caractérisant les départements. Nous trouvons que les différences territoriales sont surtout le reflet de différences sociales et de longévité mais qu'elles résultent aussi de la prise en charge. Classification JEL : C25, I11, I18, J11, J14.

L'Ehpad-tiers-lieu : l'Ehpad de demain ?

DE LA HOSSERAYE L., FERRARI A. M. ET GIRARD J.

2023

Gérontologie et société 46(2): 83-103.

https://www.cairn.info/revue-gerontologie-et-societe-2023-2-page-83.htm

Cet article revient sur la première phase de la dynamique de tiers-lieu engagée par le Pôle Gérontologique Nîmois de la Croix-Rouge française. Il constitue un premier retour d'expérience sur l'hypothèse que les principes et les outils du mouvement des tiers-lieux peuvent constituer des leviers au service de la participation et de l'inclusion des personnes accueillies en Ehpad et de l'intégration de l'Ehpad dans les dynamiques du territoire ; et détaille les modalités d'adaptation d'une telle méthodologie au sein d'un établissement médico-social, dans le but d'outiller d'autres futurs porteurs de projet.

Does Context Count? the Association Between Quality of Care and Job Characteristics in Residential Aged Care and Hospital Settings: A Systematic Review and Meta-Analysis

HODROJ B., WAY K. A., SCOTT T. L., *et al.*

2022

The Gerontologist 63(6): 1012-1027.

https://doi.org/10.1093/geront/gnac039

Within residential aged care settings, reduced quality of care (QoC), abuse, and neglect have been global phenomena which require urgent intervention. As the reported rate of these problems is much higher in aged care compared to hospital settings, we investigated whether differing job design characteristics between the 2 settings might explain the difference. We used a meta-analysis to compare differences in the relationships between high job demands, low job resources, and job strain with QoC and counterproductive work behaviors (CWBs) across aged care and hospital settings. Data were extracted from 42 studies (n = 55 effects). QoC was negatively correlated with high job demands ($\rho^{-} = -0.22$, 95% confidence interval [CI]: –0.29, –0.15, k = 7), low job resources ($\rho^{-} = -0.40$, 95% CI: –0.47, –0.32, k = 15), and job strain ($\rho^{-} = -0.32$, 95% CI: –0.38, –0.25, k = 22), CWBs had a positive relationship with job demands ($\rho^{-} = 0.35$, 95% CI: 0.10, 0.59, k = 3) and job strain ($\rho^{-} = 0.34$, 95% CI: 0.13, 0.56, k = 6). The association between poor QoC and low job resources was stronger in aged care (r = –0.46, 95% CI: –0.55, –0.36, k = 8) than in hospital settings (r = –0.30, 95% CI: –0.41, –0.18, k = 7).Our findings suggest that relationships between low job resources and poor QoC are exacerbated in residential aged care contexts. To improve care outcomes, stakeholders should improve job resources such as skill discretion, supervisory supports, and increased training and staffing levels in residential aged care.

Lieux de vie collectifs et maladie d'Alzheimer : évolution de l'offre d'hébergement

LABARCHÈDE M.

2023

Gérontologie et société 46(2): 125-140.

https://www.cairn.info/revue-gerontologie-et-societe-2023-2-page-125.htm

La maladie d'Alzheimer s'est imposée depuis près de cinquante ans comme un champ à part entière de connaissances, de traitements et d'accompagnements des personnes malades. Initialement, la prise en charge collective des personnes s'effectuait au sein d'unités dédiées, en raison de leur singularité comportementale. L'offre d'hébergement s'est peu à peu étoffée, en vue d'améliorer leurs conditions de vie. Des établissements spécialisés et plus récemment encore des projets « innovants » cherchent à promouvoir des logiques d'intégration sociale et spatiale. Cet article caractérise l'évolution de la relation entre les conditions d'accueil et de prise en charge des personnes malades et les caractéristiques spatiales et architecturales d'hébergements destinés à une population spécifique. À partir d'une analyse socio-spatiale de six études de cas (unités dédiées (2), Ehpad spécialisés (2) et projets innovants (2)), la méthodologie combine des

entretiens semi-directifs (42) et des observations in situ (200 heures). Les investigations soulignent le rôle multiple de l'architecture : comme facteur de changement ; comme élément d'inclusion ; comme support d'une domesticité repensée.

La réforme des retraites : dossier

LAFORE R., PRETOT X., RIANCHO S., *et al.*

2023

Revue de Droit Sanitaire et Social(579): 579-679.

Ce dossier sur la réforme des retraites de 2023 en France aborde plusieurs thématiques : la décision du Conseil constitutionnel, les retraites anticipées pour incapacité, les départs anticipés à la retraite pour carrière longue dans le régime général de la sécurité sociale, le dispositif pénibilité, l'emploi des seniors, la place des femmes et les régimes spéciaux.

Do Mobile Hospital Teams in Residential Aged Care Facilities Increase Health Care Efficiency: An Evaluation of French Residential Care Policy

PENNEAU A.

2023

Eur J Health Econ 24(6): 923-937.

https://doi.org/10.1007/s10198-022-01522-1

Patients in residential aged care facilities (RACF) are frequently admitted to hospital since the RACF often lack adequate medical resources. Different economic agents, whose missions and funding may conflict, provide care for RACF residents: residential facility, primary care physicians, and hospital. In this article, I estimate the economic impact of employing a mobile hospital team (MHT) in RACF, which modifies the relationship between these three agents by providing care directly in RACF. Method: A national, patient level database on RACF from 2014 to 2017 is used to calculate RACF outcome indicators. I analyse the difference between RACFs, that use MHT for the first time during the period (treatment group), and those that did not use MHT at all in the same period using a difference in difference (DID) model. Results: The MHT had a significant impact on health care quality in treated RACFs and reduced the number of patients transferred to hospital and the number of emergency department visits, and increased palliative care utilisation at the end-of-life, without increasing total hospital expenditure. CONCLUSION: MHT appear improve care quality in RACFs by filling the gap in care needs including better end of life care, without increasing health expenditure. Given the high number of hospital transfers especially towards the end of life, securing the right level and mix of social and medical resources in RACFs is essential. Transferring some competencies of MHT teams to residential facilities may improve the quality of life of residents while improving allocative efficiency of public resources.

Analyzing and Comparing Healthy Aging in France and OECD Countries Based on a New Physiological Age Measure

SICSIC J. ET RONCHETTI J.

2023

Med Sci 39(6-7): 551-557.

https://doi.org/10.1051/medsci/2023077

We introduce a new individual measure of healthy aging on a sample of more than 39,000 individuals and compare the results for France with 11 other European countries and the United States. Our healthy aging measure is based on the discrepancy between the calendar age of populations with their estimated physiological age, which corresponds to a measure of age adjusted for the effects of comorbidities and functional health. France is ranked in the lower middle of our healthy aging scale, with the Nordic countries (Denmark, Sweden, Netherlands), Switzerland and Greece being ahead. Economic capital has a strong impact on the estimated physiological age and on healthy aging trajectories. Socioeconomic inequalities are particularly marked in France as well as in Italy and the United States. The generosity of long-term care policies seems to be positively associated with the level of healthy aging of the populations. More work is required to identify the drivers of healthy aging among individuals living in OECD countries.

Informal Caregiving and the Allocation of Time: Implications For Opportunity Costs and Measurement

URWIN S., LAU Y.-S., GRANDE G., *et al.*

2023

Social Science & Medicine 334: 116164.

https://doi.org/10.1016/j.socscimed.2023.116164

Informal care requires a considerable time investment from providers that inherently involves trade-offs against various uses of time. We examine what other

uses of time are forgone when individuals provide informal care. We further consider how caregiving is linked to a range of rarely explored time use characteristics relating to multitasking, the fragmentation and the timing of activities. We use data from 5670 adults across 11003 diary days from the 2014/15 UK Time Use Survey. Using a 'doubly robust' approach of entropy balancing and regression adjustment, we find carers spend an additional 49.0 min on non-market work, 2.9 min on personal care, 5.8 min on leisure and 2.9 min on miscellaneous activities on weekdays. They spend 46.1 min less on market work and 14.4 min less on sleep. Carers report more time stress, more multitasking, and more fragmented time. We estimate with attribution factors that 16% and 11% of reported household task activity is due to caregiving on weekday and weekend days, respectively. These findings provide evidence on additional opportunity costs faced by carers and possible channels through which carer labour market and health outcomes are realised. The attribution factors we calculate can be applied to total reported caregiving time to avoid overestimation when this is incorporated into economic evaluations.

Améliorer les pratiques d'accompagnement à l'autonomie en santé : effets d'un dispositif d'apprentissage coopératif

ZUCCHELLO A., DORSA M., LOMBRAIL P., *et al.*

2023

Santé Publique 35(2): 149-158.

https://www.cairn.info/revue-sante-publique-2023-2-page-149.htm

Introduction : Le projet ACESO, participant à l'expérimentation nationale des dispositifs d'accompagnement à l'autonomie en santé (AAS), a rassemblé 21 partenaires franciliens parmi lesquels 14 portaient des pratiques qui empruntent à l'accompagnement. Son présupposé était qu'en expérimentant une démarche coopérative favorisant l'empowerment des partenaires, ceux-ci amélioreraient leurs pratiques d'accompagnement et mettraient notamment en place les conditions nécessaires à l'empowerment des personnes accompagnées. Pour les y aider, le porteur de projet a tenu un rôle de tiers dont la fonction était de faciliter la démarche coopérative en proposant un cadre et une méthode. But de l'étude : L'étude visait à rendre compte des effets de cette démarche sur les pratiques des partenaires, ainsi qu'à identifier le processus pour y parvenir. Résultats : Les apprentissages réalisés ont permis aux partenaires de se donner des balises de bonnes pratiques construites collectivement au sein du projet (valeurs, principes et postures). Avec le soutien du tiers, ils ont initié un processus d'apprentissage transformationnel développant leur réflexivité et leur empowerment. Ces transformations ont eu des répercussions sur leurs équipes et structures, par effet de halo. Ce dernier a varié, dans chaque structure partenaire, en fonction de la participation et de l'implication du référent-projet et des membres de la structure, en particulier la direction. Conclusion : Cette étude met en évidence l'intérêt d'une démarche coopérative pour faciliter l'apprentissage nécessaire aux transformations durables des pratiques et l'amélioration des pratiques de partenaires d'un collectif apprenant. Dans le cas de l'AAS, ceci s'est traduit par des gains d'autonomie pour les accompagnants et les personnes accompagnées.

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