RESEARCH PROGRAMME 2010-2013

IRDES

MARCH 2011

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Introduction

The 2010-2013 Research Programme includes on-going research projects that can span over several years. It equally includes the results of the IRDES working seminar essentially dedicated to the research programme held in June 2010. Finally, it equally takes into account exchanges with IRDES partners and financers between September 2010 and March 2011, and the scientific committee debate held on November 30th 2010.

The four-year period covered by this programme corresponds to IRDES 2010-2013 contract with the CNAMTS, and the three-year contract with the DREES for 2011-2013. The research programme is thus supported by a long-term budget covering the resources necessary to execute part of the research and projected developments. However, several of the research projects announced will be subject to specific financing. These projects concern, or will concern, responses to calls for research projects and studies.

The research projects cover a vast field of themes and disciplines that are presented grouped together by research area. Each research area is led by senior researchers and brings together individuals with experience in the specific themes concerned (geography of health, access to care, health inequalities, insurance…). IRDES research cuts across three main themes that equally correspond to three of the principal challenges facing the health system.

The first concerns increased life-expectancy and all research issues emanating from this major phenomenon. It includes themes such as health insurance, equity, prevention with a particular focus on the work environment, but also health system efficiency, notably in the organisation and financing of services between the health and medico-social sectors.

The second theme covers the organisation of health care focusing on first contact (or primary) care with the new forms of organisation in office-based care or the preferred GP reforms aimed at achieving a better articulation or coordination between ambulatory care and hospital services. The territorial dimension of public health policy is particularly well researched in relation to the recent implementation of the 2009 'Hospital, Patient, Health and Territories' (HPST) Law.

Finally, it covers issues relating to health expenditure financing in the broadest sense of the term, and notably the consequences in terms of equity and access to care of shared financing by the Statutory Health Insurance Fund and complementary health insurance schemes, a theme to which IRDES researchers are particularly committed.

If IRDES considers itself as a research centre whose primary aim is not only to shed new light on questions concerning health economics and enlightening public decision-making to improve health system efficiency through *exante* or *expost* evaluation procedures, it equally regularly produces data that can be used by the research community as a whole and public authority research departments. This activity includes not only conducting surveys but also the creation of innovative data bases by matching data from different sources.

The increase in the number of data matching projects, notably in collaboration with the SNIIR-AM, such as changes in environmental contexts associated with health-related surveys, gives these activities a prominent place in the 2010-2013 research programme. It notably concerns clarifying IRDES position with regard to SHARE after 2011, anticipating the Health, Health Care and Insurance Survey's hosting of the European survey on health by interview in 2014, but also redefining the organisation of human resources around the different survey and data matching projects such as adapting technical tools and software.

The tools and surveys theme will thus constitute a significant part of the research programme for the next few years. At IRDES, this theme will certainly gain in importance in terms of budget and human resources.

The development of the tools and surveys theme must not however be to the detriment of research either in terms of the questions explored, with the risk of looking under the lamp-post, or in terms of the human resources deployed, with the risk of being submerged by the weight of data production and management. The elaboration and management of data bases and surveys must, therefore, be systematically associated with ongoing research projects and allow researchers to introduce specific questions of immediate concern above and beyond the routine production of data.

The documentation and publications area, as one of the stated missions of IRDES, constitutes an important element of continuous development activities, notably through the diffusion of works both in French and English via the Internet. This activity is proof of IRDES constant attention to supplying routine data and documentary reviews to as wide a public as possible as well as more academic scientific publications oriented towards the research community.

Finally, IRDES is involved in numerous academic and institutional partnerships. These partnerships, the complete list of which is available for consultation on the IRDES web site, can take various forms. They can, for example, fall within the framework of a specific project such as the Monaco project in partnership with the Institute of Health Data (IDS), complementary health insurance federations and certain complementary health organisations. They can equally be established within the framework of research programmes such as the PROSPERE project in partnership with the CERMES and the French Society of General Medicine (SFMG). It can equally involve individual partnerships (associated researchers and post-graduate students writing a doctoral thesis), scientific projects and events such as the research seminars in collaboration with the LEGOS Research Laboratory and the Paris-Dauphine University Health Chair.

1 THE RESEARCH PROJECTS

1.1 RESEARCH PROJECTS ON HEALTH CARE SYSTEM PERFORMANCE

The growing preponderance of chronic disease, complex medical situations due to an increase in multiple concurrent chronic conditions and complex medico-social situations related to ageing and dependency, constitute major economic challenges for socialised health care systems. The belief that a better coordination of patient care paths between office-based care and hospital services, and notably that a more appropriate use of hospital services would provide a more efficient health care system, is at the origin of the multiple reforms that have succeeded each other over the last few years. This type of coordination can be found in the field of perinatality, for example. Health care performance evaluated on perinatal mortality rates or infant death rate in premature births for example, is based on the quality of care delivered throughout the care path, and not simply on the quality of each of the different agents on that path, beginning with the user, in this case the pregnant woman. The characteristics of the tools used to measure and evaluate performance, such as setting up incentives to analyse and improve performance taking into account a sequence of care or care path, are all research themes that we intend to explore over the next few years. Under a common theme, these issues will bring together researchers working on primary care, hospital care, long-term care and health territories issues. This project can focus either on ambulatory care or hospital care and thus deal with a diversity of clinical situations. The former will underline performance in the ambulatory care sector and the second in the hospital care sector and reply to the following question: between the concentration of technical capacity and primary care at local level, how do the hospital and office-based care play their respective roles? In practice, this project is based in priority on the sharing of research in progress and the building of new skills notably around data matching and management of SNIIR-AM and PMSI data.

Beyond competence sharing during our regular meetings, several solid avenues of research are under evaluation and will be specified during the course of 2011 with a view to launching projects in 2011 and 2012. One of the avenues under consideration consists in exploring the methods of comparing the care paths of patients suffering from chronic diseases (identified in the SNIIR-AM data bases) within the office-based care and hospital network reconstituted from the analysis of office-hospital data. This approach could benefit from the contribution of a Canadian researcher from the Institute for Clinical Evaluative Sciences (ICES) in Ontario wishing to spend a sabbatical year in France. Thérèse Stukel is currently working on a project using medico-administrative data to reconstitute primary care-hospital territories (virtual networks) with the aim of comparing the longitudinal efficiency of care. She has equally contributed to research carried out by the *Dartmouth Institute for Health Policy and Clinical Practice* known for its research on '*small areas variations*', and could thus carry out a comparative study between Ontario and France in collaboration with IRDES researchers using French data bases. Another perspective envisaged is to explore the methods of evaluating primary care - hospital care paths within the framework of the evaluation of experiments on new modes of remuneration (NMR), the data collected concerning both PMSI and SNIIR-AM data for a population of one million individuals (cases and controls included). The domain of long-term care, primarily researched within the framework of European projects (EUROMAP and INTERLINKS) could be taken into account through the participation of researchers working on the same theme.

1.1.1 Contribution of Primary care to Health System Performance
Research Manager: Julien Mousquès

This research group is essentially organised around the PROSPERE project bringing together IRDES researchers and other partners such as CERMES and the SFMG.
See the PROSPERE project: http://www.irdes.fr/EspaceRecherche/Projets/Prospere/index.htm.

In response to the question underpinning PROSPERE projects "What organisations for what performance in the primary care field?" the research team essentially focuses on the new organisation of ambulatory care, performance evaluation methods and, more generally, the definition and measure of performance in the primary care field (first contact care in France).

This group equally works on cross-cutting projects in collaboration with other research groups, notably 'Geography of Health', 'Hospital care', 'Social Health Inequalities' and 'Tools and Surveys'… These projects provide a more extensive understanding of primary care not only from a systemic perspective but also one involving broader issues such as health inequalities (AIR and EPICE score projects), territorial stakes in healthcare organisation and the more general context of health policy.

The PROSPERE team, entirely coordinated by IRDES, partially mobilises IRDES resources but ultimately contributes to enriching IRDES research as a whole whether in the domain of health insurance, health inequalities in a general or hospital context, or in the field of international comparisons. This was the main reason for changing this group's title to 'Contribution of primary care to health system performance'.

The group intention is to analyse primary care issues from a broader perspective; as one factor within the health system as a whole rather than as an isolated sector. This will be achieved by integrating broader issues such as financing and, more particularly the balance between statutory and complementary health insurance (AMO and AMC, respectively), governance in relation to the 'Hospital, Patients, Health and Territories' law (HPST) or the control of health expenditures. Moreover the contribution of primary care in reducing health inequalities (AIR project) whilst improving the general efficiency of the health system (improvements in the quality of care, optimisation of prescriptions, analysis of care trajectories, effects on hospitalisations, and how it articulates with the medical-social sector) is an area of interest for researchers in this group.

Research projects are elaborated on a long-term time frame. The 2011 programme thus includes projects initiated in 2008 and 2009, due to be validated and published in 2011, as well as a number of new projects to be launched in 2011.

1.1.1.1 The PROSPERE team projects

Among the PROSPERE team projects only those, other than coordinating the teams, substantially involving IRDES researchers will be described here.

Matching Observatory of General Medicine (GMO) data to National Health Insurance claims (SNIIRAM) is a key PROSPERE project. From the 2009 results (testing of data match models with the help of the CNAMTS, meeting with the CNIL and elaboration of a data base management system) a test data base was completed in the autumn of 2010. One of its projected uses will be the evaluation of experimental modes of remuneration piloted in multi-disciplinary primary care group practices, *centres de santé* and *pôles de santé*.

Among the projects initiated in 2010, **the evaluation of trials with new payment schemes** is in progress. The project replies to a request from the DSS and the CNAMTS and will benefit from

additional financing for the PROSPERE team. This project, based on previous studies on the evaluation of *centres de santé* and *pôles de santé* is coordinated by the IRDES primary care research group manager in association with PROSPERE team researchers. It is due to be completed at the end of 2013.

Taking into account the problem of reducing health inequalities by measuring health organisation efficiency is a specific domain treated by the '**EPIDAURE' project 'Evaluating the contribution of health centres in the reduction of health inequalities'** launched in 2008 with the National Health Centre Liaison Committee (CNLCS), the results of which will be published in 2011.

IRDES is equally involved in organising a two day research seminar on the theme of general medicine and the reduction of health inequalities. This project, in reply to an ISREP call for projects in October 2010 by the public health team at Nantes University Hospital, will bring together several French research teams with the aim of determining the advances in research and the questions to be broached on this theme.

1.1.1.2 Other projects

In addition, a study on the **delays in accessing health services** was launched the beginning of 2010**.** It involves determining and analysing the tools (indicators, data, data collection methods) used abroad to measure these delays. This study requested by the CNAMTS aims at anticipating the development of similar tools in France.

In 2011, with the aid of a data base made available by IMS-Heath on patients monitored by general practitioners, we will continue research on patients suffering from chronic diseases and multiple concurrent chronic conditions initiated in previous years. The aim of this research is to evaluate the number of patients with chronic or multiple concurrent chronic conditions registered with general practitioners, by specific disease and according to patient characteristics.

Finally, results from data exploited in 2010 on the evolution of patients' declared modes of access to specialist care since 2004 (period prior to the introduction of the coordinated care path) will be published.

1.1.1.3 European projects

Researchers in this group are equally involved in a number of European projects concerning the analysis of primary care policies and policy implementation. Results of research on **primary care policy in Europe, PHAMEU**, completed in 2010 will be published in 2011. Further research placing the PHAMEU framework in the French context is envisaged by the team that will present the results to partners susceptible of being interested in the development of such a tool in France. Finally, IRDES is equally participating in the European project **AIR (Addressing Inequalities in Europe)** whose aim is to define, inventory and analyse policies and interventions carried out in different European regions to reduce primary care health inequalities. In 2010 IRDES began reviewing the literature on this subject which will be published in 2011.

1.1.2 The long-term care and hospital performance research group
Research Manager: Laure Com-Ruelle

This research group federates various issues concerning the hospital sector and the concept of performance. Overall performance operates at different levels: governance, organisation, financing, and care delivery. It can thus be measured using different criteria such as quality of care, safety, effectiveness and efficiency. The system's performance is thus evaluated on its capacity to offer equal access to quality care for all in a financially sustainable manner.

In the face of change and the combined demands for technical progress and expenditure control, hospital development involves arbitrating between concentrating technical capacity and maintaining certain local healthcare services. Essential in meeting these demands is an efficient coordination with private medicine, first contact care or specialist care. Hospitalisation, a relatively exceptional but costly event (compared with other forms of care), is only one link in a patient's care path. With the ageing of the population and its corollary of multiple diseases and dependency, the need for both medical and social responses is on the increase. Thus, whether taken from the point of view of users or that of policies and organisation, the link with the medical-social sector is imperative and the development of innovative modes of coordination and alternatives to hospitalisation is essential.

In a new context partially defined by the HPST law (Hospital, Patient, Health and Territories):

- What place for the hospital in the new professional practice organisational methods?
- How to judge its performance?
- How are its organisation and financing methods adapted to the changes in progress?
- What are the consequences in terms of patient care?
- How can one measure the quality of care delivered and health outcomes?

In order to explore these issues, research is organised around projects that all focus on the supply and delivery of full-time or partial hospital care (weekday, day or night care), ambulatory surgery and home hospitalisation.

Beyond these hospital activities, the primary care/hospital articulation can be carried out both at macroscopic level (service offer organisation, financing and expenditures) and microscopic level (patient car paths).

Finally, the ageing of the population as well as the reforms underway, naturally bring us to widen our field of investigation to long-term care and the medical-social sector.

In the presentation of research projects for 2011-2014 that follows, we will thus distinguish those specifically dedicated to the 'hospital sector' and its funding, activities, use of care and quality domains and new domains that more specifically concern long-term care focusing on quality, regulations and funding.

1.1.2.1 Financing, activities and quality of hospital care

The introduction of the new activity-based funding system (known as T2A) concerning MCO as well as HAD, allied with the availability of corresponding PMSI data bases, has opened up new research perspectives.

In this framework, different studies concerning the activity and quality of care in the 'hospital sector', the impact of new financing methods, the financial accessibility of care and the balance between private/hospital care are either in progress or about to be launched.

1.1.2.1.1 Quantitative evaluation of T2A impact

The main aim of this project is to conduct a quantitative evaluation of the health establishment financing reforms in force since 2005 using medico-administrative data bases. T2A was introduced with the aim of restructuring hospital care delivery and to improve its economic efficiency and resource allocations, to increase productivity in public establishments and improve the quality of care. Yet, to date, the monitoring of productivity and efficiency in hospitals remains insufficient. The first aim of this study is to construct production, productivity and care outcome indicators that will allow the monitoring of evolutions at hospital level before and after the T2A reform and also to carry out comparisons between different types of establishment. Secondly, the study will attempt to

isolate, by means of a multivariable approach, the impact of T2A from other structural or contextual factors that may intervene simultaneously and influence the observation of reform. To achieve this, we propose a panel model of variables reflecting production, productivity and quality at establishment level according to the characteristics of each establishment and contextual variables. The use of longitudinal data (2000-2009) will allow the unobserved heterogeneity of establishments to be taken into account and the independent temporal effects of the reform (notably technical progress).

1.1.2.1.2 Evaluation of policies aimed at combating care-related risks

Serious adverse effects (SAE) related to care are a major concern for care users, health professionals and decision-makers. Reducing serious adverse effects figured amongst the objectives stated in the annex to the public health policy law of 9th August 2004 (objectives 26, 27 and 28). Following a call for projects from the DREES, IRDES participated in a new project in 2010 [cf. fiche A252, p. **Erreur ! Signet non défini.**], in collaboration with the CCECQA of Bordeaux and the French School of Political Science CSO. The objective of the so-called EVOL-ENEIS project is to **analyse the relationship between institutional, legal and organisational change that occurred at national level between 2004 and 2008 and the evolution of care-related risk factors (RLS) observed between the ENEIS 1 (2004) and ENEIS 2 (2009) surveys**. IRDES was charged with carrying out a critical analysis of international research literature on the impact of change on risk management (and monitoring) and its economic impact (cost/benefit ratio) on the one hand, and a quantitative analysis of the impact of change in France on the other. Among the expected results, the quality of ENEIS data bases should permit the elaboration of recommendations to improve the next ENEIS survey, if the need arises, and more particularly, it will be useful in collecting economic variables concerning hospital admissions since T2A implementation permitting more effective economic analyses.

The study will be continued in 2011 with an **economic analysis of the cost of serious adverse events in France**. The aim is to supply estimated national costs of adverse events in French hospitals by exploiting PMSI data and the National Study of common private/public costs data base (ENCC) 2007. A prior feasibility study based on ENCC data will determine whether a sufficient number of hospital stays with adverse effects can be identified in the hospitals participating in the ENCC study. This will be effectuated on the basis of principal or associated diagnostic codes elaborated by the OCDE Patient Safety Indicators (PSI). The field of adverse events studied will be limited to the indicators selected by a consensus of experts, the validity and comparability of which have been tested. The average costs imputable to the different types of SAE will be estimated using the ENCC 2007 data base.

1.1.2.1.3 Euro-DGR

Within the 7th PCRD framework, IRDES is equally involved in an **international comparative study on the costs and quality of hospital care** in collaboration with ten European partners. This EURO-DRG project primarily aims at identifying the importance of medical, organisational and other factors at national, regional and hospital level susceptible of explaining variations in hospital expenditures within and between European countries. A second objective is to study the role of the quality of care in the explanation of costs. The final objective is to compare the cost-efficiency/quality of care ratio between hospitals in different European countries.

1.1.2.1.4 Regional disparities in hospital care consumption

The analysis of the variability of medical practices between care providers and health territories is little developed in France. Within the framework of hospital sector performance analyses, IRDES is

interested in the territorial variability of hospital care consumption with the aim of estimating the relationship between this variability and socio-economic factors, and factors relating to the care supplied by hospitals.

1.1.2.1.5 Evolution of the role and place of hospital-at-home (HAD) through time

Project to be defined in 2011

Within the continuing research framework on alternatives to hospitalisation, the first two complete years of PMSI-HAD data have been analysed and compared with IRDES ENHAD 2000 data in collaboration with the DREES. The aim was to describe changes in the motives for admission on the one hand and an analysis of the eventual impact of T2A funding on admissions management, patient care paths and its complementarity with traditional hospitalisation on the other. Since then, the DREES is monitoring the HAD care offer and registered patients using subsequent PMSI-HAD data. In addition to the DREES annual monitoring of the supply and demand, IRDES will reflect on the research to be undertaken in 2011-2014 with sector partners both at national (macro) level and local level (complementarity of care): What complementarity with other types of care provided at local level? What is the place of HAD on the patient's care path? What are the impacts of fee fixing methods (waiting for ENCC results)? What improvements should be made to information systems to improve performance?

1.1.2.2 The organisation of long-term care (quality, regulation, financing)

Long-term care refers to situations affecting the category of persons that *a priori* need medical and social care for the rest of their lives. The increasing number of persons in this category is related to two epidemiological phenomena correlated to the ageing of the population: an increase in the prevalence of chronic diseases and the loss of autonomy. It involves not only the medical care sector but also the medical-social sector, and in particular all types of home care within which the contribution of informal carers is determinant.

1.1.2.2.1 European Project EUROMAP

This project was completed at the end of 2010 with a final report. 2011 will be devoted to diffusing the results.

Within this framework, IRDES participated in a **European project (Euromap)** concerning more specifically **'Home care'.** The NIVEL (Netherlands) was at the head of a consortium comprised of 9 major partners from 10 European countries (each country being responsible for two other countries, for example Switzerland and Belgium for IRDES). The objective was to compare home care delivery in Europe and to remedy any shortcomings in the information systems. A relatively restricted common definition of 'home care' (but including the disabled) had been chosen so as to facilitate a standardised description. It nevertheless included the situation of disabled adults in addition to that of elderly dependent persons. Description guidelines were elaborated permitting an exploration of the different levels of home care: macro (financing, governance and regulation) meso (organisation and professional resources and micro (on site care delivery, role of carers), and existing systems of evaluation with a chapter devoted to 'observed good practices'. A series of labels have been built up that can act as common references to illustrate the different monographs. The results of this project have already been presented at a Rotterdam Congress symposium: 'Fourth European Nursing Congress - Older Persons: the Future of Care', 4-7 October. The results will not be the subject of a report but the publication a book (in February 2011) and three articles one of which by an IRDES researcher involved in the project.

1.1.2.2.2 European INTERLINKS Project

This project is being pursued in 2011 and will be finalised by a report transmitted to the European Commission in February 2012. The results will be published during the course of 2012-2013.

Still at **European level** within the framework of the 7th PCRD, IRDES is collaborating with 16 other partners on the **Interlinks project** concerning **long-term care for the elderly (LTC)**. This project was launched in November 2008. To achieve this, in line with the chosen analytical framework taking into account the different dimensions such as financing, governance, organisation, regulations and care delivery, the consortium has proposed creating a certain number of diagnostic tools and analysis methods enabling each country to describe its LCT system; to position itself in relation to 'good practices'; and to provide a number of *ad hoc* tools to determine priority areas in which to improve performance. It thus consists in enabling each country to develop its own specific pathway to reach the priority objectives highlighted by the analysis. The interface between the different actors (medical, medical-social, social) enabling a more integrated approach to care and the analytical framework for 'good practice' are two central themes. IRDES is participating in the project's technical team, two of the work packages concerning informal carers and quality of care, and the synthesising of results. Four meeting with all the partners concerned have already been held in 2009 and 2010. On this occasion, several national interim reports were presented concerning informal care, the quality of care, governance and financing. A series of examples of 'good practice' in long-term care is currently being elaborated, each team participating in the project being requested to supply them for the country concerned. IRDES has already supplied two and should present the following four by the end of March 2011. Two additional meetings will be held in 2011 to synthesise the results and make them available on a dedicated Internet site currently under construction.

1.1.2.2.3 Bologne Workshop

Workshop on informal care with the participation of an associated IRDES researcher (Michel Naiditch) in view of the European Paediatrics Congress to be held in April 2011.

1.2 HEALTH AND TERRITORIES

Research Manager: Véronique Lucas-Gabrielli

This research group is essentially focused on health geography concentrating on health systems' spatial organisation and the social and spatial analysis of healthcare consumption.

This research group is organised around two specific themes. The first concerns geographical accessibility to ambulatory and hospital care. Analyses of this theme are focused on both methodological and analytical studies concerning access to care distances in France.

The second theme concerns the definition of pertinent health territories in relation to the organisation of health care provision. This question is specifically broached by this research group through reflections on what defines a territory but also through specific projects developed by IRDES research teams working on primary and hospital care.

Finally, as an extension to the health geography thesis by Magali Coldefy, the social and spatial insertion of individuals suffering from psychic disorders will be studied and thereby continue research on the relationship between office-based care and mental health, and geographical space as revelatory of social health inequalities.

The relationship maintained between geographical space and social health inequalities is equally broached through the participation in a research group working on the construction and use of local deprivation indicators adapted to health inequalities and use of health care in the French context.

1.2.1 Real distances travelled to access care

Coldefy Magali, Lucas-Gabrielli Véronique

The extension of work on the distances travelled to access care will be broached in terms of access to the closest facilities (calculated distance to the closest health care facility and will consist in:

- Calculating the real distance travelled by patients to access health care. The distance travelled can be calculated from ESPS survey data since it includes both the respondent's area of residence and that of the health professional consulted (available on authorisation from the CNIL respecting a formal procedure relative to using this type of data).
- Comparing the physical distance actually travelled with the distance to the closest health professional so as to study the different spatial practices. In other terms, do patients prefer using the closest health establishment or health professional or do they travel further?
- Explaining this variability in practices.

Many articles show a variety of configurations where the closest facility is sometimes avoided. In this case, physical distance is not an obstacle and other accessibility factors such as social and cultural environment and financial constraints can explain these variations in the distance travelled to access care.

This question will be analysed by exploiting the survey variables (income, education level, social environment, CMU, nationality…).

1.2.2 Comparison of indicators measuring the spatial accessibility to care

Coldefy Magali, Lucas-Gabrielli Véronique

The traditional measures of the potential accessibility of care are medical density and the physical distance to access care.

The distance travelled to access the closest health professional defines the greater or lesser proximity to care but does not take into account the volume of available supply.

Similarly, medical density gives the aggregated supply available in a geographical zone but has the inconvenience of providing an overall picture for the zone as a whole. It does not take into account disparities in supply in specific areas within the zone nor interactions between neighbouring geographical units thus creating discontinuity.

This project consists in constructing a more pertinent indicator of health care supply based on these two dimensions (density and distance to access).

1.2.3 Local health care deprivation: construction of indices to analyse social and territorial health inequalities in France and their evolution

ANR call for tender: Espace, Santé et Territoires Laboratory (coordinator), CepiDC Inserm, EHESP, Inserm U953, INSPQ, Irdes, UREN.

The analysis of health inequalities, after having for a long time focused on individuals' social, economic and cultural situations, now insists on the necessity of taking their social, environmental and political contexts into account.

Analysing the impact of these localized contexts gives a new place to 'ecological' approaches. It involves the construction of indicators allowing the identification of 'ecological' situations that favour or disadvantage an individual's state of health or that of the population as a whole.

These synthetic indicators, other than their interest in monitoring health inequalities and the analysis of determinants related to these inequalities, can also become tools to aid decision-making in terms of resource allocation and policies targeting prevention or the care of certain populations.

These types of indicator (in particular Townsend and Carstairs indices) are widely used in Anglo-Saxon studies since the end of the 1980s, either as proxies to individual social situations or to identify disadvantaged areas of residence.

The universality and pertinence of these indicators' components are however currently subject to debate. To date, there is no universally approved localized indicator that is sufficiently standardised to allow comparisons between the different studies conducted in the field of health inequalities.

The aim of this project, grouping together different research teams working on the impacts of residential context on health, is to reach a consensus concerning the definition, the construction and use of localized deprivation indices related to health inequalities in France. We will equally question the capacity of such indicators to take into account existing or future health vulnerabilities and their potential use in health resources management.

1.3 PRESCRIPTION DRUGS REGULATION

Research Manager: Catherine Sermet

In France, prescription drug expenditures represent 20% of total health care consumption and the second budget item after hospital care, ahead of general medicine and dental care. These expenditures are constantly increasing despite the numerous reforms instituted over the last twenty years. Furthermore, their part of the total medical consumption has progressively increased from 18.5% in 1995 to 20% in 2009.

For a long time, France was at the top of the European league for prescription drugs consumption. Now on a par with other countries on certain therapeutic classes of drugs, this high consumption level nevertheless remains a cause for concern given the associated public health issues (iatrogeny, resistance), questions of effectiveness and the growing concern regarding the health system's capacity to finance these expenditures.

The pharmaceutical sector is strictly regulated in all European countries including France. The marketing of new drugs is regulated and does not entirely depend on the industries' sole decision. The regulating body not only regulates drug access but also price, market volumes and reimbursement by the National Health Insurance scheme. The objectives behind this regulation are multiple: to ensure the population's health safety, to enable widespread access, and to maintain public expenditure relative to drugs at a sustainable level.

For a long time, this sector was targeted by strictly financial actions essentially aimed at reducing the galloping increase in prescription drug expenditures. This policy was especially marked by a strict price regulation on market entry through an increase in health insurance beneficiaries' financial contributions through de-reimbursement, the introduction of excesses and lowering the price of drugs.

Recent years have seen the development of growing concerns regarding quality and efficiency. The production of recommendations for clinical practice was one of the tools supporting policies aimed at improving the quality of care. The timid introduction of medical-economic evaluations equally represents an attempt to improve prescription effectiveness. Its use is nevertheless limited to post-inscription studies and its efficiency therefore very limited. On the contrary, generic drug policies have been successful with the delivery of generic drugs reaching 80% in numerous therapeutic classes. These policies have been reinforced by the introduction of CAPI (Contracts for the Improvement of Individual Practice) through which the health insurance fund introduced the fist pay for performance programme in France.

The general issue dealt with by the prescription drug research group is articulated around the following question: **'What is the impact of public policy on prescription drug regulation on the quality and effectiveness of prescriptions and prescription drug expenditures?** Our activities are thus concentrated on the measures, actions, plans, programmes or regulations that finally have an impact on the performance or efficiency of the health system. The evaluation of performance includes the evaluation of processes, outcomes and costs. These are the different aspects that form the core interests of this research group.

To answer these questions, we explore prescription drug price regulation and health insurance reimbursement policies. The question here is to ensure that the prescription drug offer satisfactorily responds to effectiveness criteria whilst guaranteeing coherent prices and reimbursements privileging useful, safe and effective drugs. On the one hand we analyse GPs prescription practices in the face of innovation, or the choice of molecules they prescribe, in order to identify means of optimising prescriptions. Finally, we explore the relationship between prescription quality and/or effectiveness and prescription drug expenditures.

1.3.1 Prescription drugs pricing and pricing determinants

The first area of research explores the **price of drugs and pricing determinants**. It explores the ways in which prescription drug prices are fixed and the value attributed to therapeutic innovation. Two studies are currently in progress. The first deals with me-too drugs that are similar in chemical composition and concern the same therapeutic indications. It aims at explaining the observed price differences between market entry prices within a group of similar drugs and subsequent prices. The second study, again concerning me-too drugs, attempts to measure the comparative advantages gained by a drug in relation to market entry chronology in terms of price and market share. This study is conducted within the framework of a PhD student's thesis in economics from the Research Group on Economic Analysis and Theory (Lyon).

1.3.2 Analysis of the diffusion of therapeutic innovation

Recent studies have demonstrated that France no longer distinguishes itself by relatively high consumption volumes. Drug expenditure in France nevertheless remains high and could find an explanation in a specific consumption structure rather than consumption volumes. Several studies tend, in effect, to show that the French consumption structure grants a dominant position to the most recent and most expensive products to the detriment of older, often generic drugs and that the most dynamic therapeutic categories are pushed forward by the latest products put on the market. The **diffusion of therapeutic innovation** is a particularly strategic theme in the understanding of France's high pharmaceutical expenditures and will form the basis of research in this group.

A first study will deal with explanatory factors in this **rapid diffusion of innovation** by analysing the characteristics of doctors who essentially prescribe new products and their patients. This study will be a prolongation of the IRDES 2003 study but will be further enriched by expanding the therapeutic categories analysed and the data sources used. There will be a particular focus on the **statin category** for which recent evolutions in the motives for prescription, the patients concerned and the prescribing doctors will be analysed.

A subsequent study will then broach the question of regulations concerning the market entry of innovative drugs. France is reputed for accepting to pay for all therapeutic innovations arriving on the market without prior consideration of associated costs. Other countries have implemented a variety of procedures aimed at controlling the added value of a drug *a priori.* An analysis of the tools implemented by different countries will be carried out at international level to evaluate therapeutic innovation and will be followed by an international comparison of baskets of reimbursable medications and their consumption, focusing on a certain number of costly, innovative drugs. This comparison will provide the occasion to identify existing international data bases and evaluate the possibility of effectuating consumption comparisons for these molecules. We propose documenting the existence and availability of public data on prescription drug consumption and the possibility of using them both within and outside Europe.

The predominant position granted to the more expensive, innovative drugs in France raises the question of **interchangeability in therapeutic drugs**. Why does a doctor prefer prescribing an innovative drug rather than its generic version? What share of products could be included in the list of generics without diminishing the patient's health outcome? In 2010 and 2011, we will begin to broach this issue with a review of the literature on international experiences.

1.3.3 Quality, efficiency and prescription drug expenditures

Numerous efforts have been made over the last ten tears to first improve the quality and then the efficiency of prescriptions. We explore the **impact of this improvement in quality and efficiency on**

prescription drug expenditures. By definition, an efficient prescription should result in the reduction in the cost of the drug concerned. On the other hand, we ignore the impact of this virtuous behaviour on the physician's other prescriptions. Can we observe a reduction in the overall cost of prescriptions delivered by physicians who respect recommendations or optimise their prescriptions? We propose analysing the long-term evolution of a certain number of quality and efficiency indicators and characterise physicians according to the level of quality of their prescriptions. This will be followed by a comparative study of drug prescription costs according to GPs characteristics.

1.4 SOCIAL INEQUALITIES IN HEALTH AND HEALTH CARE USE
Research Manager: Paul Dourgnon

Individuals' health status in a given society cannot be improved by simply increasing the resources allocated to its health system. In France, as in other developed countries, the increase in life expectancy over the last fifty years has been accompanied by an equally proportional, if not higher increase in health inequalities between social groups. Late awareness and understanding of the nature and extent of the problem has resulted in public health policies that, to date, have never adequately responded to the issues at stake.

The study of health inequalities is one of IRDES historical focus points, initially strongly correlated with the Health, Health Care and Insurance survey (ESPS) centred on the analysis of the determinants of health and health care use. This research group's activities are thus highly interconnected with those of the other groups.

Today, research on inequalities tends towards improving knowledge of the mechanisms that underpin social inequalities and to measure the effects of public policies on health inequalities.

The contribution of this research group is threefold: its contribution to its field of research through the study of new healthcare sectors, the study of specific populations and the evaluation of public health policies; its contribution to its academic discipline through the testing of new hypotheses and those borrowed from other disciplines such as the economics of development; its technological contribution through the exploration of new statistical or econometric tools and independent reflections on methodologies, notably measurement tools.

In terms of tools and technology:

- Contribution of econometric methods: decomposition of inequalities, mixed models (panel, hierarchical), structural models;
- Methodological contributions related to survey work: vignettes on health status, analysis of questions on foregoing care, taking into account of questions on the representativeness of the phenomena studied.

1.4.1 Problems of access to health care services: priority 2011

The methodological research on foregoing care for financial reasons in 2011 (qualitative and quantitative approach, impact of foregoing care on future health care consumption) will structure research on access to care. Further research envisaged concerns other issues related to foregoing care and access to care in general (foregoing care for reasons other than financial, foregoing secondary care, impact of catastrophic out-of-pocket (OOP) payments, OOP payments not covered by complementary health insurance etc.) but also research on statistical discrimination in health. Finally, an audit of inequalities in access to health care over the last decade will be effectuated notably in order to observe the impact of the 'preferred GP' reform on the use of general and specialist care.

1.4.2 Social determinants of health status and health care use

Research on the social determinants of health status and the use of health care services is being pursued through research on social and health capital and more especially within the framework of the HEAPS project (Health Economics of Ageing and Participation in Society), the social participation of elderly Europeans, the intergenerational transmission of social health inequalities, the impact of relative and absolute poverty on health status, and finally on the health status of CMU beneficiaries.

1.4.3 Care of asthmatic patients

After an evaluation of the prevalence of asthma and its control having revealed social health inequalities, an analysis of medical consumption was carried out in 2010. In 2011, on the basis of medical treatments observed among asthma patients and the differences observed in relation to international references (observed cost [OC]/theoretical cost [TC] in terms of OC/TC index and volumes of total expenditures, reimbursed by NHI, not reimbursed by NHI with or without CHI (private or CMU), a medical-economic model will evaluate the impact of social characteristics on expenditures associated with asthma control according to the GINA scale (ESPS-EPAS matched data base).

1.4.4 Projects concerning vulnerable populations

IRDES is currently participating in a European project on immigrant populations. This project furthers research on the health of foreign nationals carried out since 2008. The European project EUNAM (EU and North African Migrants: Health and Health Systems) aims at establishing a research network on health and migration in Europe by associating European research centres (Germany, Italy, Sweden and France) with research centres in three North African countries (Algeria, Egypt and Tunisia). The research platform is very large which should permit a European comparison of health status and health care use differences between immigrant and local populations and, through the collaboration with N. African countries, allow a better identification of health effects related to country of origin and host country.

Furthermore, the study on the health of CMU beneficiaries, already in progress using data obtained from the ESPS 2006 survey will be completed by data from the 2008 survey [cf. fiche A198, p. **Erreur ! Signet non défini.**].

Frailty Project

This project involves the study of the risks leading to dependency with the aim of preventing dependency. This is a new project that in 2011 will involve organising and holding a multi-disciplinary international seminar to initially identify the various issues involved and elaborate a three-year programme. This theme was the subject of a FLARE call for projects based on SHARE data–FRESH Project.

1.5 THE ECONOMICS OF HEALTH INSURANCE

Research Manager: Thierry Debrand

The Economics of Health Insurance research group is structured around three main themes whose aim is to fuel public debate by producing quality academic research. These three strategic lines of short and medium-term research concern the analysis of the dividing lines between mandatory and complementary health insurance as well as their respective roles; research into the efficiency of the health insurance system (moral hazard/adverse selection); and research into the relationship between health insurance and sick leave and more generally, health at work issues in general.

These different themes are not intended to be researched separately. On the contrary, they should be mutually enriching and of interest to the other groups. This group is responsible for constructing data bases (HYGIE and PSCE) or assisting in the construction of IRDES data bases (for example ESPS), initiating research programmes (on the role of companies in their employees' social protection, the micro-simulation of the health behaviours of economic agents, the influence of complementary health insurance on health expenditures), finding the best possible tools to answer these questions and diffusing the results both to the scientific community and the general public.

In each of these areas researchers endeavour to develop and use modern tools in the evaluation of public policies.

1.5.1 Reforms, equity and redistribution in the French National Health Insurance system

The aim of this line of research is to come back to the foundations of the French Health Insurance system to better understand the stakes involved and to measure the role it plays for individuals in a rapidly changing environment. Our approach is an attempt to study the impact of reforms on the existing system in terms of equity, redistribution and acceptability. Our interest focuses on a detailed analysis of the French insurance system by clearly explaining the dividing lines between mandatory health insurance (AMO), complementary health insurance (AMC) and out-of-pocket payments (OOP). To answer the public authorities main questions on these themes, we will use two distinct micro-simulation models: a dynamic model to study the role of AMO using the INSEE DESTINIE model and a static model to study the reforms in progress by analysing the dividing lines between AMO, AMC and OOP. These models will be based on a good understanding of players' behaviours that will have been explained by specific scientific studies.

1.5.1.1 Redistributive effects of the statutory health insurance system in France: a micro-simulation approach

Being compulsory, public health insurance has a redistributive function as well as an insurance function. Contrary to private insurance, the statutory nature of public health insurance extends the notion of insurance over the course of the lifecycle by separating financial contribution from the level of risk and ensuring redistribution between individuals in different risk or income categories. The aim of this study is to try and take into account these two functions of public health insurance: the inter-temporal insurance function and redistribution between persons. To analyse this behaviour on the life cycle as a whole, we will use the DESTINIE model of dynamic micro-simulation. It will also be possible to study the impact of demographic change on expenditure dynamics in the medium to long term.

This study is conducted in collaboration with INSEE researchers

1.5.1.2 Statutory Health Insurance reimbursement reforms

The originality of this research lies in the construction of a static simulation tool that will become perennial by 2010-2011. It will enable us to test multiple *scenarios* and the impact of numerous public policies. The final analysis will concern various criteria including inequality, equity, 'who wins and who loses' and redistribution. This micro-simulation tool will, for example, enable us to test several variants of the *bouclier sanitaire* (health care safety net) reforms and franchises by visualising the winners and the losers. A theoretical thought-process in collaboration with external researchers will be carried out using equality, equity and acceptability criteria on forthcoming reforms. This work fits within the framework of collaboration between CNAMTS and DREES.

In 2010, this model revealed the redistributive effects of introducing a health care safety net (*bouclier sanitaire)*. In a second phase, we analyse the impacts of the de-reimbursement measures on patients' out-of-pocket payments. Finally, we envisage three possible developments during the course of 2011-2013. We will explore the impact of the systems' different parameters (contributions, exemption schemes…) on equality and equity criteria. We will introduce the impact of the different changes on agent behaviours (it involves the endogenisation of health care use behaviours according to reimbursement levels, for example foregoing care according to OOP payment increases). We also wish to model complementary health insurance contributions and reimbursements.

In parallel, we will complete these analyses using the microsimulation model with an analysis of households' demands for private complementary health insurance. It will involve an analysis of the impact of complementary health insurance on out-of-pocket payments and financial burdens. In addition, using the ESPS 1998-2008 data bases, we will observe the evolutions in OOP payments, financial burden and the socialisation of health expenditures.

1.5.1.3 Behaviours in the face of insurance system 'reforms'

In parallel to these microsimulation models, we are conducting research on the different roles played by NHI and CHI in terms of insurance coverage on health care consumption, health care use, the weight of OOP payments and the dividing lines between the two.

A study on the **influence of complementary health insurance on access to drug prescribers and prescription drug consumption rates** will be initiated. The aim is to analyse the impact of complementary health insurance coverage on the consumption of prescription drugs reimbursed by the statutory health insurance fund by separating its effect on the use of GPs or dentists from its effect on the nature and volume of prescriptions following the use of these practitioners.

An additional study will analyse insurance **contract modifications on retirement among employer-provided CHI beneficiaries**. In effect, it aims to analyse what motivates individuals taking retirement to alter their complementary health insurance contracts (premiums too high, guarantee levels no longer correspond to the needs of a retired parson, lack of information) by means of questions introduced into the Health, Health Care and Insurance surveys (ESPS) 2008 and 2010 and the Employer-sponsored Complementary Health Insurance survey (PSCE).

1.5.2 The role of complementary health insurance

Until now, the major part of IRDES research on complementary health insurance (CHI) was devoted to analysing the relationship between the demand for CHI and the demand for care with the aim to evaluate market inefficiency (adverse selection and moral hazard) and study the role of CHI in the equitable access to health care. Analyses revealed the following results: the effect of CHI on the demand for health care reveals that having CHI coverage has a significant impact on the demand for ambulatory care. In terms of the effect of coverage level among the insured, data remains rare given

the difficulty obtaining information on the guarantee levels subscribed to. Moreover, an understanding of the effect of CHI coverage on the demand for care (moral hazard and/or better access to care) remains partial. Concerning the determinants of insurance demand, we observe a significant effect of social context on the probability of being covered by CHI, but the effect of health status variables on this probability is, on the contrary, relatively weak. Few studies have analysed the decision to subscribe to a higher or lower coverage level among those already insured, again due to the difficulties obtaining information on guarantee levels. Nevertheless, a study conducted on MGET data suggests that this decision is influenced by health expenditure levels. Health risk would thus play a role in the choice of cover rather then the choice of being covered. These results, in the same way as those concerning social environment should be specified among the population as a whole. The demand for CHI will be the subject of further investigations whether it concerns private or employer-provided coverage. It will more particularly consist in analysing individuals' ability to pay for their insurance coverage according to income for a given health status. Data collected during the course of the 2010 ESPS survey on coverage levels for glasses, dental prostheses and specialist care will permit us to analyse the demand for insurance among the general population.

In the interim, several studies are being organised around demands for workplace provided health coverage with the help of data from the survey on Employer-sponsored Complementary Health Insurance (PSCE). This double employer-employee survey was conducted in 2009. The first analyses will concern the **changes in coverage** since the previous survey conducted in 2003, and more especially on the conversion of optional contracts in the aftermath of the Fillon Law that abolished employer tax exemptions on group contracts. This research fits into a more general theme dealing with **the demand for complementary coverage and the level of complementary cover** according to company characteristics, type of employment and wage levels, health status and working conditions of employees. The aim is to analyse inequalities in the access to workplace provided health insurance according to social environment and health status and, notably, to understand whether certain companies' failure to subscribe is due to financial barriers: (insufficiently pooled risks in small companies which results in too expensive premiums, a low rate of substitution between wages/contributions because of low level wages) or a deliberate choice due to a low demand from employees (if they are young and in good health.

Studies evaluating the mechanisms aimed at improving equitable access to complementary health insurance, Universal Health Insurance Coverage (CMU) and financial assistance for CHI (ACS), carried out in previous years will be extended by research evaluating the reasons for non-utilisation of ACS. The ACS scheme was implemented on January 1st 2005 to incite households with an income level just above the CMU eligibility threshold to acquire CHI coverage. In order to test motives for the non-use of ACS, a controlled social experiment was set up at the local Health Insurance Fund (CPAM) at Lille in 2009 among a sample of 4,500 NHI beneficiaries entitled to family benefits from the Lille Family Benefits Fund (CAF) and whose income levels ware susceptible of giving them rights to ACS. At the beginning of the year 2009, the Lille CAF launched a postal campaign reminding these beneficiaries of the existence of the ACS scheme and the terms of the contract. The evaluation of the effect of the subsidy amount on the use of ACS will be effectuated using the traditional Roy-Rubin method and the effect of the information briefing will be evaluated using the propensity score matching method. The analysis of the causes of non-use of ACS using the survey data will be carried out using logistic regression and data analysis.

Certain studies on the role of complementary health insurance will be carried out in collaboration with INSERM researchers and Mc Master University.

In addition to these studies on complementary health insurance, IRDES will launch a prospective reflection on the insurability of dependency.

1.5.3 Insurance and sick leave

IRDES has built a data base analysing the mechanisms of work interruptions among private sector employees according to the nature and specificity of companies. HYGIE is thus a large panel (around 500,000 individuals and 210, 000 companies over several years) that permits the analysis of 'employer-employee' relationships in the health domain:
⇨ http://www.irdes.fr/EspaceRecherche/Partenariats/Hygie/index.htm

One of the challenges is to pursue the construction, development and validation of this data base. The subject is both complex and multi-dimensional: it covers not only health but work conditions, social protection and the way a company is run. To date, there is no available data in France enabling the simultaneous study of these different factors.

IRDES objective is to analyse the individual and contextual mechanisms of work interruption and the related payment of daily allowances through three main lines of research.

The first research subject concerns **absenteeism, work conditions and withdrawal from the labour market**. It involves explaining the microeconomic and sectoral determinants of short and long-term leave. Beyond the relationship between leave-taking and employees' individual characteristics, it implies taking a particular interest in the types of company and employers concerned. A large number of variables describe on the one hand the employees (job, medical consumption, career path history) and on the other the companies, which enables the testing of certain economic phenomena at work in leave-taking: the difficulty of working conditions, moral hazard, the effects of the work force structure…The specific question concerning daily allowance benefits among older employees (≥ 50 years old) will also be studied and notably the link between **career path and the different modes of withdrawing from the labour market** (long-term sick leave, retirement, invalidity).

HYGIE is a geo-locatable 'employer-employee' data base (region or employment area). The project, **Economic Crisis, Globalisation and Health Expenditure**, aims at analysing company and employee behaviour in terms of health in an uncertain economic environment. These analyses will attempt to reveal the importance of socio-economic context on individual behaviour. We examine whether the difficulties encountered have an impact on employees past, present and future health consumption.

In France, employee sick leave coverage differs according to the nature and origin of the health problem. 'Sickness' is thus covered by the 'sickness' branch whereas work-related risks are covered by the 'industrial accidents and occupational diseases' branch. Benefits and coverage, but also employer-employee contributions, also differ between the two branches. The project dealing with the **effects of insurance branches on company and employee behaviour** aims at observing the impact of tariffs on the individual behaviour of employees and employers.

In parallel with studies on the HYGIE data base, we will continue researching on the impact of working conditions on health. A health and work questionnaire constructed in partnership with the DREES and DARES has been included in the ESPS 2010 data base. Our aim will be to determine the impact of working conditions on health status and also on health care consumption.

All projects concerning Health Insurance and Sick leave will be carried out in collaboration with researchers from the CREST (INSEE).

1.6 ANALYSIS OF HEALTH CARE SYSTEMS AND INTERNATIONAL COMPARISONS (ASSCI)

Research Manager: Zeynep Or

In its 2011-2014 research programme, IRDES confirms its commitment to international collaboration and the macroeconomic analysis of health systems.

The ASSCI research group projects focus on two main aims:

Firstly, numerous initiatives aim to increase IRDES contributions to international debates on health economics and public health policies through international research projects and pertinent collaborations. With this aim, IRDES continues to actively participate in two **international networks**.

As part of the **Health Policy Monitor** network (financed by the Bertelsmann Foundation), IRDES scouts and observes health system reforms in France, which permits the comparison of public health policies in twenty industrialised countries. IRDES equally plays an active role in the **European Health Policy Group** (EHPG) scientific committee and envisages further collaboration in future years on the theme of variations in medical practice with a network of American and European researchers created in 2010 (Wennberg International). This new network aims to carry out analyses and comparisons of variations in medical practice (and their determinants) both within the countries concerned (between different care providers and/or territories) and between the different countries.

Secondly, and in parallel, the ASSCI research group seeks to develop the **study of health systems** with a view to better understanding the relationships between different health system characteristics and their **overall performance** in four areas: health outcomes, equal access, the quality of care delivered and productivity.

Concerning **access to health care**, we will continue to work on the question of socio-economic variations in the use of preventive care in France and in Europe and to study the role played by health system organisation and funding on inequalities in health care use. This issue will be studied in greater depth by exploiting data from the third wave of the SHARE survey (SHARELIFE) that will allow the integration of information on individuals' health care consumption habits during their life-times. We will deal with both the individual determinants of regular health care consumption through individuals' life histories and the macroeconomic factors that may have influenced individual behaviours in each generation.

In the context of economic crisis and reducing the budget deficit to 3% of GDP in 2013, we will equally examine the **efficiency of the French health system** in relation to that of other European countries. In 2011 IRDES proposes a new study, within a European collaboration framework, aimed at developing tools to measure overall health system efficiency and evaluate progress in relation to recent strategies implemented to improve its efficiency and reduce costs.

Within the framework of the 7th PCRD, IRDES is equally participating in a European study that aims to evaluate health data availability and improve its access for use in international comparisons of efficiency and quality (EuroREACH), in collaboration with eight European partners. This project, launched in April 2010, equally explores ways in which existing information systems and national, European and international measures of performance can be coordinated. This project will be pursued throughout 2011 and should be completed at the end of 2012.

1.7 THESES AND ACCREDITATIONS TO SUPERVISE RESEARCH (HDRs)

2010: a doctoral thesis on the geography of health

In 2010, Magali Coldefy obtained her PhD with distinction and unanimous congratulations from the jury. 2011 will be devoted to its publication.

2011: Three doctoral theses on health economics

Pascale Lengagne: Analysis of work-related injury and illness insurance.

Paul Dourgnon, in his second year: Doctoral thesis on works concerning health policies and their impact on social inequalities in the use of health care.

Marc Perronnin: Effects of complementary health insurance on medical consumption: between moral hazard and improved access to care.

2011/2012: A doctoral thesis in health economics or public health with an option in health economics (Julien Mousquès)

2011: three Accreditations to Supervise Research (HDRs)

Nicolas Sirven: The social dimension of development: individual strategies and their impacts on health and well-being.

Thierry Debrand: The Impact of Public Policies on Individual Behaviour: Employment - Housing – Health.

Zeynep Or

2 TOOLS AND SURVEYS

2.1.1 Health, Health Care and Insurance survey (ESPS)

Since INSEE no longer conducts the Decennial Health Survey (last survey in 2003) the Health, Health Care and Insurance survey (ESPS) conducted by IRDES since 1988 is now the principal health survey conducted among the French population. The DREES thus approached IRDES to carry out the European health survey by interview programmed for 2014, renewable every five years. This routine production request following European regulations is similar to those for the production of national indicators for public policy monitoring based on ESPS survey data (Quality and Efficiency Programme indicators and indicators monitoring the objectives of public health policy).

In 2010 the geocoding of the ESPS 2008 survey was completed. This operation, carried out in partnership with the Inter-ministerial Delegation for Urban and Social Development allowed a large number of context variables to be associated with interviewees. Geocoding will be continued for subsequent waves of the ESPS survey. This contextual data will greatly enrich the base and will allow new ways of exploiting ESPS data both internally and externally among the multiple users of ESPS data.

The 2010 survey sampling base has been considerably updated. The new sampling plan includes the Permanent Sample of Health Insurance Beneficiaries (EGB). 2010 interviewees are thus being interviewed for the first time and are no longer solely the main policy holder but individual beneficiaries. 2011 will be devoted to matching 2010 survey data with SNIIR-AM data (and no longer EPAS). The collection of reimbursement data will be carried out in 2011 on the whole of the SNIIR-AM data base for the cluster to which the sample beneficiary belongs.

On this occasion, the return of reimbursement data from voluntary complementary health insurance organisms within the framework of the Monaco Project will equally be tested (Methods, Tools and Standards for Statutory and Complementary Insurance). This project is based on the ESPS survey. Based on a sample of beneficiaries taken from the three main branches of the NHI (National Health Insurance Fund for Salaried Workers (CNAMTS), National Health Insurance Fund for the Self-employed (RSI), Central Agricultural Workers and Farmers Mutual Benefit Fund (CCMSA)), it aims at matching data obtained from the ESPS survey, the National Health Insurance and complementary health insurance data bases. The completed data base will thus become a tool for health system analyses, the evaluation of public health policies and public health information. The experimental phase will take place from 2008 to 2012. It already brings together nine voluntary complementary health insurance organisms from the three main types of provider, provident societies, insurance companies and mutual benefit funds: AG2R la Mondiale, Allianz, Axa, Groupama, Malakoff-Médéric, ProBTP, SwissLife and, via the National System of Mutualised Data (SNDM), the Mutualité Française, Éovi and Santévie.

The preparation of the 2012 Health, Health Care and Insurance survey, and notably the inclusion of questions on dependency insurance in order to test its effects on a large scale, is equally programmed for 2011.

Finally, the preparation of the 2014 European survey will also constitute a major task relative to the ESPS survey that will be spread over three years. The European nature of this survey and its associated requirements calls for specific means and preparations that need to be detailed.

2.1.2 The Survey on Health, Ageing and Retirement in Europe (SHARE)

The Survey on Health, Ageing and Retirement in Europe, carried out every two years since 2004, is an international multidisciplinary operation conducted in France by IRDES in collaboration with INSEE.

The aim is to create a European panel focused on health and socio-economic issues related to ageing, a process constituting a major challenge for European societies in the future. SHARE interviews a sample of households in which at least one member is aged 50 or over throughout Europe. The SHARE sample is made up of over 40,000 individuals in 16 countries (Germany, Austria, Belgium, Denmark, Spain, France, Greece, Ireland, Italy, the Netherlands, Poland, the Czech Republic, Sweden, Switzerland, Israel and Slovenia). The questions asked are identical in each country and concern health status, health care consumption, socio-economic status and living conditions. http://www.irdes.fr/EspaceRecherche/Enquetes/SHARE/index.html.

Data collection funding for the 4th and subsequent survey waves (2010 – 2020) will have to be found at national level as the European Commission only funds European coordination costs. In addition, the announcement from INSEE that it will be withdrawing its participation after completion of the 4th wave in 2011, data collection will have to be outsourced to a private organisation for the whole of the sample. Given the 2009 and 2010 experience to obtain the necessary funding to carry out the 4th wave and part of the survey by an external agent, IRDES wishes to organise a meeting during the course of 2011 to think about the interest and conditions under which subsequent waves of SHARE will be carried out in France.

2.1.3 Renewal of the PSCE survey in 2013

Employer-provided insurance contracts that concern half the persons with complementary health insurance coverage have highly specific characteristics (employer participation and public subsidy *via* social contribution and tax exemptions). Generally mandatory, they are not subject to adverse selection which enables insurers to offer higher levels of guarantee than at individual level. The demand mechanism is at collective rather than individual level in that it involves the employer and employees as a group (distribution of risks and incomes within the company) and company characteristics (size, business sector). Finally, as an element of remuneration, group insurance cover is likely to influence labour market balance and working conditions.

IRDES has already carried out two surveys on employer-sponsored complementary health insurance in 2003 and 2009. The rapid evolutions in this complementary health insurance sector justifies repeating the PSCE survey at the end of 2012, beginning 2013, with new sampling methods. The DREES supports this project and wishes to equally explore the description of contracts and guarantees with a dependency insurance section introduced in the next PSCE survey. It is equally projected, in accordance with the DREES, to make the 2009 survey data available to interested researchers. The layout and presentation of the data on the IRDES web site is planned for autumn 2011.

2.2 THE TOOLS/DATA BASES

The creation of data bases using different data sources, administrative or other, is equally an area in which IRDES plans to develop. This activity has its origins in both IRDES technical skills and its intermediary position which is ideal to match not only administrative data bases but also professional and administrative data bases. In order to be able to match and use these data bases, IRDES plans to improve its resource structure in order to organise the recuperation and analysis of SNIIR-AM data. This project notably includes building coherent data from the ESPS-EAPS data matching from 1998 to 2008 to enable its use as panel data.

2.2.1 The HYGIE data base: enrichment and exploitations

IRDES has decided to build the HYGIE data base on the analysis of mechanisms governing work interruptions among private sector employees in relation to company characteristics and specificity. HYGIE is thus a very large panel (around 550,000 individuals and 250,000 companies over several years that permits the analysis of 'employer-employee' relationships in the domain of health. One of the challenges is to pursue the construction, development and validation of this data base. The subject is both complex and multi-dimensional: it covers not only health but work conditions, social protection and the way a company is run. To date, there is no available data in France enabling the simultaneous study of these different factors. The 2005 and 2006 file is available and the 2007-2008 file construction is underway (1st quarter 2011). The exploitation committee constituted at the end of 2010 with the CNAV, CNAMTS, DREES and IRDES, has decided to continue the operation by extending the data base from 2009 to 2012, to update the sample base and to launch, under the aegis of the DREES in 2011, a call for research projects on the use of this data base. It is the main source of a research programme within the Economics of Health Insurance on the health-work relationship (cf. p. **Erreur ! Signet non défini.**).

2.2.2 The PROSPERE data base: elaboration and exploitations

One of the work areas concerning the emerging PROSPERE team project (Research Partnership on the Organisation of Primary Care) is the creation of a medico-administrative data base associating individual clinical data from the Observatory of General Medicine (OMG) and individual administrative data from the SNIIR-AM data base. After two years work on the project, the PROSPERE team finalised a test data base at the end of 2010 that will permit the first data exploitations and its extension to include all OMG practitioners in 2011. The creation of this data base essentially mobilises the two PROSPERE team partners, IRDES and the SFMG. It has led IRDES to reconsider the reorganisation of skills and resources concerning the extraction and management of data issued from SNIIR-AM, a task that was previously effectuated within the framework of data matching the Health, Health Care and Insurance survey data with EPAS.

As part of the general research carried out by the PROSPERE team, the newly created data base will permit the potentialities and limitations of a medico-administrative data base on general medicine to be explored. This work will equally reveal its possible contributions, the technical constraints and rules of use of a data base whose generalised accessibility is currently envisaged by several health care system representatives as is the case in numerous European countries.

2.2.3 Eco-Santé

The partnership between DREES, CNAMTS, RSI, MSA and *La Mutualité* enables us to continue guaranteeing free access to the Eco-Santé data bases for France and '*Régions & Départements'*.

Particular care has been given to the interface to emphasize our partners and data providers. Hence, under each table, graph or map that can be created with Eco-Santé, the data set source is indicated together with an Internet link to the data producer's web site. The permanent enrichment of the sources and methods has been completed by the direct integration of availabilities. These are thus 'visible' well before being selected. As soon as new data is available in the sectors covered by our data bases, they are immediately integrated into Eco-Santé and accessible on-line at the beginning of each month. In parallel, the framework data on the IRDES web site are equally updated and several new data sets will equally be integrated in 2011.

In 2011, collaboration with the Québec Ministry of Health and Social Services (MSSS), and the Québec National Institute of Public Health (ISQ) will continue to ensure free access to the 10th version of Eco-Santé Québec in November 2011.

The OCDE having decided to integrate its data base to its on-line publications on stats.oecd.org, Eco-santé OCDE will not be continued in 2011. There will thus no longer be a CD-Rom version available from July 2011.

Eco-Santé Sickness Insurance, in partnership with the CNAMTS is no longer available on-line since October 2010. Most of the data can be found in the France and '*Régions & Départements*' data bases. .

3 DOCUMENTATION AND PUBLICATIONS

3.1 DOCUMENTATION AND INFORMATION CENTRE

Suzanne Chriqui, Damien Le Torrec, Marie-Odile Safon, Véronique Suhard

The IRDES documentation centre provides for internal documentary research and information requests from the general public (by telephone, e-mail and access to the public three half-days per week). Requests for information have increased considerably over the last few years, both internally and externally. External demands have been partially reoriented to the IRDES web site that has been enhanced with additional research tools. The high rate of online consultation testifies to the fact that virtual users are now the norm.

Monitoring and documentary research

One of the main activities carried out by the documentation centre is the constant monitoring of available resources on all the IRDES main research themes as well as developments in the health sector.

The majority of available resources in health economics and related areas are monitored: 300 collections of reviews, research works, grey literature, data bases and Internet. The *WebsiteWatcher* and *Netvibes* monitoring software has greatly improved the monitoring of Internet sites and grey literature.

A review of literature is systematically carried out for each research theme using international databases on the Datastarweb server and the CD-ROM Econlit (350 data bases on health, social sciences and economic sciences). Results of this research are made available on-line on shared data bases using Reference manager software.

Documentary products

Quoi de neuf, Doc ? : full-text availability on the IRDES web site since 2006.

To enhance this product, English language articles that were no longer indexed internally since 1999 (subscription to international data bases) are once again included in the bibliographical bulletin.

An on-line English version will be included on the English version of the IRDES web site from autumn 2010.

Panorama de presse : since February 2008, the press review is available in electronic format and is accessible on the Intranet site.

Revue de sommaires (Review contents): following the results of an internal survey carried out among researchers, the paper version has been abandoned in favour of a thematic monitoring of electronic review contents communicated to researchers by e-mail.

Annuaire des sites web : the web site directory will be updated regularly: systematic verification of new links and web site additions for both the French and English versions of the Internet site.

Thematic bibliographies on the web: on-line bibliographies and thematic summaries will be updated and completed: French national health insurance reform programme, health economics, the hospital in France, professional practices, copayments and social VAT, historical review of patient contributions to the cost of medical care and the daily hospital rate, historical review of medical conventions, historical review of hospital reforms, historical review of Social Security financing laws, prescription drugs regulation in France…

Two new syntheses in 2010: public insurance coverage for work-related injuries and illnesses in France and the 'Hospital, Patient, Health and Territory' (HPST) Law.

Projected for 2011: a bibliography on health inequalities, a synthesis of the history of complementary health insurance in France, and a bibliography on health geography.

Lu pour vous: (Read for You): launched in 2007, this section will be updated monthly. It presents a selection of research works, Internet sites and working papers.

English-French Glossary of Health Economics terms: a version validated internally was made available in September 2009 (English and French web sites). It will be updated regularly following English language reviews and English translations of the '*Issues in Health Economics'* bulletin.

Outils d'aide à la recherche (research support tools): a variety of research support tools are available on the IRDES web site: 'Documentary and statistical research', « Information sources and documentary research methods', 'Health Care Directory'. They permit the user to navigate through the mass of available information more easily.

The documentation centre's catalogue of reviews is equally available to the public: alphabetical classification and thematic classification.

On-line availability of IRDES documentation data base on the Internet

The objective is to make the data base available on the web as soon as possible both for the benefit of internal and external researchers.

The first phase, completed in 2007, explored the best method to achieve this: an internally programmed application, a partnership with the *Banque de données en santé publique* (BDSP, Health Data Base) team, the acquisition of a Cindoc web application, and a pilot project was presented to IRDES Board of Directors.

The BDSP solution was retained in 2007, but the project was suspended in 2008 due to financing difficulties on the part of IRDES and the integration of the BDSP within the EHESP (School of Public Health).

Integration of IRDES publications back issues:

Since 1990, IRDES publications are indexed in the IRDES documentary data base.

Back issues will progressively be integrated through time. Initiated in 2010, this integration will be pursued in 2011. The oldest reposts (Credoc's *Division d'économie médicale*) date back to 1954.

It is also planned to index the most interesting press cuttings from the Press Argus in a 'Press' data base.

SHARE survey bibliography

A quasi exhaustive bibliography of works carried out on the basis of the SHARE survey was completed in 2010 in collaboration with the IRDES SHARE team. It will be available on-line in 2011.

Equally planned for 2011 is the complete revision of the SHARE bibliography accessible on IRDES web site, that solely inventories works carried out by IRDES researchers (revision of themes, eventual integration of other French publications.

External collaboration

The documentation centre will continue its collaboration with the BDSP: Internet site directory, thesaurus updates, monitoring group; its participation in the organisation of training sessions proposed by ADBS (Association of Information Technology Professionals): Law sources, legal monitoring on the Internet, the organisation of a monitoring system.

3.2 PUBLICATIONS AND COMMUNICATION

Khadidja Ben Larbi, Sandrine Bequignon, Franck-Séverin Clérembault , Anne Evans, Damien Le Torrec

Beyond the pursuit and development of editorial and communication policies aimed at increasing IRDES visibility, the focus for 2011-2014 will be on formalising these policies through the elaboration of a policy charter and the redefinition of the public targeted. The diffusion of researchers' works will be continued by means of seminars and conferences that equally contribute in stimulating publications and increasing the number of subscribers to IRDES titles, a precious information, promotional and diffusion tool. In this respect, a survey carried out among IRDES readers is envisaged so as to update and complete our files.

A more dynamic editorial policy…

Scheduling aims at fixing regular publication dates, especially for the monthly publication '*Issues in Health Economics'.* It equally involves anticipating deadlines for publications related to specific events (seminars or conferences but also changes and reforms in public policies relating to health economics). Publication dates and deadlines are thus discussed at each research meeting, published on the Intranet and regularly updated..

Design-production

The work begun in 2009 concerning IRDES serial publications (obtaining ISSN and ISBN classifications for *Working Papers*, joint commission numbers for *Issues in Health Economics)* is being pursued, and from an editorial point of view (respecting editorial design concepts, templates but also fluidising translation networks and improving their quality), improving lay-out (for better legibility and visual identity of IRDES titles) and their modes of distribution (paper or electronic).

In 2011, the technical specifications of IRDES titles should thus be brought up to date.

Question d'économie de la santé (QES)

A clearly written monthly bulletin (4 to 8 pages) summarising current IRDES research topics in health economics, *Questions d'économie de la santé* aims at providing an introduction to more in-depth documents (working papers, scientific articles…). The bulletin, addressed to a wide audience, is essentially diffused in electronic format although paper versions are used to promote the work of IRDES researchers in meetings, seminars and conferences, or even as a teaching aid.

At a time when the majority of publications are no longer available in paper format, IRDES is thinking about increasing its distribution in paper format as it provides greater visibility. Campaigns to incite subscriptions or the renewal of subscriptions will be regularly launched either by mailings or subscription coupons in external publications, as well as IRDES publications and Internet site. Increasing the number of subscriptions for the paper format (60 € per year, 6 € per issue) are intended to cover part of the printing costs.

Subscribers: 13,800 subscribers to the electronic format in 2010, of which 300 to the paper format, against 12,150 in 2009 (of which 200 to the paper format) and 11,000 in 2008.

Downloads per month: 47,000 in 2010 against 31,500 in 2009.

In terms of writing, the aim is to offer researchers more first versions so as to relieve them from this time-consuming task.

Questions d'économie de la santé (QES) translations

In addition to an English language version available on-line shortly after the French version, a long-term collaboration between a translator, IRDES documentation centre and the authors has been established to fix the English/French glossary of health economics terms available online.

Working papers

Objectives for the coming years concern maintaining the publication of 10 to 12 issues per year, to better target diffusion and to develop it within the scientific community.

We will also attempt to keep an even balance between the number of issues written in French and English, and if an English language working paper is not synthesised in French in a *Questions d'économie de la santé*, it will be translated.

Subscribers: an increase from approximately thirty subscribers to the electronic version in 2008 to 13 800 in 2010, following the systematised sending via the IRDES Newsletter.

Downloads per month: 30,600 in 2010 against 23,000 in 2009.

The IRDES Newsletter

Objectives for the coming years are to continue the classification of titles and information and further improve the organisation and layout and section headings. Prospecting for new readers will equally be pursued.

Subscribers: 13,800 in 2010 against 12,150 in 2009 and 7,400 in 2008.

The Internet site

IRDES showcase, the Internet site (French and English) is all the more attractive in that it is continuously enriched with the latest publications, press releases in relation to these publications (the on-line publication of press releases concerning working papers has contributed in creating peaks in Internet visits), the IRDES newsletter, and information concerning seminars and conferences with their own 'mini web site' and Internet address.

The objective, shared with the web team, is not only to make the IRDES web site continually more attractive by renewing contents (*cf.* infra) but also to facilitate access to new contents by making headings, page referencing and the sitemap as clear, simple, and precise as possible. Given the web site's growing development, the typography and graphics will be reviewed for the 1,000 existing pages to render the whole more coherent.

PDF downloads per year: over 200,000 in 2010, 160,000 in 2009 and 80,000 in 2007.

Co-editions

IRDES equally intends to enrich its contribution in producing a number of different co-editions.

Special editions of journals or research works

A new collaboration method has been developed since 2009. Whenever several IRDES researchers collaborate to coordinate contributions for a special issue on a given theme, we sign a contract agreement to act as co-publisher which translates into: the presence of the IRDES logo on the back cover and a mention of the collaboration on the title page. IRDES also deals with promoting the issue using its traditional methods (see section on promoting IRDES publications) and, in 2010, we envisage designing and distributing *flyers*.

To further increase visibility, IRDES equally purchases a number of issues that are forwarded to press offices and target audiences.

Working papers in collaboration

The norm concerning *Working Papers* is somewhat different in that each organism retains its title's form and layout whilst including collaborator logos and related references and including a link to the website concerned.

Journal of Health, Society and Solidarity

From the end of 2010, and following the departure of Pierre Gottely, General Secretary for the Franco-Québec Observatory of Health and Solidarity (OFQSS), IRDES has withdrawn its editorial, participation in the OFQSS review and equally its promotion and diffusion.

… and communication

Increasing IRDES visibility through the promotion of researchers' works is achieved in different ways using different media.

Promotion of IRDES titles

Concerning IRDES titles and other productions (data base information updates, '*Quoi de neuf doc?*'…), different communications actions are systematically carried out: press releases, presentation and publication dates in the IRDES newsletter and web site 'News' section, presentation of the titles or brochures (for the data bases) at the IRDES publications stand at conferences and seminars.

In 2010, the distribution of *flyers* to promote special issues or research works at conferences and seminars or sent with the latest edition of *Issues in Health Economics* will be developed.

Press Relations

Press relations, screened by the Publications and Communications department, include press releases, and answering journalists' queries and researcher interview requests by telephone and e-mail.

Press conferences are equally envisaged to announce specific events such as the publication of special issues or research works and news concerning the data bases.

A selective distribution of press reviews from the Press Argus is systematically carried out and sent to the researchers concerned by e-mail

In the future, and in addition to the monthly thematic press review 'IRDES in the press', we will provide specific press reviews for conferences or the edition of special issues or research works.

⇨ Meetings, seminars and conferences

Conferences

Publications and Communications manage all conference and seminar communications and part of the logistics (booking conference rooms and meeting rooms, travel and accommodation for participants). It equally produces conference media: designing visual identity media including logo and programme, internet site (with assistance from the web site team, posters, badges, flip charts, Powerpoint templates, etc. but also information and registration mailings sent to our subscriber base. In addition, a selective thematic bibliography is produced in collaboration with the documentation centre for each event.

Depending on the event, personalised files containing a programme, the IRDES brochure, publication summaries, selective bibliography, list of participants etc. are distributed to participants.

If possible, each conference will give rise to a publication: a special issue or book.

Seminars and workshops

Any communication concerning seminars and workshops is managed internally by the Documentation and Communications group.

Note that the public seminar 'IRDES Tuesdays' that can accommodate up to fifty people, is now a regular event that must be maintained in the future (organised by Véronique Lucas-Gabrielli and Thierry Rochereau). With at least one seminar per month, this event not only permits the presentation of research in progress but equally exchanges with other researchers and organisms to enrich and further it. Participants are systematically added to the subscription list for on-line publications and information (Electronic Newsletter and communiqués).

Since 2009, an annual an international seminar on the evaluation of public health policies has been organised by Thierry Debrand and Paul Dourgnon; a research seminar limited to around forty participants. It is essentially limited to candidates replying to the calls for projects retained for the occasion. Participants may present an article, be discussant for another participant's article or chair a theme grouping together several presentations. This is a new opening towards international research. As mentioned above, participants are systematically added to the subscription list for on-line publications and information.

Finally, internal seminars (Groink) are also organised regularly. Their aim is to validate research methods and results through the presentation and discussion of IRDES research. They are becoming systematic so as to ensure a scientific validation process before publication.

⇨ Communication media

Other than the communications media mentioned previously (press releases, *flyers*, advertising inserts for IRDES publication subscriptions, survey presentation brochures, folders etc.) two other media are in the process of being elaborated: an IRDES presentation brochure and a greetings card. The interest in having a wide range of communications media is to adapt to the different types of public attending events in which the researchers participate.

In order to be more flexible and control costs, these media (all designed and elaborated in-house) will for the most part be printed internally rather than outsourced to a printer, with the exception of the following:

IRDES presentation brochure in French and English

Following the recent reorganisation of work, the graphic design and page layout will be elaborated internally.

IRDES greetings card

The greetings card is now equally designed and published internally each year.

Expanding distribution

The merging of the two existing files (IRDES historical subscribers file and *IRDES Newsletter* subscribers) should be completed in the coming year. This could be achieved by launching a subscription renewal campaign to update the historical file on the one hand, and on the other, a survey conducted among *IRDES Newsletter* subscribers to collect additional information than simply an e-mail address. The aim is to be able to select different targets according to our activities. We will continue to develop and update this file by various means: direct telephone contacts, the press mail box following press releases (frequently forwarded), Newsletter, Internet site, advertising inserts for subscriptions in external journals, participation in IRDES conferences and seminars, etc.

Annex 1

Team organisation
PUBLICATIONS ET COMMUNICATION

Editing and rewriting
Anna Marek, Anne Evans

Translation, revision
Franck-Severin Clérembault, Anna Marek

Subscriptions
Sandrine Bequignon, Suzanne Chriqui

Distribution
Sandrine Bequignon, Damien Le Torrec

Conference logistics and visual communications
Khadidja Ben Larbi, Anne Evans

Press-communication service
Suzanne Chriqui, Anne Evans

Lay-out
Franck-Severin Clérembault, Khadidja Ben Larbi

Newsletter
Catherine Banchereau, Suzanne Chriqui, Anne Evans

3.3 WEB GROUP

The Web group counts two members of staff, Jacques Harrouin (Group Mnanager, webmaster, technical and technical watch manager), Aude Sirvain (web site design, web site and Intranet maintenance). It provides IRDES with external visibility (Internet site, Newsletter) and facilitates internal communications via the Intranet site.

The Internet site

Created in 1995, the Internet site was totally revised and reorganised into sections in 2007: Research section, Documentation section, Educational section and Press section.

The Internet site, grouping together a wide range of information and publications, is the IRDES showcase. It is a free, instantaneous distribution method for IRDES works.

In collaboration with the 'Publications and Communications' team and the documentation centre, the Internet site is updated regularly with news items (publications, conference and seminars, press releases, reference indicators, bibliographies, partnerships, interviews...).

It equally enables users to download the majority of full-text reports free of charge. All the *'Issues in Health Economics'* are available on-line following publication as are the working papers and 'Eco-Santé' data bases.

New means of distribution have been added following advances in communication techniques: RSS in 2005, the creation of iPhone/ iPod Touch pages in 2008, the possibility of automatically adding a seminar date in one's electronic diary with a simple click in 2009. Since 2010 each staff member has an electronic business card on their personal web page that a web user can download directly into their address book.

In 2010 secure on-line payment has been integrated for:

- conference inscriptions
- the purchase of reports in paper format
- the purchase of the Eco-Santé OCDE database

The English web site

The English web site equally benefited from the reorganisation of the IRDES web site in 2007. It now includes new sections such as *Issues in Health Economics* (translations of the '*Questions d'économie de la santé*' bulletin), working papers or external publications of IRDES researchers in English, and international projects, conferences and workshops. Since August 2010, it has the same interface as the French web site making navigation from one to the other more logical.

The Intranet site

The Intranet site, revised and reorganised in 2009, provides instant information on the internal workings of IRDES, new arrivals or future publications, document models and the minutes of internal meetings. It also contains a number of useful pages such as internal directories for other organisms, dictionaries, access to web portals and data bases etc. Web page access statistics are also available to all IRDES staff. An information thread system forms the core of the new Intranet interface to enable staff members to remain aware of any important information concerning life at IRDES.

The Newsletter

The Newsletter, created in 2000, is sent by e-mail every second Tuesday of the month. It informs subscribers (14,000) of IRDES latest news and events.

Effectuated at the same time as the Internet site updates, it is a rapid, comprehensive distribution tool.

GLOSSARY

ACS: Financial Assistance for Complementary Health Insurance
ADBS: Association of Information Technology Professionals
AIR: European project 'Addressing Inequalities in Europe'
AMO-AMC: Statutory Health Insurance – Complementary Health Insurance
BDSP: Public Health Database
CCECQA: Committee for Coordinating Clinical Evaluation and Quality in Aquitaine
CCMSA: Central Agricultural Workers and Farmers Mutual Benefit Fund
CERMES: Centre for Medical and Health Research
CMU: Universal health coverage
CNAMTS: French National Health Insurance Fund for Salaried Workers
CNAV: National Pension Fund
CNIL: National Commission for Information Technologies and Civil Liberties
CREST: Centre for Economic and Statistical Research
DREES: Directorate of Research, Studies, Evaluation and Statistics
DSS: Directorate of Social Security
EHPG: European Health Policy Group
ENCC: National Reference Cost Study
ENHAD: National hospital-at-home survey
ENEIS: French National Study of Healthcare Related Adverse Events
EPAS: Permanent sample of insured persons
ESPS: Health, Health Care and Insurance survey
GINA: Global Initiative for Asthma
GMO: Observatory of General Medicine
HAD: Hospital at home
HEAPS: Health Economics of Ageing and Participation in Society
HDR: Habilitated to direct researches
HPST: Hospital, Patients, Health and Territories Law
HYGIE project: Information System on Daily Allowances
IDS: Health Data Institute
INPES: National Institute for Prevention and Health Education
INSEE: National Institute of Statistics and Economic Studies
INSERM: National Institute of Health and Medical Research
INVS: National Institute for Public Health Surveillance
IRES: Institute for Economic and Social Research
IRESP: Institute for Public Health Research
LEGOS: Laboratory of Health Organisation Economics and Management
MCO: Medicine, surgery, obstetrics (short-stay)
MGET: Mutual Insurance Fund for State Employees (Mutuelle Générale de l'équipement et des territoires)
MSA: National Health Insurance Fund for Agricultural Workers' and Farmers
MSSS: Québec Ministry of Health and Social Services
NIVEL: Netherlands Institute for Health Services Research
OCDE: Organisation for Economic Cooperation and Development
OFQSS: Franco-Québec Observatory of Health and Solidarity
OMG: Observatory of General Medicine
PCRD: Framework programme for Technological Research and Development
PHAMEU: Primary Healthcare Activity Monitor for Europe
PMSI: French National Hospital Database
PSCE: Employer-sponsored Complementary Health Insurance survey
PROSPERE: Interdisciplinary Partnership for Research on the Organization of Primary Care

RSI: National Health Insurance Fund for the Self-employed
SFMG: French Society for General Medicine
SHARE: Survey of Health, Ageing and Retirement in Europe
SNIIRAM: National Health Insurance Cross-Schemes Information System
T2A: Activity-based funding