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Institute for Research and Information in Health Economics

Veille scientifique
en économie de la santé

Watch on Health Economics Literature

Décembre 2022 / December 2022

Assurance maladie	*Health Insurance*
E-santé – Technologies médicales	*E-Health – Medical Technologies*
Économie de la santé	*Health Economics*
Environnement et santé	*Environmental Health*
État de santé	*Health Status*
Géographie de la santé	*Geography of Health*
Hôpital	*Hospital*
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Assurance maladie

Health Insurance

The Affordable Care Act and Regulation: Coverage Effects of Guaranteed Issue and Ratings Reform

BAUGHMAN R. A.

2022

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An important part of the Affordable Care Act (ACA) that has received relatively little research attention is regulatory reform in the small and non-group markets, particularly guaranteed issue and rating restrictions. In order to identify the effect of this part of the ACA, I use states that already had these policies before 2014 as a control group for states newly exposed to them under the ACA. Overall, the reforms do not have any effect in states that expanded Medicaid but are associated with a 1.64 percentage point (or 2.16%) increase in the probability of having health insurance coverage in states that did not expand Medicaid. Effects are seen across broad age range and are strongest for those whose incomes are slightly above the Medicaid threshold and qualify them for the highest Marketplace subsidy levels.

Does Voluntary Health Insurance Improve Health and Longevity? Evidence From European OECD Countries

DRAGOS S. L., MARE C., DRAGOS C. M., *et al.*

2022

The European Journal of Health Economics 23(8): 1397-1411.
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The financing structure of the healthcare system and, particularly, the voluntary health insurance (VHI) constituent, has been a vital pillar in improving the overall quality of life. Consequently, this study aims to shed light on the effect of VHI on the population's health and longevity in a sample of 26 European OECD countries. The methodology employed covers both hierarchical clustering and the novel dynamic panel threshold technique. First, the descriptive cluster analysis unveils a delimitation of the countries into four main groups with respect to a broad set of health status indicators. Second, the estimates show that VHI is a significant determinant of health and longevity. More specifically, we find that the relationship between variables is characterized by a threshold effect, whose estimated value is roughly 6.3% of the total healthcare financing. Also, the heterogeneity analysis unveils consistent differences regarding the impact of VHI on health and longevity for the supplementary and complementary types of VHI. Overall, results are strongly robust, the signs and the significance of the coefficients being preserved in the presence of several additional control factors. From a policy perspective, the study's findings can be used nationwide to stimulate regulatory policies to encourage the achievement of a satisfactory level of private health insurance.

Does Voluntary Health Insurance Reduce the Use of and the Willingness to Finance Public Health Care in Sweden?

KULLBERG L., BLOMQVIST P. ET WINBLAD U.

2021

Health Economics, Policy and Law 17(4): 380-397.
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Voluntary private health insurance (VHI) has generally been of limited importance in national health service-type health care systems, especially in the Nordic countries. During the last decades however, an increase in VHI uptake has taken place in the region. Critics of this development argue that voluntary health insurance can undermine support for public health care, while proponents contend that increased private funding for health services could relieve strained public health care systems. Using data from Sweden, this study investigates empirically how voluntary health insurance affects the public health care system. The results of the study indicate that the public Swedish health care system is fairly resilient to the impact of voluntary health insurance with regards to support for the tax-based funding. No difference between insurance holders and non-holders was found in willingness to finance public health care through taxes. A slight unburdening effect on public health care use was observed as VHI holders appeared to use public health care to a lesser extent than those without an insurance. However, a majority of the insurance holders continued to use the public health care system, indicating only a modest substitution effect.

Quel avenir pour les complémentaires santé ?

PRADIER P. C., BORELLA L., DANIEL J. M., *et al.*

2022

Risques(129): 43-107.

Après une présentation de l'organisation de la protection complémentaire en France, cet article s'interroge sur son avenir au niveau de la régulation du marché, de son articulation avec l'assurance maladie obligatoire et de ses modes de financement.

E-santé – Technologies médicales

E-Health – Medical Technologies

Teleconsultation Adoption Since Covid-19: Comparison of Barriers and Facilitators in Primary Care Settings in Hong Kong and the Netherlands

FERNÁNDEZ COVES A., HOI TING YEUNG K., VAN DER PUTTEN I. M., *et al.*

2022

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The Covid-19 pandemic has boosted the adoption of digital health technologies such as teleconsultation. This research aimed to assess and compare barriers and facilitators for teleconsultation uptake for primary care practitioners in Hong Kong and the Netherlands and evaluate the role of their different healthcare funding models in this adoption process within the context of the Covid-19 pandemic. A qualitative research following a social constructivist paradigm was performed. The study employed a conceptual framework from Lau and colleagues that identifies four levels of factors influencing change in primary care: (1) external contextual factors; (2) organization-related factors; (3) professional factors; and (4) characteristics of the intervention. The four levels were studied through semi-structured, open-ended interviews with primary care physicians. External factors were additionally assessed by means of a literature review. Hong Kong and the Netherlands showed different penetration rates of teleconsultation. Most stakeholders in both settings shared similar barriers and facilitators in the organizational, professional, and intervention levels. However, external contextual factors (i.e., current teleconsultation legislation, available incentives, and level of public awareness) played an important and differing role in teleconsultation uptake and had a direct effect on the organization, the professionals involved, and the type of technology used. Political and organizational actions are required to develop a comprehensive legal framework for the sustainable development of teleconsultation in both settings.

Interest of the use of the "MYDEFI" smartphone application to help reduce alcohol consumption in the involvement of pharmacists in the prevention of at-risk consumption : Results of a survey in the Hauts-de-France

HIEN M., MABILLE B., VIGUIER E., *et al.*

2022

Ann Pharm Fr 80(5): 711-717.

https://doi.org/10.1016/j.pharma.2022.01.004

The objectives of this paper is to evaluate the interest in the MyDéfi application as a tool to help pharmacists identify and manage excessive alcohol consumption, as well as their perception and knowledge of alcohol and their possible role in its management. METHODS: Prospective mixed qualitative and quantitative study, based on face-to-face semi-directive interviews. RESULTS: The 101 pharmacists interviewed in Hauts-de-France region considered that the detection of alcohol consumption was part of their mission, even

if it is a difficult subject, and that they had received specific training in alcohology during their university training. Only 12% were aware of early screening and brief intervention on alcohol. Several obstacles were mentioned, such as the lack of training and confidentiality, and difficulties related to patient specificities. Forty-one percent said that the pharmacy was not suitable and almost 72% said that the MyDéfi application could be useful for screening and 91% would recommend the application as one of the best supports, easy to advise with a personalised follow-up. For 32%, the application is accessible to patients (40% think that the main drawback of the application is inaccessibility and 27% its cost). CONCLUSION: Pharmacists consider that excessive alcohol use is a major problem that should mobilise them but many do not feel ready to offer brief interventions. After seeing how the MyDéfi application worked, the majority considered that it could help them in their prevention mission.

▶ Incentivizing Appropriate Prescribing in Primary Care: Development and First Results of an Electronic Health Record-Based Pay-For-Performance Scheme

RAMERMAN L., HEK K., CRAMER- VAN DER WELLE C., *et al.*

2022

Health Policy 126(10): 1010-1017.

https://doi.org/10.1016/j.healthpol.2022.07.004

Part of the funding of Dutch General Practitioners (GPs) care is based on pay-for-performance, including an incentive for appropriate prescribing according to guidelines in national formularies. Aim of this paper is to describe the development of an indicator and an infrastructure based on prescription data from GP Electronic Health Records (EHR), to assess the level of adherence to formularies and the effects of the pay-for-performance scheme, thereby assessing the usefulness of the infrastructure and the indicator. Methods Adherence to formularies was calculated as the percentage of first prescriptions by the GP for medications that were included in one of the national formularies used by the GP, based on prescription data from EHRs. Adherence scores were collected quarterly for 2018 and 2019 and subsequently sent to health insurance companies for the pay-for-performance scheme. Adherence scores were used to monitor the effect of the pay-for-performance scheme. Results 75% (2018) and 83% (2019) of all GP practices participated. Adherence to formularies was around 85% or 95%, depending on the formulary used. Adherence improved significantly, especially for practices that scored lowest in 2018. Discussion We found high levels of adherence to national formularies, with small improvements after one year. The infrastructure will be used to further stimulate formulary-based prescribing by implementing more actionable and relevant indicators on adherence scores for GPs.

▶ Le secret professionnel à l’heure de «Mon espace santé

REVUE PRESCRIRE

2022

Revue Prescrire 42(467): 698-700.

Le partage d’informations dans une équipe de soins est en principe autorisé quel que soit le mode de partage (oral, écrit, numérique), sauf opposition déclarée du patient. Il importe de savoir qui fait partie de l’équipe de soins et d’en informer le patient, la notion d’équipe de soins étant définie par la loi. Au moment où se généralise le dossier médical partagé, il est fondamental de veiller à ce que le patient garde la maîtrise du périmètre de diffusion des informations qui le concernent.

▶ Mon espace santé : large accès aux données de santé, en partie contrôlée par les usagers

REVUE PRESCRIRE

2022

Revue Prescrire 42(467): 692-697.

Depuis mars 2022, « Mon espace santé » est ouvert automatiquement pour chaque personne assurée sociale en France, dans un but de stockage et de partage des données de santé pour les soins. Il contient le dossier médical partagé (DMP) et une messagerie sécurisée. D’autres services sont en développement. Cet article présente l’ensemble du dispositif en mentionnant les droits des professionnels de santé et des usagers.

Économie de la santé

Health Economics

▶ Tiered Cost Sharing and Health Care Demand

ACKLEY C. A.

2022

Journal of Health Economics 85: 102663.

https://doi.org/10.1016/j.jhealeco.2022.102663

In this paper, I study tiered cost sharing, an innovative incentive structure designed to steer patients toward low-cost providers using large out-of-pocket price differentials. Using administrative data from New Hampshire, where two large insurers utilize tiered pricing programs, I estimate the effects of tiering on choices and spending for common gastrointestinal endoscopic procedures. I first conduct a difference-in-differences analysis using the rollout of one insurer's tiered option. I then develop and estimate a demand model to explicitly compare the tiered design with other common plans. Both the reduced form and structural models imply that the tiered plans are associated with 4.5%–6.3% less in mean per-episode spending than high-deductible and coinsurance-based plans, and do not affect the likelihood of seeking care. I find evidence that the savings is in part due to a salience or "simple pricing" effect whereby patients respond to tiered out-of-pocket prices but not to traditional deductibles or coinsurance rates.

▶ Trust in the Publicly Financed Care System and Willingness to Pay For Long-Term Care: A Discrete Choice Experiment in Denmark

AMILON A., KJÆR A. A., LADENBURG J., *et al.*

2022

Social Science & Medicine 311: 115332.

https://doi.org/10.1016/j.socscimed.2022.115332

Aging populations put pressure on the provision and financing of long-term care (LTC) services in many countries. The projected increase in LTC expenditures may in particular constitute a threat to the future sustainability of public budgets in welfare states, where LTC is financed through taxes. To accommodate the increasing number of 80+ year-olds in society, policy-makers and service administrators need a better understanding of care preferences among future older adults: What types of services do older citizens prefer most, and which factors shape their LTC preferences? A discrete choice experiment (DCE) was administered to a representative sample of the Danish population aged 54–64 from May to July 2019 (n = 1154), investigating which factors shape individuals' preferences and willingness-to-pay (WTP) for their future LTC. Our results reveal that respondents are willing to make additional out-of-pocket payments to supplement the care provided for free by the municipality. The WTP was highest for services such as receiving help from a regular care team ($129 per month) and an extra shower a week ($116 per month). Moreover, we find heterogeneous care preferences, with three user characteristics associated with higher WTP for services: higher education, high wealth, and a low trust in the publicly financed care system. Our results raise concerns that inequalities between relatively more- and less-resourceful older adults may increase in Scandinavian-type welfare states in the future. Such increasing inequality in service provision may undermine citizens' trust in and support of the publicly financed care system.

▶ Supply-Side Solutions Targeting Demand-Side Characteristics: Causal Effects of a Chronic Disease Management Program on Adherence and Health Outcomes

CONNELLY L., FIORENTINI G. ET IOMMI M.

2022

The European Journal of Health Economics 23(7): 1203-1220.

https://doi.org/10.1007/s10198-021-01421-x

We estimate the effects of a chronic disease management program (CDMP) which adapts various supply-side interventions to specific demand-side conditions (disease-staging) for patients with chronic kidney disease (CKD). Using a unique dataset on the entire population of the Emilia–Romagna region of Italy with hospital-diagnosed CKD, we estimate the causal effects of the CDMP on adherence indicators and health outcomes. As CKD is a progressive disease with clearly-defined disease stages and a treatment regimen that can be titrated by disease severity, we calculate dynamic, severity-specific, indicators of adher-

ence as well as several long-term health outcomes. Our empirical work produces statistically significant and sizeable causal effects on many adherence and health outcome indicators across all CKD patients. More interestingly, we show that the CDMP produces larger effects on patients with early-stage CKD, which is at odds with some of the literature on CDMP that advocates intensifying interventions for high-cost (or late-stage) patients. Our results suggest that it may be more efficient to target early-stage patients to slow the deterioration of their health capital. The results contribute to a small, recent literature in health economics that focuses on the marginal effectiveness of CDMPs after controlling either for supply- or demand-side sources of heterogeneity.

▶ Population Ageing and Health Financing: A Method For Forecasting Two Sides of the Same Coin

CYLUS J., WILLIAMS G., CARRINO L., *et al.*

2022

Health Policy (Ahead of pub).

https://doi.org/10.1016/j.healthpol.2022.10.004

There is a perception that population ageing will have deleterious effects on future health financing sustainability. We propose a new method—the Population Ageing financial Sustainability gap for Health systems (or alternatively, the PASH)—to explore how changes in the population age mix will affect health expenditures and revenues. Using a set of six anonymized country scenarios that are based on data from countries in Europe and the Western Pacific representing a diverse range of health financing systems, we forecast the size of the ageing-attributable gap between health revenues and expenditures from 2020 to 2100 under current health financing arrangements. In the country with the largest financing gap in 2100 (country S6) the majority (87.1%) is caused by growth in health expenditures. However in countries that are heavily reliant on labour-market related social contributions to finance health care, a sizeable share of the financing gap is due to reductions in health revenues. We argue that analyses giving equal attention to both health expenditures and revenues steers decision makers towards a more balanced set of policy options to address the challenges of population ageing, ranging from targeting expenditures and utilization of services to diversifying revenue.

▶ Do We Care About High-Cost Patients? Estimating the Savings on Health Spending By Integrated Care

GEURTS K., BRUIJNZEELS M. ET SCHOKKAERT E.

2022

The European Journal of Health Economics 23(8): 1297-1308.

https://doi.org/10.1007/s10198-022-01431-3

A recent integrated health care initiative in Belgium supports 12 regional pilot projects scattered across the country and representing 21% of the population. As in shared savings programs, part of the estimated savings in health spending are paid out to the projects to reinvest in new actions. Short-term savings are expected in particular from cost reductions among high-cost patients. We estimate the effect of the projects on spending using a difference-in-difference model. The sensitivity of the results to the right-skewness of spending is commonly addressed by removing or top-coding high-cost cases. However, this leads to an underestimation of realized savings at the top end of the distribution, therefore, lowering incentives for cost reduction. We show that this trade-off can be weakened by an alternative approach in which cost categories that fall out of the scope of the projects' interventions are excluded from the dependent variable. We find that this approach leads to improvements in precision and model fit that are of the same magnitude as excluding high-cost cases altogether. At the same time, it sharpens the incentives for cost reduction because the model better reflects the costs that projects can affect.

▶ Comparative Health Systems Analysis of Differences in the Catastrophic Health Expenditure Associated with Non-Communicable Vs Communicable Diseases Among Adults in Six Countries

HAAKENSTAD A., COATES M., BUKHMAN G., *et al.*

2022

Health Policy and Planning 37(9): 1107-1115.

https://doi.org/10.1093/heapol/czac053

The growing burden of non-communicable diseases (NCDs) in low- and middle-income countries may have implications for health system performance in the area of financial risk protection, as measured by catastrophic health expenditure (CHE). We compare NCD CHE to the CHE cases caused by communicable diseases (CDs) across health systems to examine whether: (1) disease burden and CHE are linked, (2) NCD CHE

disproportionately affects wealthier households and (3) whether the drivers of NCD CHE differ from the drivers of CD CHE. We used the Study on Global Aging and Adult Health survey, which captured nationally representative samples of 44 089 adults in China, Ghana, India, Mexico, Russia and South Africa. Using two-part regression and random forests, we estimated out-of-pocket spending and CHE by disease area. We compare the NCD share of CHE to the NCD share of disability-adjusted life years (DALYs) or years of life lost to disability and death. We tested for differences between NCDs and CDs in the out-of-pocket costs per visit and the number of visits occurring before spending crosses the CHE threshold. NCD CHE increased with the NCD share of DALYs except in South Africa, where NCDs caused more than 50% of CHE cases but only 30% of DALYs. A larger share of households incurred CHE due to NCDs in the lowest than the highest wealth quintile. NCD CHE cases were more likely to be caused by five or more health care visits relative to communicable disease CHE cases in Ghana (P = 0.003), India (P = 0.004) and China (P = 0.093). Health system attributes play a key mediating factor in how disease burden translates into CHE by disease. Health systems must target the specific characteristics of CHE by disease area to bolster financial risk protection as the epidemiological transition proceeds.

Ageing and Health Care Expenditures: The Importance of Age Per Se, Steepening of the Individual-Level Expenditure Curve, and the Role of Morbidity

KOLLERUP A., KJELLBERG J. ET IBSEN R.

2022

The European Journal of Health Economics 23(7): 1121-1149.

https://doi.org/10.1007/s10198-021-01413-x

The demographic change towards a larger proportion of older individuals challenges universal health care systems in sustaining high-quality care and universal coverage without budget expansions. To build valuable predictions of the economic burden from population ageing, it is crucial to understand the determinants of individual-level health care expenditures. Often, the focus has been on the relative importance of an individual's age and time to death, while only a few newer studies highlight that individual-level health care expenditures are increasing faster for the elderly—i.e., creating a steepening of the individual-level health care expenditure curve over time. Applying individual-level administrative data for the entire Danish population, our study is the first to use a single data set to examine whether age, time to death, and a steepening of the individual-level health care expenditure curve all contributed to individual-level health care expenditures over a 12-year observation period (2006–2018).

The Financial Burden of Health Expenses in Retirement

LEGENDRE B. ET LE DUIGOU S.

2022

Revue d'Economie Politique 132(4): 615-648.

https://www.cairn.info/revue-d-economie-politique-2022-4-page-615.htm

Lors du passage à la retraite, l'augmentation de la consommation de services de santé et la perte de la couverture d'assurance financée par l'employeur peuvent entraîner une hausse des dépenses de santé à la charge des individus. Dans cet article, nous évaluons l'effet du départ à la retraite sur les dépenses de santé en France et considérons différents effets en fonction du niveau de revenu afin de mieux comprendre les implications sur le niveau de vie des retraités et les inégalités au sein de cette population, nous utilisons la 7ème vague de l'Enquête sur la Santé, le Vieillissement et la Retraite en Europe et proposons un modèle à variable instrumentale (IV) prenant en compte la discontinuité dans la possibilité de prendre sa retraite. Nous concluons que le départ à la retraite augmente les dépenses de santé de 148 % à utilisation égale des soins de santé et que cette augmentation est plus importante chez les personnes à hauts revenus. Pour les 50 % les plus aisés, cette augmentation des restes- à- charge en santé s'accompagne d'une augmentation de la consommation de services de santé, en particulier de soins ambulatoires.

Catastrophic Household Expenditure Associated with Out-Of-Pocket Payments For Dental Healthcare in Spain

LÓPEZ-LÓPEZ S., DEL POZO-RUBIO R., ORTEGA-ORTEGA M., *et al.*

2022

The European Journal of Health Economics 23(7): 1187-1201.

https://doi.org/10.1007/s10198-021-01420-y

The aim of this paper is to estimate the prevalence

of catastrophic health expenditure due to dental healthcare (CHED) in Spain, quantify its intensity and examine the related sociodemographic household characteristics.

So Happy Together: A Review of the Literature on the Determinants of Effectiveness of Purpose-Oriented Networks in Health Care

PEETERS R., WESTRA D., VAN RAAK A. J. A., *et al.*

2022

Medical Care Research and Review(Ahead of pub): 10775587221118156.

https://journals.sagepub.com/doi/abs/10.1177/10775587221118156

While purpose-oriented networks are widely recognized as organizational forms to address wicked problems in health care such as increasing demands and expenditure, the associated literature is fragmented. We therefore reviewed empirical studies to identify the determinants of the effectiveness of these networks. Our search yielded 3,657 unique articles, of which 19 met our eligibility criteria. After backward snowballing and expert consultation, 33 articles were included. Results reveal no less than 283 determinants of effective health care networks. The majority of these determinants are processual and involving professionals from the operational level is particularly salient. In addition, most studies relate determinants to process outcomes (e.g., improved collaboration or sustainability of the network) and only a few to members' perception of whether the network attains its goals. We urge future research to adopt configurational approaches to identify which sets of determinants are associated with networks' ability to attain their goal of addressing wicked problems.

Towards Population-Based Payment Models in a Multiple-Payer System: The Case of the Netherlands

REMERS T. E. P., WACKERS E. M. E., VAN DULMEN S. A., *et al.*

2022

Health Policy 126(11): 1151-1156.

https://doi.org/10.1016/j.healthpol.2022.09.008

The Dutch private multi-payer system is characterised by a catalogue that is dominated by fee-for-service based payments. Up to now, alternative payment models have not taken flight. Recent small-scale experiments show substantial potential benefits of population-based payment models. Drawing on international literature and two expert focus groups, we analyse how population-based payments may be taken up more fiercely in a system run on the principles of managed competition. The decentralised nature of the Dutch system naturally aligns with a bottom-up implementation approach. Payers and providers can initiate population-based payment systems to fit local needs, but should determine clear preconditions that focus on quality of care. Quality indicators tied to financial incentives, such as shared savings, might minimise risks of undertreatment. Deliberative processes between payer and providers may determine adequate indicators. Upfront investments are needed to facilitate necessary data infrastructure. Furthermore, alternative payment systems might be encouraged through nationally set default options towards integrated payment systems, potentially reducing administrative burdens. Strong leadership, trust, and mutual understanding are paramount to overcome silos to integrate services across providers. Policymakers in other multi-payer managed competition systems may benefit from these insights.

Burden of Cardiovascular Diseases and Depression Attributable to Psychosocial Work Exposures in 28 European Countries

SULTAN-TAÏEB H., VILLENEUVE T., CHASTANG J.-F., *et al.*

2022

European Journal of Public Health 32(4): 586-592.

https://doi.org/10.1093/eurpub/ckac066

This study aimed to estimate the annual burden of cardiovascular diseases and depression attributable to five psychosocial work exposures in 28 European Union countries (EU28) in 2015.Based on available attributable fraction estimates, the study covered five exposures, job strain, effort–reward imbalance, job insecurity, long working hours and workplace bullying; and five outcomes, coronary/ischemic heart diseases (CHD), stroke, atrial fibrillation, peripheral artery disease and depression. We estimated the burden attributable to each exposure separately and all exposures together. We calculated Disability-Adjusted Life Years (DALY) rate per 100 000 workers in each country for each outcome attributable to each exposure and tested the differences between countries and between

genders using the Wald test. The overall burden of CHD attributable to the five studied psychosocial work exposures together was estimated at 173 629 DALYs for men and 39 238 for women, 5092 deaths for men and 1098 for women in EU28 in 2015. The overall burden of depression was estimated at 528 549 DALYs for men and 344 151 for women (respectively 7862 and 1823 deaths). The three highest burdens in DALYs in EU28 in 2015 were found for depression attributable to job strain (546 502 DALYs), job insecurity (294 680 DALYs) and workplace bullying (276 337 DALYs). Significant differences between countries were observed for DALY rates per 100 000 workers. Such results are necessary as decision tools for decision-makers (governments, employers and trade unions) when defining public health priorities and work stress preventive strategies in Europe.

Can Case-Based Payment Contain Healthcare Costs? - a Curious Case From China

WU J., HE X. ET FENG X. L.

2022

Social Science & Medicine 312: 115384.

https://doi.org/10.1016/j.socscimed.2022.115384

We adopted a difference-in-difference (DID) design to evaluate the impact of a case-based payment pilot in Tianjin, China on hospital admission, utilization of varied therapeutic regimes, and the associated costs. We used claim data of all admissions of angina and acute myocardial infarction during July 2015 to June 2018, 18 months before and after the program. Our analyses were supported by convincing common trends tests and a couple of sensitivity analyses. As intended, for patients who received percutaneous coronary stenting (PCS) and were counted in the case-based payment system, we showed that the program decreased length-of-stay, per-admission spending, and out-of-pocket spending by 20.8%, 14.2%, and 95.5%, respectively, but did not increase readmissions. However, when considering all patients who suffered from the two types of coronary heart diseases, we found that the program otherwise increased per-admission spending by nearly 11%. As a result, the program took a perverse effect in increasing monthly spending for the health insurance scheme and the society by 1005.6 thousand USD (47·5%) and 1095·7 thousand USD (34·7%), respectively. Increases in hospital admissions, and proportion of performing PCS accounted for 66·7% and 39·2% of the rise, respectively. In addition, our analysis provided evidence of health providers' cream-skimming behaviors, including selecting younger patients with lower CCI in the case-based system, up-coding complications, and keeping higher cost patients in the fee-for-service payment system. We draw lessons that case-based payment may make an unintended impact that increases healthcare costs when incentives are not properly designed.

Environnement et santé

Environmental Health

La sécurité sociale écologique : évolution nécessaire ou faux concept ?

PELLET R.

2022

Revue de Droit Sanitaire Et Social(595): 706-720.

Le rapport du Sénat sur la « sécurité sociale écologique du XXIe siècle », en date du 30 mars 2022, traite de la vulnérabilité du système de sécurité sociale aux chocs climatiques. Le problème est d'un grand intérêt mais il est parfois mal posé dans le document sénatorial, de sorte que les solutions préconisées ne convainquent pas vraiment. Une approche véritablement écologique de la crise sociale que connaissant les Etats-providence développés devrait conduire à promouvoir un certain « protectionnisme » économique, pour réduire les importations en provenance les pays très pollueurs, le développement du nucléaire, parce qu'elle a une très faible empreinte carbone, la limitation de l'immigration non européenne, pour éviter la croissance de la population non qualifiée au Nord et le pillage des élites du Sud, le développement des fonds publics de pension, pour compenser la fragilité démographique des régimes en répartition.

La gestion de crise en santé-environnement : principes généraux, rôle de Santé publique France dans le dispositif et enjeux

COSTAGLIOLI S.

2022

Environnement, Risques & Santé 21(4): 299-302.

https://www.cairn.info/revue-environnement-risques-et-sante-2022-4-page-299.htm

La gestion de crise en santé-environnement s'appuie sur un cadre général national formalisé et pérenne. L'agence nationale de santé publique, Santé publique France, y contribue au niveau territorial comme national. Elle apporte l'ensemble de son expertise dans une logique de continuum. Les phases de la gestion de crise et les actions vont dépendre des enjeux identifiés de manière spécifique pour chaque crise.

Les inégalités environnementales et sociales de santé en France, un champ de recherche à développer

DEGUEN S. ET KIHAL-TALANTIKITE W.

2022

Informations sociales 206(2): 34-43.

https://www.cairn.info/revue-informations-sociales-2022-2-page-34.htm

Les inégalités sociales de santé (ISS) sont un enjeu de santé publique. Depuis plusieurs années, de nombreuses études françaises documentent le rôle des expositions environnementales dans les inégalités de santé publique. Elles étaient déjà un enjeu de santé publique avant ces travaux. Si les quartiers défavorisés ne sont pas toujours ceux qui présentent les expositions environnementales les plus élevées, les effets sanitaires liés à ces expositions environnementales y sont accrus pour ceux qui y vivent. Face à ces constats, il est temps de passer à l'action par la mise en œuvre de politiques de réduction des expositions environnementales qui prennent en compte l'existence des inégalités sociales de santé pour éviter que les bénéfices sanitaires ne soient socio-économiquement différenciés.

Prise en compte des critères environnementaux dans la commande publique des produits de santé

GIRAUD J. S., HAMIDOU F., HASSANI Y., *et al.*

2022

Ann Pharm Fr 80(2): 216-226.

https://doi.org/10.1016/j.pharma.2021.06.005

Les produits de santé (PDS) ont une empreinte environnementale qu'il convient réglementairement de prendre en compte dans la politique d'achat. Un état des lieux national de l'intégration de critères environnementaux (CE) dans la commande publique des PDS à l'hôpital a été réalisé. Méthodes : Trente CE ont été identifiés dans la littérature. Deux questionnaires ont été proposés : aux acheteurs qui analysent le niveau d'« importance » et d'« applicabilité » des CE dans les appels d'offres (AO), et aux fournisseurs qui déclarent leurs engagements et communiquent des éléments de preuves (EDP). Résultats : Six acheteurs régionaux et 28 fournisseurs ont participé. Les acheteurs reconnaissent l'« importance » du développement durable (DD) mais sont réticents sur l' « applicabilité » des CE dans les AO. La cotation environnementale reste faible : en moyenne 4,38 (0,25–10,00) % de la cotation totale. Seuls 12 CE sont retrouvés dans les AO des acheteurs ayant répondu. Les fournisseurs déclarent un engagement important et diversifié dans le DD : 18 fournisseurs ont envoyé 474 EDP. Les points de vue des acheteurs et des fournisseurs convergent sur l'optimisation des conditionnements primaires et l'instauration d'un minimum de commande ou de groupement de livraison. Conclusions : Dans le cadre de la recherche d'efficience de la commande publique, les CE alliant DD et pilier économique sont à privilégier. L'intégration de CE supplémentaires, simples et facilement documentés, permettant la limitation des coûts à la fois pour le fournisseur et l'acheteur, est possible pour valoriser l'achat durable.

La protection sociale au cœur de la transition écologique

GRIVEL N.

2022

Informations Sociales 206(2): 3-4.

https://www.cairn.info/revue-informations-sociales-2022-2-page-3.htm

Malgré leur difficulté et leur intensité, les défis climatiques et écologiques actuels se révèlent une opportunité de repenser les modes de vie pour les rendre

plus durables. Cela suppose de prendre en compte la diversité des conditions de vie des individus tout comme leurs capacités d'adaptation. Ce numéro dresse un panorama des enjeux sociaux de la transition écologique, des acteurs impliqués et des leviers qui peuvent être mobilisés pour la mener à bien. Le premier constat est celui du cumul des inégalités environnementales et des inégalités sociales de santé en France. Les populations les plus défavorisées sont à la fois les plus exposées aux risques environnementaux dans leur lieu de vie, et les plus éloignées des systèmes de soins. Pour mener à bien la transition écologique, les pouvoirs publics peuvent s'appuyer sur une large palette d'outils aux effets distributifs variés. Par ailleurs, la prise de conscience inédite des impacts environnementaux favorise une consommation et des comportements plus responsables d'un point de vue écologique. Comment atteindre l'objectif d'instaurer un nouveau modèle de développement qui ne conditionne plus la réduction de la pauvreté et la protection de l'environnement à la croissance de la richesse monétaire, et permette de penser ces deux objectifs simultanément ? Ce système devrait notamment reposer sur une meilleure allocation des ressources naturelles entre les catégories sociales et sur un principe de justice sociale et climatique, appliquée par exemple dans la fiscalité. Quatre secteurs analysés dans ce numéro apparaissent déterminants dans cette lutte simultanée contre la pauvreté et les dégradations environnementales : le logement, l'énergie, l'alimentation et la mobilité.

État de santé

Health Status

Accidents ischémiques transitoires et AVC rapidement régressifs : une exploration spécialisée en urgence pour éviter une récidive

2022

Revue Prescrire 42(466): 598-604.

Les accidents ischémiques transitoires (AIT) et les accidents vasculaires cérébraux (AVC) mineurs sont des AVC particuliers dans la mesure où les symptômes disparaissent spontanément en moins d'une heure. Quand un adulte qui consulte un soignant de premiers recours décrit un déficit neurologique brutal entièrement régressif, quelle prise en charge lui proposer ? Pour répondre à cette question, Prescrire a réalisé une synthèse selon sa méthode habituelle. Cet article en présente les résultats.

L'évolution de l'espérance de vie dans les pays occidentaux

BARBIERI M.

2022

Futuribles 450(5): 21-35.

https://www.cairn.info/revue-futuribles-2022-5-page-21.htm

Dans le cadre de la nouvelle série lancée dans ce numéro de septembre- octobre, consacrée au vieillissement de la population sous ses angles à la fois sociaux, économiques et physiologiques, Magali Barbieri fait ici le point sur l'évolution de l'espérance de vie sur longue période, en France et, plus largement, dans les pays occidentaux.

Association of Daily Temperature with Suicide Mortality: A Comparison with Other Causes of Death and Characterization of Possible Attenuation Across 5 Decades

LEHMANN F., ALARY P.-E., REY G., *et al.*

2022

American Journal of Epidemiology(Ahead of pub).

https://doi.org/10.1093/aje/kwac150

Suicide is one of the leading causes of death in young adults in many Western countries. We examined the short-term association of temperature with cause-specific mortality, comparing suicide with other causes of death and describing possible attenuation of associations with temperature across decades. We considered all deaths that occurred in France between 1968 and 2016. For each cause of death, we conducted a two-stage meta-analysis of associations with daily temperature. We stratified the association across time-periods.

502,017 deaths by suicide were recorded over 49 years. Temperature was monotonously associated with suicide mortality. The strongest association was found at lag 0 day. The relative risk of suicide mortality at the 99th (compared to the first) temperature percentile was 1.54 (95% confidence interval: 1.46, 1.63). Among all causes of death, suicide was the only one displaying a monotonous trend with temperature and ranked seventh for heat-related mortality; two other causes of death implying the nervous system ranked third and fourth. Associations with temperature attenuated between the 1968-1984 and 1985-2000 periods for all-cause mortality and suicide mortality, without clear further attenuation in the 2001-2016 period. The robust short-term monotonous association between temperature and suicide risk could be considered in heat effects- and suicide-related prevention campaigns.

Time Preference, Illness, and Death

NORRGREN P. L.

2022

Journal of Health Economics(Ahead of pub): 102692.

https://doi.org/10.1016/j.jhealeco.2022.102692

This paper investigates the power of time preference to predict illness and premature mortality in adulthood. Using a unique Swedish cohort of 12,956 individuals born in 1953, interviewed in 1966, and followed with register data up to 2018, the paper reports that more patient adolescents are 17–21% less likely to die before the age of 65 years. More patient adolescents have fewer hospitalizations and diagnoses in their adult life and are less likely to be diagnosed with conditions associated with lifestyle risk factors. The investigated channels for the relationship between time preference and future health include lifestyle, education attainment, and future income. Controlling for education and income reduces the coefficient for time preference on premature mortality by one-fourth.

Risk of Myocarditis After Sequential Doses of Covid-19 Vaccine and SARS-Cov-2 Infection By Age and Sex

PATONE M., MEI X. W., HANDUNNETTHI L., *et al.*

2022

Circulation 146 (10):743–754

https://www.ahajournals.org/doi/abs/10.1161/CIRCULATIONAHA.122.059970

Background: Myocarditis is more common after severe acute respiratory syndrome coronavirus 2 infection than after Covid-19 vaccination, but the risks in younger people and after sequential vaccine doses are less certain. Methods: A self-controlled case series study of people ages 13 years or older vaccinated for Covid-19 in England between December 1, 2020, and December 15, 2021, evaluated the association between vaccination and myocarditis, stratified by age and sex. The incidence rate ratio and excess number of hospital admissions or deaths from myocarditis per million people were estimated for the 1 to 28 days after sequential doses of adenovirus (ChAdOx1) or mRNA-based (BNT162b2, mRNA-1273) vaccines, or after a positive SARS-CoV-2 test. Conclusions: Overall, the risk of myocarditis is greater after SARS-CoV-2 infection than after Covid-19 vaccination and remains modest after sequential doses including a booster dose of BNT162b2 mRNA vaccine. However, the risk of myocarditis after vaccination is higher in younger men, particularly after a second dose of the mRNA-1273 vaccine.

Global Burden of Primary Liver Cancer in 2020 and Predictions to 2040

RUMGAY H., ARNOLD M., FERLAY J., *et al.*

2022

Journal of Hepatology(Ahead of pub).

https://doi.org/10.1016/j.jhep.2022.08.021

The burden of liver cancer varies across the world. Herein, we present updated estimates of the current global burden of liver cancer (incidence and mortality) and provide predictions of the number of cases/deaths to 2040.

The Global Burden of Cancer Attributable to Risk Factors, 2010-19: A Systematic Analysis For the Global Burden of Disease Study 2019

TRAN K. B., LANG J. J., COMPTON K., *et al.*

2022

The Lancet 400(10352): 563-591.

https://doi.org/10.1016/S0140-6736(22)01438-6

Understanding the magnitude of cancer burden attributable to potentially modifiable risk factors is crucial for development of effective prevention and mitigation strategies. We analysed results from the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2019 to inform cancer control planning efforts globally.

Géographie de la santé

Geography of Health

Personal Care Aides: Assessing Self-Care Needs and Worker Shortages in Rural Areas

CHAPMAN S. A., GREIMAN L., BATES T., *et al.*

2022

Health Affairs 41(10): 1403-1412.

https://doi.org/10.1377/hlthaff.2022.00483

Previous research has documented shortages of personal care aides who provide Medicaid home and community-based services, but there are few detailed geographic data to determine the areas of greatest need and assess the availability of personal care aides nationwide. Using 2013-17 data from the American Community Survey and the Office of Management and Budget, we analyzed potential need for personal care aide services among adults and the supply of aides across the US. Areas with the highest percentages of adults with self-care disability were mainly in the South, and the gap between the potential need for personal care aide services and the aide supply was greatest in southern states. Within states, there were fewer personal care aides per 1,000 adults with self-care disability in the more rural and most rural areas than in the least rural areas. Wage and benefit increases, improved training and career opportunities, increased flexibility in state Medicaid policies on paid family caregiving, incentives and compensation for travel, and increased data collection and government tracking of workforce data could help boost the supply of personal care aides in rural America.

L'impact du zonage conventionnel sur la répartition territoriale des infirmières et infirmiers libéraux en France

DUCHAINE F., CHEVILLARD G. ET MOUSQUÈS J.

2022

Revue d'Économie Régionale & Urbaine Prépublication(0): 5zk-35.

https://www.cairn.info/revue-d-economie-regionale-et-urbaine-2022-0-page-5zk.htm

Des disparités territoriales de répartition des infirmières libérales subsistent en France, malgré une progression constante de leurs effectifs. Afin de les réduire, les pouvoirs publics ont mis en place un zonage servant de cadre d'application à des incitations financières dans les zones déficitaires ou pour limiter les installations dans celles sur-dotées. A travers l'étude de l'évolution d'indicateurs relatifs à l'offre de soins dispensés par les infirmières libérales et d'une analyse d'impact, nous montrons dans cet article une amélioration globale de l'accessibilité et une réduction des inégalités territoriales entre 2006 et 2016. Nos analyses permettent de conclure à un impact positif, bien qu'à nuancer, de ces dispositifs et la nécessité de mesures complémentaires pour attirer davantage d'infirmières libérales dans les zones déficitaires.

État des lieux des actions favorisant l'installation des médecins généralistes en France métropolitaine

JEDAT V., DESNOUHES A., ANDRIEUX M., *et al.*

2022

Santé Publique 34(2): 231-241.

https://www.cairn.info/revue-sante-publique-2022-2-page-231.htm

L'objectif de cet article est de réaliser un état des lieux des actions proposées par les effecteurs de santé français pour promouvoir l'installation de médecins généralistes. Méthode : Il s'agissait d'une étude descriptive menée auprès des différents effecteurs de la santé en France métropolitaine, par consultation de sites internet, envoi de courriels et appel téléphonique à l'aide d'un questionnaire standardisé portant sur les actions réalisées pour promouvoir l'installation de médecins généralistes. Résultats : Au total, 313 institutions ont été contactées ; 192 ont répondu parmi lesquelles, 139 proposaient au moins une action. Celles-ci ont été regroupées en quatre types d'actions visant (i) la formation initiale, (ii) les remplaçants et les médecins à diplômes étrangers ou retraités, (iii) la communication auprès des médecins ou (iv) les conditions d'exercice. Conclusion : Une liste d'actions a été créée permettant ainsi aux institutions de promouvoir l'installation de médecins généralistes sur les territoires en s'inspirant de celles déjà réalisées ailleurs. L'évaluation de ces actions pourrait être pertinente afin de favoriser les plus utiles en termes de coût/bénéfice.

Disparities in Geographic Access to Medical Oncologists

MULUK S., SABIK L., CHEN Q., *et al.*

2022

Health Services Research 57(5): 1035-1044.

https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.13991

The objective of this study is to identify disparities in geographic access to medical oncologists at the time of diagnosis. Data Sources/Study Setting 2014–2016 Pennsylvania Cancer Registry (PCR), 2019 CMS Base Provider Enrollment File (BPEF), 2018 CMS Physician Compare, 2010 Rural-Urban Commuting Area Codes (RUCA), and 2015 Area Deprivation Index (ADI). Study Design Spatial regressions were used to estimate associations between geographic access to medical oncologists, measured with an enhanced two-step floating catchment area measure, and demographic characteristics. Data Collection/Extraction Methods Medical oncologists were identified in the 2019 CMS BPEF and merged with the 2018 CMS Physician Compare. Provider addresses were converted to longitude-latitude using OpenCage Geocoder. Newly diagnosed cancer patients in each census tract were identified in the 2014–2016 PCR. Census tracts were classified based on rurality and socioeconomic status using the 2010 RUCA Codes and the 2015 ADI. Conclusions Rurality and low socioeconomic status were associated with lower geographic access to oncologists. The negative association between area deprivation and geographic access is of similar magnitude to the positive association between larger non-White populations and access. Policies aimed at increasing geographic access to care should be cognizant of both rurality and socioeconomic status.

Rapid Growth of Remote Patient Monitoring Is Driven By a Small Number of Primary Care Providers

TANG M., MEHROTRA A. ET STERN A. D.

2022

Health Affairs 41(9): 1248-1254.

https://doi.org/10.1377/hlthaff.2021.02026

Growing enthusiasm for remote patient monitoring has been motivated by the hope that it can improve care for patients with poorly controlled chronic illness. In a national commercially insured population in the US, we found that billing for remote patient monitoring increased more than fourfold during the first year of the Covid-19 pandemic. Most of this growth was driven by a small number of primary care providers. Among the patients of these providers with a high volume of remote patient monitoring, we did not observe substantial targeting of remote patient monitoring to people with greater disease burden or worse disease control. Further research is needed to identify which patients benefit from remote patient monitoring, to inform evidence-based use and coverage decisions. In the meantime, payers and policy makers should closely monitor remote patient monitoring use and spending.

Assessing Patients' Acceptable and Realised Distances to Determine Accessibility Standards For the Size of Catchment Areas in Outpatient Care

WEINHOLD I., WENDE D., SCHREY C., *et al.*

2022

Health Policy(Ahead of pub).

https://doi.org/10.1016/j.healthpol.2022.08.011

Healthcare planning aims to ensure availability of care in a needs-based, evenly distributed and locally available manner. However, many planning mechanisms lack accessibility standards. To determine standards, catchment areas must be derived from health-related travel assessments and a population's distance acceptance for different medical specialisation levels. We estimated distance acceptance using representative cross-sectional survey data (n = 1.598). Moreover, we used utilization data covering 88% of the German population (2014/15) to calculate realised travel distances for six medical specialties (n = 676.255.605 cases). We specified a gravity-based distance decay function and estimated regression-based distance thresholds from both samples. Realised distances were mostly below 30 minutes (90% of cases) indicating appropriate mean accessibility. The 5% observed distance threshold was between 23.7 minutes for GPs and 47.6 minutes for dermatologists. Depending on medical specialty, distance acceptance was mainly determined by distance, age, activity level and town size for GP visits and by health and income for specialist care. 5% acceptance thresholds varied between 27.9 minutes to GPs for elderly patients and 51.6 minutes to orthopaedists for younger patients. Acceptable distances for 90% of the population were 6 (8) minutes to GPs (specialists). The variation of thresholds, which depended on socio-demographic and health variables and the population share that is fully accepting, illustrates that healthcare planners should move beyond averages to realise equal access for equal need.

Hôpital

Hospital

Hospitalizations Reduce Health Care Utilization of Household Members

BERGQUIST S. ET DE VAAN M.

2022

Health Services Research(Ahead of pub).

https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.14050

The aim of this study is to examine whether the financial burden of hospitalizations affects the health care utilization of household members of the admitted patient. Data Sources We utilized health care claims data from the Massachusetts All-Payer Claims Database, 2010–2015, to identify emergency hospitalizations of patients on family insurance plans and the health care utilization of the family members on those plans. Study Design We used an event-study analysis to compare health care spending and utilization of family members of a hospitalized individual and family members of an individual who was hospitalized 1 year later. We examine whether such hospitalizations were associated with changes in medical spending, the frequency of ambulatory office visits, other ambulatory care, and preventive care. Data Collection/Extraction Methods The analyses include household members of patients with an emergency admission and a length of stay between 5 and 90 days. Principal Findings Unexpected hospital admissions reduced household members' health care spending and utilization by more than 6.4% (95% confidence interval [CI]: –8.2%, –4.5%) on average in the year following the hospitalization. Household members had fewer ambulatory visits with primary care physicians (PCPs), fewer referrals to specialists, and reduced utilization of other ambulatory care, including high-value preventive services. These changes were observed for both children and adults and were exacerbated if members of the household had previously been on Medicaid. The reduction in utilization was less pronounced when the admitted patient and household member shared the same PCP and when their health insurance plan had a family deductible. Conclusions Compared with families without a hospitalized family member, family members of hospitalized individuals reduced their medical spending and utilization, including a substantial reduction in the use of preventive care. This study highlights the challenges of providing continuity in care when families face financial hardship.

Le regroupement des hôpitaux publics : l'action publique en régime d'apprentissage

CAZIN L., KLETZ F. ET SARDAS J.-C.

2022

Gestion et management public 10 / 1(1): 77-99.

https://www.cairn.info/revue-gestion-et-management-public-2022-1-page-77.htm

Les GHT (Groupements Hospitaliers de Territoire), introduits avec la loi de modernisation de notre système de Santé (2016), s'inscrivent dans une histoire longue et complexe du déploiement par la puissance publique de réformes visant à réorganiser le paysage hospitalier, mais dont les effets ont été souvent modestes. Ce papier s'intéresse, sur la base de l'étude de cas de construction de GHT, aux formes que prennent les nouvelles coopérations nées sur le terrain et à leurs effets. Nous montrons que cette réforme dont les objectifs sont en apparence vagues peut marquer une rupture en visant cette fois à amorcer des dynamiques locales d'exploration de nouvelles modalités d'organisation territoriale de l'offre de soins. Ces évolutions sont rendues possibles par l'irruption d'un nouveau régime de gouvernementalité, qui offre aux acteurs des objets de gouvernement, tels le parcours des patients, capables d'enclencher de nouvelles dynamiques d'apprentissage, à travers la mise en place de partenariats d'exploration. Nous étudions ce nouveau régime et ses effets au sein des GHT, et dégageons les conditions à réunir pour mener à bien ces orientations.

Methodology For Restarting Hospital Activities After a Pandemic: Covid-19 Experience

DEHANNE F., LEJEUNE K. ET LIBERT B.

2022

Health Policy 126(11): 1075-1080.

https://doi.org/10.1016/j.healthpol.2022.09.006

In addition to the health responsibility of hospitals in managing this Covid-19 crisis, hospital managers must also ensure the financial viability of healthcare structures. This is why, at the dawn of a lockdown exit, managers must anticipate the identification of recovery scenarios. This point refers in particular to the

selection and scale of progression of hospital activities, and also to the impacts this will have on staff and patients in the short and medium term. Unfortunately, there is a serious lack of literature on the subject. The aim of this document is therefore to propose a methodology for resuming the medical, economic and social activities of a healthcare network or hospital. In our approach, we identify 6 stages following the Covid-19 peak: assessment of the situation, Act 2, development of scenarios-criteria-conditions, restarting, continuous improvement, and transversal activities. The entirety of our developed methodology is supported by a pragmatic approach with, in particular, the creation of specific tools for each stage of the process. This strategy and these tools have been created with the operational players and adapted to meet the specific features of each hospital while respecting the coherence of the healthcare network's decisions. We are convinced that this approach can be exported on a larger scale to inspire other healthcare networks and other hospitals that have also found themselves without the weapons to prepare for the resumption of hospital activities.

Complex Community Health and Social Care Interventions – Which Features Lead to Reductions in Hospitalizations For Ambulatory Care Sensitive Conditions? a Systematic Literature Review

DUMINY L., RESS V. ET WILD E.-M.

2022

Health Policy(Ahead of pub).

https://doi.org/10.1016/j.healthpol.2022.10.003

Preventing hospitalizations due to ambulatory care sensitive conditions (ACSCs) is traditionally the responsibility of primary care. The determinants of ACSC hospitalizations, however, are not purely medical, but also influenced by other factors like patients' social and personal circumstances. Interventions that include or consist entirely of community health services and social care could potentially reduce the ACSC hospitalization rate. Comparisons of the features of successful interventions of this nature, however, are still lacking. We therefore conducted a systematic review of the literature to identify out-of-hospital interventions that (a) included aspects or consisted entirely of community health services and social care and (b) analyzed the ACSC hospitalization rate as an outcome measure. We identified papers reporting the results of 32 interventions and extracted structural and behavioral features to determine which of these were shared by most or all of the successful interventions. We found that all of the successful interventions included a primary care physician and provided care management. Moreover, most of the successful interventions were characterized by a high degree of interconnectedness between professional groups and provided care within so-called health care homes. We also identified a set of care coordination activities that were implemented in most of the successful interventions. Policy makers may wish to consider adopting these features when designing interventions that aim to reduce the ACSC hospitalization rate.

Demographics of Covid-19 Hospitalisations and Related Fatality Risk Patterns

GHIO D., BIGNAMI-VAN ASSCHE S. ET STILIANAKIS N. I.

2022

Health Policy 126(10): 945-955.

https://doi.org/10.1016/j.healthpol.2022.07.005

The assessment of hospitalisations and intensive care is crucial for planning health care resources needed over the course of the coronavirus disease 2019 (Covid-19) pandemic. Nonetheless, comparative empirical assessments of Covid-19 hospitalisations and related fatality risk patterns on a large scale are lacking. This paper exploits anonymised, individual-level data on SARS-CoV-2 confirmed infections collected and harmonized by the European Centre for Disease Prevention and Control to profile the demographics of Covid-19 hospitalised patients across nine European countries during the first pandemic wave (February – June 2020). We estimate the role of demographic factors for the risk of in-hospital mortality, and present a case study exploring individuals' comorbidities based on a subset of Covid-19 hospitalised patients available from the Dutch health system. We find that hospitalisation rates are highest among individuals with confirmed SARS-CoV-2 infection who are not only older than 70 years, but also 50-69 years. The latter group has a longer median time between Covid-19 symptoms' onset and hospitalisation than those aged 70+ years. Men have higher hospitalisation rates than women at all ages, and particularly above age 50. Consistently, men aged 50-59 years have a probability of hospitalisation almost double than women do. Although the gender imbalance in hospitalisation remains above age 70, the gap between men and women narrows at

older ages. Comorbidities play a key role in explaining selection effects of Covid-19 confirmed positive cases requiring hospitalisation. Our study contributes to the evaluation of the Covid-19 burden on the demand of health-care during emergency phases. Assessing intensity and timing dimensions of hospital admissions, our findings allow for a better understanding of Covid-19 severe outcomes. Results point to the need of suitable calibrations of epidemiological projections and (re) planning of health services, enhancing preparedness to deal with infectious disease outbreaks.

New Evidence on Geographic Disparities in United States Hospital Capacity

HEGLAND T. A., OWENS P. L. ET SELDEN T. M.

2022

Health Services Research 57(5): 1006-1019.

https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.14010

The objective of this study is to characterize the quantity and quality of hospital capacity across the United States. Data Sources We combine a 2017 near-census of US hospital inpatient discharges from the Healthcare Cost and Utilization Project (HCUP) with American Hospital Association Survey, Hospital Compare, and American Community Survey data. Study Design This study produces local hospital capacity quantity and care quality measures by allocating capacity to zip codes using market shares and population totals. Disparities in these measures are examined by race and ethnicity, income, age, and urbanicity. Data Collection/Extraction Methods All data are derived from pre-existing sources. All hospitals and zip codes in states, including the District of Columbia, contributing complete data to HCUP in 2017 are included. This study highlights the importance of lower hospital care quality and resource intensity in driving racial and ethnic, as well as income, disparities in hospital care-related outcomes. This study also contributes an alternative approach for measuring local hospital capacity that accounts for cross-hospital service area flows. Adjusting for these flows is necessary to avoid underestimating the supply of capacity in rural areas and overestimating it in places where non-Hispanic Black individuals tend to live.

The Paradox of the Covid-19 Pandemic: The Impact on Patient Demand in Japanese Hospitals

LI M. ET WATANABE S.

2022

Health Policy 126(11):1081-1089.

https://doi.org/10.1016/j.healthpol.2022.09.005

Analyzing data from a large, nationally distributed group of Japanese hospitals, we found a dramatic decline in both inpatient and outpatient volumes over the three waves of the Covid-19 pandemic in Japan from February to December 2020. We identified three key reasons for this fall in patient demand. First, Covid-19 -related hygiene measures and behavioral changes significantly reduced non- Covid-19 infectious diseases. Second, consultations relating to chronic diseases fell sharply. Third, certain medical investigations and interventions were postponed or cancelled. Despite the drop in hospital attendances and admissions, Covid-19 is said to have brought the Japanese health care system to the brink of collapse. In this context, we explore longstanding systematic issues, finding that Japan's abundant supply of beds and current payment system may have introduced a perverse incentive to overprovide services, creating a mismatch between patient needs and supply of health care resources. Poor coordination among medical providers and the highly decentralized governance of the health care system have also contributed to the crisis. In order to ensure the long-term sustainability of the Japanese health care system beyond Covid-19, it is essential to promote specialization and differentiation of medical functions among hospitals, to strengthen governance, and to introduce appropriate payment reform.

La gouvernance hospitalière publique, une question de régulation conflictuelle

KONO ABE J.-M. ET LISSOUCK E. A.

2021

Management & Avenir Santé 8(1): 103-126.

https://www.cairn.info/revue-management-et-avenir-sante-2021-1-page-103.htm

L'étude du lien entre gouvernance et création de valeur est souvent conduite dans une logique essentiellement disciplinaire. Les théoriciens de l'agence abordent la notion de valeur sous l'angle d'une minimisation des conflits d'agence. Or, la création de valeur ne se réduit pas à un simple problème de discipline ; elle comporte également une dimension cognitive, notamment dans

le cas des organisations innovantes (Wirtz, 2006) telles que les hôpitaux. Ainsi, ces structures impliquent des mécanismes capables d'enrayer les conflits. La régulation par les pratiques administratives de la productivité dans le domaine hospitalier révèle que les gestionnaires modélisent de plus en plus le développement de la performance de leurs établissements sanitaires et médico-sociaux. De ce fait, la présente recherche envisage de contribuer à un effort d'intégration des explications disciplinaire et cognitive des phénomènes de gouvernance en milieu hospitalier public, en analysant l'influence des conflits socioprofessionnels sur le lien entre gouvernance et création de valeur. Notre cheminement méthodologique déductif nous permet de procéder à des analyses métriques de nature exploratoire, factorielle, et confirmatoire. Il en ressort que les mécanismes de gouvernance affectent positivement la valeur hospitalière en jugulant les conflits d'intérêt et les conflits cognitifs entre cliniciens.

Rapport 22-11. Prise en charge en urgence dans les unités neurovasculaires des personnes ayant un accident vasculaire cérébral

LEYS D., CHOLLET F., BOUSSER M. G., *et al.*

2022

Bulletin de l'Académie Nationale de Médecine(Ahead of pub).

https://doi.org/10.1016/j.banm.2022.10.006

Les unités neuro-vasculaires (UNV) augmentent la proportion de survivants indépendants après un accident vasculaire cérébral (AVC). Objectifs : Évaluer la prise en charge en UNV, identifier les dysfonctionnements, et les pistes d'amélioration. Méthodologie : Nous avons (i) consulté la littérature scientifique, les recommandations, les rapports et enquêtes antérieurs, et les textes réglementaires ; (ii) mené une enquête sur le fonctionnement des UNV françaises, comparé les régions entre elles, et la France à l'Allemagne et l'Italie ; et (iii) auditionné des personnalités qualifiées. Résultats : Nous avons identifié les dysfonctionnements suivants, responsables de 5000 décès ou dépendances évitables par an : déficit en nombre de lits de soins intensifs neurovasculaires avec des inégalités territoriales, fragilité de nombreuses UNV par manque de personnel, déficit en nombre de centres de thrombectomie, absence de mesures d'accréditation, absence fréquente de procédures écrites de prise en charge, difficultés d'accès aux moyens d'exploration dans quelques centres, délais intra-hospitaliers excessifs, et insuffisance d'évaluation des pratiques. Recommandations : (i) créer 75 lits de soins intensifs neurovasculaires, (ii) privilégier l'extension d'unités existantes à la création de nouvelles unités, sauf sans les régions sous dotées ; (iii) organiser la filière par territoires avec environ 3 UNV dont une avec thrombectomie pour 1,2 million d'habitants ; (iv) augmenter le nombre de neurologues et de « neuro-interventionalistes » en formation pour répondre à la permanence des soins ; (v) adapter les effectifs paramédicaux aux spécificités des patients présentant un AVC ; (vi) mettre en place une procédure d'accréditation des UNV.

The Effect of Hospital-Physician Integration on Hospital Costs

MCCARTHY S. ET SHEEHAN-CONNOR D.

2022

Health Economics 31(11): 2333-2368.

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4584

This study evaluates whether hospital costs are lower when hospitals integrate with physician practices. It addresses a common element in policy attempts to contain healthcare costs, which is to encourage greater coordination in healthcare delivery. Despite a clear trend toward greater hospital-physician integration, there is little direct evidence about whether integration lowers hospital costs. The results in this paper show that hospital costs increase by one to three percent after hospital-physician integration. We also do not find consistent evidence that hospital-physician integration is associated with higher quality but potentially more costly hospital care. The modest increase in hospital costs appears to derive from an increase in outpatient visits, rather than from higher costs of inpatient care. These findings do not support the hypothesis that increased coordination between hospitals and physicians has led to lower hospital costs.

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

PENNEAU A.

2022

Eur J Health Econ(Ahead of pub): 1-15.

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

Context: Patients in residential aged care facilities (RACF) are frequently admitted to hospital since the

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

The Marginal Benefit of Hospitals: Evidence From the Effect of Entry and Exit on Utilization and Mortality Rates

PETEK N.

2022

Journal of Health Economics 86: 102688.

https://doi.org/10.1016/j.jhealeco.2022.102688

Whether policies that change health care consumption affect health depends on the marginal benefit of the affected health care. I use variation in access to hospitals caused by nearly 1,300 hospital entries and exits to show that hospital entries cause sharp increases and exits cause sharp decreases in the quantity of inpatient care and emergency department visits with no short-term effect on the mortality rate. Thus, preventing hospital exit is not a cost effective way to save lives on average. However, exits of some hospitals with larger impacts on access to care increase the mortality rate and produce lower cost per life saved estimates.

Hospital Admissions and Mortality For Acute Exacerbations of COPD During the Covid-19 Pandemic: A Nationwide Study in France

POUCINEAU J., DELORY T., LAPIDUS N., *et al.*

2022

Front Med (Lausanne) 9: 995016.

https://www.doi.org/10.3389/fmed.2022.995016

A global reduction in hospital admissions for acute exacerbations of chronic obstructive pulmonary disease (AECOPD) was observed during the first months of the Covid-19 pandemic. Large-scale studies covering the entire pandemic period are lacking. We investigated hospitalizations for AECOPD and the associated in-hospital mortality at the national level in France during the first 2 years of the pandemic. Methods: We used the French National Hospital Database to analyse the time trends in (1) monthly incidences of hospitalizations for AECOPD, considering intensive care unit (ICU) admission and Covid-19 diagnoses, and (2) the related in-hospital mortality, from January 2016 to November 2021. Pandemic years were compared with the pre-pandemic years using Poisson regressions. Conclusion: The decline in admissions for AECOPD during the pandemic could be attributed to a decrease in the incidence of exacerbations for COPD patients and/or to a possible shift from hospital to community care. The rise in in-hospital mortality is partially explained by Covid-19 and could be related to restricted access to ICUs for some patients and/or to greater proportions of severe cases among the patients hospitalized during the pandemic.

Social Risk Adjustment in the Hospital Readmissions Reduction Program: A Systematic Review and Implications For Policy

ROGSTAD T. L., GUPTA S., CONNOLLY J., *et al.*

2022

Health Affairs 41(9): 1307-1315.

https://doi.org/10.1377/hlthaff.2022.00614

Value-based payment programs adjust payments to providers based on spending, quality, or health outcomes. Concern that these programs penalize providers disproportionately serving vulnerable patients prompted calls to adjust performance measures for social risk factors. We reviewed fourteen studies of social risk adjustment in Medicare's Hospital Readmissions Reduction Program (HRRP), a val-

ue-based payment model that initially did not adjust for social risk factors but subsequently began to do so. Seven studies found that adding social risk factors to the program's base risk-adjustment model (which adjusts only for age, sex, and comorbidities) reduced differences in risk-adjusted readmissions and penalties between safety-net hospitals and other hospitals. Three studies found that peer grouping, the HRRP's current approach to social risk adjustment, reduced penalties among safety-net hospitals. Two studies found that differences in risk-adjusted readmissions and penalties were further narrowed when augmentation of the base model was combined with peer grouping. Two studies showed that it is possible to adjust for social risk factors without obscuring quality differences between hospitals. These findings support the use of social risk adjustment to improve provider payment equity and highlight opportunities to enhance social risk adjustment in value-based payment programs.

Can Competition Improve Hospital Quality of Care? a Difference-In-Differences Approach to Evaluate the Effect of Increasing Quality Transparency on Hospital Quality

STRUMANN C., GEISSLER A., BUSSE R., *et al.*

2022

The European Journal of Health Economics 23(7): 1229-1242.

https://doi.org/10.1007/s10198-021-01423-9

Public reporting on the quality of care is intended to guide patients to the provider with the highest quality and to stimulate a fair competition on quality. We apply a difference-in-differences design to test whether hospital quality has improved more in markets that are more competitive after the first public release of performance data in Germany in 2008. Panel data from 947 hospitals from 2006 to 2010 are used. Due to the high complexity of the treatment of stroke patients, we approximate general hospital quality by the 30-day risk-adjusted mortality rate for stroke treatment. Market structure is measured (comparatively) by the Herfindahl–Hirschman index (HHI) and by the number of hospitals in the relevant market. Predicted market shares based on exogenous variables only are used to compute the HHI to allow a causal interpretation of the reform effect. A homogenous positive effect of competition on quality of care is found. This effect is mainly driven by the response of non-profit hospitals that have a narrow range of services and private for-profit hospitals with a medium range of services. The results highlight the relevance of outcome transparency to enhance hospital quality competition.

Impact of the Comprehensive Care For Joint Replacement Model on Patient-Reported Outcomes

TROMBLEY M. J., JONEYDI R., BUATTI L. A., *et al.*

2022

Health Services Research 57(5): 1094-1103.

https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.13966

The aim of this paper is to determine whether the Comprehensive Care for Joint Replacement (CJR) model, a mandatory episode-based payment program for knee and hip replacement surgery, affected patient-reported measures of quality. Data Sources Surveys of Medicare fee-for-service beneficiaries who had hip or knee replacement surgery, collected between July 2018 and March 2019, secondary Medicare administrative data, the Provider of Services file, CJR and Bundled Payments for Care Improvement participant lists from the Centers for Medicare & Medicaid Services, and the Area Health Resource Files. Study Design In 2018, participation in the CJR model was mandatory for nearly all hospitals in 34 randomly selected, metropolitan statistical areas (MSAs) that had high historical Medicare payments for lower-extremity joint replacements surgery. The control group included 47 high-payment MSAs randomly assigned as controls. We estimated risk-adjusted differences in self-reported measures of functional status and pain, satisfaction with care, and caregiver help between respondents in CJR hospitals and respondents in hospitals located in the control group. Conclusions CJR did not harm patient health or affect patient satisfaction on average but did increase reliance on caregivers during recovery.

Socioeconomic Inequality in Access to Timely and Appropriate Care in Emergency Departments

TURNER A. J., FRANCETIC I., WATKINSON R., *et al.*

2022

Journal of Health Economics 85: 102668.

https://doi.org/10.1016/j.jhealeco.2022.102668

In publicly-funded healthcare systems, waiting times for care should be based on need rather than ability to pay. Studies have shown that individuals with lower

socioeconomic status face longer waits for planned inpatient care, but there is little evidence on inequalities in waiting times for emergency care. We study waiting times in emergency departments (EDs) following arrival by ambulance, where health consequences of extended waits may be severe. Using data from all major EDs in England during the 2016/17 financial year, we find patients from more deprived areas face longer waits during some parts of the ED care pathway. Inequalities in waits are small, but more deprived individuals also receive less complex ED care, are less likely to be admitted for inpatient care, and are more likely to re-attend ED or die shortly after attendance. Patient-physician interactions and unconscious bias towards more deprived patients may be important sources of inequalities.

Inégalités de santé

Health Inequalities

Delayed Medical Care and Unmet Care Needs Due to the Covid-19 Pandemic Among Adults with Disabilities in the US

AKOBIRSHOEV I., VETTER M., LEZZONI L. I., *et al.*

2022

Health Affairs 41(10): 1505-1512.

https://doi.org/10.1377/hlthaff.2022.00509

Pandemic-related disruptions in access to medical care services, along with elevated rates of comorbidity, increase the risk for severe illness and death from Covid-19 for people with disabilities. Analyzing data from the 2020 National Health Interview Survey, we examined the impact of the Covid-19 pandemic on adults? access to medical care services by presence and type of disability. Adults with disabilities, including in each disability category, experienced significant disparities in delayed and unmet need for medical care during the first year of the Covid-19 pandemic. Improving data collection on disabled Americans according to disability status and type of disability, designating people with disabilities as a Special Medically Underserved Population under the Public Health Services Act, and incorporating standardized disability data in electronic health record systems would inform policies, programs, and interventions to achieve equitable access to high-quality medical care services that meet the needs of all people with disabilities during the Covid-19 pandemic and beyond.

Familles immigrées : le niveau d'éducation progresse sur trois générations mais les inégalités sociales persistent

BEAUCHEMIN C., ICHOU M. ET SIMON P.

2022

Population & Sociétés(602):

https://www.ined.fr/fr/publications/editions/population-et-societes/familles-immigrees-le-niveau-d-education-progresse-sur-trois-generations-mais-les-inegalites-sociales-persistent/

Le niveau d'éducation augmente d'une génération à l'autre ; progresse-t-il autant dans les familles issues de l'immigration que dans les autres ? Cette étude examine la question en s'appuyant sur la deuxième édition de l'enquête Trajectoires et Origines (TeO2) et analysent les différences de progression au sein des familles selon leur origine géographique et le sexe des enfants.

Higher Risk, Higher Protection: Covid -19 Risk Among Immigrants in France—Results From the Population-Based Epicov Survey

GOSSELIN A., WARSZAWSKI J., BAJOS N., *et al.*

2022

European Journal of Public Health 32(4): 655-663.

https://doi.org/10.1093/eurpub/ckac046

Immigrants and ethnic/racialized minorities have been identified as being at higher risk of coronavirus disease-19 (Covid-19) infection, but few studies report on their exposures and prevention behaviours. This study aims to examine the social distribution of Covid-19 exposure (overcrowding, working outside the home,

use of public transport to go to work) and prevention behaviours (use of face masks, washing hands, respect for physical distance) in France during the first wave of the epidemic. We used the EpiCov population-based survey from a random sample of individuals aged 15 years or more. We determined the distribution of the self-reported outcomes according to migratory status and sex, using 2 tests. We modelled the probability of outcomes with logistic regression. Finally, we focused the analysis on the Greater Paris area and accounted for neighbourhood characteristics.A total of 111 824 participants were included in the study. Overall, immigrant groups from non-European countries were more exposed to Covid-19-related factors and more respectful of prevention measures. The probability of overcrowding and the use of public transport was higher for immigrants from sub-Saharan Africa [adjusted odds ratio (aOR) = 3.71 (3.19; 4.32), aOR = 6.36 (4.86; 8.32)] than for the majority population. Immigrant groups were less likely to have a non-systematic use of face masks and to breach physical distancing than the majority population [for immigrants from sub-Saharan Africa, aOR = 0.32 (0.28; 0.37) and aOR = 0.71 (0.61; 0.81), respectively]. Living in a neighbourhood with a higher share of immigrants was associated with higher exposure and better prevention behaviours. In France, immigrants had a higher exposure to Covid-19-related factors and more systematic prevention behaviours.

Women's Health in Migrant Populations: A Qualitative Study in France

OUANHNON L., ASTRUC P., FREYENS A., *et al.*

2022/09

Eur J Public Health.(Ahead of pub).

https://www.doi.org/10.1093/eurpub/ckac133

In 2019, there are 6.5 million migrants living in France. Numerous quantitative studies show inequalities in access and quality of care, in particular in women's health. This study aimed to explore migrant women's experience of gynaecological care. Methods: We conducted 17 semi-structured in-depth interviews with migrant women in Toulouse (France). We used a Grounded Theory approach to perform the analysis. Results: Although migrant women were generally satisfied with the gynaecological care received, they also reported dysfunctions. Positive elements were the French health insurance system, the human qualities of the healthcare providers and the performance of the health system. Although reassuring, the structured framework was perceived to have little flexibility. This was sometimes felt as oppressive, paternalistic or discriminatory. These obstacles, amplified by the women's lifestyle instability and precariousness, the language barrier and the difficulty to understand a totally new healthcare system, made women's health care and, especially, preventive care, a difficult-to-achieve and low-priority objective for the women. Conclusions: Migrant women's overall satisfaction with the healthcare system contrasted with the known health inequalities in these populations. This is a good example of the concept of acculturation. Healthcare professionals need to make an introspective effort to prevent the emergence of stereotypes and of discriminatory and paternalistic behaviours. A better understanding and respect of the other person's culture is an indispensable condition for intercultural medicine, and thus for reducing the health inequalities that migrant women experience.

Les professionnels du médico-social en déplacement : enjeux de disponibilité et de construction partenariale à partir de deux équipes mobiles régionales

SEMPÉ M. ET SIFFERT I.

2022

Revue française des affaires sociales(2): 147-169.

https://www.cairn.info/revue-francaise-des-affaires-sociales-2022-2-page-147.htm

Au croisement de deux recherches doctorales, cet article propose une réflexion sur la mise en mobilité des personnels médicaux et sociaux auprès des personnes en situation de précarité. Alors que la mobilité des personnes sans domicile a fait l'objet de nombreuses recherches (parcours d'hébergement, circulation entre rue et hébergement), la mobilité des intervenants médicaux et sociaux a bien moins été décrite. Nous interrogeons ici la mobilité comme condition de travail et configuration matérielle et territoriale de l'accompagnement médico-social. À partir de l'étude de deux équipes mobiles intervenant dans des hébergements sociaux en région francilienne, nous analysons comment la mobilité participe à entretenir des logiques d'urgence et à créer de l'indisponibilité dans l'accompagnement médico-social. D'autre part, nous montrons comment la mobilité dans un contexte d'intervention régionale complexifie la construction d'un réseau partenarial local et influence les logiques d'orientations.

Using Administrative Data to Assess Transgender Health and Mortality Disparities

THOMEER M. B. ET PATTERSON B.

2022

American Journal of Public Health 112(10): 1365-1367.

https://doi.org/10.2105/AJPH.2022.307046

Because of societal stigma, transgender, nonbinary, and other gender-diverse people (hereafter trans people) experience health and well-being disadvantages compared with cisgender (cis) people,2–4 including, as shown by Hughes et al. in this issue of AJPH (p. 1507), greater mortality risks. These disparities are more pronounced for some groups of trans people than for others. Using an innovative approach, identifying trans and cis enrollees in claims data from the Optum Clinformatics Data Mart database, Hughes et al.'s landmark study provides clear evidence that mortality disadvantages experienced by trans people are profound and heterogeneous.

Burden of Infectious Diseases Among Undocumented Migrants in France: Results of the Premiers Pas Survey

VIGNIER N., MOUSSAOUI S., MARSAUDON A., *et al.*

2022

Front Public Health 10(Ahead of pub): 934050.

https://www.doi.org/10.3389/fpubh.2022.934050

An increase in migration rates to the European Union has been observed over the last few years. Part of these migrants is undocumented. This work aimed to describe the reported frequency of infectious diseases and their associated factors among unselected samples of undocumented migrants in France. Methodology: The Premier Pas survey is a cross-sectional epidemiological survey of a random sample (two-stage sample design) conducted among undocumented migrants recruited in Paris and the Bordeaux region, in places and facilities likely to be frequented by undocumented migrants. The percentages were weighted. The analysis was performed using Stata 15.1 software. Conclusion: This original study on a large random sample confirms the frequency of infectious diseases among undocumented migrants in France and the importance of integrating their screening during a health Rendezvous and their management into early access to care and inclusive medico-psycho-social management.

Médicaments

Pharmaceuticals

Coverage with Evidence Development For Medical Devices in Europe: Can Practice Meet Theory?

DRUMMOND M., FEDERICI C., RECKERS-DROOG V., *et al.*

2022

Health Economics 31(S1): 179-194.

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4478

Health economists have written extensively on the design and implementation of coverage with evidence development (CED) schemes and have proposed theoretical frameworks based on cost-effectiveness modeling and value of information analysis. CED may aid decision-makers when there is uncertainty about the (cost-)effectiveness of a new health technology at the time of reimbursement. Medical devices are potential candidates for CED schemes, as regulatory regimes do not usually require the same level of efficacy and safety data normally needed for pharmaceuticals. The purpose of this research is to assess whether the actual practice of CED for medical devices in Europe meets the theoretical principles proposed by health economists and whether theory and practice can be more closely aligned. Based on decision-makers' perceptions of the challenges associated with CED schemes, plus examples from the schemes themselves, we discuss a series of proposals for assessing the desirability of schemes, their design, implementation, and evaluation. These proposals, while reflecting the practical challenges with developing CED programs, embody many of the principles suggested by economists and should support decision-makers in dealing with uncertainty about the real-world performance of devices.

A Critical Review of Methodologies Used in Pharmaceutical Pricing Policy Analyses

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

2022

Health Policy(Ahead of pub).

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

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

How Do HTA Agencies Perceive Conditional Approval of Medicines? Evidence From England, Scotland, France and Canada

MILLS M. ET KANAVOS P.

2022

Health Policy 26(11) : 1130-1143

https://doi.org/10.1016/j.healthpol.2022.08.005

There is a growing disconnect between regulatory agencies that are promoting expedited approval to medicines based on early phase clinical evidence and health technology assessment (HTA) agencies that require robust clinical evidence to inform coverage decisions. This paper provides an assessment of the evidence gap between regulatory and HTA agencies on medicines receiving conditional marketing authorisation (CMA) and examines how HTA agencies in France, England, Scotland, and Canada interpret and appraise evidence for these medicines. A mixed methods research design was used to identify the types and frequency of parameters raised in the context of HTA decision-making for all conditional approvals in Europe and Canada between 2010 and 2017. Significant heterogeneity was found across the HTA agencies in England, Scotland, France, and Canada in the assessment of medicines receiving CMA, with the highest likelihood of rejection present in Quebec (50%) and Scotland (25%). Rejected medicines were more likely to have unresolved uncertainties related to the magnitude of clinical benefit, study design, and issues in economic modelling. More systematic use of joint early dialogue and conditional reimbursement pathways would help clarify evidence requirements and avoid delays in patient access to innovative medicines.

Incentives to Implement Personalized Medicine Under Second-Best Pricing

MOUGEOT M. ET NAEGELEN F.

2022

Health Economics 31(11) : 2411-2424

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4588

We characterize the socially optimal pricing policy inducing the implementation of personalized medicine. As a benchmark, we analyze the first-best allocation and the second-best optimal policy when only one treatment is available. Then, we characterize the optimal policy that a Health Authority can design to induce the firm to bear an investment and testing cost allowing it to tailor treatment to patients' needs. We show how optimal prices increase with treatment quality and effectiveness. We characterize the conditions under which these prices yield higher social welfare than in the benchmark case. Moreover, we address some policy and industrial organization issues and characterize the pricing policy inducing the firm to choose the optimal level of treatment effectiveness..

Vaccins covid-19 à ARN messager autorisés dans l'Union européenne : un bilan des effets indésirables

REVUE PRESCRIRE

2022

Revue Prescrire 42(467): 664-673.

Mi-2022, près de deux milliards de doses de 2 vaccins

covid-19 à ARNm ont été administrées en prévention de la maladie covid-19 dans de nombreux pays, dont la France. Avec un recul d'environ un an et demi, de nombreux effets indésirables, généralement sans gravité, ont été identifiés. Cet article fait le point sur ces effets indésirables.

Méthodologie – Statistique

Methodology - Statistics

▶ Testing For Selection Bias and Moral Hazard in Private Health Insurance: Evidence From a Mixed Public-Private Health System

AFOAKWAH C., BYRNES J., SCUFFHAM P., *et al.*

2022

Health Economics (Ahead of pub).

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4605

Separating selection bias from moral hazard in private health insurance (PHI) markets has been a challenging task. We estimate selection bias and moral hazard in Australia's mixed public-private health system, where PHI premiums are community-rated rather than risk-rated. Using longitudinal cohort data, with fine-grained measures for medical services predominantly funded by PHI providers, we find consistent and robust estimates of advantageous selection among hospitalized cardiovascular disease (CVD) patients. Specifically, we show that in addition to their risk-averse attributes, CVD patients who purchase PHI use fewer services that are not covered by PHI providers (e.g., general practitioners and emergency departments) and have fewer comorbidities. Finally, unlike previous studies, we show that ex-post moral hazard exists in the use of specific "in-hospital" medical services such as specialist and physician services, miscellaneous diagnostic procedures, and therapeutic treatments. From the perspective of PHI providers, the annual cost of moral hazard translates to a lower bound estimate of $707 per patient, equivalent to a 3.03% reduction in their annual profits.

▶ Comparing Healthcare Quality: A Common Framework For Both Ordinal and Cardinal Data with an Application to Primary Care Variation in England

ALLANSON P. ET COOKSON R.

2022

Health Economics 31(12) : 2593-2608

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4597

The paper proposes a framework for comparing the quality of healthcare providers and assessing the variation in quality between them, which is directly applicable to both ordinal and cardinal quality data on a comparable basis. The resultant measures are sensitive to the full distribution of quality scores for each provider, not just the mean or the proportion meeting some binary quality threshold, thereby making full use of the multicategory response data increasingly available from patient experience surveys. The measures can also be standardized for factors such as age, sex, ethnicity, health and deprivation using a distribution regression model. We illustrate by measuring the quality of primary care services in England in 2019 using three different sources of publicly available, general practice-level information: multicategory response patient experience data, ordinal inspection ratings and cardinal clinical achievement scores. We find considerable variation at both local and regional levels using all three data sources. However, the correlation between the comparative quality indices calculated using the alternative data sources is weak, suggesting that they capture different aspects of general practice quality.

▶ Augmenter la collecte des données plutôt qu'améliorer les relations avec les usagers

DECAMP A.

2022

Revue française des affaires sociales(2): 91-104.

https://www.cairn.info/revue-francaise-des-affaires-sociales-2022-2-page-91.htm

Ce dossier porte sur les transformations des bureaucraties sociales. Il fait suite à un séminaire organisé l'an dernier et est composé de trois articles et de deux points de vue.

Politique de santé

Health Policy

Public and Patient Involvement in Health Policy Decision-Making on the Health System Level – a Scoping Review

BAUMANN L. A., REINHOLD A. K. ET BRÜTT A. L.
2022
Health Policy 126(10): 1023-1038.
https://doi.org/10.1016/j.healthpol.2022.07.007

There is a lack of studies comparing involvement methods in health policy. Only few studies provide a sufficient description of the implemented involvement method. External contextual factors are mainly facilitators or barriers for successful involvement. Design aspects (issue, aim, participants) of PPI are important for method selection. More systematic evaluation and better reporting of PPI is needed.

Accelerating Integration of Social Needs into Mainstream Healthcare to Achieve Health Equity in the Covid-19 Era

KULKARNI A., DAVEY-ROTHWELL M. ET MOSSIALOS E.
2022
Health Economics, Policy and Law: 1-6.
https://www.doi.org/10.1017/S1744133122000172

It is known that social inequities result in health disparities in outcomes, highlighted in the coronavirus disease 2019 (Covid-19) pandemic. This commentary discusses the actionable initiatives that have been implemented to address social inequities in healthcare in the United States. The publicly available social needs screening tools and International Classification of Disease Systems-10 Z codes for social determinants of health are introduced. In this context, policies, health system strategies and the larger role of implementation science in recognizing and alleviating the social needs are discussed.

Les directives anticipées contre le « mal mourir » ou une élaboration de la finitude ?

MEUNIER-BRICOUT A., DUMET N. ET TALPIN J.-M.
2022
Gérontologie et société 44 / 168(2): 247-260.
https://www.cairn.info/revue-gerontologie-et-societe-2022-2-page-247.htm

Quel est l'impact des directives anticipées (DA) dans la société ? Une présentation générale des DA montre que les conditions de fin de vie sont redoutées en France : l'acharnement thérapeutique pourrait être contré par le recours aux DA. Une psychologue décrit un cas clinique suivi pendant un an et demi : un sujet, âgé de 90 ans, traité pour sa maladie chronique par la dialyse, se saisit de ses DA, enjeux d'ambivalence et d'engagement. Sont développés le travail de deuil de soi, le processus de vieillissement mêlé aux effets de la maladie chronique face à une mort à venir. Les DA ont- elles une fonction gênante ou éclairante sur les avancées psychiques du sujet vers sa propre fin ? Le temps d'élaboration et le travail de lien entre patient, soignants, famille et corps médical semblent être un atout de taille.

Valeurs et principes éthiques en santé publique : une revue systématique

PAGANI V., GARCÍA V. ET CLAUDOT F.
2022
Santé Publique 34(2): 191-201.
https://www.cairn.info/revue-sante-publique-2022-2-page-191.htm

Contexte : Depuis les années 1990, des « cadres d'analyses » et des « outils pratiques » se référant abondamment à des valeurs et à des principes ont été développés afin de guider le raisonnement éthique des décideurs et des praticiens de santé publique. Objectif : L'objectif de cette étude était de recenser les valeurs et les principes des « cadres » et « outils » éthiques en santé publique, de les classer par thème et de les caractériser en questionnant leurs significations et leur articulation. Méthode : Nous avons réalisé une revue systématique de la littérature selon les lignes directrices PRISMA- S. Elle portait sur une période de

trente ans et utilisait trois bases de données. Le corpus a été analysé à partir d'une grille de lecture pluridisciplinaire. Résultats : Nous avons inclus 51 publications. Plus de la moitié d'entre elles émanaient de structures nord-américaines et sept, de structures européennes. Nous avons recensé 110 valeurs et 153 principes renvoyant aux thèmes de la justice, de l'autonomie, de la bienfaisance et de la non-malfaisance, de la gouvernance et de l'évaluation des actions. Limites : Il existe probablement d'autres cadres et outils non publiés utilisés par les acteurs et décideurs en santé publique. Conclusion : Si les valeurs et principes les plus souvent convoqués laissent apparaître une correspondance avec plusieurs caractéristiques fondamentales de la santé publique, on peut encore difficilement parler d'une éthique propre à la santé publique.

Health Care Patterns and Policies in 18 European Countries During the First Wave of the Covid-19 Pandemic: An Observational Study

PANTELI D., REICHEBNER C., ROMBEY T., *et al.*

2022

European Journal of Public Health 32(4): 557-564.

https://doi.org/10.1093/eurpub/ckac059

The coronavirus disease 2019 (Covid-19) pandemic has developed into an unprecedented global challenge. Differences between countries in testing strategies, hospitalization protocols as well as ensuring and managing ICU capacities can illustrate initial responses to a major health system shock, and steer future preparedness activities. Publicly available daily data for 18 European countries were retrieved manually from official sources and documented in an Excel table (March–July 2020). The ratio of tests to cases, the share of hospitalizations out of all cases and the share of ICU admissions out of all hospitalizations were computed using 7-day rolling averages per 100 000 population. Information on country policies was collected from the Covid-19 Health System Response Monitor of the European Observatory on Health Systems and Policies. Information on health care capacities, expenditure and utilization was extracted from the Eurostat health database. There was substantial variation across countries for all studied variables. In all countries, the ratio of tests to cases increased over time, albeit to varying degrees, while the shares of hospitalizations and ICU admissions stabilized, reflecting the evolution of testing strategies and the adaptation of Covid-19 health care delivery pathways, respectively. Health care patterns for Covid-19 at the outset of the pandemic did not necessarily follow the usual health service delivery pattern of each health system. This study enables a general understanding of how the early evolution of the pandemic influenced and was influenced by country responses and clearly demonstrates the immense potential for cross-country learning.

Conceptual Framework For Integrating Family Caregivers into the Health Care Team: A Scoping Review

RAJ M., STEPHENSON A. L., DEPUCCIO M. J., *et al.*

2022

Medical Care Research and Review(Ahead of pub): 10775587221118435.

https://journals.sagepub.com/doi/abs/10.1177/10775587221118435

More than 80% of family care partners of older adults are responsible for coordinating care between and among providers; yet, their inclusion in the health care delivery process lacks recognition, coordination, and standardization. Despite efforts to include care partners (e.g., through informal or formal proxy access to their care recipient's patient portal), policies and procedures around care partner inclusion are complex and inconsistently implemented. We conducted a scoping review of peer-reviewed articles published from 2015 to 2021 and reviewed a final sample of 45 U.S.-based studies. Few articles specifically examine the inclusion of care partners in health care teams; those that do, do not define or measure care partner inclusion in a standardized way. Efforts to consider care partners as "partners" rather than "visitors" require further consideration of how to build health care teams inclusive of care partners. Incentives for health care organizations and providers to practice inclusive team-building may be required.

Inclusion of Essential Components of the World Health Organization Palliative Care Development Model in National Palliative Care Plans: A Documentary Analysis in 31 Countries

SÁNCHEZ CÁRDENAS M. A., MORALES J. E. C. ET SÁNCHEZ J. C.

2022

Health Policy 126(11):1144-1150.

https://doi.org/10.1016/j.healthpol.2022.09.003

Context The World Health Organization has proposed a new model for the development of palliative care. Whether the current national palliative care plans of Member States are aligned or need to be reformed to meet the new model is unknown. Methods We conducted a documentary analysis of national palliative care plans based on an analytic framework structured with the elements recommended by the World Health Organization: a) building a plan, b) plan components, and c) plan implementation. We conducted a categorical analysis of national plans by subgroups according to income and development level of palliative care. Findings We identified 112 countries with a palliative care plan, of which 31 were included in the analysis. Of these 31 plans, only 8 had the six components proposed by the World Health Organization, 29 reported an implementation strategy, 23 were aligned with the country's national public health plan, and 15 allocated financial resources for plan implementation. All the national plans assessed included the component provision of palliative care in integrated health services; 93%, education and training; 83%, research; 80%, empowered people and communities; 54%, health policies related to palliative care, and 48% use of essential medicines. Conclusions National palliative care plans include the two new development components, but few are fully aligned with the 2021 World Health Organization's model.

Politique publique

Public Policy

Lockdown Support, Trust and Covid-19 Conspiracy Beliefs: Insights From the Second National Lockdown in France

KERGALL P. ET GUILLON M.

2022

Health Policy 126(11):1103-1109

https://doi.org/10.1016/j.healthpol.2022.09.004

Due to the Covid-19 pandemic, restrictive sanitary measures such as lockdowns have been implemented all around the world. Based on a representative sample of the population collected through an online cross-sectional survey, the goal of the study was to investigate the factors associated with lockdown agreement in France during the second general lockdown of fall 2020. More specifically, we aimed to investigate how trust in the government and Covid-19 conspiracy beliefs influenced lockdown agreement. Trust in the authorities and low adherence to conspiracy beliefs appeared as strong predictors of lockdown acceptance among our sample. Using a mediation analysis, we highlighted a significant indirect effect of trust in the authorities on lockdown agreement through the adherence to conspiracy beliefs: low level of trust translated into higher odds to believe in Covid-19 misinformation which in turn decreased lockdown support. The double effect of trust on lockdown agreement, both directly and indirectly, underlines the importance of careful communication from the government around decisions related to Covid-19 mitigation measures in order not to deteriorate even more the low level of trust in the health action of the government. The fight against false information also appears of the utmost importance to increase the population adherence to public authorities' recommendations.

Prévention

Prevention

Factors Associated with Cervical Cancer Screening Utilisation By People with Physical Disabilities: A Systematic Review

CHAN D. N. S., LAW B. M. H., SO W. K. W., *et al.*

2022

Health Policy 126(10): 1039-1050.

https://doi.org/10.1016/j.healthpol.2022.08.003

Background Previous studies showed that cervical cancer screening uptake among people with physical disabilities is low. A better understanding of the factors affecting their screening uptake is needed to devise strategies to address this issue. Objective This review explores the factors that impede or enhance cervical cancer screening utilisation by people with physical disabilities, such as mobility, visual and hearing impairments. Methods Five electronic databases were searched, resulting in the inclusion of nine studies focusing on people with physical disabilities and their utilisation of cervical cancer screening services. Extracted data from these studies were summarised narratively. Their methodological quality was assessed using the Mixed Methods Appraisal Tool, Version 2018. Results Three major impeding factors were reported: 1) lack of knowledge of cervical cancer screening and how it can be accessed; 2) difficulties and inconveniences in accessing cancer screening providers and undergoing the screening procedures; and 3) uncomfortable experiences during the screening procedures. The availability of attendant services and wheelchair-accessible facilities and a longer duration of screening procedures enhanced screening utilisation by the subjects. Conclusions This review highlights the need to provide training for healthcare professionals on working with people with physical disabilities, enhance supportive services to allow them to access cervical cancer screening and educate them on the importance of screening.

Change in Effectiveness of Mammography Screening with Decreasing Breast Cancer Mortality: A Population-Based Study

CHRISTIANSEN S. R., AUTIER P. ET STØVRING H.

2022

European Journal of Public Health 32(4): 630-635.

https://doi.org/10.1093/eurpub/ckac047

Reductions in breast cancer mortality observed over the last three decades are partly due to improved patient management, which may erode the benefit-harm balance of mammography screening. We estimated the numbers of women needed to invite (NNI) to prevent one breast cancer death within 10 years. Four scenarios of screening effectiveness (5–20% mortality reduction) were applied on 10,580 breast cancer deaths among Norwegian women aged 50–75 years from 1986 to 2016. We used three scenarios of overdiagnosis (10–40% excess breast cancers during screening period) for estimating ratios of numbers of overdiagnosed breast cancers for each breast cancer death prevented. Under the base case scenario of 20% breast cancer mortality reduction and 20% overdiagnosis, the NNI rose from 731 (95% CI: 644–830) women in 1996 to 1364 (95% CI: 1181–1577) women in 2016, while the number of women with overdiagnosed cancer for each breast cancer death prevented rose from 3.2 in 1996 to 5.4 in 2016. For a mortality reduction of 8.7%, the ratio of overdiagnosed breast cancers per breast cancer death prevented rose from 7.4 in 1996 to 14.0 in 2016. For a mortality reduction of 5%, the ratio rose from 12.8 in 1996 to 25.2 in 2016.Due to increasingly potent therapeutic modalities, the benefit in terms of reduced breast cancer mortality declines while the harms, including overdiagnosis, are unaffected. Future improvements in breast cancer patient management will further deteriorate the benefit–harm ratio of screening.

Consommation d'alcool à risque : les séniors, grands oubliés des politiques de prévention

PARRY A., MINOC F., CABÉ N., *et al.*

2022

Santé Publique 34(2): 203-206.

https://www.cairn.info/revue-sante-publique-2022-2-page-203.htm

Face au vieillissement de la population, il est nécessaire de mettre en place des politiques de prévention visant à maintenir les personnes âgées en bonne santé et à favoriser leur autonomie. La consommation d'alcool est un facteur de risque évitable de dégradation de l'état de santé et de perte d'autonomie sur lequel il est possible d'agir par des politiques de santé publique ciblées. Il faut considérer à la fois les effets à long terme, en informant les jeunes des risques pour leur santé future, et les effets délétères à court terme (accident, chute) pour les sujets âgés. Même s'il existe des recommandations de consommation d'alcool émises par Santé publique France, elles s'adressent à la population générale et ne prennent pas en compte les spécificités de la personne âgée, dont la vulnérabilité va dépendre à la fois des consommations actuelles mais aussi de l'histoire d'alcoolisation au cours de la vie. Plusieurs pays ont émis des recommandations s'adressant spécifiquement à cette population, mais les définitions d'unités d'alcool étant variables d'un pays à l'autre, il est très difficile d'appliquer ces recommandations en France. Une politique de santé publique s'adressant spécifiquement à la consommation d'alcool des séniors en France est donc absolument cruciale.

Mirror, Mirror on the Wall, when Are Inequalities Higher, After All? Analysis of Breast and Cervical Cancer Screening in 30 European Countries

QUINTAL C. ET ANTUNES M.

2022

Social Science & Medicine 312: 115371.

https://doi.org/10.1016/j.socscimed.2022.115371

Screening for breast and cervical cancer is strongly related with a reduction in cancer mortality but previous evidence has found socioeconomic inequalities in screening. Using up-to-date data from the second wave of the European Health Interview Survey (2013–2015), this study aims to analyse income-related inequalities in mammography screening and Pap smear test in 30 European countries. We propose a framework that combines age group and screening interval, identifying situations of due-, under-, and over-screening. Coverage rates, standard and generalised concentration indices are calculated. Overall, pro-rich inequalities in screening persist though there are varied combinations of prevalence of screening attendance and relative inequality across countries. Bulgaria and particularly Romania stand out with low coverage and high inequality. Some Baltic and Mediterranean countries also present less favourable figures on both accounts. In general, there are not marked differences between mammography and Pap smear test, for the recommended situation ('Due-screening'). 'Extreme under-screening' is concentrated among lower income quintiles in basically all countries analysed, for both screenings. These women, who never screened, are at risk of entering the group of "Lost opportunity", once they reach the upper-limit age of the target group. At the same time, there are signals of "Over-screening", within target group, due to screening more frequently than recommended. In several countries, 'Over-screening' seems to be concentrated among richer women. This is not only a waste of resources, but it can also cause harms. The inequalities found in "Extreme under-screening" and "Over-screening" raise concerns on whether women are making informed choices.

Physical Activity Promotion in Long Term Illness Patients: Preliminary Results on a French National Program

ROBIN N. S. A., MAURY J., ZAFFUTO C., *et al.*

2022

European Journal of Public Health 32(Supplement_2)

https://doi.org/10.1093/eurpub/ckac094.033

Since 2016, French doctors are allowed to prescribe adapted physical activity (APA) to patients with long-term illness (ALD) through the 'sport sur ordonnance' program. Despite the goal of promoting physical activity in ALD patients, health authority recent reports unanimously highlight organisational and funding difficulties. Whereas most of the funding effort is based on national or mutual insurance companies, our intervention proposes to fix the organisational difficulties. We provided an optimized care pathway coordinated by an APA professional and an innovative online platform to ease medical prescription, patients access and follow-up to APA. Three main problems have been identified: Diagnostic heterogeneity, APA accessibility and

Program evaluation. To fix these issues, the proposed intervention firstly included an initial evaluation based on a standardized diagnostic. Secondly, we evaluated APA structures following functional specifications and referenced those succeeding the criteria to ensure an optimized patients' orientation toward an adapted care service. Finally, pre- and post-care bio-psycho-social tests were mandatory.

The Politics of Vaccine Hesitancy in Europe

STOECKEL F., CARTER C., LYONS B. A., *et al.*

2022

European Journal of Public Health 32(4): 636-642.

https://doi.org/10.1093/eurpub/ckac041

Vaccine hesitancy threatens public health. Some evidence suggests that vaccine hesitancy in Europe may be linked with the success of populist parties, but more systematic analysis is needed. We examine the prevalence of individual-level vaccine hesitancy across the European Union (EU) and its association with political orientations. We also analyze whether success of populist parties is linked with vaccine hesitancy and uptake. We draw on individual-level Eurobarometer data from 2019, with a total of 27 524 respondents across the EU. We also rely on national and regional-level populist party vote shares. Finally, for a time-series analysis, we rely on aggregated populist party support as measured in the European Social Survey waves 1–9 (2002–18), and national immunization coverage rates from the WHO from 2002 to 2018.While vaccine hesitancy is confined to a minority of the population, this group is large enough to risk herd immunity. Political orientations on a left-right dimension are not strongly linked to vaccine hesitancy. Instead, vaccine hesitancy is associated with anti-elite world views and culturally closed rather than cosmopolitan positions. Vaccine hesitancy is not only present in all EU member states but also maps on broader dimensions of cultural conflict. Hesitancy is rooted in a broader worldview, rather than misperceptions about health risks. Pro-vaccine interventions need to consider the underlying worldview, rather than simply targeting misperceptions.

A Discrete Choice Model Implementing Gist-Based Categorization of Alternatives, with Applications to Patient Preferences For Cancer Screening and Treatment

SWAIT J. ET DE BEKKER-GROB E. W.

2022

Journal of Health Economics(Ahead of pub): 85 102674.

https://doi.org/10.1016/j.jhealeco.2022.102674

The rational microeconomic decision model is hard-coded into usual econometric specifications such as the Multinomial Logit and Probit models, inter alia. There is a very tight link between utility maximization and the apparatus of welfare theory that underlies economic policy analysis, which creates a tension around the possibility of representing other decision rules. We propose a less restrictive model of choice, built on the concept of gist-based categorization judgments that are assumed to precede (thus, condition) the maximization-driven selection process in decision making. This categorization facilitates decision making by allowing adoption of certain simpler decision rules under appropriate conditions, the drivers of which are endogenously determined. We demonstrate that the proposed model provides better fit than traditional choice models, using cancer screening and treatment choice data from two discrete choice experiments. In addition, we show that the model provides a deeper, more nuanced and insightful perspective on (healthcare) decision making.

Prévision – Evaluation

Prevision - Evaluation

Les coûts environnementaux liés aux transports dans l'évaluation économique d'un parcours de soins : application à la prise en charge du cancer du sein dans l'ouest francilien

DALMAS L., LEANDRI M., ROUZIER R., *et al.*

2022

Revue d'Économie Régionale & Urbaine Octobre(4): 563-586.

https://www.cairn.info/revue-d-economie-regionale-et-urbaine-2022-4-page-563.htm

Le concept de parcours de soins contribue à une meilleure articulation de l'offre de santé sur un territoire. L'analyse des coûts liés à ce parcours (directs/indirects, à la charge du patient/des institutions/de la société...) est fondamentale dans l'élaboration de politiques de santé pour arbitrer entre efficacité sanitaire et viabilité financière. Nous proposons une méthode fondée sur le chemin d'impact et les valeurs tutélaires de la pollution pour intégrer aux coûts d'un parcours le coût environnemental lié aux déplacements. Cette pollution dépend du mode de transport, de la distance, de la densité urbaine et du nombre de déplacements liés à la prise en charge. Nous appliquons cette analyse aux parcours de soins de patientes suivies pour des cancers du sein dans l'ouest francilien et nous mettons en lumière les ordres de grandeur de ces coûts environnementaux liés aux transports, ainsi que les paramètres clés à prendre en compte dans cette évaluation.

Psychiatrie

Psychiatry

Santé mentale : l'expérimentation française des médiateurs de santé-pairs

2022

Revue Prescrire 42(466).

Les médiateurs de santé-pairs, aussi appelés pairs-aidants en santé mentale, sont des personnes ayant eu des troubles psychiques qui font le choix d'utiliser leur expérience de la maladie et des traitements psychiatriques pour la mettre au service d'autres personnes, elles-mêmes atteintes de troubles psychiques. S'inspirant des pratiques nord-américaines déployées depuis plusieurs décennies, le Centre collaborateur français de l'Organisation mondiale de la santé (Ccoms) a lancé une expérimentation pour faire connaître ces pratiques, souhaitant en faire un métier. Cet article présente une évaluation de cette expérimentation.

Femmes et santé mentale

BLÉAS A.

2022

VST - Vie sociale et traitements 155(3): 116-121.

https://www.cairn.info/revue-vie-sociale-et-traitements-2022-3-page-116.htm

À partir d'un article de l'Inserm sur les vulnérabilités spécifiques des femmes concernant leur santé mentale pendant la crise Covid, l'autrice évoque de façon plus générale ces vulnérabilités particulières et en étudie trois en particulier : les violences sexuelles et incestueuses, les aléas de la puerpéralité, le burn out maternel.

Psychothérapie d'un patient suivi pour schizophrénie. Contre-transfert et processus thérapeutique

DEHBI S.

2022

L'information psychiatrique 98(7): 576-582.

https://www.cairn.info/revue-l-information-psychiatrique-2022-7-page-576.htm

Cet article présente une partie du matériel clinique issu de la psychothérapie d'un patient, âgé d'une trentaine d'années, souffrant de schizophrénie et suivi depuis plus de deux ans dans le cadre de consultations médico-psychologiques. Ce travail cherche à décrire la façon dont la psychothérapie s'est engagée avec Charles et a pour ambition de mettre à jour le processus d'une thérapie utilisant comme levier thérapeutique le contre-transfert.

Les phénomènes communicationnels au sein des pôles de psychiatrie publique pour adultes : formes, innovations et enjeux

DEMAILLY L. ET HALIDAY H.

2022

Sciences sociales et santé 40(3): 39-65.

https://www.cairn.info/revue-sciences-sociales-et-sante-2022-3-page-39.htm

Dans les pôles de psychiatrie publique pour adultes, la communication au sein des équipes de pôle et entre ceux-ci et leur environnement est un outil indispensable pour la qualité de soins, notamment la cohérence des parcours de santé, et pour la qualité de la vie au travail des soignants. De façon paradoxale, ce travail de communication a été très peu étudié. À partir d'une étude de terrain effectuée dans cinq pôles de psychiatrie français, l'article montre la diversité des phénomènes communicationnels, accordant plus de place à l'oral, à l'écrit ou au numérique, au formel ou à l'informel, plus ou moins bien organisés. L'article identifie les facteurs qui favorisent les différences, malgré le rôle unificateur de la politique publique. Il montre les enjeux de la réflexion sur la communication pour les équipes en santé mentale.

Effect of Mental Health Collaborative Care Models on Primary Care Provider Outcomes: An Integrative Review

HOLMES A. ET CHANG Y.-P.

2022

Family Practice 39(5): 964-970.

https://doi.org/10.1093/fampra/cmac026

Collaborative care models (CCMs) have robust research evidence in improving mental health outcomes for diverse patient populations with complex health care needs. However, the impact of CCMs on primary care provider (PCP) outcomes are not well described. This integrative review synthesizes the evidence regarding the effect of mental health CCMs on PCP outcomes. PubMed, CINAHL, Web of Science, and PsycInfo were systematically searched using key terms, with inclusion criteria of English language, peer-reviewed literature, primary care setting, PCP outcomes, and mental health CCM. This resulted in 1,481 total records, with an additional 14 records identified by review of reference lists. After removal of duplicates, 1,319 articles were reviewed based on title and abstract, 190 full-text articles were assessed, and a final selection of 15 articles were critically appraised and synthesized. The articles included a wide variety of sample sizes, designs, settings, and patient populations, with most studies demonstrating low or moderate quality evidence. Although CCMs had an overwhelmingly positive overall effect on PCP outcomes such as knowledge, satisfaction, and self-efficacy, multiple logistical barriers were also identified that hindered CCM implementation such as time and workflow conflicts. Adaptability of the CCM as well as PCP enthusiasm enhanced positive outcomes. Newer-to-practice PCPs were more likely to participate in CCM initiatives. Accumulating evidence supports CCM expansion, to improve both patient and PCP outcomes. Logistical efforts may enhance CCM adaptability and workflow. Further studies are needed to specifically examine the effect of CCMs on PCP burnout and retention.

Co-Payment and Adolescents' Use of Psychologist Treatment: Spill over Effects on Mental Health Care and on Suicide Attempts

KRUSE M., OLSEN K. R. ET SKOVSGAARD C. V.

2022

Health Economics 31(S2): 92-114.

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4582

The literature around co-payment shows evidence of increasing consumption following reduced co-payment. We apply difference-in-difference methods to assess the effect of abolishing the co-payment on psychologist treatment of anxiety and depression in 18 to 21-year old. We apply nationwide individual level data with individuals close to this age interval as control group. The population amounts to approximately 1.2 million individuals and a total of 51 million patient months of observations. We show that after removing co-payment, the use of psychologist treatment almost doubles. We find that this increase involves moderately positive spill over effects on outpatient psychiatric care and on prescriptions of antidepressants. In the heterogeneity analysis we find evidence of higher effects on adolescents from families with lower income, indicating that reduced co-payments may increase equality in access. We also see that effects are higher for individuals listed with general practitioners (GPs) with a reluctant referral style; indicating that these GPs' behavior is affected by patient co-payment rates. Interestingly, we find evidence of significant reductions in suicide attempts – primarily among high-income women and low-income men. This indicates that better access to mental health care for adolescents may have a positive impact on their mental health and well-being.

▶ Isolement et contention : le rôle du juge des libertés et de la détention depuis la loi du 22 janvier 2022

PAPILLON S.

2021

Revue de Droit Sanitaire et Social(595): 693-705.

Après de nombreux rebonds constitutionnels, la loi n° 2022- 46 du 22 janvier 2022 renforçant les outils de gestion de la crise sanitaire et modifiant le code de la santé publique éclaire sur l'intervention du juge des libertés et de la détention en matière d'isolement et de contention. La systémisation de son intervention s'ajoute à l'obligation d'une information plurielle et à la multitude des intervenants. L'ensemble, loin d'être intuitif, tente d'instaurer un équilibre entre des patients entravés et des professionnels submergés.

Sociologie de la santé

Sociology of Health

▶ Représentations sociales et aspects anthropo-culturels de la santé mentale en Polynésie française dans l'enquête « Santé mentale en population générale : images et réalités »

AMADÉO S., BENRADIA I., REREAO M., *et al.*

2022

L'information psychiatrique 98(7): 530-544.

https://www.cairn.info/revue-l-information-psychiatrique-2022-7-page-530.htm

Les représentations sociales et les aspects anthropo- culturels des maladies mentales ont été explorés en Polynésie française par l'enquête Santé mentale en population générale entre 2015 et 2017 sur un échantillon représentatif de 968 personnes âgées de 18 ans et plus. L'étiologie des problèmes de santé mentale était considérée principalement comme physique. Les conduites addictives seraient la cause des maladies mentales pour un quart des personnes interrogées. L'origine de la dépression est considérée principalement comme étant sentimentale ou liée à un événement de vie. L'attribution de l'origine des problèmes de santé mentale (folie, maladie ou dépression) à des causes magico- religieuses est assez faible (moins de 0,5 % des réponses) mais le recours réel aux soins traditionnels est plus fréquent (22 %). Les résultats ont été pris en compte dans le plan de santé mentale de Polynésie française.

▶ Y a-t-il un besoin des sciences sociales ?

BOURDIEU P.

2022

Actes de la recherche en sciences sociales 243-244(3): 62-73.

https://www.cairn.info/revue-actes-de-la-recherche-en-sciences-sociales-2022-3-page-62.htm

Dans cet extrait d'un cours donné au Collège de France

en 1988, Pierre Bourdieu formule le programme d'une critique sociologique des sciences sociales : quelles sont les conditions sociales de possibilité des sciences sociales ? Comment ces sciences sont-elles légitimées à exister ? Les sociologues considèrent souvent qu'ils sont justifiés par une fin pure de connaissance, mais cette fin pure n'est qu'un appendice, obtenu par une sorte de détournement, d'une demande sociale qui, en particulier au niveau de l'État, est une demande de service. Après avoir écarté des interrogations traditionnelles qui lui semblent de faux débats, Pierre Bourdieu esquisse une histoire sociale de la genèse de la science sociale en Allemagne, en France, en Grande-Bretagne et aux États-Unis et montre que le rapport entre les sciences sociales et l'État varie selon les pays et les époques, notamment en fonction de l'autonomie à l'égard des forces dominantes dont disposent le champ administratif d'une part et le champ universitaire et le système d'enseignement d'autre part, ainsi qu'en fonction de la philosophie globale de l'État et de ses missions.

À propos de l'autonomie de la sociologie

DUVAL J.

2022

Actes de la recherche en sciences sociales 243-244(3): 74-85.

https://www.cairn.info/revue-actes-de-la-recherche-en-sciences-sociales-2022-3-page-74.htm

Les sociologues s'interrogent souvent sur le degré d'autonomie des différents espaces sociaux, mais assez rarement sur l'autonomie dont bénéficie leur propre activité. En l'absence de réflexion un peu systématique, le risque est grand de réduire la question de l'autonomie de la sociologie à des notions plus communes, comme la « neutralité », l'existence d'une déontologie, le principe du jugement des pairs… La démarche proposée dans cet article consiste d'abord à transposer à la sociologie certains résultats issus de l'étude du champ littéraire et du champ universitaire, la sociologie empruntant des traits à l'un comme à l'autre. Il faut ensuite prendre en compte, outre la diversité des fronts sur lesquels se joue la lutte pour l'autonomie et le fait que celle-ci n'est jamais absolue, le caractère politique des objets dont traite la sociologie et qui contredit le « contrat tacite » sur lequel repose objectivement l'autonomie relative des activités culturelles.

Problématisation de la santé : quelle analyse foucaldienne aujourd'hui ?

VERCOUSTRE L.

2022

PSN 20(2): 91-106.

https://www.cairn.info/revue-psn-2022-2-page-91.htm

L'œuvre de Michel Foucault permet une problématisation de la santé à notre époque selon quatre axes : comme droit, comme norme, comme idéal et comme bien économique. Le concept de santé comme droit place le sujet sous la dépendance de l'État ; la norme est par essence extérieure au sujet, elle est au service du pouvoir ; l'idéal est une valeur vers laquelle il veut tendre, et dont il ignore en quoi elle peut proprement consister ; enfin l'économie fait de la santé un bien qu'il peut acheter. Ainsi, en contraste avec la conception du rapport à la santé dominante de l'Antiquité jusqu'à la fin du XIXe siècle, qui privilégiait le souci de soi et mettait l'accent sur la diététique, le sujet occidental se trouve dans une situation d'extériorité à l'égard de sa santé, alors même que le mode de vie est toujours aussi essentiel à la préservation de la santé.

Soins de santé primaires

Primary Health Care

De la création de l'ordre des chirurgiens-dentistes de 1870 à 1948 ; mise en perspective avec le modèle néolibéral en 2022

BONDIL X.

2022

Éthique & Santé 19(3): 157-170.

https://doi.org/10.1016/j.etiqe.2022.06.002

Le conseil de l'ordre des chirurgiens-dentistes a de particulier qu'il a été créé par le Général de Gaulle et M. Billoux, membre du parti communiste et ministre de la Santé. Nous analyserons selon les publications du Journal Officiel et les articles de presse les conditions préalables à sa création et l'opinion médiatique; son rôle pendant la guerre et une analyse et une mise en perspective au regard de l'histoire avec les évolutions réglementaires, politiques et économiques actuelles.

La médiation en santé : un nouveau métier pour lever les obstacles aux parcours de soins et de prévention

BOUCHAUD O., HAMEL E., SOLEYMANI D., *et al.*

2022

Santé en Action (La): 52.

Un nouveau métier émerge dans la santé : les médiatrices et médiateurs facilitent l'accès des patients aux soins et de l'ensemble de la population à la prévention. Le creusement des inégalités de santé actuellement à l'œuvre, du fait de la pandémie Covid-19 - et de la crise économique qui l'accompagne - place désormais sous la lumière ces « médiateurs « qui font le lien entre les personnes vulnérables et le système de santé. Une trentaine d'experts apportent leur contribution à ce numéro spécial.

Primary Care Physicians' Participation in the Medicare Shared Savings Program and Preventive Services Delivery: Evidence From the First 7 Years

HUANG H., ZHU X. ET WEHBY G. L.

2022

Health Services Research 57(5): 1182-1190.

https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.14030

The objective of this study is to evaluate whether primary care physicians' participation in the Medicare Shared Savings Program (MSSP) is associated with changes in their preventive services delivery. Data Sources Medicare Provider Utilization and Payment Physician and Other Supplier Public Use File and MSSP Accountable Care Organizations (ACO) Provider-Level Research Identifiable File from 2012 to 2018. Study Design The design was a two-way fixed effects model estimating within-provider changes in preventive services delivery over time controlling for provider time-invariant characteristics, national time trends, and characteristics of served patients. The following preventive services were evaluated: influenza vaccination, pneumococcal vaccination, clinical depression screening, colorectal cancer screening, breast cancer screening, Body Mass Index (BMI) screening and follow-up, tobacco use assessment, and annual wellness visits. Both the likelihood of providing services and the volume of services delivered were evaluated. Conclusions Primary care physicians' participation in MSSP was associated with an increase in the likelihood and the volume of several preventive services.

Pathways For Primary Care Practice Adoption of Patient Engagement Strategies

MILLER-ROSALES C., MIAKE-LYE I. M., BREWSTER A. L., *et al.*

2022

Health Services Research 57(5): 1087-1093.

https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.13959

The aim of this paper is to identify potential orderings of primary care practice adoption of patient engage-

ment strategies overall and separately for interpersonally and technologically oriented strategies. Data Sources We analyzed physician practice survey data (n = 71) on the adoption of 12 patient engagement strategies. Study Design Mokken scale analysis was used to assess latent traits among the patient engagement strategies. Data Collection Three groupings of patient engagement strategies were analyzed: (1) all 12 patient engagement strategies, (2) six interpersonally oriented strategies, and (3) six technologically oriented strategies. Principal Findings We did not find scalability among all 12 patient engagement strategies, however, separately analyzing the subgroups of six interpersonally and six technologically oriented strategies demonstrated scalability (Loevinger's H coefficient of scalability [range]: interpersonal strategies, H = 0.54 [0.49–0.60], technological strategies, H = 0.42 [0.31, 0.54]). Ordered patterns emerged in the adoption of strategies for both interpersonal and technological types. Conclusions Common pathways of practice adoption of patient engagement strategies were identified. Implementing interpersonally intensive patient engagement strategies may require different physician practice capabilities than technological strategies. Rather than simultaneously adopting multiple patient engagement strategies, gradual and purposeful practice adoption may improve the impact of these strategies and support sustainability.

The Global Prevalence of Burnout Among General Practitioners: A Systematic Review and Meta-Analysis

SHEN X., XU H., FENG J., *et al.*

2022

Family Practice 39(5): 943-950.

https://doi.org/10.1093/fampra/cmab180

Burnout among general practitioners (GPs) has attracted the attention of more and more researchers. An adequate understanding the prevalence and related factors of burnout to prevent and reduce burnout is necessary. This study systematically measured the global prevalence of burnout among GPs. Eligible original studies were identified from the PubMed, Ovid Embase, Ovid Medline (R), and Web of science databases. We searched the full-time period available for each database, up to 30 September 2021. The adjusted prevalence rate was estimated using a random-effects meta-analysis. The heterogeneity was evaluated using I2 statistic. Differences by study-level characteristics were estimated via subgroup analyses and meta-regression. This study demonstrated the prevalence of burnout in the GPs and alert health managers to tailor their strategies to retain this community. Targeted initiatives are needed to provide adequate GPs' well-being and maintain primary health care.

Assessing Patient, Physician, and Practice Characteristics Predicting the Use of Low-Value Services

SHIN E., FLEMING C., GHOSH A., *et al.*

2022

Health Services Research (Ahead of pub).

https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.14053

The objective of this study is to examine characteristics of beneficiaries, physicians, and their practice sites associated with greater use of low-value services (LVS) using LVS measures that reflect current care practices. Data Sources This study was conducted in the context of a large, nationwide primary care redesign initiative (Comprehensive Primary Care Plus), using Medicare claims data in 2018. Study Design We examined beneficiary-level total counts of LVS based on the existing 31 claims-based measures updated by excluding three services provided with diminishing frequency to Medicare beneficiaries and by replacing these with more recently identified LVS. We estimated hierarchical linear models with an extensive list of beneficiary, physician, and practice site characteristics to examine the contribution of characteristics at each level in predicting greater use of LVS. We also examined the proportion of variation in LVS use attributable to the set of characteristics at each level.

Family Doctor Responses to Changes in Target Stringency Under Financial Incentives

WILDING A., MUNFORD L., GUTHRIE B., *et al.*

2022

Journal of Health Economics 85: 102651.

https://doi.org/10.1016/j.jhealeco.2022.102651

Healthcare providers may game when faced with targets. We examine how family doctors responded to a temporary but substantial increase in the stringency of targets determining payments for controlling blood pressure amongst younger hypertensive patients. We apply difference-in-differences and bunching techniques to data from electronic health records of

107,148 individuals. Doctors did not alter the volume or composition of lists of their hypertension patients. They did increase treatment intensity, including a 1.2 percentage point increase in prescribing antihypertensive medicines. They also undertook more blood pressure measurements. Multiple testing increased by 1.9 percentage points overall and by 8.8 percentage points when first readings failed more stringent target. Exemption of patients from reported performance increased by 0.8 percentage points. Moreover, the proportion of patients recorded as exactly achieving the more stringent target increased by 3.1 percentage points to 16.6%. Family doctors responded as intended and gamed when set more stringent pay-for-performance targets.

A Cross-Sectional Study of the Practice Types of US Adult Primary Care Physician Specialists

YOUNG R. A., WILKINSON E., BARRETO T. W., *et al.*

2022

Family Practice 39(5): 799-804.

https://doi.org/10.1093/fampra/cmab185

Many physicians listed as primary care in databases such as the American Medical Association (AMA) Masterfile do not provide traditional ambulatory primary care. To compare physicians listed in the AMA Masterfile as primary care physician (PCPs) specialists for adult patients with their actual practice type. We conducted a cross-sectional study of the AMA Masterfile report for PCPs who care for adults (listed as family medicine, internal medicine, medicine-paediatrics, and geriatrics) in the summer and fall of 2018 (spring of 2019 for Hartford, CT) in the primary counties of 8 metropolitan areas across the United States. We searched multiple websites to determine the actual practice type of each physician in the study counties. We correlated the 2 datasets: the AMA Masterfile list vs the results of our searches. Family physicians were more likely to function as traditional ambulatory PCPs than internists [1,738/2,101 (82.7%) vs 1,241/2,025 (60.9%), $P < 0.001$], and less likely to be hospitalists [83/2,101 (4.0%) vs 631/2,025 (31.0%), $P < 0.001$]. Other practice types included urgent care [105 (5.0%) family physicians, 16 (0.8%) internists] and emergency medicine [49 (2.3%) family physicians, 20 (1.0%) internists]. The AMA Masterfile identified 4,892 practicing PCPs for adult patients in the study counties, of which 3,084 (63.0%) matched by location and ambulatory PCP practice type [3,695 (75.5%) for ambulatory PCP practice type only]. We provide an updated estimate using a unique methodology to estimate how to correct the AMA Masterfile for PCPs who actually provide traditional ambulatory primary care to adult patients.

Systèmes de santé

Health Systems

Prioritization of Implementation Barriers Related to Integrated Care Models in Central and Eastern European Countries

CSANÁDI M., KALÓ Z., RUTTEN-VAN MOLKEN M., *et al.*

2022

Health Policy 126(11): 1173-1179

https://doi.org/10.1016/j.healthpol.2022.08.012

The importance of integrated care will increase in future health systems due to aging populations and patients with chronic multimorbidity, however, such complex healthcare interventions are often developed and implemented in higher income countries. For Central and Eastern European (CEE) countries it is important to investigate which integrated care models are transferable to their setting and facilitate the implementation of relevant models by identifying barriers to their implementation. This study investigates the relative importance of integrated care models and the most critical barriers for their implementation in CEE countries. Experts from Croatia, Hungary, Poland, Romania and Serbia were invited to complete an online survey within the SELFIE H2020 project. 81 respondents completed the survey. Although experts indicated that some integrated care models were already being implemented in CEE countries, the survey revealed a great need for further improvement in the integration of care, especially the managed care of

oncology patients, coordinated palliative care of terminally ill patients, and nursing care of elderly with multimorbidity. Lack of long-term financial sustainability as well as of dedicated financing schemes were seen the most critical implementation barriers, followed by the lack of integration between health and social care providers and insufficient availability of human resources. These insights can guide future policy making on integrated care in CEE countries.

Corruption in Health Care Systems: Trends in Informal Payments Across Twenty-Eight EU Countries, 2013–19

DALLERA G., PALLADINO R. ET FILIPPIDIS F. T.

2022

Health Affairs 41(9): 1342-1352.

https://doi.org/10.1377/hlthaff.2021.01931

Corruption is a major challenge in health care systems across the European Union (EU), where it manifests most visibly as informal payments from patients to providers. A higher prevalence of informal payments has been associated with lower public health care expenditure. EU member states have experienced significant changes in public health care expenditure throughout the 2000s. Given the lack of research on the topic, we explored trends in informal payments using representative data from twenty-eight EU member states during the period 2013?19 and in relation to changes in public health care expenditure. Overall, we found that informal payments increased in 2019 compared with 2013, whereas the perception of corruption decreased. Although higher public health care expenditure was associated with less corruption, we found a smaller effect size between informal payments and this expenditure throughout the study period. Our results suggest that informal payments may be driven by other factors, although the directionality of this relationship requires further investigation. Moreover, additional public health care investments may be insufficient to confront corruption unless coupled with measures to limit wasteful spending and increase transparency. Policy makers should understand that factors external to health systems, including media coverage and cultural and political factors, should be explored to explain country-level differences in corruption.

The Population Health Role of Academic Health Centres: A Multiple-Case Exploratory Study in Australia and England

EDELMAN A., TAYLOR J., OVSEIKO P. V., *et al.*

2022

Health Policy 126(10): 1051-1061

https://www.doi.org/10.1016/j.healthpol.2022.08.008

Academic health centres (AHCs) are organisations that aim to mobilise knowledge into practice by improving the responsiveness of health systems to emerging evidence. This study aims to explore the population health role of AHCs in Australia and England, where AHCs represent novel organisational forms. Methods A multiple-case study design using qualitative methods was used to explore population health goals and activities in four discrete AHCs in both countries during 2017 and 2018. Data from 85 interviews with AHC leaders, clinicians and researchers, direct observation, and documentation were analysed within and across the cases. Results Comparison across cases produced four cross-case themes: health care rather than population health; incremental rather than major health system change; different conceptions of "translation" and "innovation;" and unclear pathways to impact. The ability of the AHCs to define and enact a population health role was hindered during the study period by gaps in knowledge mobilisation strategies at a health system and policy level, the biomedical orientation of government designation schemes for AHCs in Australia and England and competing expectations of the sovereign partner organisations in AHCs against a backdrop of limited operational resources. Discussion The study identifies several institutional elements that are likely to be needed for AHCs in Australia and England to deliver on both internal and external expectations of their population health role.

Metrics and Indicators Used to Assess Health System Resilience in Response to Shocks to Health Systems in High Income Countries—A Systematic Review

FLEMING P., O'DONOGHUE C., ALMIRALL-SANCHEZ A., *et al.*

2022

Health Policy(Ahead of pub).

https://doi.org/10.1016/j.healthpol.2022.10.001

Health system resilience has never been more important than with the Covid-19 pandemic. There is need

to identify feasible measures of resilience, potential strategies to build resilience and weaknesses of health systems experiencing shocks. The purpose of this systematic review is to examine how the resilience of health systems has been measured across various health system shocks. Following PRISMA guidelines, with double screening at each stage, the review identified 3175 studies of which 68 studies were finally included for analysis. Almost half (46%) were focused on Covid-19, followed by the economic crises, disasters and previous pandemics. Over 80% of studies included quantitative metrics. The most common WHO health system functions studied were resources and service delivery. In relation to the shock cycle, most studies reported metrics related to the management stage (79%) with the fewest addressing recovery and learning (22%). Common metrics related to staff headcount, staff wellbeing, bed number and type, impact on utilisation and quality, public and private health spending, access and coverage, and information systems. Limited progress has been made with developing standardised qualitative metrics particularly around governance. Quantitative metrics need to be analysed in relation to change and the impact of the shock. The review notes problems with measuring preparedness and the fact that few studies have really assessed the legacy or enduring impact of shocks.

The Effects of Multi-Disciplinary Integrated Care on Healthcare Utilization: Evidence From a Natural Experiment in the UK

GOLDZAHL L., STOKES J. ET SUTTON M.

2022

Health Economics 31(10): 2142-2169.

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4561

Better integration is a priority for most international health systems. However, multiple interventions are often implemented simultaneously, making evaluation difficult and providing limited evidence for policy makers about specific interventions. We evaluate a common integrated care intervention, multi-disciplinary group (MDG) meetings for discussion of high-risk patients, introduced in one socio-economically deprived area in the UK in spring 2015. Using data from multiple waves of the national GP Patient Survey and Hospital Episode Statistics, we estimate its effects on primary and secondary care utilization and costs, health status and patient experience. We use triple differences, exploiting the targeting at people aged 65 years and over, parsing effects from other population-level interventions implemented simultaneously. The intervention reduced the probability of visiting a primary care nurse by three percentage points and decreased length of stay by 1 day following emergency care admission. However, since planned care use increased, overall costs were unaffected. MDG meetings are presumably fulfilling public health objectives by decreasing length of stay and detecting previously unmet needs. However, the effect of MDGs on health system cost is uncertain and health remains unchanged. Evaluations of specific integrated care interventions may be more useful to public decision makers facing budget constraints.

The Uses of Patient Reported Experience Measures in Health Systems: A Systematic Narrative Review

JAMIESON GILMORE K., CORAZZA I., COLETTA L., *et al.*

2022

Health Policy(Ahead of pub).

https://doi.org/10.1016/j.healthpol.2022.07.008

Many governments have programmes collecting and reporting patient experience data, captured through Patient Reported Experience Measures (PREMs). Our study aims to capture and describe all the ways in which PREM data are used within healthcare systems, and explore the impacts of using PREMs at one level (e.g. national health system strategy) on other levels (e.g. providers). Methods: We conducted a narrative review, underpinned by a systematic search of the literature. Results: 1,711 unique entries were identified through the search process. After abstract screening, 142 articles were reviewed in full, resulting in 28 for final inclusion. A majority of papers describe uses of PREMs at the micro level, focussed on improving quality of front-line care. Meso-level uses were in quality-based financing or for performance improvement. Few macro-level uses were identified. We found limited evidence of the impact of meso- and macro- efforts to stimulate action to improve patient experience at the micro-level. Conclusions: PREM data are used as performance information at all levels in health systems. The use of PREM data at macro- and meso- levels may have an effect in stimulating action at the micro-level, but there is a lack of systematic evidence, or evaluation of these micro-level actions. Longitudinal studies would help better understand how to improve patient experience, and interfaces between PREM scores and

the wider associated positive outcomes.

Décrire l'innovation organisationnelle en santé publique pour favoriser sa dissémination ; guide DINOSP (Description des innovations organisationnelles en santé publique)

STEVENS N., CAMBON L., BATAILLON R., *et al.*

2022

Revue d'Épidémiologie et de Santé Publique 70(5) : 215-221

https://doi.org/10.1016/j.respe.2022.06.308

Le passage de l'expérimentation à la mise à l'échelle des innovations organisationnelles en santé publique peine à s'opérer. Le processus d'innovation nécessite d'être accompagné afin de multiplier les chances de succès et de généralisation. L'objectif de cet article est de présenter le développement d'un guide pour accompagner la description et l'analyse des innovations organisationnelles en santé publique. Méthode La mobilisation de deux outils d'analyse et de description, ASTAIRE et TIDIeR, a permis de sélectionner les critères de l'innovation à considérer pour la généralisation. Des discussions collectives entre acteurs, décideurs et chercheurs et des entretiens individuels avec ces derniers ont complété et affiné la proposition de guide. Enfin le guide a été soumis à la relecture d'experts et au test des porteurs de projets, permettant d'accroitre sa facilité d'usage et sa précision. Résultats Le guide propose une démarche en deux étapes principales : i) décrire l'innovation à travers deux niveaux : modalités d'intervention d'une part et composantes interventionnelles, populationnelles ou contextuelles abordées par 27 critères d'autre part, et ii) d'apprécier les conditions de transférabilité de l'innovation en distinguant ses fonctions clés, les éléments de formes et les marges de souplesse à préserver. Discussion Ce guide promeut une vision modulaire des innovations et permet d'initier une réflexion sur ses mécanismes. Il favorise l'articulation des innovations avec l'existant et leur mutualisation. Conclusions En proposant une description standardisée des innovations organisationnelles en santé ainsi qu'une analyse de leurs conditions d'efficacité, cet outil peut contribuer à favoriser le développement de projets efficaces, adaptables et généralisables, et ainsi accompagner le progrès en santé publique.

Vieillissement

Ageing

Has Covid-19 Changed Carer's Views of Health and Care Integration in Care Homes? a Sentiment Difference-In-Difference Analysis of On-Line Service Reviews

ALMOROX E. G., STOKES J. ET MORCIANO M.

2022

Health Policy 126(11) : 1117-1123

https://doi.org/10.1016/j.healthpol.2022.08.010

Closer integration of health and social care is a policy priority in many countries. The Covid-19 pandemic has reinforced the necessity of joining up health and social care systems, especially in care home settings. However, the meaning and perceived importance of integration for residents' and carers' experience is unclear and we do not know whether it has changed during the pandemic. Using unique data from on-line care home service reviews, we combined multiple methods. We used Natural Language Processing with supervised machine learning to construct a measure of sentiment for care home residents' and their relatives' (measured by AFINN score). Difference-in-difference analysis was used to examine whether experiencing integrated care altered these sentiments by comparing changes in sentiment in reviews related to integration (containing specific terms) to those which were not. Finally, we used network analysis on post-estimation results to assess which specific attributes stakeholders focus on most when detailing their most/least positive experiences of health and care integration in care homes, and whether these attributes changed over the pandemic. Reviews containing integration words were more positive than reviews unrelated to integration in the pre-pandemic period (about 2.3 points on the AFINN score) and remained so during the first year of

the pandemic. Overall positive sentiment increased during the Covid-19 period (average by +1.1 points), mainly in reviews mentioning integration terms at the beginning of the first (+2.17, p-value 0.175) and second waves (+3.678, p-value 0.027). The role of care home staff was pivotal in both positive and negative reviews, with a shift from aspects related to care in pre-pandemic to information services during the pandemic, signalling their importance in translating integrated needs-based paradigms into policy and practice.

La pandémie, un éclairage nouveau sur des questions anciennes

CORVOL A. ET BALARD F.

2022

Gérontologie et société 44 / 168(2): 11-19.

https://www.cairn.info/revue-gerontologie-et-societe-2022-2-page-11.htm

Depuis le début d'année 2020, la Covid-19 s'est imposée comme un évènement central du champ gérontologique. Au moment où paraît ce numéro, les décès cumulés imputables au virus représentent plus de 150 000 personnes dont environ 100 000 personnes de 80 ans et plus. Pour autant, les articles de ce numéro n'abordent que de manière périphérique la maladie et la mort des aînés. Cela ne traduit pas un déni mais le fait que les conséquences de cette pandémie ne se mesurent pas qu'en nombre de contaminations et en nombre de morts. En effet, la gestion de cette crise sanitaire a révélé et fait émerger nombre de questionnements sanitaires, éthiques et sociaux. Plusieurs auteurs de ce numéro ont porté leur regard sur le care en établissement et la manière dont celui-ci a été mis à mal tant par le risque de contamination que par les dispositifs sanitaires qui l'ont accompagné. En s'appuyant sur des grandes enquêtes quantitatives ou sur des démarches ethnographiques, ces auteurs abordent aussi bien la mise en distance des proches que les transformations internes de la vie en Ehpad. La mise à mal des liens sociaux pour les personnes âgées vivant à domicile est également interrogée, à travers l'analyse des besoins exprimés par les retraités, le retour d'expérience sur campagne d'appel téléphonique visant à lutter contre l'isolement ou encore via la manière dont la communauté chinoise de Paris a fait face à la crise. Les derniers articles abordent la gestion politique – en portant la focale sur le cas du Brésil – et médicale de la crise en s'intéressant notamment aux manières dont l'âge et la fragilité peuvent être mobilisés pour différencier des patients. Enfin, un regard en arrière sur l'intention vaccinale en France – avant même que le vaccin fusse mise au point – permet de prendre la mesure des réticences initiales.

Politique territoriale de la vieillesse : y a-t-il encore une place pour les élus communaux face à la bureaucratisation ?

CROGUENNEC-LE SAOUT H. ET CORON G.

2022

Revue Française des Affaires Sociales(2): 41-65.

https://www.cairn.info/revue-francaise-des-affaires-sociales-2022-2-page-41.htm

L'article s'appuie sur une enquête qualitative, conduite dans les quatre départements bretons, consacrée au rôle des élus communaux dans les politiques à destination de la vieillesse. Il met en avant une évolution de la manière dont ces acteurs conçoivent leur rôle.

Les retraités et la crise sanitaire. Besoins d'aide et de soutien des retraités durant la crise du Covid-19

DHUOT R. ET NOWIK L.

2022

Gérontologie et société 44 / 168(2): 97-122.

https://www.cairn.info/revue-gerontologie-et-societe-2022-2-page-97.htm

La gérontocroissance, les difficultés du marché de l'aide professionnelle et les risques d'affaiblissement de l'aide informelle disponible invitent avec force à poser la question de la prévention de la perte d'autonomie liée au vieillissement. La période récente offre à cet égard une opportunité d'interroger les difficultés des individus, en raison des fortes limitations ayant affecté les déplacements et les contacts interpersonnels pendant la crise sanitaire. Grâce à l'enquête CONSOL2 ayant réuni les réponses de 200 000 retraités du régime général français concernant leurs conditions de vie durant la première année de la pandémie, cet article explicite les déterminants de l'expression d'un besoin d'aide en période de crise socio-sanitaire ainsi que les facteurs sociaux associés aux différents types de besoins ressentis.

Une forme de vie à l'épreuve de la pandémie. Care et vulnérabilité dans les EMS

MALBOIS F.

2022

Gérontologie et société 44 / 168(2): 79-94.

https://www.cairn.info/revue-gerontologie-et-societe-2022-2-page-79.htm

Sur la base d'une étude exploratoire par entretiens menée en janvier 2021 dans deux établissements médico-sociaux (EMS) ou EHPAD de Suisse romande, cet article cherche à saisir la façon dont la pandémie de Covid-19 a bouleversé les pratiques de care et plus largement la vie collective dans ces institutions. Il articule, dans une perspective sociologique attentive à la dynamique des interactions, la notion de forme de vie à celle d'épreuve, et aborde les mesures de protection ordonnées par l'État puis reprises par les EMS en fonction de la manière dont celles-ci déploient un certain partage entre le social et le vital. Ce faisant, l'article met en évidence les résistances éthiques qui ont émergé dans ces lieux de vie collective où résident des personnes âgées parmi les plus vulnérables, mais aussi les atteintes que la pandémie a portées à ce qui constitue l'épaisseur ordinaire d'une forme de vie. Sont ainsi décrites, l'une après l'autre, les cinq expériences qui constituent cette épreuve : prendre soin dans une vie collective avec le virus; s'éprouver vivant et s'émouvoir; pourvoir à la survie, protéger les vulnérables; soutenir une « vie vivable »; étiolement de la forme.

Sociabilités en Ehpad avant la pandémie de Covid-19 en France. Des résidents plus entourés qu'avant la canicule de 2003 ?

RENAUT S.

2022

Gérontologie et société 44 / 168(2): 63-78.

https://www.cairn.info/revue-gerontologie-et-societe-2022-2-page-63.htm

Lors de la canicule de 2003, les familles avaient été mises en cause pour expliquer la surmortalité des personnes âgées. En 2020, avec la pandémie de Covid-19, les relations sociales et familiales sont brutalement interdites pour protéger les résidents. Comment envisager les conséquences d'une crise sanitaire sans connaître le contexte préalable ? Des enquêtes réalisées en 1998 avant la canicule et en 2016 avant la pandémie, en France, montrent l'importance des relations familiales pour les résidents de 60 ans et plus en établissements. Avant la canicule ou la pandémie, plus de huit résidents sur dix étaient en relation avec leur famille. La participation des proches est essentielle : quatre résidents sur cinq sont soutenus par leur entourage; près d'un résident sur trois bénéficie d'une aide plusieurs fois par semaine. À cause du confinement et de la fermeture des établissements, 460 000 résidents et 840 000 proches aidants dans la vie quotidienne, dont 610 000 enfants, ont été privés de relations (selon les données de 2016).

Effects of Cost Sharing on Long-Term Care Service Utilization Among Home-Dwelling Older Adults in Japan

SANO K., MIYAWAKI A., ABE K., *et al.*

2022

Health Policy(Ahead of pub).

https://doi.org/10.1016/j.healthpol.2022.10.002

This study aimed to examine the effect of increased cost sharing on long-term care (LTC) service utilization among home-dwelling older adults, using nationwide long-term care insurance (LTCI) claims data in Japan. Methods : In August 2015, the coinsurance rate for Japanese LTCI increased from 10% to 20% for higher-income beneficiaries. We analyzed 27,911,076 person-month observations between April 2015 and July 2016 from 1,983,163 home-dwelling older adults (aged ≥ 65 years). We employed a difference-in-differences approach to estimate the effect of the increased coinsurance rate on overall LTC service utilization and for each of the four main service subcategories. The control group comprised those whose coinsurance rates remained at 10%. Conclusions : The increased coinsurance rate resulted in statistically significant but small reductions in LTC service utilization overall and in each service type among higher-income home-dwelling beneficiaries. Requiring more cost sharing from higher-income individuals may alleviate the fiscal burden on LTC systems without serious reductions in service utilization.

Heterogeneity in Informal Care Intensity and Its Impact on Employment

SIMARD-DUPLAIN G.

2022

Journal of Health Economics(Ahead of pub): 102647.

https://doi.org/10.1016/j.jhealeco.2022.102647

Working-age individuals are under growing pressure to contribute unpaid time to the care of elderly family members and friends. Existing work has generally found informal care to negatively impact labour market outcomes, an effect that varies considerably by caregiving intensity, as defined by average hours of care or co-residence with the care receiver. I construct a new measure of caregiving intensity based on the length of caregiving spells. To do so, I use the Longitudinal and International Study of Adults, which provides data on the monthly caregiving status of respondents over a six-year period. I investigate how this dimension of caregiving intensity intersects with better-known measures, and show that results relying on the latter conceal substantial heterogeneity in the impact of caregiving on employment. These differences are particularly important to understand disparities in the impact of caregiving on female and male employment.

Comparison Between First and Second Wave of Covid-19 Outbreak in Older People: The COPE Multicentre European Observational Cohort Study

VERDURI A., SHORT R., CARTER B., *et al.*

2022

European Journal of Public Health 32(5): 807-812.

https://doi.org/10.1093/eurpub/ckac108

Effective shielding measures and virus mutations have progressively modified the disease between the waves, likewise healthcare systems have adapted to the outbreak. Our aim was to compare clinical outcomes for older people with Covid-19 in Wave 1 (W1) and Wave 2 (W2). All data, including the Clinical Frailty Scale (CFS), were collected for Covid-19 consecutive patients, aged ≥65, from 13 hospitals, in W1 (February–June 2020) and W2 (October 2020–March 2021). The primary outcome was mortality (time to mortality and 28-day mortality). Data were analysed with multilevel Cox proportional hazards, linear and logistic regression models, adjusted for wave baseline demographic and clinical characteristics. Data from 611 people admitted in W2 were added to and compared with data collected during W1 (N = 1340). Patients admitted in W2 were of similar age, median (interquartile range), W2 = 79 (73–84); W1 = 80 (74–86); had a greater proportion of men (59.4% vs. 53.0%); had lower 28-day mortality (29.1% vs. 40.0%), compared to W1. For combined W1–W2 sample, W2 was independently associated with improved survival: time-to-mortality adjusted hazard ratio (aHR) = 0.78 [95% confidence interval (CI) 0.65–0.93], 28-day mortality adjusted odds ratio = 0.80 (95% CI 0.62–1.03). W2 was associated with increased length of hospital stay aHR = 0.69 (95% CI 0.59–0.81). Patients in W2 were less frail, CFS [adjusted mean difference (aMD) = –0.50, 95% CI –0.81, –0.18], as well as presented with lower C-reactive protein (aMD = –22.52, 95% CI –32.00, –13.04). Covid-19 older adults in W2 were less likely to die than during W1. Patients presented to hospital during W2 were less frail and with lower disease severity and less likely to have renal decline.

It Is Time For a National Strategy on Equitable Access to Assistive Technology in Canada

WANG R. H. ET WILSON M. G.

2022

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The time has come to develop and implement a Canadian strategy on equitable access to Assistive Technology (AT). AT use has significant health, social, and economic benefits for people with disabilities and older people, and benefits society by assisting to mitigate the most prominent health and social challenges of our time. Our research with citizens (with/without experiences of disabilities or AT use) and system leaders across Canada determined that access is variable and inequitable, with unmet needs, restricted funding, and inefficiencies. Collaboratively, we devised a blueprint, comprising a policy vision, three priority issues to address, principles to underpin policy actions, and short- and long-term priorities, from which to build a strategy. We hope the blueprint sparks action among citizens and health leaders, especially those working across governments, sectors, and communities to promote leadership and create a cross-jurisdictional coalition to elaborate on a national strategy and action plans for moving forward.

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