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

Veille scientifique
en économie de la santé

Watch on Health Economics Literature

Janvier 2022 / January 2022

Assurance maladie	*Health Insurance*
E-santé – Technologies médicales	*E-Health – Medical Technologies*
Économie de la santé	*Health Economics*
État de santé	*Health Status*
Géographie de la santé	*Geography of Health*
Hôpital	*Hospitals*
Inégalités de santé	*Health Inequalities*
Médicaments	*Pharmaceuticals*
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Politique de santé	*Health Policy*
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Sociologie de la santé	*Sociology of Health*
Soins de santé primaires	*Primary Health Care*
Systèmes de santé	*Health Systems*
Travail et santé	*Occupational Health*
Vieillissement	*Ageing*

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Health Insurance

Evolution of the Determinants of Unmet Health Care Needs in a Universal Health Care System: Canada, 2001–2014

ALLAN I. ET AMMI M.

2020

Health Economics, Policy and Law 16(4): 400-423.

https://www.cambridge.org/core/journals/health-economics-policy-and-law/article/evolution-of-the-determinants-of-unmet-health-care-needs-in-a-universal-health-care-system-canada-20012014/B5AE4630C742745F206CA68DEFACEB4A

While ensuring adequate access to care is a central concern in countries with universal health care coverage, unmet health care needs remain prevalent. However, subjective unmet health care needs (SUN) can arise from features of a health care system (system reasons) or from health care users' choices or constraints (personal reasons). Furthermore, investigating the evolution of SUN within a health care system has rarely been carried out. We investigate whether health needs, predisposing factors and enabling factors differentially affect SUN for system reasons and SUN for personal reasons, and whether these influences are stable over time, using representative data from the Canadian Community Health Surveys from 2001 to 2014. While SUN slightly decreased overall during our period of observation, the share of SUN for system reasons increased. Some key determinants appear to consistently increase SUN reporting over all our observation periods, in particular being a woman, younger, in poorer health or not having a regular doctor. The distinction between personal and system reasons is important to better understand individual experiences. Notably, women report more SUN for system reasons and less for personal reasons and reporting system reasons increases with age. Given this stability over time, our results may inform health policymakers on which subpopulations to target to ensure access to health care is universal.

L'assurance sociale confiée à des assureurs privés : Medicare Advantage aux États-Unis

APROBERTS L.

2021

La Revue de l'Ires 103-104(1): 75-107.

https://www.cairn.info/revue-de-l-ires-2021-1-page-75.htm

Unique assurance sociale pour la santé aux États-Unis, Medicare couvre les personnes âgées de 65 ans ou plus. Comme la couverture de Medicare n'exclut pas des restes à charge importants, ses bénéficiaires souscrivent généralement une assurance complémentaire privée. Toutefois, un autre dispositif en pleine émergence peut être souscrit par les bénéficiaires de Medicare : un contrat dit « Medicare Advantage » offert par un assureur privé qui gère un réseau de soins. Ce type de contrat est financé par Medicare et couvre les mêmes garanties, à ceci près qu'il offre en plus une couverture complémentaire. La proportion d'affiliés à Medicare qui choisissent Medicare Advantage – 40 % actuellement – augmente chaque année. Pour les assurés sociaux, les réseaux restreignent le choix des soignants mais ils réalisent des économies telles que les assurés obtiennent une meilleure couverture que Medicare sans payer davantage. Mais la concurrence entre assureurs privés impose des contrats qui réduisent la solidarité entre malades et bien portants.

La construction d'un « marché éduqué » de l'assurance santé : une réorientation de la solidarité ?

BATIFOULIER P., DUCHESNE V. ET GINON A.-S.

2021

La Revue de l'Ires 103-104(1): 21-44.

https://www.cairn.info/revue-de-l-ires-2021-1-page-21.htm

Le développement de la couverture complémentaire des frais de santé en France s'accompagne d'un mouvement de grande ampleur qui consiste à promouvoir au sein de l'ensemble du champ de l'assurance maladie complémentaire des missions et des valeurs traditionnellement caractéristiques des services publics. Nous proposons de nommer « marché éduqué » cet ensemble de dispositifs juridiques qui configurent le marché de l'assurance santé, pour l'imprégner de valeurs sociales et « l'élever » à une autre forme de mutualisation plus solidaire. Ce texte repose sur une analyse bi-disciplinaire droit et économie. Il analyse la façon dont se construit ce marché éduqué et renouvelle l'intervention publique en matière de couverture santé. À partir d'une comparaison avec les États-Unis, nous montrons que le « marché éduqué » constitue une forme moderne de résolution des contradictions entre la priorité donnée au développement du marché et la tentative de préservation de la mission sociale de la couverture des frais de santé.

▶ Le gouvernement fédéral américain au chevet de l'assurance santé

BEAUSSIER A.-L.

2021

La Revue de l'Ires 103-104(1): 109-129.

https://www.cairn.info/revue-de-l-ires-2021-1-page-109.htm

Pour beaucoup d'observateurs des politiques de santé des États-Unis, les 28 millions de personnes restant privées d'assurance maladie en 2020, dix ans après l'adoption de l'Obamacare, la réforme du système de santé emblématique du premier mandat de Barack Obama, constituent une démonstration d'échec, appelant à une réforme de la réforme. L'Affordable Care Act (ACA) avait pourtant fait le pari qu'il était possible, avec les bons instruments réglementaires et incitatifs, non seulement de soutenir et de reconstruire un marché des assurances santé qui semblait au bord de l'explosion mais également de l'inciter à endosser des objectifs de service public et de bien commun. Dix ans plus tard cependant, les limites de la réforme, à la fois en termes de couverture de la population et en termes de maîtrise des dépenses de santé alimentent de nombreuses critiques. Cette contribution revient sur la stratégie suivie par l'ACA. Elle explicite ses principaux instruments, analyse les difficultés rencontrées lors de leur mise en œuvre et discute les alternatives envisagées aujourd'hui tant du côté démocrate que du côté républicain.

▶ The Effect of Affordable Care Act Medicaid Expansions on Foster Care Admissions

BELAND L.-P., HUH J. ET KIM D.

2021

Health Economics 30(11): 2943-2951.

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4419

Recent papers have documented positive externalities of Medicaid expansions on several non-health related variables, such as crime, financial stress, child support, and child abuse. In this paper, we investigate the relationship between access to public health insurance and foster care admissions following state decisions to expand Medicaid coverage after the Affordable Care Act. Over 70% of all foster care admissions are related to child abuse incidents, which have been found to decrease following the Medicaid expansions. Our results suggest that the Medicaid expansions are associated with a large decrease in foster care admissions, driven by neglect incidents.

▶ L'étouffement progressif des OCAM

CANIARD E.

2021

Revue d'Economie Financière(143): 109-122.

La place des OCAM (organismes complémentaires d'assurance maladie) était marginale en 1945, au moment de la création de la Sécurité sociale, une minorité de Français en disposait et leur intervention se limitait à la couverture du ticket modérateur. Depuis, les régimes obligatoires se sont concentrés sur le « gros risque » délaissant les « soins courants » dont ils ne remboursent aujourd'hui que la moitié des dépenses. Les complémentaires santé sont devenues peu à peu indispensables à l'accès aux soins. Le taux de renoncement est multiplié par deux en l'absence de couverture complémentaire ; 96 % des Français en disposent aujourd'hui. Pourtant leur place est l'objet de polémiques constantes qui semblent davantage inspirées par des positions dogmatiques que par une réflexion sur ce que pourraient être les rôles respectifs des régimes obligatoires et complémentaires.

▶ Bricoler une action municipale de santé à faible coût ou rebâtir des solidarités organisées ? Regard sur la diversité des « mutuelles communales »

COMER C.

2021

La Revue de l'Ires 103-104(1): 131-155.

https://www.cairn.info/revue-de-l-ires-2021-1-page-131.htm

À partir du cas des « mutuelles communales », contrats de complémentaire santé à tarif préférentiel proposés par les élus locaux à leurs administrés, cet article examine l'élargissement à bas coût de l'intervention sociale des municipalités. Il rend en cela compte de bricolages et d'expérimentations de la part de pouvoirs publics locaux pourtant dépourvus de compétences en matière de couverture d'assurance maladie. Parce qu'il répond à un projet citoyen et social plus ou moins porté politiquement, s'insère dans les réseaux locaux d'acteurs de l'assurance, et rencontre une offre commerciale que se disputent mutuelles territoriales, réseaux de courtiers et grandes compagnies d'assurance, le déploiement des mutuelles communales donne à voir des configurations d'action publique contrastées, tant du point de vue de la portée solidaire des dispositifs que de leur pérennité économique.

▶ L'assurance maladie complémentaire des salariés au prisme du fiscal welfare... what's going wrong in France ?

DEL SOL M. ET TURQUET P.

2021

La Revue de l'Ires 103-104(1): 45-73.

https://www.cairn.info/revue-de-l-ires-2021-1-page-45.htm

Cet article interroge à la fois la rationalité, la légitimité et l'équité des dépenses socio-fiscales conditionnées à la mise en œuvre de dispositifs collectifs d'assurance maladie complémentaire en entreprise. Ces dépenses sont relativement anciennes mais ont changé de nature au 1er janvier 2016, date depuis laquelle les entreprises ont l'obligation de financer au moins à 50 % une couverture complémentaire maladie au bénéfice de leurs salariés. La logique d'incitation qui prévalait jusqu'alors a par conséquent fait place à celle du subventionnement à l'achat d'une assurance privée. Si le caractère incohérent et inégalitaire d'un tel subventionnement ainsi que l'inefficience de la juxtaposition assurance maladie obligatoire (AMO)-assurance maladie complémentaire (AMC) font l'objet de nombreux questionnements et critiques, l'assurance privée semble cependant toujours constituer l'horizon indépassable des réformes dans le champ de l'assurance maladie.

▶ Les assureurs privés au service d'un meilleur accès à certains biens de santé ?

GAY R.

2021

La Revue de l'Ires 103-104(1): 157-184.

https://www.cairn.info/revue-de-l-ires-2021-1-page-157.htm

Les réseaux de soins initiés par des organismes complémentaires d'assurance maladie correspondent à des dispositifs de contractualisation avec des professionnels de santé qui visent à réguler le prix de certains actes et équipements peu couverts par la Sécurité sociale et à réduire le reste à charge des assurés. L'article analyse leur formation et leur développement depuis la fin des années 1990 en s'intéressant au système de relations entre organisations dans lequel leur production s'inscrit. De cette manière, il rend compte de l'hétérogénéité des formats et des pratiques associés à ces dispositifs, des contestations dont ils font l'objet et de leur partielle démonétisation à la fin des années 2010 sous l'effet d'interventions étatiques recodifiant les règles d'échange de certains biens de santé. L'article donne ainsi à voir plusieurs modalités d'investissement des opérateurs privés d'assurance dans la réalisation d'un objectif civique d'amélioration de l'accès aux soins des individus.

▶ Introduction : les frontières public/privé de l'assurance santé aux États-Unis et en France

GAY R. ET SAUVIAT C.

2021

La Revue de l'Ires 103-104(1): 3-19.

https://www.cairn.info/revue-de-l-ires-2021-1-page-3.htm

Ce numéro spécial de La Revue de l'Ires porte sur l'assurance santé et, en particulier, sur le rôle des assurances privées, à but lucratif ou non, dans le financement des dépenses de santé en France et aux États-Unis. Issues pour l'essentiel de travaux menés dans le cadre de l'ANR Marché du Risque Santé (MaRiSa), les contributions présentées sur ces deux pays offrent des regards croisés qui permettent de revisiter les transformations de la couverture des dépenses de santé en France à la lumière des imbrications entre opérateurs publics et privés mises en évidence depuis longtemps outre-Atlantique. Si les deux pays se distinguent par la trajectoire historique et l'organisation de leur système de santé, ils connaissent cependant une même tendance au brouillage de la frontière public/privé en matière d'assurance santé qui se réalise à la faveur de la rétraction de l'assurance maladie obligatoire et de la reconfiguration de ses programmes. Empruntant des voies différentes en France et aux États-Unis, ce mouvement se traduit dans les deux pays par un développement de l'assurance santé privée qui s'accompagne d'une segmentation de la population et d'une fragmentation des mécanismes de solidarité, avec pour effet d'accroître les inégalités d'accès aux soins.

Assurance maladie : l'impossible colmatage du tonneau des Danaïdes

KERVASDOUE J. DE.

2021

Revue d'Economie Financière (143): 61-79.

Après un historique sur les plans d'équilibre des comptes de l'assurance maladie en France depuis 1975, cet article démontre qu'en l'absence de mécanismes autorégulateurs pour financer la part importante des dépenses de soins médicaux remboursés ou payés par la collectivité, toute recherche d'équilibre entre recettes et dépenses suppose une forte permanente intervention de l'État. Il se penche aussi sur les mécanismes d'évolution de la demande de soins et en analyse l'impact sur les dépenses, compte tenu des mécanismes de financement des professionnels de santé libéraux, des hôpitaux et des industriels, fournisseurs de biens et services médicaux car offre et demande constituent les deux logiques des mécanismes de marché.

Le financement de la santé

KERVASDOUE J. DE., OKMA K. G. H., MARMOR R., *et al.*

2021

Revue d'Economie Financière (143): 9-230.

Si en matière de politique de santé, et notamment en matière de financement des soins médicaux, les pays de la planète font face aux mêmes problèmes, ils ne les résolvent pas tous de la même manière même quand ils partagent les mêmes valeurs. Il est pourtant rare que les politiques publiques s'inspirent d'exemples étrangers. Il arrive plus fréquemment que leurs caricatures servent de repoussoir, c'est notamment le cas en France, aux États-Unis et au Royaume-Uni où la vigueur des propos est inversement proportionnelle à la connaissance de ces pays. Pour les autres États, l'ignorance est abyssale. Ce numéro de la revue d'économie financière rassemble une série d'articles français et étrangers sur cette problématique du financement de la santé.

Assurance sociale et assurance maladie aux Etats-Unis : principes et paradoxes

MARMOR T. R.

2021

Revue d'Economie Financière (143): 47-60.

Comment la santé devrait-elle être financée aux États-Unis ? Dans les années 1930, aux débuts de l'État-providence Etats-Unien, les partisans d'une couverture plus égalitaire et plus adéquate auraient répondu : « par l'assurance sociale ». Dans le contexte de la Grande Dépression, le président Roosevelt a reconnu la nécessité d'apporter une « aide financière » immédiate aux familles, la pauvreté constituant un préalable à l'éligibilité. Mais sa meilleure ligne de défense en faveur d'un rôle accru de la politique sociale Etats-Unienne était basée sur les principes de l'assurance sociale. Cet article présente un historique sur le financement la santé aux Etats-Unis et en fait une analyse.

Supplementary Private Health Insurance: The Impact of Physician Financial Incentives on Medical Practice

MILCENT C. ET ZBIRI S.

2021

Health Economics(Ahead of pub).

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4443

In the French diagnosis-related group (DRG)-based payment system, both private and public hospitals are financed by a public single payer. Public hospitals are overcrowded and have no direct financial incentives to choose one procedure over another. If a patient has a strong preference, they can switch to a private hospital. In private hospitals, the preference does come into play, but the patient has to pay for the additional cost, for which they are reimbursed if they have supplementary private health insurance. Do financial incentives from the fees received by physicians for different procedures drive their behavior? Using French exhaustive data on delivery, we find that private hospitals perform significantly more cesarean deliveries than public hospitals. However, for patients without private health insurance, the two sectors differ much less in terms of cesareans rate. We determine the impact of the financial incentive for patients who can afford the additional cost. Affordability is mainly ensured by the reimbursement of costs by private health insurance. These findings can be interpreted as evidence that, in healthcare systems where a public single payer offers universal coverage, the presence of supplementary private insurance can contribute to creating incentives on the supply side and lead to practices and an allocation of resources that are not optimal from a social welfare perspective.

Les réformes de la santé dans le monde

OKMA K. G. H. ET TENBENSEL T.

2021

Revue d'Economie Financière (143): 15-46.

Cet article présente les principales conclusions d'un projet de recherche atypique portant sur les réformes de santé de douze pays de taille petite à moyenne (généralement exclus des études comparatives internationales), initiées au début du XXIe siècle. Les dix-neuf coauteurs ont tous vécu et travaillé dans l'un ou plusieurs de ces pays. Situés sur divers continents, les pays diffèrent en termes de taille, de population, de géographie et de niveau de revenu ainsi qu'en termes de contexte culturel et politique. Pourtant, ils ont en commun des objectifs politiques visant à préserver l'accès de leur population aux soins de santé, à améliorer la santé de la population et à protéger les revenus des familles contre le coût élevé des soins médicaux – autant de politiques depuis longtemps adoptées par la plupart des pays industrialisés. Tous cherchent à modifier certaines des caractéristiques de base de leurs systèmes de santé : palette des sources de financement, propriété, administration ou modes de paiement associés aux services de santé. L'étude ne permet pas de déterminer quel est le « meilleur » modèle.

Covid

Tackling the COVID-19 Pandemic: Initial Responses in 2020 in Selected Social Health Insurance Countries in Europe

SCHMIDT A. E., MERKUR S., HAINDL A., *et al.*

2021

Health Policy(Ahead of pub).

https://doi.org/10.1016/j.healthpol.2021.09.011

Countries with social health insurance (SHI) systems display some common defining characteristics - plurality of actors and strong medical associations - that, in dealing with crisis times, may allow for common learnings. This paper analyses health system responses during the COVID-19 pandemic in eight countries representative of SHI systems in Europe (Austria, Belgium, France, Germany, Luxembourg, the Netherlands, Slovenia and Switzerland). Data collection and analysis builds on the methodology and content in the COVID-19 Health System Response Monitor (HSRM) up to November 2020.

E-santé – Technologies médicales

E-Health – Medical Technologies

L'appropriation de la télémédecine dans les Ehpad : entre contraintes organisationnelles et engagements individuels

LANGLOIS E. ET ABRAHAM M.

2021

Revue Française des Affaires sociales(2): 237-254.

https://www.cairn.info/revue-francaise-des-affaires-sociales-2021-2-page-237.htm

Le développement de la télémédecine est devenu un enjeu dans le système de soins, en particulier dans les Ehpad où il est important pour les résidents de pouvoir accéder rapidement à des consultations spécialisées tout en préservant une bonne qualité de vie. Cet article présente une étude qui montre les difficultés d'installation de la télémédecine dans les Ehpad et interroge les conditions d'appropriation de cet outil par les professionnels du soin. Basée sur une étude multisite et 25 entretiens semi-directifs, l'enquête montre que ces établissements évoluent dans un contexte organisationnel fragile qui rend difficile l'encastrement de la télémédecine dans les pratiques et routines professionnelles.

Covid

Disparities in the Use of In-Person and Telehealth Outpatient Visits Among Medicare Beneficiaries in an Accountable Care Organization During Covid-19

CAO Y. J., CHEN D., LIU Y., *et al.*

2021

Health Services Research 56(S2): 5-5.

https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.13717

The aim of this study is to investigate the extent to which telehealth visits mitigated Covid-19 pandemic-related impacts on in-person outpatient visits among Medicare beneficiaries, including those who are high-cost high-need. High-cost high-need patients were defined as those 65 years or older and with 2 or higher Hierarchical Condition Categories (HCC) scores. A difference-in-difference design was used to estimate the change in outpatient in-person and telehealth utilization for the COVID-19 pandemic cohort compared to the control cohort in the prior year. Population Studied Medicare patients from an Accountable Care Organization (ACO) were used as the study sample. The pandemic cohort was defined as those enrolled in the ACO in 2019–2020 (N = 21,361).

Rapport 21-08. La téléconsultation en médecine générale : une transformation en profondeur dans la façon de soigner

JAURY P., LARANGOT-ROUFFET C., GAY B., *et al.*

2021

Bulletin de l'Académie Nationale de Médecine 205(8): 852-856.

https://doi.org/10.1016/j.banm.2021.07.008

Fortement encouragée par les arrêtés de 2018 qui définissent les actes de télémédecine pris en charge par l'Assurance Maladie, la téléconsultation médicale s'est ancrée dans la pratique des médecins généralistes notamment à la faveur du confinement et de l'état d'urgence sanitaire. La téléconsultation a été utile pour éviter des prises de risque vis-à-vis de la Covid-19, pour assurer la surveillance des patients atteints de maladies chroniques ou pour améliorer l'accès aux soins. Au quotidien, à côté de ces avantages, il existe aussi des aléas de fonctionnement et des inconvénients qui méritent d'être évalués. Il faut s'interroger sur les conséquences de « cette autre façon de pratiquer la médecine » avec l'absence de l'examen clinique et la modification de la relation médecin–malade.

Évaluation d'un web-programme d'éducation thérapeutique pour des patients atteints de polypathologie chronique pendant le premier confinement lié à la Covid-19

LANGLUMÉ L., DAURIAT N., PELLECCHIA A., *et al.*

2021

Educ Ther Patient/Ther Patient Educ 13(1): 10401.

https://doi.org/10.1051/tpe/2021009

L'épidémie à Covid-19 a bouleversé la prise en charge des maladies chroniques et a perturbé la majorité des programmes d'éducation thérapeutique (ETP) en France. Des adaptations via le numérique se sont mises en place. Objectifs : Étude exploratoire évaluant la faisabilité et la pertinence d'un web-programme d'ETP pendant le premier confinement lié à la Covid-19 ; réflexions sur l'intérêt des web-ateliers par rapport au présentiel. Méthode : Adaptation d'un programme sur la polypathologie chronique porté par une unité transversale d'éducation du patient (UTEP), pour un web-programme hebdomadaire avec 5 web-ateliers, auto-formation et organisation de l'équipe à la pratique des web-ateliers, réflexions collectives sur l'intérêt et les limites des web-ateliers. Résultats : Du 1er avril à fin mai 2020, 51 patients ont été inclus, et 32 ont terminé un cycle éducatif (minimum 3 web-ateliers). Sur en moyenne 6,1 objectifs pédagogiques convenus au départ, 92,2 % ont été totalement ou partiellement acquis. La satisfaction moyenne à l'issue de chacun des web-ateliers se situait entre 8,42 et 9,53 sur 10. Les patients ont ressenti un soutien psychologique et une possibilité de sortir de l'isolement social. Parmi les avantages et limites des web-ateliers : meilleure accessibilité (géographique, disponibilité), maintien de la dynamique de groupe à distance, limites techniques à prendre en compte. Discussion et conclusion : Le web-programme polypathologie avec 5 web-ateliers a été jugé faisable, acceptable et pertinent par les patients et intervenants. Les ateliers en distanciel paraissent répondre aux besoins des patients en période de pandémie et au-delà.

Overcoming Telemental Health Disparities During the COVID-19 Pandemic

QIAN F., HASTINGS J. F. ET AHMED R.

2021

International Journal for Quality in Health Care 33(3).

https://doi.org/10.1093/intqhc/mzab127

Responding to the coronavirus disease-19 (COVID-19) pandemic health protective strategies has triggered an unprecedented surge in the use of telemental health services globally. An explosive growth in telemental health services has emerged due to remarkable policy and regulatory changes in reimbursements and licensure requirements. However, little is known about disparities related to telemental health services in real-world settings. We aim to present the most recent literature on telemental health disparities in the USA and propose strategies to improve equity in telemental health services during the pandemic.

Économie de la santé

Health Economics

The Economic Burden of Amyotrophic Lateral Sclerosis: A Systematic Review

ACHTERT K. ET KERKEMEYER L.

2021

The European Journal of Health Economics 22(8): 1151-1166.

https://doi.org/10.1007/s10198-021-01328-7

This systematic review aimed to comprehensively collect and summarise the current body of knowledge regarding the cost-of-illness of amyotrophic lateral sclerosis, to identify cost-driving factors of the disease and to consider the development of costs over the course of disease. Further, the review sought to assess the methodological quality of the selected studies.

Regional Differences in Healthcare Costs at the End of Life: An Observational Study Using Swiss Insurance Claims Data

BÄHLER C., RAPOLD R., SIGNORELL A., *et al.*

2020

International Journal of Public Health 65.

https://doi.org/10.1007/s00038-020-01428-w

We evaluated healthcare cost differences at the end of life (EOL) between language regions in Switzerland, accounting for a comprehensive set of variables, including treatment intensity. Methods We evaluated 9716 elderly who died in 2014 and were insured at Helsana Group, with data on final cause of death provided by the Swiss Federal Statistical Office. EOL healthcare costs and utilization, ≥ 1 ICU admission and 10 life-sustaining interventions (cardiac catheterization, cardiac assistance device implantation, pulmonary artery wedge monitoring, cardiopulmonary resuscitation, gastrostomy, blood transfusion, dialysis, mechanical ventilation, intravenous antibiotics, cancer chemotherapies) reimbursed by compulsory insurance were examined. Results Taking into consideration numerous variables, relative cost differences decreased from 1.27 (95% CI 1.19–1.34) to 1.06 (CI 1.02–1.11) between the French- and German-speaking regions, and from 1.12 (CI 1.03–1.22) to 1.08 (CI 1.02–1.14) between the Italian- and German-speaking regions, but standardized costs still differed. Contrary to individual factors, density of home-care nurses, treatment intensity, and length of inpatient stay explain a substantial part of these differences. Conclusions Both supply factors and health-service provision at the EOL vary between Swiss language regions and explain a substantial proportion of cost differences.

Remboursement : la psychologie a-t-elle un prix ?

DARMON L.

2021

Le Journal des psychologues 392(10): 7-8.

https://www.cairn.info/revue-le-journal-des-psychologues-2021-10-page-7.htm

Des séances de psy gratuites pour tous chez le psychologue en ville dès 2022. Le président de la République n'a pas ménagé son effet en présentant l'une des « mesures phares » des Assises de la santé mentale et de la psychiatrie le 28 septembre dernier. Les modalités pratiques du dispositif sont désormais détaillées sur le site du ministère des Solidarités et de la Santé. Les consultations concerneront des personnes de trois ans et plus, souffrant « de troubles légers à modérés ». Elles se feront sur prescription médicale, pour 8 séances, au tarif de 40 euros la première séance d'évaluation (durée estimée par le ministère : 55 minutes) puis de 30 euros les suivantes (40 minutes), sans dépassement d'honoraires possibles. Les psychologues seront libres de se conventionner ou non et pourront conserver un exercice libéral non conventionné en parallèle. Le dispositif « fera l'objet d'une évaluation d'ici à 2025, dans l'optique de poursuivre l'intégration des psychologues dans le parcours en santé mentale ».

Impacts of Insurance Expansion on Health Cost, Health Access, and Health Behaviors: Evidence From the Medicaid Expansion in the US

DE PRABAL K.

2021

International Journal of Health Economics and Management 21(4): 495-510.

https://doi.org/10.1007/s10754-021-09306-5

Expansion of subsidized health insurance may result in both safer and riskier health behavior and outcomes. While having insurance lowers cost barriers to receive both usual and preventive care, the lower potential cost from adverse health events may also promote risky behavior. In this paper, I exploit expansion in the Medicaid program under the Affordable Care Act to estimate the impact of insurance expansion on health outcomes and behaviors for low-income individuals in the US. I find that expansion of coverage has significantly lowered cost and increased access, particularly among minority populations, but has had no significant impact on preventive health behaviors. At the same time, I also find no evidence of moral hazard or increase risky behavior like smoking and drinking among residents of expansion states.

Value-Based Care: Requiring Conceptual Checks and International Balances

DELNOIJ D. M. J. ET STEINMANN G.

2021

European Journal of Public Health 31(4): 677-678.

https://doi.org/10.1093/eurpub/ckab052

In his viewpoint, Perelman points to three potential risks associated with reorienting health systems towards value-based care: adverse effects of pay-for-performance schemes; the existence of monopolies in innovative pharmaceutical product markets; and the risk of providing inappropriate treatments if patients' preferences should override evidence-based recommendations. In this reflection, we would like to express the need for conceptual clarification regarding the term 'value,' and argue that international cooperation can help to mitigate some of these risks, while striving for value-based care.

Incidence of Catastrophic Health Expenditure and Its Determinants in Cancer Patients: A Systematic Review and Meta-Analysis

DOSHMANGIR L., HASANPOOR E., ABOU JAOUDE G. J., *et al.*

2021

Applied Health Economics and Health Policy 19(6): 839-855.

https://doi.org/10.1007/s40258-021-00672-2

Cancer is the third leading cause of mortality in the world, and cancer patients are more exposed to financial hardship than other diseases. This paper aimed to review studies of catastrophic healthcare expenditure (CHE) in cancer patients, measure their level of exposure to CHE, and identify factors associated with incidence of CHE.

Correction To: Incidence of Catastrophic Health Expenditure and Its Determinants in Cancer Patients: A Systematic Review and Meta-Analysis

DOSHMANGIR L., HASANPOOR E., ABOU JAOUDE G. J., *et al.*

2021

Applied Health Economics and Health Policy 19(6): 953-953.

https://doi.org/10.1007/s40258-021-00686-w

Long-Term Cost of Breast Cancer Treatment to the United States Medicare Program By Stage at Diagnosis

GRADY I., GRADY S. ET CHANISHEVA N.

2021

The European Journal of Health Economics 22(9): 1365-1370.

https://doi.org/10.1007/s10198-021-01315-y

Breast cancer treatment includes increasingly complex and expensive treatments. Accordingly, the current estimates of the cost of breast cancer treatment are out of date.

Out-Of-Pocket Costs Associated with Head and Neck Cancer Treatment

KHAN M. N., HUENIKEN K., MANOJLOVIC-KOLARSKI M., *et al.*

2021

Cancer Reports(Ahead of pub): e1528.

https://onlinelibrary.wiley.com/doi/abs/10.1002/cnr2.1528

Out-of-pocket costs (OOPC) associated with treatment have significant implications on quality of life and survival in cancer patients. Head and neck cancer patients face unique treatment-related challenges, but to date OOPC have been understudied in this population. Aims This study aims to identify and measure OOPC for patients with head and neck cancer (HNC) in Ontario. Methods HNC patients between 2015 and 2018 at Princess Margaret Cancer Centre in Toronto were recruited. A total of 1545 questionnaires were completed by 657 patients. Median estimated OOPC for the total duration of treatment for participants undergoing chemoradiation was $1452 [$0–14 616], for surgery with adjuvant radiation or chemoradiation (C/RT) was $1626, for radiation therapy alone was $635, and for surgery alone was $360. The major expenses for participants at the mid-treatment time-point was travel (mean $424, standard error of the mean [SEM] $34) and meals, parking, and accommodations (mean $617, SEM $67).

The Rural Tax: Comprehensive Out-Of-Pocket Costs Associated with Patient Travel in British Columbia

KORNELSEN J., KHOWAJA A. R., AV-GAY G., *et al.*

2021

BMC Health Serv Res 21(1): 854.

https://doi.org/10.1186/s12913-021-06833-2

A significant concern for rural patients is the cost of travel outside of their community for specialist and diagnostic care. Often, these costs are transferred to patients and their families, who also experience stress associated with traveling for care. We sought to examine the rural patient experience by (1) estimating and categorizing the various out of pocket costs associated with traveling for healthcare and (2) describing and measuring patient stress and other experiences associated with traveling to seek care, specifically in relation to household income. These key findings highlight the existing inequities between rural and urban patient access to health care and how these inequities are exacerbated by a patient's overall travel-distance and financial status. This study can directly inform policy related efforts towards mitigating the rural-urban gap in access to health care.

The Incidence of the Healthcare Costs of Chronic Conditions

LEE K. M. ET JEUNG C.

2021

International Journal of Health Economics and Management 21(4): 473-493.

https://doi.org/10.1007/s10754-021-09305-6

Who pays for the costs of chronic conditions? In this paper, we examine whether 50–64-year-old workers covered by employer-sponsored insurance bear healthcare costs of chronic conditions in the form of lower wages. Using a difference-in-differences approach with data from the Health and Retirement Study, we find that workers with chronic diseases receive significantly lower wages than healthy workers when they are covered by employer-sponsored insurance. Our findings suggest that higher healthcare costs of chronic conditions can explain the substantial part of the wage gap between workers with and without chronic diseases.

Incentives For Physician Teams: Effectiveness of Performance Feedback and Payment Distribution Methods

LIANG L.-L., TUSSING A. D., HUANG N., *et al.*

2021

Health Policy 125(10): 1377-1384.

https://doi.org/10.1016/j.healthpol.2021.07.007

Best practices in team-based incentive design remain underexplored. This study examines under group-based pay-for-performance, how managers incentivize physicians for teamwork through internal feedback and payment distribution methods. In collaboration with Taiwan Association of Family Medicine, authors conducted a national survey of physician groups, with a response rate of 48.3%. Multilevel linear regression was applied to 134 groups, collectively consisting of 1,245 physicians in Taiwan. The outcome variables were two manager-rated scores for group performance on achieving (a) comprehensive, coordinated, continuous care, and (b) patient health improvement. The results indicate that providing each physician feedback on peer performance is superior to not providing it; when providing peer information within a group, concealing identities is superior to revealing them. These findings imply that application of the principle of social comparison can be effective; however, caution should be taken when disclosure of identifiable peer performance may intensify peer competition and undermine care coordination in team-based models. Further, groups that distribute payments equally among physicians perform better than groups that distributed payment proportionally to physicians' patient shares. The findings are germane to small teams, where physicians do not have full control over care processes and outcomes and need to work cooperatively to maximize group-based payment.

Unequal Distribution of Financial Toxicity Among People with Cancer and Its Impact on Access to Care: A Rapid Review

LONGO C. J. ET FITCH M. I.

2021

Current Opinion in Supportive and Palliative Care 15(3): 157-161.

https://doi.org/10.1097/spc.0000000000000561

Research demonstrates that patients and their families often carry a good portion of the economic burden during and following cancer treatment, frequently resulting in implications for access to care. This rapid review summarizes how this knowledge has evolved in recent years. Recent findings The number of articles on patient financial burden is increasing, suggesting awareness about the growing impact of economic burden on patients. This is particularly evident when discussing out-of-pocket costs, and lost work for patients/caregivers. However, there is an increasing focus on 'foregone care' and 'financial distress'. Additionally, emerging literature is examining policies and approaches to screen and/or mitigate these patient financial risks, thereby improving access to care. There is also increasing focus on populations that shoulder a disproportionate financial burden, including ethnic minorities (blacks, Asians, Latinos) as well as those with lower socioeconomic status. Additionally, there is evidence that this burden also affects the middle class. Summary As healthcare budgets become stretched, especially during a pandemic, supportive programs benefiting the less fortunate often shrink, which impacts access to care. The emerging research on strategies with government or institutions to mitigate these burdens and access issues are both welcome and needed.

Patient-Reported Outcomes Among Vulnerable Populations in the Medicare Bundled Payments For Care Improvement Initiative

MCCLELLAN S. R., TROMBLEY M. J., MAUGHAN B. C., *et al.*

2021

Medical Care 59(11): 980-988.

https://doi.org/10.1097/mlr.0000000000001644

The Centers for Medicare & Medicaid Services Bundled Payments for Care Improvement (BPCI) initiative tested whether episode-based payment models could reduce Medicare payments without harming quality. Among patients with vulnerabilities, BPCI appeared to effectively reduce payments while maintaining the quality of care. However, these findings could overlook potential adverse patient-reported outcomes in this population. Research Design: We surveyed beneficiaries with 4 characteristics (Medicare-Medicaid dual eligibility; dementia; recent institutional care; or racial/ethnic minority) treated at BPCI-participating or comparison hospitals for congestive heart failure, sepsis, pneumonia, or major joint replacement of the lower extremity. We estimated risk-adjusted differences in patient-reported outcomes between BPCI and comparison respondents, stratified by clinical episode and vulnerable characteristic. Measures: Patient care experiences during episodes of care and patient-reported functional outcomes assessed roughly 90 days after hospitalization. Results: We observed no differences in self-reported functional improvement between BPCI and comparison respondents with vulnerable characteristics. Patient-reported care experience was similar between BPCI and comparison respondents in 11 of 15 subgroups of clinical episode and vulnerability. BPCI respondents with congestive heart failure, sepsis, and pneumonia were less likely to indicate positive care experiences than comparison respondents for at least 1 subgroup with vulnerabilities. Conclusions: As implemented by hospitals, BPCI Model 2 was not associated with adverse effects on patient-reported functional status among beneficiaries who may be vulnerable to reductions in care. Hospitals participating in heart failure, sepsis or pneumonia bundled payment episodes should focus on patient care experience while implementing changes in care delivery.

Cost Effectiveness of Breast Cancer Screening and Prevention: A Systematic Review with a Focus on Risk-Adapted Strategies

MÜHLBERGER N., SROCZYNSKI G., GOGOLLARI A., *et al.*

2021

The European Journal of Health Economics 22(8): 1311-1344.

https://doi.org/10.1007/s10198-021-01338-5

Benefit and cost effectiveness of breast cancer screening are still matters of controversy. Risk-adapted strategies are proposed to improve its benefit-harm and cost–benefit relations. Our objective was to perform a systematic review on economic breast cancer models evaluating primary and secondary prevention strategies in the European health care setting, with specific focus on model results, model characteristics, and risk-adapted strategies.

Differences in Health Care Spending and Utilization Among Older Frail Adults in High-Income Countries: ICCONIC Hip Fracture Persona

PAPANICOLAS I., FIGUEROA J. F., SCHOENFELD A. J., *et al.*

2021

Health Services Research 56(S3): 1335-1346.

https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.13739

This study explores differences in spending and utilization of health care services for an older person with frailty before and after a hip fracture. Data Sources We used individual-level patient data from five care settings. Study Design We compared utilization and spending of an older person aged older than 65 years for 365 days before and after a hip fracture across 11 countries and five domains of care as follows: acute hospital care, primary care, outpatient specialty care, post–acute rehabilitative care, and outpatient drugs. Utilization and spending were age and sex standardized. Data Collection/Extraction Methods The data were compiled by the International Collaborative on Costs, Outcomes, and Needs in Care (ICCONIC) across 11 countries as follows: Australia, Canada, England, France, Germany, the Netherlands, New Zealand, Spain, Sweden, Switzerland, and the United States. Principal Findings The sample ranged from 1859 patients in Spain to 42,849 in France. Mean age ranged from 81.2 in Switzerland to 84.7 in Australia. Most patients across countries were female. Relative to other countries, the United States had the lowest inpatient length of stay (11.3), but the highest number of days were spent in post–acute care rehab (100.7) and, on average, had more visits to specialist providers (6.8 per year) than primary care providers (4.0 per year). Across almost all sectors, the United States spent more per person than other countries per unit ($13,622 per hospitalization, $233 per primary care visit, $386 per MD specialist visit). Patients also had high expenditures in the year prior to the hip fracture, mostly concentrated in the inpatient setting. Conclusion Across 11 high-income countries, there is substantial variation in health care spending and utilization for an older person with frailty, both before and after a hip fracture. The United States is the most expensive country due to high prices and above average utilization of post–acute rehab care.

Value-Based Care: A Good Idea, Many Caveats

PERELMAN J.

2021

European Journal of Public Health 31(4): 676-677.

https://doi.org/10.1093/eurpub/ckab026

The advantages of reorienting the health system toward value-based care are known.1 First, the focus on 'service production' decreases, contrary to hospital financing in several countries, where the payment per service prevails.2 Unnecessary acts are diminished that do not create value because benefits do not justify their costs. Second, as the focus is on health outcomes, prevention and health promotion are favored. Third, as the focus is not on the provision of services by a particular professional or institution, integration of care is promoted. However, there are major risks that must be considered, notably the way(s) in which the idea is conceived, implemented and can be used.

▶ Need, Demand, Supply in Health Care: Working Definitions, and Their Implications For Defining Access

RODRIGUEZ SANTANA I., MASON A., GUTACKER N., *et al.*

2021

Health Economics, Policy and Law: 1-13.

https://doi.org/10.1017/S1744133121000293

Effective policymaking in health care systems begins with a clear typology of the terminology – need, demand, supply and access to care – and their interrelationships. However, the terms are contested and their meaning is rarely stated explicitly. This paper offers working definitions of need, demand and supply. We draw on the international literature and use a Venn diagram to explain the terms. We then define access to care, reviewing alternative and competing definitions from the literature. We conclude by discussing potential applications of our conceptual framework to help to understand the interrelationships and trade-offs between need, demand, supply and access in health care.

▶ The Effect of Monthly Cost-Sharing Limits on Out-Of-Pocket Costs For Privately Insured Patients

SHAFER P., HORNÝ M. ET DUSETZINA S.

2021

Health Services Research 56(S2): 23-23.

https://doi.org/10.1111/1475-6773.13749

Despite the Affordable Care Act increasing access to health insurance for millions of previously uninsured Americans, underinsurance is a persistent problem. A key contributor to underinsurance is growing enrollment in high deductible health plans for those on the health insurance exchanges and in employer-sponsored health plans. Because annual deductibles do not reflect the economic realities of how people are paid or how they pay for other expenses, it is worthwhile to consider alternatives to annual cost-sharing limits as an option for improving access to care. Study Design We used the 2018 IBM MarketScan Commercial Claims and Encounters database to assess changes in patient out-of-pocket and plan spending under either a $250 or $500 in-network monthly out-of-pocket maximum. We also estimated spending assuming uncapped out-of-network costs or with $500 or $1,000 monthly out-of-network out-of-pocket maximums. We calculated the percentage of enrollees who would benefit from each scenario and share of total costs shifted back to plans as a percentage of total health care spending under each scenario. Population Studied Those under age 65 who were enrolled for the full year, excluding those in HMO or POS with capitation plans. Conclusions Instead of a large annual deductible, plans could spread the annual deductible over the year to improve affordability for patients. Patients with acute illnesses could get necessary care without facing a deductible that is more than their monthly take-home pay, and those with chronic needs would be better able to spread their costs throughout the year instead of facing a single large bill at the beginning of every year. There may be some increases in so-called inefficient health care use, commonly referred to as moral hazard, due to lower cost-sharing; however, there is a practical limit to the amount of care that can be scheduled within one month. Conversely, under the current annual cost-sharing limits, patients who reach their out-of-pocket maximum early have the opportunity to use care with no cost-sharing for a substantial portion of the year. Implications for Policy or Practice Monthly cost-sharing limits could improve affordability of care for those in high-deductible health plans.

▶ An International Comparison of Long-Term Care Trajectories and Spending Following Hip Fracture

WODCHIS W. P., OR Z., BLANKART C. R., *et al.*

2021

Health Services Research(Ahead of pub).

https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.13864

The objectives of this study are to compare the relative use of different postacute care settings in different countries and to compare three important outcomes as follows: total expenditure, total days of care in different care settings, and overall longevity over a 1-year period following a hip fracture. Data Sources We used administrative data from hospitals, institutional and home-based long-term care (LTC), physician visits, and medications compiled by the International Collaborative on Costs, Outcomes, and Needs in Care (ICCONIC) from five countries as follows: Canada, France, Germany, the Netherlands, and Sweden. Study Design This is a retrospective cohort study of all individuals admitted to acute care for hip fracture. Descriptive comparisons were used to examine aggregate institutional and home-based postacute care. Care trajectories were created to track sequential care settings after acute-care discharge through institutional and community-based care in three countries where detailed information allowed. Comparisons in patient characteristics, utilization, and costs were made across these trajectories and countries. Principal Findings Across five countries with complete LTC data, we found notable variations with Germany having the highest days of home-based services with relatively low costs, while Sweden incurred the highest overall expenditures. Comparisons of trajectories found that France had the highest use of inpatient rehabilitation. Germany was most likely to discharge hip fracture patients to home. Over 365 days, France averaged the highest number of days in institution with 104, Canada followed at 94, and Germany had just 87 days of institutional care on average. Conclusion In this comparison of LTC services following a hip fracture, we found international differences in total use of institutional and noninstitutional care, longevity, and total expenditures. There exist opportunities to organize postacute care differently to maximize independence and mitigate costs.

Towards a New Understanding of Unmet Medical Need

ZHANG K., KUMAR G. ET SKEDGEL C.

2021

Applied Health Economics and Health Policy 19(6): 785-788.

https://doi.org/10.1007/s40258-021-00655-3

‘Unmet medical need’ (UMN) is a central concept in the incentivisation and development of new health technologies, and the identification of a particular medical need as ‘unmet’ is intended to encourage innovation in that area [1]. A meaningful distinction is essential for informed decision making and priority setting by a range of stakeholders including public research funders (e.g. Horizon Europe), health regulators (e.g. the European Medicines Agency), national and multi-national health technology assessment (HTA) agencies (e.g. EUnetHTA), patients and patient advocates, and the pharmaceutical industry.

Covid

Macro-Level Efficiency of Health Expenditure: Estimates For 15 Major Economies

CHEN S., KUHN M., PRETTNER K., *et al.*

2021

Social Science & Medicine 287: 114270.

https://doi.org/10.1016/j.socscimed.2021.114270

The coronavirus disease 2019 (Covid-19) pandemic highlights the importance of strong and resilient health systems. Yet how much a society should spend on healthcare is difficult to determine because additional health expenditures imply lower expenditures on other types of consumption. Furthermore, the welfare-maximizing (“efficient”) aggregate amount and composition of health expenditures depend on efficiency concepts at three levels that often get blurred in the debate. While the understanding of efficiency is good at the micro- and meso-levels—that is, relating to minimal spending for a given bundle of treatments and to the optimal mix of different treatments, respectively—this understanding rarely links to the efficiency of aggregate health expenditure at the macroeconomic level. While micro- and meso-efficiency are necessary for macro-efficiency, they are not sufficient. We propose a novel framework of a macro-efficiency score to assess welfare-maximizing aggregate health expenditure. This allows us to assess the extent to which selected major economies underspend or overspend on health relative to their gross domestic products per capita. We find that all economies under consideration underspend on healthcare with the exception of the United States. Underspending is particularly severe in China, India, and the Russian Federation. Our study emphasizes that the major and urgent issue in many countries is underspending on health at the macroeconomic level, rather than containing costs at the microeconomic level.

Balancing Financial Incentives During COVID-19: A Comparison of Provider Payment Adjustments Across 20 Countries

WAITZBERG R., GERKENS S., DIMOVA A., *et al.*

2021

Health Policy(Ahead of pub).

https://doi.org/10.1016/j.healthpol.2021.09.015

Provider payment mechanisms were adjusted in many countries in response to the COVID-19 pandemic in 2020. Our objective was to review adjustments for hospitals and healthcare professionals across 20 countries. We developed an analytical framework distinguishing between payment adjustments compensating income loss and those covering extra costs related to COVID-19. Information was extracted from the Covid-19 Health System Response Monitor (HSRM) and classified according to the framework. We found that income loss was not a problem in countries where professionals were paid by salary or capitation and hospitals received global budgets. In countries where payment was based on activity, income loss was compensated through budgets and higher fees. New FFS payments were introduced to incentivize remote services. Payments for COVID-19 related costs included new fees for out- and inpatient services but also new PD and DRG tariffs for hospitals. Budgets covered the costs of adjusting wards, creating new (ICU) beds, and hiring staff. We conclude that public payers assumed most of the COVID-19-related financial risk. In view of future pandemics policymakers should work to increase resilience of payment systems by: (1) having systems in place to rapidly adjust payment systems; (2) being aware of the economic incentives created by these adjustments such as cost-containment or increasing the number of patients or services, that can result in unintended consequences such as risk selection or overprovision of care; and (3) periodically evaluating the effects of payment adjustments on access and quality of care.

État de santé

Health Status

Prevalence of Asthma Among Adults in France, Data From the Constances Cohort Study

DELMAS M. C., BÉNÉZET L., RIBET C., *et al.*

2021

Rev Mal Respir. 38(8): 797-806.

The objectives of our study were to estimate the prevalence of asthma in adults in France and to study the effects of gender on the associations of asthma with the corpulence and socio-economic characteristics of individuals. METHODS: We estimated the prevalence of current asthma (asthma attack in the past 12 months or current treatment for asthma) from data collected at inclusion in the Constances cohort study in 2013-2014. Analyses were performed separately in men and women, using robust Poisson regression for multivariate analysis. RESULTS: Using data from 34,100 participants in the cohort (men: 47.7 %; mean age: 44.6 years), the prevalence of current asthma was estimated to be 5.8 % (5.1 % in men, 6.4 % in women). The risk of asthma was increased in women with high body mass index (BMI) or waist circumference. In men, only a high waist circumference was associated with an increased risk of asthma. An association with low socioeconomic status was observed only among women. CONCLUSION: The associations of asthma with corpulence and socioeconomic status differed between men and women. Additional analyses should provide a better understanding of the mechanisms responsible for these differences.

Les perturbateurs endocriniens : dossier

GLORENNEC P., MARANO F. *et al.*

2021

Actualité Et Dossier En Santé Publique(115): 12-58.

La problématique de la perturbation endocrinienne induite par des contaminants chimiques environnementaux dans les produits de consommation est à l’origine de nombreuses controverses. Elle est riche en paradoxes, qui sont abordés dans ce dossier, qui fait le point sur les aspects suivants : définitions, sources et enjeux ; méthodes et enjeux de la recherche ; réglementation ; formation et actions de prévention....

Prevalence and Correlates of Physical Inactivity in Adults Across 28 European Countries

NIKITARA K., ODANI S., DEMENAGAS N., *et al.*

2021

European Journal of Public Health 31(4): 840-845.

https://doi.org/10.1093/eurpub/ckab067

Physical activity/inactivity is impacted by a plethora of intertwined factors. There are a limited number of studies on physical activity/inactivity that provide a European cross-country perspective. This study aims to present the prevalence and correlates of physical activity in adults across the 28 European Union (EU) member states. This is a secondary dataset analysis of the Special Eurobarometer 472 data on physical activity. The cross-sectional survey was conducted during December 2–11 in 2017 across 28 European countries. The data consisted of 1000 respondents aged 15 years per country. The current analysis was restricted to adults aged 18–64 years (n = 19 645). More than one in three (36.2%, 95% CI: 35.1–37.3) adults in the EU were physically inactive, with substantial cross-country differences noted. Women were less likely than men to be adequately or highly physically active (aOR: 0.86, 95% CI: 0.78–0.95). Similarly, adults at the age of 40–54 (aOR: 0.65, 95% CI: 0.52–0.81) and 55–64 (aOR: 0.61, 95% CI: 0.49–0.77) were less likely to have moderate or high levels of physical activity in comparison with those 18–24 years of age. Finally, high SES was positively associated with physical activity (aOR: 1.4, 95% CI: 1.16–1.69).A notable percentage of adults in Europe are physically inactive. Further research is needed to elucidate the factors behind the cross-country differences and identify potential policy actions that may support adopting a physically active lifestyle and decrease the inequalities related to physical activity across Europe.

Health State Utility Values By Cancer Stage: A Systematic Literature Review

POURRAHMAT M.-M., KIM A., KANSAL A. R., *et al.*

2021

The European Journal of Health Economics 22(8): 1275-1288.

https://doi.org/10.1007/s10198-021-01335-8

Cancer diagnoses at later stages are associated with a decrease in health-related quality of life (HRQOL). Health state utility values (HSUVs) reflect preference-based HRQOL and can vary based on cancer type, stage, treatment, and disease progression. Detecting and treating cancer at earlier stages may lead to improved HRQOL, which is important for value assessments. We describe published HSUVs by cancer type and stage.

Risk Factors and Their Contribution to Population Health in the European Union (EU-28) Countries in 2007 and 2017

SANTOS J. V., GORASSO V., SOUZA J., *et al.*

2021

European Journal of Public Health 31(5): 958-967

https://doi.org/10.1093/eurpub/ckab145

The Global Burden of Disease (GBD) study has generated a wealth of data on death and disability outcomes in Europe. It is important to identify the disease burden that is attributable to risk factors and, therefore, amenable to interventions. This paper reports the burden attributable to risk factors, in deaths and disability-adjusted life years (DALYs), in the 28 European Union (EU) countries, comparing exposure to risks between them, from 2007 to 2017.Retrospective descriptive study, using secondary data from the GBD 2017 Results Tool. For the EU-28 and each country, attributable (all-cause) age-standardized death and DALY rates, and summary exposure values are reported. In 2017, behavioural and metabolic risk factors showed a higher attributable burden compared with environmental risks, with tobacco, dietary risks and high systolic blood pressure standing out. While tobacco and air quality improved significantly between 2007 and 2017 in both exposure and attributable burden, others such as childhood maltreatment, drug use or alcohol use did not. Despite significant heterogeneity between EU countries, the EU-28 burden attributable to risk factors decreased in this period. Accompanying the improvement of population health in the EU-28, a comparable trend is visible for attributable burden due to risk factors. Besides opportunities for mutual learning across countries with different disease/risk factors patterns, good practices (i.e. tobacco control in Sweden, air pollution mitigation in Finland) might be followed. On the opposite side, some concerning cases must be highlighted (i.e. tobacco in Bulgaria, Latvia and Estonia or drug use in Czech Republic).

Covid

Quantifying Impacts of the Covid-19 Pandemic Through Life-Expectancy Losses: A Population-Level Study of 29 Countries

ABURTO J. M., SCHÖLEY J., KASHNITSKY I., *et al.*

2021

International Journal of Epidemiology(Ahead of pub).

https://doi.org/10.1093/ije/dyab207

Variations in the age patterns and magnitudes of excess deaths, as well as differences in population sizes and age structures, make cross-national comparisons of the cumulative mortality impacts of the Covid-19 pandemic challenging. Life expectancy is a widely used indicator that provides a clear and cross-nationally comparable picture of the population-level impacts of the pandemic on mortality. Life tables by sex were calculated for 29 countries, including most European countries, Chile and the USA, for 2015–2020. Life expectancy at birth and at age 60 years for 2020 were contextualized against recent trends between 2015 and 2019. Using decomposition techniques, we examined which specific age groups contributed to reductions in life expectancy in 2020 and to what extent reductions were attributable to official Covid -19 deaths. Life expectancy at birth declined from 2019 to 2020 in 27 out of 29 countries. Males in the USA and Lithuania experienced the largest losses in life expectancy at birth during 2020 (2.2 and 1.7 years, respectively), but reductions of more than an entire year were documented in 11 countries for males and 8 among females. Reductions were mostly attributable to increased mortality above age 60 years and to official Covid -19 deaths. The Covid -19 pandemic triggered significant mortality increases in 2020 of a magnitude not witnessed since World War II in Western Europe or the breakup of the Soviet Union in Eastern Europe. Females from 15 countries and males from 10 ended up with lower life expectancy at birth in 2020 than in 2015.

Taking Care of the Ordinary in Extraordinary Times—Delayed Routine Care Means More Morbidity and Pre-Mature Mortality

CUSCHIERI S. ET MAMO J.

2021

European Journal of Public Health 31(Supplement_4): iv27-iv30.

https://doi.org/10.1093/eurpub/ckab156

Individuals with chronic diseases are more susceptible to its grave complications and negative outcomes if infected by Covid -19. Furthermore, mandatory isolation and cancellations of routine healthcare services led to the disruption of the screening and management plans for chronic diseases. Fear of attending health services as well as disruptions to public transport are other factors increasing health risks among persons with chronic conditions during the pandemic. Ensuring access to universal healthcare services, increasing use of digital services, targeted interventions to risk groups are examples of measures that need to be taken when reviewing health systems preparedness for future pandemics and other disasters.

Comparing the Impact on Covid -19 Mortality of Self-Imposed Behavior Change and of Government Regulations Across 13 Countries

JAMISON J. C., BUNDY D., JAMISON D. T., *et al.*

2021

Health Services Research 56(5): 874-884.

https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.13688

Countries have adopted different approaches, at different times, to reduce the transmission of coronavirus disease 2019 (Covid -19). Cross-country comparison could indicate the relative efficacy of these approaches. We assess various nonpharmaceutical interventions (NPIs), comparing the effects of voluntary behavior change and of changes enforced via official regulations, by examining their impacts on subsequent death rates. Data Sources Secondary data on Covid -19 deaths from 13 European countries, over March–May 2020. Study Design We examine two types of NPI: the introduction of government-enforced closure policies and self-imposed alteration of individual behaviors in the period prior to regulations. Principal Findings Voluntarily reduced mobility, occurring prior to government policies, decreases the percent change in deaths per day by 9.2 percentage points (pp) (95% confidence interval [CI] 4.5–14.0 pp). Government closure policies decrease the percent change in deaths per day by 14.0 pp (95% CI 10.8–17.2 pp). Disaggregating government policies, the most beneficial for reducing fatality, are intercity travel restrictions, canceling public events, requiring face masks in some situations, and closing nonessential workplaces. Other sub-components, such as closing schools and imposing stay-at-home rules, show smaller and statistically insignificant impacts. Conclusions NPIs have substantially reduced fatalities arising from COVID-19. Importantly, the effect of voluntary behavior change is of the same order of magnitude as government-mandated regulations. These findings, including the substantial variation across dimensions of closure, have implications for the optimal targeted mix of government policies as the pandemic waxes and wanes, especially given the economic and human welfare consequences of strict regulations.

Géographie de la santé

Geography of Health

A Comparison of Methods For Measuring Spatial Access to Health Care

DRAKE C., NAGY D., NGUYEN T., *et al.*

2021

Health Services Research 56(5): 777-787.

https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.13700

The aim of this paper is to compare measures of spatial access to care commonly used by policy makers and researchers with the more comprehensive enhanced two-step floating catchment area (E2SFCA) method. Study Setting Fourteen southwestern Pennsylvania counties. Study Design We estimated spatial access to buprenorphine-waivered prescribers using three commonly used measures—Euclidean travel distance to the closest prescriber, travel time to the closest provider, and provider-to-population ratios—and the E2SFCA.

Geographical Accessibility to Primary Health Care in Finland – Grid-Based Multimodal Assessment

KOTAVAARA O., NIVALA A., LANKILA T., *et al.*

2021

Applied Geography 136: 102583.

https://doi.org/10.1016/j.apgeog.2021.102583

Geographic accessibility of health services is one of the key dimensions affecting health care access, utilisation and may impact population health. We analysed countrywide space-time accessibility to primary health services by private car and multimodal walk-ride-walk travel chains of public transport in Finland. The analysis utilises register-based population grid cell data at 250m × 250 m resolution, road network with scheduled public transport data and geocoded locations of four types of primary health service. Our results show that the Finnish population reaches primary health services well, also by public transport, which is most beneficial in urban fringes, where health services are not immediately available. However, accessibility of services may be limited for some segments of the population, such as carless households located in remote areas, and teenagers who access health services independently. Distinct regional differences exist in accessibility, particularly in rural areas. The continuous pressure to reduce the number of service facilities may further deter service accessibility of these segments of the population. As this kind of transport disadvantage may create or reinforce social disadvantage and exclusion, as well as health inequalities, ensuring an equal access to primary health services is important.

Examining Longitudinal Patterns of Individual Neighborhood Deprivation Trajectories in the Province of Quebec: A Sequence Analysis Application

LETARTE L., GAGNON P., MCKAY R., *et al.*

2021

Social Science & Medicine 288: 113695.

https://doi.org/10.1016/j.socscimed.2021.113695

Exposure to neighborhood deprivation has been associated with a number of health, behavioral and sociological outcomes. However, many negative outcomes associated with deprivation have a long latency and may be influenced by varying exposure to neighborhoods throughout time. Capturing the longitudinal exposure to neighborhood deprivation is methodologically complex when one wishes to include life course notions of order, duration and timing. In a sample of 60,555 participants, aged 12 years and older (representative of the population of the Province of Quebec in Canada) our objectives were to: 1) Create an indicator for neighborhood deprivation trajectories; 2) compare trajectories with cross-sectional and cumulative neighborhood deprivation; 3) identify individual socioeconomic determinants of membership to a trajectory cluster.

Physicians' Experiences Working in Emergency Medicine in a Rural Area in Northern Sweden: A Qualitative Study

SETRINEN HANSEN N. M., MIKKELSEN S., BRUUN H., *et al.*

2021

Rural Remote Health 21(3): 6672.

https://doi.org/10.22605/rrh6672

Working in emergency medicine in rural areas may entail challenges due to absence of medical backup, difficulties in logistics, lack of healthcare system coordination, and, potentially, feelings of loneliness. The aim of this study was to elucidate the experiences of physicians working in an emergency medical setting in a rural area in Northern Sweden. A qualitative study was performed based on semi-structured interviews. Six physicians were interviewed. The interviews were transcribed and analysed using the systematic text condensation method. Rural physicians described thriving in the rural environment. Four main themes were identified as important to their wellbeing and job satisfaction. They described close relations to the nearest referral centre, where they felt connected to the personnel in the centre. The participants described this as a crucial factor aiding their everyday work in emergency medicine. The rural physicians underlined educational and professional development individually, in teams training sessions, and through the locally created rural residency program for rural GPs as important. They expressed an adaptability to the rural environment and described having a problem-solving attitude. Additionally, they found a functional transport system crucial as part of their workflow. Overall, the rural physicians thrived in the rural environment where interpersonal relations and creative initiatives along with a customised rural residency program prepared the physicians to work in rural areas. Despite the long distances between hospitals and health clinics, the physicians rarely felt alone in the field and the general well-functioning transport system with possibility for improvisations aided them in medical emergencies.

L'aménagement du territoire français en phases : les référentiels d'action publique pour éclairer une « historité » confuse

THIARD P.

2021

Annales de géographie 741(5): 60-83.

https://www.cairn.info/revue-annales-de-geographie-2021-5-page-60.htm

Un réexamen de l'aménagement du territoire français au croisement des concepts de la géohistoire et de l'approche cognitive des politiques publiques (référentiels d'action publique) ouvre des perspectives nouvelles pour une nouvelle compréhension des temporalités propres à cette modalité d'action (émergences, rythmes, décalages, transitions, sens…). Grâce au concept de régime de réflexivité proposé par les politistes ayant théorisé ce courant de la science politique, il est possible d'expliciter l'articulation complexe de la pensée et de l'action aménagiste puis de révéler trois des constantes de l'aménagement du territoire en France que sont, selon des modalités renouvelées lors des changements de référentiel, le rapport de la société aux inégalités spatiales, la revendication de l'équilibre et la scalabilité.

Covid

Quantifying the Impact of Regional Variations in Covid -19 Infections and Hospitalisations Across Ireland

ROE M., WALL P., MALLON P., *et al.*

2021

European Journal of Public Health(Ahead of pub).

https://doi.org/10.1093/eurpub/ckab173

As most Covid -19 transmission occurs locally, targeted measures where the likelihood of infection and hospitalisation may be a prudent risk management strategy. To date, in the Republic of Ireland, a regional comparison of Covid -19 cases and hospitalisations has not been completed. Here we investigate (1) the variation in rates of confirmed infection and hospital admissions within geographical units of the Republic of Ireland, and (2) frequency of deviations in risk of infection or risk of hospitalization analysed routinely-collected, publicly-available data available from the national Health Protection and Surveillance Centre (HPSC) and Health Service Executive (HSE) from nine geographical units, known as Community Health Organisation (CHO) areas.

A Statewide Voluntary Movement Addressing the Shortage of Medical Supplies During the Covid -19 Pandemic

KRAUSE M., HENDERSON A., GRINER D., *et al.*

2021

American Journal of Public Health 111(9): 1595-1599.

https://doi.org/10.2105/AJPH.2021.306364

During the Covid -19 pandemic, a shortage of personal protective equipment compromised efficient patient care and provider safety. Volunteers from many different backgrounds worked to meet these demands. Additive manufacturing, laser cutting, and alternative supply chains were used to produce, test, and deliver essential equipment for health care workers and first responders. Distributed equipment included ear guards, face shields, and masks. Contingent designs were created for powered air-purifying respirator hoods, filtered air pumps, intubation shields, and N95 masks.

Hôpital

Hospitals

The Future of Hospital Quality of Care Policy: A Multi-Stakeholder Discrete Choice Experiment in Flanders, Belgium

BROUWERS J., COX B., VAN WILDER A., *et al.*

2021

Health Policy 125(12):1565-1573

https://doi.org/10.1016/j.healthpol.2021.10.008

Collaboration between policymakers, patients and healthcare workers in hospital quality of care policy setting can improve the integration of new initiatives. The aim of this study was to quantify preferences for various characteristics of a future quality policy in a broad group of stakeholders. Materials and methods 450 policymakers, clinicians, nurses, patient representatives and hospital board members in Flanders (Belgium) participated in five discrete choice experiments (DCE) on quality control, quality improvement, inspection, patient incidents and transparency. For each DCE, various attributes and levels were defined from a literature review and interviews with 12 international quality and patient safety experts. Results For the attributes with the highest relative importance, participants exhibited a strong preference for quality control by an independent national organization and coordination of quality improvement initiatives at the level of hospital networks. The individual hospital was chosen over the government for setting up an action plan following patient complaints. Respondents also strongly preferred mandatory reporting of severe patient incidents and transparency by publicly reporting quality indicators at the hospital level. Conclusions A future quality model should focus on a multicomponent approach with external quality control, improvement actions on hospital network level and public transparency. DCEs provide an opportunity to incorporate the attitudes and views for individual components of a new policy recommendation.

Comparing the Dangers of a Stay in English and German Hospitals For High-Need Patients

FRIEBEL R., HENSCHKE C. ET MAYNOU L.

2021

Health Services Research 56 (53): 1405-1417

https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.13712

The objective of this study is to estimate the risk of an avoidable adverse event for high-need patients in England and Germany and the causal impact that has on outcomes. Data Sources We use administrative, secondary data for all hospital inpatients in 2018. Patient records for the English National Health Service are provided by the Hospital Episode Statistics database and for the German health care system accessed through the Research Data Center of the Federal Statistical Office. Principal Findings For the average hospital stay, the risk of an adverse event was 5.37% in the English National Health Service and 3.26% in the German health care system. High-need patients are more likely to experience an adverse event, driven by hospital-acquired infections (2.06%–4.45%), adverse drug reactions (2.37%–2.49%), and pressure ulcers (2.25%–0.45%). Adverse event risk is particularly high for patients with advancing illnesses (10.50%–27.11%) and the frail elderly (17.75%–28.19%). Compared to the counterfactual, high-need patients with an adverse event are more likely to die during their hospital stay and experience a longer length of stay. Conclusions High-need patients are particularly vulnerable with an adverse event risking further deterioration of health status and adding resource use. Our results indicate the need to assess the costs and benefits of a hospital stay, particularly when care could be provided in settings considered less hazardous.

L'assurance maladie à l'assaut de l'hôpital public ? Des administrations en lutte pour le contrôle de la réforme hospitalière

GAY R.

2021

Revue d'histoire de la protection sociale 14(1): 94-119.

https://www.cairn.info/revue-d-histoire-de-la-protection-sociale-2021-1-page-94.htm

Le système hospitalier est transformé, depuis les années 1960, par une succession de réformes dont la construction s'inscrit dans des luttes renouvelées entre les acteurs de l'assurance maladie et de l'administration sanitaire qui donnent à voir des oppositions de savoir-faire et de représentations. La dynamique et l'issue de ces luttes nous renseignent sur les capacités d'action des organisations de l'assurance maladie sur le système hospitalier. Trois séquences historiques sont distinguées sur la base des formes d'intervention de ces organisations sur la fabrication des réformes et des effets de ces dernières sur leurs domaines et capacités d'action.

Predicting Avoidable Hospital Events in Maryland

HENDERSON M., HAN F., PERMAN C., *et al.*

2021

Health Services Research(Ahead of pub).

https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.13891

The aim of this study is to develop and validate a prediction model of avoidable hospital events among Medicare fee-for-service (FFS) beneficiaries in Maryland. Data sources Medicare FFS claims from Maryland from 2017 to 2020 and other publicly available ZIP code-level data sets. Principal findings We included 198 risk factors for the model based on the results of a targeted literature review, both at the individual and neighborhood levels. These risk factors span six domains as follows: diagnoses, pharmacy utilization, procedure history, prior utilization, social determinants of health, and demographic information. Feature selection retained 73 highly statistically significant risk factors ($p < 0.0012$) in the primary model. Risk scores were estimated for each individual in the cohort, and, for scores released in April 2020, the top 10% riskiest individuals in the cohort account for 48.7% of avoidable hospital events in the following month. These scores significantly outperform the Centers for

Medicare & Medicaid Services hierarchical condition category risk scores in terms of predictive power. Conclusions A risk prediction model based on standard administrative claims data can identify individuals at risk of incurring a future avoidable hospital event with good accuracy.

▶ Proportion of Deaths in Hospital in European Countries: Trends and Associations From Panel Data (2005–2017)

JIANG J. ET MAY P.

2021

European Journal of Public Health(Ahead of pub).

https://doi.org/10.1093/eurpub/ckab169

End-of-life care attracts major policy interest. Place of death is an important metric of individual experience and health system performance. Most people prefer to die at home, but hospital is the most common place of death in high-income countries. Little is known about international trends in place of death over time. We aimed to collate population-level data on place of death in Europe from 2005 to 2017, and to evaluate association with national characteristics and policy choices. We sought data on hospital as the place of death from the 32 European Economic Area countries. We identified national economic, societal, demographic and health system predictors from Eurostat, OECD and the WHO. We analyzed these cross-national panel data using linear regression with panel-corrected standard errors. Our analytic dataset included 30 countries accounting for over 95% of Europe's population. Average national proportion of deaths occurring in hospital in the study period ranged from 26% to 68%, with a median of 52%. Trends vary markedly by region and wealth, with low and decreasing rate in the North–West, and high and increasing prevalence in the South and East. Controlling for demographic and economic factors, strong palliative care provision and generous government finance of long-term care were associated with fewer hospital deaths. We found modifiable policy choices associated with hospital mortality, as well as wider structural economic and societal factors. Policymakers can act to reduce the proportion of dying in hospital.

▶ A l'aube de l'an II des GHT : focus sur le règlement intérieur

KELLER C., ARANDEL C., ASSIE G., *et al.*

2021

Gestions Hospitalières(608): 405-412.

Entendue comme l'équilibre des pouvoirs, la gouvernance interhospitalière du groupement hospitalier de territoire (GHT) s'inspire de celle des établissements publics de santé. Pour autant, la gouvernance « territoriale » est présumée comme « personnalisable ». Autrement dit, le bien-fondé et la singularité de cette dernière tiendraient à la capacité de celle-ci à traduire juridiquement les spécificités territoriales de chaque groupement. Ce faisant, la gouvernance du GHT repose sur deux postulats pouvant s'énoncer comme suit : d'une part la reproductibilité aux niveaux territorial et interhospitalier de la gouvernance, propre à l'établissement public de santé, d'autre part une personnalisation qui repose sur la marge de manœuvre accordée par le cadre juridique aux acteurs hospitaliers. Fruit du travail d'un groupe d'élèves directeurs d'hôpital, coordonné par une enseignante-chercheure de l'École des hautes études en santé publique (EHESP), cet article s'attache à étudier ces deux postulats, complétant ainsi l'analyse des conventions constitutives des GHT par celle de leurs règlements intérieurs. L'objectif est d'éclairer les perspectives d'évolution dessinées par la « première génération » de GHT, alors que se façonne l'an II de la territorialisation de l'hospitalisation publique.

▶ Hospital Length of Stay Prediction Methods: A Systematic Review

LEQUERTIER V., WANG T., FONDREVELLE J., *et al.*

2021

Medical Care 59(10).

https://journals.lww.com/lww-medicalcare/Fulltext/2021/10000/Hospital_Length_of_Stay_Prediction_Methods__A.11.aspx

This systematic review sought to establish a picture of length of stay (LOS) prediction methods based on available hospital data and study protocols designed to measure their performance. Materials and Methods: An English literature search was done relative to hospital LOS prediction from 1972 to September 2019 according to the PRISMA guidelines. Results: Among 74 selected articles, 98.6% (73/74) used patients' data to predict LOS; 27.0% (20/74) used temporal data; and 21.6% (16/74) used the data about hospitals. Overall, regressions were the most popular prediction methods

(64.9%, 48/74), followed by machine learning (20.3%, 15/74) and deep learning (17.6%, 13/74). Regarding validation design, 35.1% (26/74) did not use a test set, whereas 47.3% (35/74) used a separate test set, and 17.6% (13/74) used cross-validation. The most used performance metrics were R2 (47.3%, 35/74), mean squared (or absolute) error (24.4%, 18/74), and the accuracy (14.9%, 11/74). Over the last decade, machine learning and deep learning methods became more popular (P = 0.016), and test sets and cross-validation got more and more used (P = 0.014). Conclusions: Methods to predict LOS are more and more elaborate and the assessment of their validity is increasingly rigorous. Reducing heterogeneity in how these methods are used and reported is key to transparency on their performance.

▶ Do Hospitals that Volunteer For Joint Replacement Bundled Payments Save More Money than Those Required to Participate?

LIAO J., GUPTA A., ZHAO Y., *et al.*

2021

Health Services Research 56(S2): 73-74.

https://doi.org/10.1111/1475-6773.13826

Medicare has used both voluntary and mandatory programs to engage hospitals in joint replacement bundles. Starting in 2013, hospitals voluntarily joined the Bundled Payments for Care Improvement (BPCI) program. In 2016, Medicare randomly assigned hospitals in 67 of 196 metropolitan statistical areas (MSAs) to mandatory bundled payments under the Comprehensive Care for Joint Replacement (CJR) program. Because the CJR mandate applied to both hospitals with and without prior experience in BPCI, Medicare created the unique opportunity to compare performance between hospitals that voluntarily self-selected into bundled payments (i.e., chose to participate in BPCI prior to CJR) versus hospitals that did not (i.e., did not participate in BPCI prior to CJR. Conclusions Hospitals that both voluntarily and involuntarily accepted bundled payments achieved joint replacement savings. We did not find evidence that voluntary participants achieved greater savings. These are the first empirical data for bundled payments and value-based payment reforms more generally ? comparing financial performance between voluntary and mandatory participants. Implications for Policy or Practice This analysis has two major policy implications. First, it highlights the potential for policymakers to achieve payment reform goals by using both voluntary and mandatory programs, both of which possess benefits and drawbacks. By demonstrating that mandatory hospitals did not generate smaller savings than voluntary hospitals, our analysis also counters the idea that voluntary programs are more advantageous than mandatory ones because they can generate more savings. Second, it highlights that CJR effects were likely underestimated by Medicare and others given that BPCI predated and drove changes in joint replacement care prior to CJR. Primary Funding Source National Institutes of Health.

▶ The Cross-National Applicability of Lean Implementation Measures and Hospital Performance Measures: A Case Study of Finland and the USA

REPONEN E., RUNDALL T. G., SHORTELL S. M., *et al.*

2021

International Journal for Quality in Health Care 33(3).

https://doi.org/10.1093/intqhc/mzab097

Health-care organizations around the world are striving to achieve transformational performance improvement, often through adopting process improvement methodologies such as lean management. Indeed, lean management has been implemented in hospitals in many countries. But despite a shared methodology and the potential benefit of benchmarking lean implementation and its effects on hospital performance, cross-national lean benchmarking is rare. Health-care organizations in different countries operate in very different contexts, including different health-care system models, and these differences may be perceived as limiting the ability of improvers to benchmark lean implementation and related organizational performance. However, no empirical research is available on the international relevance and applicability of lean implementation and hospital performance measures. To begin understanding the opportunities and limitations related to cross-national benchmarking of lean in hospitals, we conducted a cross-national case study of the relevance and applicability of measures of lean implementation in hospitals and hospital performance. We report an exploratory case study of the relevance of lean implementation measures and the applicability of hospital performance measures using quantitative comparisons of data from Hospital District of Helsinki and Uusimaa (HUS) Helsinki University Hospital in Finland and a sample of 75 large academic hospitals in the USA.

Stability over Time of the "Hospital Effect" on 30-Day Unplanned Readmissions: Evidence From Administrative Data

ROSHANGHALB A., MAZZALI C., LETTIERI E., *et al.*

2021

Health Policy 125(10): 1393-1397.

https://doi.org/10.1016/j.healthpol.2021.07.009

Past studies showed that hospital characteristics affect hospital performance in terms of 30-day unplanned readmissions, proving the existence of a "hospital effect". However, the stability over time of this effect has been under-investigated. This study offers new evidence about the stability over time of the hospital effect on 30-day unplanned readmissions. Using 78,907 heart failure (HF) records collected from 116 hospitals in the Lombardy Region (Northern Italy) over three years (2010-2012), this study analysed hospital performance in terms of 30-day unplanned readmissions. Hospitals with unusually high and low readmission rates were identified through multi-level regression that combined both patient and hospital covariates in each year. Our results confirm that although hospital covariates – and the connected managerial choices – affect the 30-day unplanned readmissions of a specific year, their effect is not stable in the short-term (3 years). This has important implications for pay-for-performance schemes and quality improvement initiatives.

Covid

L'impact durable du Covid-19

LARIVIERE D.

2021

Gestions Hospitalières(608): 423-425.

À plus d'un an et demi du début de la crise sanitaire, l'hôpital a changé de visage : des parcours renouvelés où les questions d'hygiène ont pris le pas sur les seuls enjeux de performance, un modèle de financement qui s'est inscrit dans le « quoi qu'il en coûte », un management offrant une nouvelle place à l'encadrement de proximité mais aussi source de décentrage de la direction de ses fonctions régaliennes traditionnelles... À l'heure de la vaccination et du déconfinement général dans les pays occidentaux, quels enseignements tirer et quelles méthodes conserver pour confirmer la capacité d'apprentissage et de transmission des équipes hospitalières ?

Impact des deux confinements sur le recours aux soins d'urgence lors de l'épidémie de COVID-19 en Nouvelle-Aquitaine

MEURICE L., VILAIN P., MAILLARD L., *et al.*

2021

Santé Publique 33(3): 393-397.

https://www.cairn.info/revue-sante-publique-2021-3-page-393.htm

Suite à l'émergence de l'épidémie de COVID-19 en France, plusieurs mesures de prévention ont été mises en place, dont le confinement de la population. Celui-ci a pour but de ralentir la circulation du virus et de protéger le système de santé, notamment hospitalier. L'objectif de cet article est de décrire l'activité des urgences hospitalières lors des deux confinements liés à l'épidémie de COVID-19 en Nouvelle-Aquitaine. Matériels et méthode : Une analyse descriptive rétrospective des passages aux urgences a été réalisée pour la période du 9 décembre 2019 au 20 décembre 2020. L'évolution du nombre de passages aux urgences a été analysée à l'échelle régionale selon les caractéristiques médicales (hospitalisation et diagnostic de recours). Résultats : Le recours aux soins d'urgence a diminué de 50 % au cours du premier confinement lié à l'épidémie de COVID-19 et de près de 30 % lors du deuxième. La part des hospitalisations a augmenté lors des deux confinements (respectivement + 48 % et + 20 %). Enfin, on observe un recours différencié pendant les deux confinements avec l'émergence du recours aux soins pour « Coronavirus », « AVC » ou « Dyspnées/insuffisance respiratoire », tandis que les pathologies de type « Infections ORL » ou « Infections cutanées » ne sont plus observées. Discussion : Les données du réseau Oscour® ont permis de suivre l'épidémie de COVID-19 en Nouvelle-Aquitaine et l'impact des mesures de confinement de la population sur les urgences hospitalières de la région. Conclusion : La baisse du recours aux soins d'urgence, la hausse de la part des hospitalisations et les pathologies observées démontrent ainsi un recours pour les pathologies les plus graves lors des deux confinements.

COVID-19: Exploring Out-Of-Hospital Solutions to Increased Service Demand

VEREMU M., SOHAIL A. ET MCMASTER D.

2021

Family Practice 38(5): 694-695.

https://doi.org/10.1093/fampra/cmab032

In 2020, COVID-19 caused widespread disruption to all aspects of medical care, including cancer screening procedures, elective surgeries and outpatient face-to-face appointments. As we emerge from this pandemic, we must plan for the inevitable increased service demand of non-COVID-19 conditions that have been neglected. One potential solution is to select appropriate services for delivery by qualified primary care physicians and increase their involvement in telemedicine services. Disruption to surgical procedures has caused a reduction in the detection rates of colorectal cancers (1,2), primarily screened through elective gastroscopies. Delayed screening procedures combined with the neoplastic nature of tumours results in diagnosis at more advanced stages, with a less favourable prognosis and the potential to cause severe problems for health care systems. An increase in emergency presentations of cancer at advanced stages requiring surgical intervention (e.g. colostomy), the long-term additional management this creates, and the strain on screening services are just some of the consequences (1).

SAU et soins non programmés : tirer les enseignements de la première vague de Covid_19

WINTENBERGER C., LECCIA M. T., JALLON P., *et al.*

2021

Gestions Hospitalières(608): 426-430.

Les services d'accueil des urgences (SAU) ont vu leur activité augmenter de façon continue ces dernières années, aboutissant à une saturation pourvoyeuse d'une non- qualité des soins et d'un malaise des équipes. Lors de la première vague de l'épidémie de Covid- 19, paradoxalement, la majorité des SAU a vu son activité baisser de façon importante . Pour les auteurs, si le non- recours aux soins peut expliquer en partie cette baisse de fréquentation, les réorganisations de l'offre de soins non programmés ont pu aussi y contribuer. Sur le territoire Sud- Isère, ces réorganisations ont très tôt pris une dimension territoriale inédite, permise notamment par une atténuation des éléments de régulation tarifaire habituels.

Inégalités de santé

Health Inequalities

Les inégalités sociales de santé à l'hôpital aujourd'hui. Enquête à partir d'un service de gériatrie

BELORGEY N.

2021

Sociétés contemporaines 122(2): 127-153.

https://www.cairn.info/revue-societes-contemporaines-2021-2-page-127.htm

Depuis la création à partir de la Seconde Guerre mondiale d'une institution ouverte à toutes les classes, se pose la question de la persistance éventuelle de différenciations sociales au sein de l'hôpital, de l'existence de différents types de médecine et de différentes carrières de patients et filières de soin. Afin d'y répondre avec des données récentes et une méthode renouvelée, une enquête a été réalisée dans un service de gériatrie. Elle mobilise des méthodes qualitatives (ethnographie) et quantitatives (analyse de trajectoires, régression logistique). Elle montre la persistance de filières de soin différenciées selon des critères sanitaires et sociaux, d'une part entre classes dominantes et classes populaires, d'autre part au sein des classes populaires.

Ethnicité et statut d'immigrant : quelle association avec le travail et les symptômes dépressifs ?

KAMMOGNE C. L. ET MARCHAND A.

2021

Revue d'Épidémiologie et de Santé Publique 69(3): 145-153.

https://doi.org/10.1016/j.banm.2021.07.008

Cette recherche tente de déterminer si les traits d'identité culturelle, et en particulier l'ethnicité et le statut d'immigrant, modifient la façon dont le travail est associé aux symptômes dépressifs dans la main-d'œuvre canadienne. Méthode Les données proviennent des neuf cycles de l'Enquête nationale sur la santé de la population (ENSP) de Statistique Canada, contenant un échantillon de 6477 personnes en emploi. Des analyses de régressions multiples multiniveaux ont été estimées en effectuant des ajustements sur les facteurs liés à la famille, le soutien social hors travail et les caractéristiques personnelles. Résultats Une fois prises en compte, les variables potentiellement confondantes, l'ethnicité et les facteurs liés au travail semblent être associés de façon distincte et directe aux symptômes dépressifs. Les travailleurs issus des minorités visibles semblent avoir significativement moins de symptômes dépressifs en comparaison aux travailleurs caucasiens. Toutefois, contrairement aux caucasiens, ils sont plus surqualifiés, utilisent moins leurs compétences, et ont moins d'autorité décisionnelle. Toutes les analyses menées sur le statut d'immigrant se sont avérées non concluantes. Conclusion L'ethnicité semble jouer un rôle dans la façon dont le travail est associé aux symptômes dépressifs. Il pourrait être bénéfique de mener des interventions ciblées sur l'amélioration des conditions de travail en fonction de l'ethnicité et en particulier les situations de surqualification professionnelle.

▶ The Need For a Conceptual Understanding of the Macro and Meso Commercial Determinants of Health Inequalities

MAANI N., COLLIN J., FRIEL S., *et al.*

2021

European Journal of Public Health 31(4): 674-675.

https://doi.org/10.1093/eurpub/ckab048

We welcome the comments from Diderichsen et al. on our review in which they helpfully argue that thinking about commercial determinants of health (CDOH) should be expanded beyond its current focus of attention. They are right to point to the role of the commercial influences in other sectors, and their examples of education and social care are well chosen. We certainly agree the interaction between commercial and political driving forces is critical and needs to be made more visible. This is something we and others have called for,1 and something a recent review on the definitions of CDOH identified as an important element of a broader definition.2

▶ Severity of Inpatient Hospitalizations Among Undocumented Immigrants and Medi-Cal Patients in a Los Angeles, California, Hospital: 2019

RO A., YANG H. W., DU S., *et al.*

2021

American Journal of Public Health: e1-e8.

https://doi.org/10.2105/AJPH.2021.306485

The aim of this study is to compare the severity of inpatient hospitalizations between undocumented immigrants and Medi-Cal patients in a large safety-net hospital in Los Angeles, California. Methods. We conducted a retrospective analysis of all 2019 inpatient stays at a Los Angeles hospital (n = 22480), including patients of all races/ethnicities. We examined 3 measures by using insurance status to approximate immigration status: illness severity, length of hospital stay, and repeat hospitalizations. We calculated group differences between undocumented and Medi-Cal patients by using inverse probability weighted regression adjustment separately for patients aged 18 to 64 years and those aged 65 years and older. Results. Younger undocumented patients had less severe illness and shorter lengths of stay than their Medi-Cal counterparts. Older undocumented immigrants also had less severe illness but had similar lengths of stay and were more likely to have repeated hospitalizations. Conclusions. While existing work suggests that undocumented immigrants could have more severe health care needs on account of their poorer access to medical care, we did not see clear health disadvantages among hospitalized undocumented immigrants, especially younger patients. There were fewer differences between undocumented and Medi-Cal patients who were older.

Covid

Economic Vulnerability and Unmet Healthcare Needs Among the Population Aged 50 + Years During the COVID-19 Pandemic in Europe

ARNAULT L., JUSOT F. ET RENAUD T.

2021

Eur J Ageing: 1-15.

https://doi.org/10.1007/s10433-021-00645-3

This study investigated the effect of economic vulnerability on unmet needs during the first wave of the coronavirus disease 2019 (COVID-19) epidemic in Europe among adults aged 50 years and older using data from the regular administration of the Survey of Health, Ageing and Retirement in Europe (SHARE) and the specific telephone survey administered regarding COVID-19 (SHARE Corona Survey). It addressed three main research questions: Did people who were in difficult economic situations before the epidemic face more barriers to accessing healthcare than others? If so, to what extent can these discrepancies be attributed to initial differences in health status, use of care, income or education between vulnerable individuals and non-vulnerable individuals or to differential effects of the pandemic on these groups? Did the effect of economic vulnerability with regard to unmet needs during the pandemic differ across countries? Unmet healthcare needs are characterised by three types of behaviours likely to be induced by the pandemic: forgoing care for fear of contracting COVID-19, having pre-scheduled care postponed and being unable to obtain medical appointments or treatments when needed. Our results substantiate the existence of significant differences in accessing healthcare during the pandemic according to economic vulnerability and of cumulative effects of economic and medical vulnerabilities: the impact of economic vulnerability is notably stronger among those who were in poor health before the outbreak and thus the oldest individuals. The cross-country comparison highlighted heterogeneous effects of economic vulnerability on forgoing care and having care postponed among countries, which are not comparable to the initial cross-country differences in social inequalities in access to healthcare.

Médicaments

Pharmaceuticals

Comparative Analysis of the Financing of Follow-Up and Rehabilitation Care Institutions and Public Mental Health Institutions: Application For Innovative and Expensive Drugs

BAILLY M., QUEUILLE E., JUILLARD-CONDAT B., *et al.*

2021

Ann Pharm Fr 79(6): 690-699.

https://doi.org/10.1016/j.pharma.2021.03.002

Pharmacotherapeutic care is now expanding in public mental health institutions. Annual grants are funding the public psychiatric field, hindering access to therapeutic innovation and expensive medications due to long length of stay. On the threshold of the French Healthcare & Social Services Ministry “Ma Santé 2022” plan (“My Health 2022”), there is a risk of altering the continuum of care because of the complexity of the financing of certain high added value therapies. Despite a desire to adapt the system to meet constantly changing health needs, no actions have been taken to this date in psychiatry, with no funds being allocated for valuable medication, in contrary to follow-up care and rehabilitation structures, to our knowledge. This reinforces the discrepancy with the evolution of research, and further widens the gap in inequalities between health sectors. Optimising the funding of expensive medicines in psychiatry would make it possible to reduce the stranglehold of current allocations. Following the example of recent reforms in the follow-up care and rehabilitation structures, extra funds for high value-added therapies would make it possible to reduce complex medical decisions: from prevention to reintegration, patient care continuity would be vastly guaranteed.

Coverage with Evidence Development Schemes For Medical Devices in Europe: Characteristics and Challenges

FEDERICI C., RECKERS-DROOG V., CIANI O., *et al.*

2021

The European Journal of Health Economics 22(8): 1253-1273.

https://doi.org/10.1007/s10198-021-01334-9

Medical devices are potentially good candidates for coverage with evidence development (CED) schemes, as clinical data at market entry are often sparse and (cost-)effectiveness depends on real-world use. The objective of this research was to explore the diffusion of CED schemes for devices in Europe, and the factors that favour or hamper their utilization.

La géométrie secrète du médicament : qu'est-ce qu'un médicament de qualité ?

NABOULET J. P.

2021

Actualité Et Dossier En Santé Publique(115): 5-9.

Jamais le médicament n'a été l'objet d'autant d'attentions qu'en cette période de crise sanitaire liée à doit avoir avant tout une action thérapeutique ou de diagnostic. Mais, au-delà de cet objectif, quelles sont les propriétés du médicament idéal ? Quelles qualités doivent être recherchées lors de l'achat ou de la prise de médicament ? La qualité d'un médicament peut être définie selon différents critères - réglementaire, économique, d'utilisation et sociétal - qui forment une véritable géométrie.

Trend of Antibiotic Consumption and Its Association with Influenza-Like Illnesses in France Between 2004 and 2018

YAACOUB S., LANOY E., HIDER-MLYNARZ K., *et al.*

2021

European Journal of Public Health(Ahead of pub).

https://doi.org/10.1093/eurpub/ckab143

Antibiotic consumption has been reported to be driven by the treatment of respiratory tract infections. Our objectives were to describe the trend of antibiotic consumption in France compared with that of other European countries; to describe the evolution of each antibiotic class in France; and to explore the relationship between antibiotic consumption and incidence of influenza-like illnesses. In this observational study, antibiotic consumption was reported as defined daily doses per 1000 inhabitants per day in the community and hospital sectors in descriptive and graphical formats, using data from the European Surveillance of Antimicrobial Consumption Network database. The total consumption and the consumption of different classes of antibiotics in France according to time and influenza-like illnesses were studied using multiple linear regression models. The total consumption of antibiotics in France was constant over the 15 years. It was driven by the community sector (92.8%) and was higher than the consumption of other European Union countries (P- 0.001). The beta-lactam penicillins were the most consumed antibiotic class and the only class that increased with time.

Méthodologie – Statistique

Methodologye - Statistics

Les méthodes mixtes : vers une méthodologie 3.0 ?

AGUILERA T. ET CHEVALIER T.

2021

Revue Française de Science Politique 71(3): 361-363.

https://www.cairn.info/revue-francaise-de-science-politique-2021-3-page-361.htm

Dédié à Guy Michelat (1933-2021), ce numéro s'intéresse aux méthodes mixtes, qualitatives et quantitatives, utilisées dans la recherche en science politique. Le dossier qui lui est consacré vient combler un manque criant dans la littérature, notamment francophone, sur une hybridation méthodologique qui est pourtant au cœur des pratiques scientifiques de nombreux politistes. Une chronique bibliographique portant sur la théorie politique complète cette livraison estivale.

Identifying Common Enablers and Barriers in European Health Information Systems

BOGAERT P., VERSCHUUREN M., VAN OYEN H., *et al.*

2021

Health Policy 125(12): 1517-1526

https://doi.org/10.1016/j.healthpol.2021.09.006

European countries possess unique health information systems (HISs) and face similar health system challenges. Investigating common enablers and barriers across Europe pinpoint where HISs need improvements to address these challenges. This study aims to identify common enablers and barriers for optimal functioning of HISs across the European Union and associated countries, and to interpret what this means for the further development of HISs in Europe. A qualitative thematic analysis was carried out based on nine countries HISs assessments. Two main observations are made. Firstly, regardless of the differences between HISs, each HIS had its strengths and weaknesses and often the same barriers and enablers arose. Secondly, barriers were identified in all HIS areas. The five most important barriers are (i) fragmentation of data sources, limited accessibility, use and re-use of data, (ii) barriers in the implementation of EHR-systems, (iii) governance issues related to unclear responsibilities, discontinuous financing and weak intra- and inter-sectorial collaboration, (iv) legal gaps and General Data Protection Regulation (mis)interpretation, and (v) limited skilled staff. The enablers identified in this study lead to potential solutions to address these. Solutions can be implemented by national initiatives, but there is considerable added value in a joint European approach. Several international initiatives provide opportunities to improve HISs, but these need to be strengthened and better geared towards tackling the identified barriers.

Estimating Selection Models Without an Instrument with Stata

D'HAULTFŒUILLE X., MAUREL A., QIU X., *et al.*

2020

The Stata Journal 20(2): 297-308.

https://journals.sagepub.com/doi/abs/10.1177/1536867X20930998

In this article, we present the eqregsel command, which estimates and provides bootstrap inference for sample-selection models via extremal quantile regression. eqregsel estimates a semiparametric sample-selection model without an instrument or a large support regressor and outputs the point estimates of the homogeneous linear coefficients, their bootstrap standard errors, and the p-value for a specification test.

Using Mixed Methods with Multiple Stakeholders to Inform Development of a Breast Cancer Screening Decision Aid For Women with Limited Health Literacy

GUNN C., MASCHKE A., PAASCHE-ORLOW M., *et al.*

2021

Health Services Research 56(S2): 10-10.

https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.13725

Little is known about the best process for selecting content for decision aids (DAs) on mammography screening. This analysis triangulates perspectives (experts, primary care providers, and patients) to understand areas of divergent and convergent input across stakeholder groups in developing a breast cancer screening DA for women ages 40–54 with limited health literacy. Study Design A 3-round modified Delphi panel was conducted among national breast cancer screening and decision science experts. Principal Findings In the multi-stakeholder synthesis, four themes regarding informational needs were identified related to: (a) the benefits and harms of screening, (b) different screening modalities, (c) the experience of mammography, and (d) communication about breast cancer risk. Convergence occurred around personal risk information, with all stakeholders describing it as important. Divergence occurred within the other three themes. Patients viewed pain as the primary harm, while PCPs and experts emphasized false positives as the primary harm. Process information about the mammography experience was critical to patient decisions; Experts and PCPs described process as less relevant. Patients valued breast self-exam information, while PCPs and experts did not since self-exams have been shown to be ineffective. Conclusions While experts and PCPs prioritized providing evidence-based options only, emphasized technology-related harms, and downplayed the relevance of delivering mammography process information, patients were more concerned about pain, breast self-exam (which is not supported by evidence), and viewed process information as fundamental to their decision-making. These differences indicate opportunities to address patient-identified unmet informational needs in breast cancer screening DAs. Implications for Policy or Practice Evidence and guidance to advance best practices in integrating diverse and potentially divergent input across groups in DAs is warranted. Greater integration of patient voices, especially of those who are underserved, requires additional efforts to address patients' informational needs, which may differ from expert- and PCP-defined priorities. Primary Funding Source National Institutes of Health.

▶ L'analyse des données et ses usages en sciences sociales

LEBARON F.

2021

Savoir/Agir 57(3): 37-42.

https://www.cairn.info/revue-savoir-agir-2021-3-page-37.htm

La représentation du monde social et/ou de tel ou tel « problème social » est un enjeu de luttes perpétuelles entre politiques, journalistes et chercheurs en sciences sociales. De ce fait, l'enquête sous toutes ses formes - argument central d'allure plus ou moins scientifique en faveur de telle ou telle représentation mise en avant - est elle-même un enjeu permanent de luttes symboliques. Ce dossier aborde différentes modalités de la pratique de l'enquête et des problèmes qu'elle soulève : l'enjeu crucial de « la construction d'objet » (Louis Pinto, Marie-Pierre Pouly), les usages de la statistique dans la pratique de l'enquête (Frédéric Lebaron), les usages des sondages (Gérard Mauger à propos de Daniel Gaxie), la portée et les limites des « études de cas » (Stéphane Beaud), l'enquête sur soi-même (Gérard Mauger à propos de Rose-Marie Lagrave), l'enquête au passé (Christian Topalov), une enquête inédite en français de Norbert Elias (traduction de l'allemand par Antony Burlaud).

Covid

▶ La protection des données de santé mises à disposition par le Health Data Hub pour les recherches sur la Covid-19

BÉVIÈRE-BOYER B.

2021

Journal du Droit de la Santé et de l'Assurance - Maladie (JDSAM) 29(2): 37-48.

https://www.cairn.info/revue-journal-du-droit-de-la-sante-et-de-l-assurance-maladie-2021-2-page-37.htm

La Plateforme nationale de données de santé, appelée aussi « Health Data Hub » fut instituée par l'arrêté du 29 novembre 2019 et lancée par le biais d'un plan stratégique 2019-2022 en janvier de la même année. Cette nouvelle structure a pour finalité « de réunir, organiser et mettre à disposition les données du système national des données de santé mentionné à l'article L.1461-1 et de promouvoir l'innovation dans l'utilisation des données de santé. Pas encore opérationnelle lors de l'apparition de la pandémie Covid-19, elle le fut de manière assez précipitée par l'arrêté du 21 avril 2020. Cette plateforme, ayant le statut juridique de groupement d'intérêt public, devint ainsi un objectif prioritaire de santé publique lors de la pandémie de Covid-19.

▶ Les traitements de données de santé à des fins de recherche liés à la Covid-19 : quelle régulation par la CNIL ?

DE FALLOIS M.

2021

Journal du Droit de la Santé et de l'Assurance - Maladie (JDSAM) 29(2): 26-32.

https://www.cairn.info/revue-journal-du-droit-de-la-sante-et-de-l-assurance-maladie-2021-2-page-26.htm

Les traitements de données à caractère personnel mis en œuvre dans le cadre de recherches, d'études ou d'évaluations dans le domaine de la santé relèvent de la loi n° 78-17 du 6 janvier 1978 modifiée (dite « loi informatique et libertés ») depuis l'introduction de dispositions particulières en son sein par l'une des lois de bioéthique de 1994. Ces dispositions, qui ont été modifiées à plusieurs reprises, notamment suite à l'entrée en vigueur du Règlement général sur la protection des données figurent désormais aux articles 64 et suivants de la loi « informatique et libertés » au sein d'une section spécifique aux traitements de données à caractère personnel dans le domaine de la santé. En sus de l'application du RGPD et de la loi « informatique et libertés », ces traitements sont également soumis à certaines dispositions spécifiques contenues dans le code de la santé publique et le code civil.

La protection des données personnelles au cœur de la recherche Covid-19 à l'Inserm

LESAULNIER F.

2021

Journal du Droit de la Santé et de l'Assurance - Maladie (JDSAM) 29(2): 33-36.

https://www.cairn.info/revue-journal-du-droit-de-la-sante-et-de-l-assurance-maladie-2021-2-page-33.htm

L'Inserm, dont la mission est d'accroître les connaissances au service de la santé humaine, est très impliqué dans la recherche visant à lutter contre l'épidémie de Covid-19. Les efforts de la recherche à l'Inserm permettent chaque jour de nouvelles avancées dans la compréhension de la maladie, des facteurs de risque, de la dynamique de l'épidémie, mais aussi une amélioration de la prise en charge et de la prévention. Qu'il s'agisse de recherche clinique, thérapeutique et vaccinale, de recherche fondamentale ou encore d'épidémiologie, les chercheurs impliqués dans la recherche contre la Covid ont fait l'expérience en 2020 d'une course effrénée contre la montre qui se poursuit, particulièrement bien illustrée par l'essai Discovery qui avait pour objectif d'évaluer quatre antiviraux connus par rapport à une prise en charge standard, la plateforme de recherche clinique vaccinale Covireivac qui permet aux personnes qui le souhaitent de se porter volontaires pour participer à des essais cliniques. Depuis la cohorte CoV-contact, lancée au début de la pandémie afin de mieux connaître les facteurs individuels associés au développement de la maladie, après une exposition à risque de transmission du virus SARS-CoV-, de nombreuses cohortes ont été mises en place dans des délais très courts.

The Intersection of Big Data and Epidemiology For Epidemiologic Research: The Impact of the Covid-19 Pandemic

TANG C., PLASEK J. M., ZHANG S., *et al.*

2021

International Journal for Quality in Health Care 33(3).

https://doi.org/10.1093/intqhc/mzab134

Big data epidemiology facilitates pandemic response by providing data-driven insights by utilizing big data tools that differ from traditional methods. Aspects regarding 'garbage in, garbage out', such as insufficient data, inaccessibility of data, missing data, uncertainty in handling data and bias in analysis or common findings are addressable by combining techniques across disciplines.

Politique de santé

Health Policy

The Needs-Based Health Workforce Planning Method: A Systematic Scoping Review of Analytical Applications

ASAMANI J. A., CHRISTMALS C. D. ET REITSMA G. M.

2021

Health Policy and Planning 36(8): 1325-1343.

https://doi.org/10.1093/heapol/czab022

Although the theoretical underpinnings and analytical framework for needs-based health workforce planning are well developed and tested, its uptake in national planning processes is still limited. Towards the development of open-access needs-based planning model for national workforce planning, we conducted a systematic scoping review of analytical applications of needs-based health workforce models. Guided by the Preferred Reporting Items for Systematic reviews and Meta-Analyses—extension for Scoping Reviews (PRISMA-ScR) checklist, a systematic scoping review was conducted. A systematic search of peer-reviewed literature published in English was undertaken across several databases. Papers retrieved were assessed against predefined inclusion criteria, critically appraised, extracted and synthesized. Twenty-five papers were included, which showed increasing uptake of the needs-based health workforce modelling, with 84% of the studies published within the last decade (2010–20). Three countries (Canada, Australia and England) accounted for 48% of the publications included whilst four studies (16%) were based on low-and-middle-income countries. Only three of the studies were conducted in sub-Saharan Africa. Most of the studies (36%) reported analytical applications for specific disease areas/programs at sub-national levels; 20% focused on the health system need for particular categories of health workers, and only two (8%) reported the analytical application of the needs-based health workforce approach at the level of a national health system across several disease areas/programs. Amongst the studies that conducted long-term projections, the time horizon of the projection was an average of 17 years, ranging from 3 to 33 years. Most of these studies had a minimum time horizon of 10 years. Across the studies, we synthesized six typical methodological considerations for advancing needs-based health workforce modelling. As countries aspire to align health workforce investments with population health needs, the need for some level of methodological harmonization, open-access needs-based models and guidelines for policy-oriented country-level use is not only imperative but urgent.

▶ Pourquoi un dossier thématique sur la fin de vie dans une revue de santé publique ?

AUBRY R.

2021

Santé Publique 33(2): 165-167.

https://www.cairn.info/revue-sante-publique-2021-2-page-165.htm

La fin de la vie et la mort nous concernent et nous concerneront toutes et tous. Or, ces deux thèmes constituent rarement un objet de recherche, et il n'existe d'ailleurs pas d'appel à projets de recherche spécifique sur ce thème. Ce sont des zones d'ombre aussi bien pour notre société que pour notre système de santé et pour la recherche… Probablement parce que la mort est un tabou, la fin de vie l'est elle aussi devenue. La fin de la vie (non réduite à la toute fin de vie, mais comprise comme la dernière partie de la vie) et la mort se sont considérablement médicalisées dans notre société contemporaine. De fait, le corolaire des progrès médicaux et d'une médecine qui guérit est, parfois, la chronicisation des maladies graves, le vieillissement possiblement associé à des polypathologies synchrones, à une perte d'indépendance fonctionnelle et parfois une perte d'autonomie décisionnelle, la possibilité de maintenir longtemps en vie des personnes grâce à des suppléances vitales… Tels sont les nouveaux visages de la fin de la vie qui, du fait de la médecine, peut durer plus longtemps.

▶ Recherche sur la fin de vie, la nécessité d'un consensus : premiers résultats

BERNARD C., HAMIDOU Z., BILLA O., *et al.*

2021

Santé Publique 33(2): 191-198.

https://www.cairn.info/revue-sante-publique-2021-2-page-191.htm

L'attention portée aux personnes en fin de vie n'a cessé de croitre tant en France qu'en Europe au cours de ces 15 dernières années. Cependant, explorer la fin de vie reste délicat. Cette difficulté est notamment due au défaut de définition reconnue et opérationnelle de la fin de vie. Notre objectif est d'explorer la possibilité de l'émergence d'un consensus autour d'une définition de fin de vie. Nous avons conduit une démarche d'émergence de consensus. Elle repose sur une approche de type « Delphi » qui permet l'obtention d'un consensus non influencé par les effets leadership. Nous présentons ici les résultats des premières étapes de cette approche. La population étudiée est l'ensemble des acteurs du soin adhérents à la Société Française d'Accompagnement et de soins Palliatifs (SFAP), qu'ils soient professionnels ou bénévoles, questionnée au moyen d'une enquête électronique adressée par les responsables du projet et la SFAP. Le questionnaire adressé demandait le degré d'agrément des personnes pour chacune des définitions proposées suivant une échelle de Lickert. Le premier tour de Delphi a été proposé à la fin 2019 auprès des acteurs de soins palliatifs. L'enquête a été close à J30. 1 463 personnes ont répondu à ce questionnaire en un mois. Deux types de définition semblent dominer les autres propositions. La première est en rapport avec une estimation de la durée de vie : durée de vie espérée inférieure à 15 jours et inférieure à un mois. La seconde définition émergente est celle en rapport avec l'évolution d'une pathologie : la fin de vie repose sur le fait d'être en phase avancée ou terminale d'une pathologie incurable. Ce résultat confirme que cette période peut être vue sous deux angles, le premier en rapport avec la question du temps qu'il reste à vivre et l'autre avec la question de la phase terminale de la maladie, qui fait appel à un temps moins clairement défini. Ces deux définitions reposent sur des approches différentes, l'une temporelle et l'autre centrée sur la maladie. Une définition alternative émerge de cette étude et sera testée au cours du second tour de Delphi.

Service sanitaire des étudiants en santé : ancrer l'éducation pour la santé dans le cursus des étudiants

CHAPRON A., METTEN M.-A., MAURY A., *et al.*

2021

Santé Publique 33(3): 407-413.

https://www.cairn.info/revue-sante-publique-2021-3-page-407.htm

Instauré au niveau national depuis 2018, le Service sanitaire des étudiants en santé (SSES) vise à les former à mener des actions d'éducation pour la santé. Méthode et résultats : Un dispositif pédagogique d'une durée équivalente à six semaines à temps plein a été mis en place en troisième année de médecine à Rennes. L'objectif est que les étudiants développent les compétences nécessaires pour mener des interventions fondées sur une démarche projet, auprès de publics variés, sur des thèmes prioritaires de santé publique. De nouvelles approches pédagogiques ont été développées pour intégrer au cursus médical l'apprentissage de la promotion et de l'éducation pour la santé. Des innovations ont été mises en place : travail sur la posture éducative, tutorat des étudiants de troisième année par des internes en médecine, forum de simulation des actions concrètes sous la supervision d'une double expertise thématique et populationnelle. Au-delà de l'acquisition de compétences en éducation pour la santé, la formation vise à susciter une démarche réflexive et s'appuie sur l'éducation par les pairs. Les 240 étudiants de la faculté préparent en trinôme leur projet tout au long de l'année universitaire. Leurs actions se déroulent sur une plage de dix demi-journées auprès d'une centaine d'établissements, dans la diversité des territoires de la subdivision. Elles permettent d'intervenir auprès d'environ 10 000 personnes par an. Discussion : L'éducation et la promotion de la santé occupent désormais une place centrale dans la formation des étudiants de troisième année, condition indispensable pour amorcer l'acquisition durable de ce champ de compétences par les futurs professionnels de santé.

La fin de vie, enjeu de santé publique : dimensions éthiques d'une question politique

GAILLE M.

2021

Santé Publique 33(2): 177-184.

https://www.cairn.info/revue-sante-publique-2021-2-page-177.htm

Cet article cherche à explorer la dimension éthique de la fin de vie et à en éclairer la portée pour les politiques de santé publique. Cette exploration se fonde sur une approche philosophique contextualisée, ici en contexte français. Dans un premier temps, il resitue comment la fin de vie est d'abord devenue un objet de discussion publique, puis de législations. Ensuite, il aborde la manière dont les enjeux éthiques de la fin de vie sont envisagés dans la recherche clinique et en sciences humaines et sociales, notamment au sujet des groupes de population vulnérables et des décisions médicales dites « difficiles ». Dans un troisième temps, il montre que l'analyse doit interroger la notion clé sur le plan éthique et juridique d'accompagnement, afin de mettre en lumière les débats que recouvre l'apparent consensus à son sujet. Finalement, l'éthique du soin ou du care invite à interroger les limites actuelles des politiques de santé publique concernant la fin de vie, au regard de leur orientation générale, mais aussi des moyens accordés et de l'articulation opérée entre care privé et action publique.

Modelling the Impact of Increased Alcohol Taxation on Alcohol-Attributable Cancers in the WHO European Region

KILIAN C., ROVIRA P., NEUFELD M., *et al.*

2021

The Lancet Regional Health – Europe(Ahead of pub).

https://doi.org/10.1016/j.lanepe.2021.100225

Reducing the alcohol-attributable cancer burden in the WHO European Region is a public health priority. This study aims to estimate the number of potentially avoidable cancers in countries of the WHO European Region in 2019 for three scenarios in which current excise duties on alcoholic beverages were increased by 20%, 50%, or 100%.

Implementing Cancer Patient Pathways in Scandinavia How Structuring Might Affect the Acceptance of a Politically Imposed Reform

MÆHLE P. M. ET SMELAND S.

2021

Health Policy 125(10): 1340-1350.

https://doi.org/10.1016/j.healthpol.2021.08.008

Through political decisions all three Scandinavian countries implemented national reforms in cancer care introducing cancer patient pathways. Though resistance from the professional community is common to top-down initiatives, we recognized positive receptions of this reform in all three countries and professionals immediately contributed in implementing the core measures. The implementation of a similar reform in three countries with a similar health care system created a unique opportunity to look for shared characteristics. Combining analytical framework of institutional theory and research on policy implementation, we identified common patterns of structuring of the initial implementation: The hierarchical processes were combined with supplementary structures located both within and outside the formal management hierarchy. Some had a permanent character while others were more project-like or even resembled social movements. These hybrid structures made it possible for actors from high up in the hierarchy to communicate directly to actors at the operational hospital level. Across the cases, we also identified structural components acting together with the traditional command-control; negotiation, consensus and counseling. However, variations in the presence of these did not seem to have significant impact on processes causing decisions and acceptance. These variations may, however, influence the long-term practice and outcome of cancer-care pathway-reform. Knowledge from our study should be considered when orchestrating future health care reforms and especially top-down politically initiated reforms.

Health Reforms in the United States: The Outlook After Biden's First 100 Days

RICE T., BARNES A. J., ROSENAU P., *et al.*

2021

Health Policy 125(10): 1277-1284.

https://doi.org/10.1016/j.healthpol.2021.08.003

The November 2020 election of Joe Biden, coupled with the election of a Congress controlled by the Democratic Party, has the potential to dramatically alter the direction of health policy in the United States. Donald Trump failed to repeal the Affordable Care Act (ACA) but he managed to whittle down aspects of coverage protection. Historically, the first 100 days of a presidency are a bellwether of accomplishments to come. During this period Biden reversed several of Trump policies through both executive orders and a large economic stimulus bill. The stimulus bill substantially increased premium subsidies to encourage people to purchase health insurance coverage, albeit with funding guaranteed only for a two-year period. Larger accomplishments, such as making these enhanced premium subsidies permanent, reining in prescription drug spending, enacting a public health insurance option to compete with private insurers, and improving public health and health equity, will require further legislation. The political environment in the U.S. is now extraordinarily contentious. Each of these proposed initiatives faces major political hurdles and the window of opportunity for enacting each of these goals very well may be brief.

A New Model For a Palliative Approach to Care in Australia

SAURMAN E., WENHAM S. ET CUMMING M.

2021

Rural Remote Health 21(4): 5947.

https://www.rrh.org.au/journal/article/5947

There is an inconsistent provision of palliative and end-of-life (palliative) care across Australia, particularly in regional, rural and remote areas. Systematic solutions can help to address identified gaps and improve access to and quality of care and support for patients, their families and carers at the end of life. The Far West New South Wales (NSW) Palliative and End of Life Model of Care is a systematic solution for a rural and remote palliative approach to care. The model enables a consistent and contextually adaptable, patient-focused palliative approach to care so that everyone receives the care they need from appropriately skilled and informed clinicians, in a timely manner, and as close to home as possible. Methods: A narrative report used literature and internal documents as well as the perspective and experience of key informants involved in establishing the Far West NSW Palliative and End of Life Model of Care. This narrative report aims to describe the design, development and function of the model, and to identify the essential elements to implement or maintain the model elsewhere. Results: The model was developed by the Specialist Palliative Care Service in the remotely situated Far West Local Health District of NSW. The Far West NSW Palliative and End of Life Model of Care was designed to guide a palliative approach to care in the last year of life, through death and into bereavement, regardless of age, diagnosis, culture, location or provider. The model functionally provides the scaffolding for locally and contextually relevant components of a quality palliative approach to care in consideration of a person's wishes. There are three essential elements to the development, maintenance and further implementation of the model and a palliative approach elsewhere. Conclusion: Until recently, the model relied on paper-based documents and resources; it is now available online. It has the potential to enable a consistent, yet contextually adaptable, patient-focused palliative approach to care.

Covid

The Role of the European Union in Global Health: The EU's Self-Perception(S) Within the COVID-19 Pandemic

BERGNER S.

2021

Health Policy(Ahead of pub).

https://doi.org/10.1016/j.healthpol.2021.10.006

The COVID-19 pandemic is challenging the international system and the regional order in which the European Union (EU) aims to re-define its role in global health. The article seeks to tease out the role of the EU amidst the COVID-19 crisis by outlining three key dimensions: self-perception, external perception and performance. The paper contributes to the broader understanding of the EU's role in global health through a focus on its self-perception. This is examined by the conduct of interviews with EU representatives in 2021 and the analysis of EU press releases with reference to global health from 2014 to mid-March 2021. The results show that the EU mainly draws from a donor and provider role leaving a facilitating, partner or normative role underdeveloped – except for the EU's leading role in the context of the World Health Organisation. The COVID-19 pandemic is a driver for a more ambitious global political role. However, the main challenges identified by EU representatives constitute a lack of capacities and resources, insufficient backing by EU member states and a lack of coordination. The strongest EU conception in global health is seen when policy actions are based on multiple roles ranging from a provider and partner to a facilitating or normative role.

Health Workforce Protection and Preparedness During the COVID-19 Pandemic: A Tool For the Rapid Assessment of EU Health Systems

KUHLMANN E., BRÎNZAC M.-G., BURAU V., *et al.*

2021

European Journal of Public Health 31(Supplement_4): iv14-iv20.

https://doi.org/10.1093/eurpub/ckab152

This article is dedicated to the WHO International Year of Health and Care Workers in 2021 in recognition of their commitment during the COVID-19 pandemic. The study aims to strengthen health workforce preparedness, protection and ultimately resilience during a pandemic. We argue for a health system approach and introduce a tool for rapid comparative assessment based on integrated multi-level governance. We draw on secondary sources and expert information, including material from Denmark, Germany, Portugal and Romania. The results reveal similar developments across countries: action has been taken to improve physical protection, digitalization and prioritization of healthcare worker vaccination, whereas social and mental health support programmes were weak or missing. Developments were more diverse in relation to occupational and organizational preparedness: some ad-hoc transformations of work routines and tasks were observed in all countries, yet skill-mix innovation and collaboration were strongest in Demark and weak in Portugal and Romania. Major governance gaps exist in relation to education and health integration, surveillance, social and mental health support programmes, gendered issues of health workforce capacity and integration of migrant healthcare workers (HCW). There is a need to step up efforts and make health systems more accountable to the needs of HCW during global public health emergencies.

The Impact of Providing End-Of-Life Care During a Pandemic on the Mental Health and Wellbeing of Health and Social Care Staff: Systematic Review and Meta-Synthesis

PORTER B., ZILE A., PERYER G., *et al.*

2021

Social Science & Medicine 287: 114397.

https://doi.org/10.1016/j.socscimed.2021.114397

Disease outbreaks and disasters can result in excess deaths and severe disruption of usual end-of-life care processes. We aimed to: i) synthesise evidence describing the experiences of health and social care staff providing end-of-life care during a disease outbreak or humanitarian disaster, ii) understand the impact on their mental health and wellbeing and, iii) identify means of support. Methods A systematic review with meta-synthesis was conducted including studies of health and social care staff providing end-of-life care during disease outbreaks (Ebola, COVID-19, SARs, MERs) or humanitarian disasters (2001–2020). MEDLINE (Ovid), Embase, PsycInfo, Web of Science, and grey literature databases were searched systematically, with forward and backward citation searching of included studies. Any research study designs, in any care settings, were included. Study quality was assessed using an appraisal tool relevant to each study design. Qualitative meta-synthesis was used to analyse the findings, which were then reported narratively. PROSPERO registration: CRD42020181444. Results Nineteen studies were included, including 10 Ebola studies and two COVID-19 studies. The analysis generated two superordinate themes: individual experience and organisational responsibilities. Individual experience comprised four themes: dignity in death, positive experiences, negative experience and support for staff. Organisational responsibilities comprised four themes: preparation, adaption, resources, and Personal Protective Equipment (PPE). Discussion No studies quantitively measured the impact of providing end-of-life care on staff mental health and wellbeing, however qualitative studies described experiences in varied settings. Serious disease outbreaks and disasters can expose care staff to abnormally high levels of mortality and suffering. Health and social care systems need to proactively prepare for future events and enable peer support mechanisms that may help mitigate experiences of psychological distress in humanitarian crises.

Politique publique

Public Policy

La fabrique de la décision. Cinq points saillants

DE BLIC D.

2021

Revue Projet 384(5): 61-64.

https://www.cairn.info/revue-projet-2021-5-page-61.htm

Si, même en démocratie, la décision peut apparaître comme le « fait du Prince », elle est en réalité toujours collective : elle implique au minimum une élaboration au sein d'un cabinet, sa relecture par une instance chargée de vérifier sa compatibilité avec l'État de droit, et elle est souvent soumise à la discussion publique du Parlement. Toutefois, l'exigence croissante d'une démocratie qui ne se limite pas au moment du vote, mais implique de façon beaucoup plus continue l'ensemble des citoyens suppose que cette participation ne s'arrête pas aux portes de la décision.

Les injonctions contradictoires à l'intersectorialité dans l'action publique sanitaire. L'exemple du Programme National Nutrition Santé

SALLÉ L., HONTA M. ET HASCHAR-NOÉ N.

2021

Sciences Sociales et Santé 39(3): 79-105.

https://www.cairn.info/revue-sciences-sociales-et-sante-2021-3-page-79.htm

Existant depuis 2001, le Programme National Nutrition Santé est une politique de santé publique visant l'éducation et la promotion de la santé par l'alimentation et l'activité physique. Intégrant une forte dimension interministérielle, il engage dans son opérationnalisation plusieurs administrations et services déconcentrés. L'analyse de la territorialisation du programme dans trois régions permet d'interroger ici la transversalité des politiques de santé et la capacité des acteurs publics à organiser la coordination de différents secteurs d'action publique. Nous montrons que les outils proposés dans le cadre de la politique nationale de santé publique et élaborés régionalement échouent, d'une part, à freiner les effets de cloisonnements inter-organisationnels et intersectoriels et, d'autre part à opérer l'intégration d'interventions et de dispositifs de prévention multiples et concurrents.

Covid

▶ Covid-19 et confinement : pour une gestion sanitaire et sociale

LE NOC Y.

2021

Médecine : De La Médecine Factuelle à Nos Pratiques 17(6): 244-246.

Suite à l'émergence d'infections au Coronavirus SARS-CoV-2 d'abord en Chine à la fin de l'année 2019, un premier cas était signalé en France le 24 janvier 2020 et face à la diffusion rapide du virus, l'OMS déclarait le 11 mars 2020 l'état de pandémie mondiale. Depuis, la France a enregistré 5 741 354 cas et 110 483 décès. Pour tenter d'enrayer la flambée épidémique, la majorité des grandes nations a été amenée à déclarer des états d'urgence sanitaire et décréter un certain nombre de mesures contraignantes et de restrictions des libertés individuelles, dont le port obligatoire du masque, la distanciation sociale, la fermeture des établissements d'enseignement, le télétravail obligatoire et le confinement avec des adaptations progressives, variables selon les États, en fonction de l'évolution des connaissances, mais aussi sans doute des ressentis et réactions prévisibles des populations, au fil des vagues successives. En l'absence de traitements spécifiques, une véritable course contre la montre s'est engagée dans l'attente de la vaccination d'une frange suffisante des populations pour espérer atteindre un seuil satisfaisant d'immunité collective, malgré la menace permanente d'échappement lié à l'émergence de nouveaux variants imposant de rester vigilants.

▶ Inferring a Cause-Effect Relationship Between Lockdown Restrictions and COVID-19 Pandemic Trend During the First Wave

MEGNA R.

2021

Health Policy 125(11): 1441-1447.

https://doi.org/10.1016/j.healthpol.2021.09.008

The large number of infected persons due to the COVID-19 pandemic and the need of hospital care for many of them induced the majority of world governments to implement lockdown measures. We developed an analytical model to evaluate the trend of the SARS-CoV-2 pandemic. This model was applied to the first four months of the epidemiological data of the most affected countries in Europe and Russia, in order to evaluate the effect of the lockdown on the epidemic curves during the first wave. According to our model, the difference between the beginning of the lockdown and the slope change of the curve representing the daily distribution of counts was: Germany and Spain 6 days, France 7 days, the United Kingdom 9 days, Italy 21 days, and Russia 30 days. On the basis of these results, we infer a possible cause-effect relationship between the lockdown imposed in countries taken into account and the curve representing the daily distribution of new cases. Lockdown measures imposed by governments slowed the spread of the pandemic and reduced the number of infected persons. In economic terms, the damage was considerable, with entire production sectors in crisis. On the other hand, the efforts and innovations implemented to produce vaccines and effective treatments against the pandemic could be applied also in other fields of public health.

▶ Gestion de la crise sanitaire par des interventions non pharmaceutiques et surmortalité de l'épidémie COVID-19

PECH DE LACLAUSE G., DELENDA A. ET AUGUSTINCIC L.

2021

Santé Publique 33(2): 255-263.

https://www.cairn.info/revue-sante-publique-2021-2-page-255.htm

Cette étude observe trois pays comparables touchés par l'épidémie à coronavirus 2019 : Belgique, Pays-Bas, Suède. Ces trois pays ont réalisé des « interventions non pharmaceutiques » à trois niveaux différents, de l'isolement social total (Belgique) à la simple distanciation sans port de masque (Suède).Objectif : Cette étude porte sur l'efficacité des interventions d'ordre général et indifférenciées quant à la surmortalité. Elle met en œuvre les modèles SIS, SIR, SEIR comme aide à la décision et à la gestion de crise. Elle examine leur robustesse dans une utilisation prédictive. Résultats : Les interventions non pharmaceutiques générales non ciblées et strictes n'ont pas « retardé » le pic, ni « aplani » les courbes. Les différences de systèmes hospitaliers ne sont pas une donnée explicative. Conclusion : L'hypothèse que des NPI (Non Pharmaceutical Interventions) générales et non ciblées auraient un impact direct sur l'indicateur R (nombre reproducteur de base) de propagation épidémique est erronée. A contrario dans ce raisonnement, elles maintiendraient R au-dessus du niveau imaginé et l'épidémie se prolonge.

Nordic Responses to Covid-19: Governance and Policy Measures in the Early Phases of the Pandemic

SAUNES I. S., VRANGBÆK K., BYRKJEFLOT H., *et al.*

2021

Health Policy(Ahead of pub).

https://doi.org/10.1016/j.healthpol.2021.08.011

This paper explores and compares health system responses to the COVID-19 pandemic in Denmark, Finland, Iceland, Norway and Sweden, in the context of existing governance features. Content compiled in the Covid-19 Health System Response Monitor combined with other publicly available country information serve as the foundation for this analysis. The analysis mainly covers early response until August 2020, but includes some key policy and epidemiological developments up until December 2020. Our findings suggest that despite the many similarities in adopted policy measures, the five countries display differences in implementation as well as outcomes. Declaration of state of emergency has differed in the Nordic region, whereas the emphasis on specialist advisory agencies in the decision-making process is a common feature. There may be differences in how respective populations complied with the recommended measures, and we suggest that other structural and circumstantial factors may have an important role in variations in outcomes across the Nordic countries. The high incidence rates among migrant populations and temporary migrant workers, as well as differences in working conditions are important factors to explore further. An important question for future research is how the COVID-19 epidemic will influence legislation and key principles of governance in the Nordic countries.

Containment, Health, and Social Policies in the Time of COVID-19 – Determinants and Outcomes of Initial Responses Across 120 Countries

WANG J. S.-H., PENG C., LUO H., *et al.*

2021

Health Policy and Planning 36(10): 1613-1624.

https://doi.org/10.1093/heapol/czab115

The coronavirus disease 2019 (COVID-19) pandemic has triggered an unprecedented number of policy responses around the world across multiple policy domains. While governments have combined containment and health policies with social policies (CHSPs) during the initial phase of the pandemic in various ways, the current literature offers little knowledge of the patterns of these combinations and their determinants and outcomes. This paper fills this gap by investigating CHSP combinations across ≥120 countries. We further examined whether the CHSP response was determined by political regimes or compensation hypotheses—serving the purposes of responding to pre-existing economic downturns, inequality or social unrest. We also investigated the associations between CHSP responses and mobility, virus infection and unemployment. Using policy data from the Oxford COVID-19 Government Response Tracker, results from sequence analysis indicated that governments' CHSP responses could be clustered into five categories: high social policies (SPs), middle SPs, containment and health (CH) leading SPs, low SPs and gradual high SPs. We used multinomial regression models to investigate determinants of CHSP responses. We found that CHSP responses did not differ by political regimes, and CHSP combinations were not driven by compensation hypotheses. Instead, gross domestic product per capita and government effectiveness were the key drivers for high levels of policy responses. We also found that low SP responses were associated with fewer mobility changes. Taken together, our findings suggest that lower-income countries required more support and resources in order for them to adopt necessary CH and SP responses.

European Countries' Responses in Ensuring Sufficient Physical Infrastructure and Workforce Capacity During the First COVID-19 Wave

WINKELMANN J., WEBB E., WILLIAMS G. A., *et al.*

2021

Health Policy(Ahead of pub).

https://doi.org/10.1016/j.healthpol.2021.06.015

The COVID-19 pandemic has placed unprecedented pressure on health systems' capacities. These capacities include physical infrastructure, such as bed capacities and medical equipment, and healthcare professionals. Based on information extracted from the COVID-19 Health System Reform Monitor, this paper analyses the strategies that 45 countries in Europe have taken to secure sufficient health care infrastructure and workforce capacities to tackle the crisis, focusing on the hospital sector. While pre-crisis capacities differed across countries, some strategies to boost surge capacity were very similar. All countries designated COVID-19 units and expanded hospital and ICU capacities. Additional staff were mobilised and the existing health workforce was redeployed to respond to the surge in demand for care. While procurement of personal protective equipment at the international and national levels proved difficult at the beginning due to global shortages, countries found innovative solutions to increase internal production and enacted temporary measures to mitigate shortages. The pandemic has shown that coordination mechanisms informed by real-time monitoring of available health care resources are a prerequisite for adaptive surge capacity in public health crises, and that closer cooperation between countries is essential to build resilient responses to COVID-19.

Prévention santé

Health Prevention

Le rôle de la « narration située » en éducation thérapeutique des patients (ETP) : de l'information à la relation

ARBORIO S. ET SIMON E.

2021

Santé Publique 33(3): 311-316.

https://www.cairn.info/revue-sante-publique-2021-3-page-311.htm

Ce dossier réunit différentes propositions présentées lors du colloque de clôture consacré aux programmes de recherche Fam-West* et Com-Patient**. Il était consacré à l'éducation thérapeutique du patient (ETP) et son possible déploiement dans le contexte de la prise en charge des maladies rares. But de l'étude : Aujourd'hui, la démarche communicationnelle de l'ETP formelle commune pourrait être qualifiée d'« informationnelle ». Dans cette approche, la connaissance est transmise de manière linéaire du soignant au soigné et l'élaboration du dispositif repose sur le message, les supports de communication et leur adaptation à la cible. Mais l'approche de l'ETP pourrait également être pensée comme un des lieux possibles d'élaboration des savoirs d'expérience, à travers lequel sont reconnus les savoirs et les compétences que les malades peuvent élaborer à travers l'épreuve de maladie. Résultats : Ce dossier entend donc documenter les formes d'incursion de la narration à l'intérieur d'une relation de soin spécifique qu'est l'ETP permettant à la fois d'éclairer la manière dont les acteurs de santé s'emparent de la question narrative dans différents contextes et d'apporter aussi de nouvelles pistes d'interrogations relatives à la relation d'ETP entre soignants, soignés et leur entourage. Conclusions : C'est sous l'angle du dialogue disciplinaire que la place de la narration en ETP a été interrogée. Ce dossier croise ainsi des approches en sciences humaines et sociales fondamentales ou interventionnelles, des approches en ingénierie ou encore celles de praticiens et patients experts qui mettent au travail théories et outils pour faire advenir demain une « TPE relationnelle » en documentant ses limites comme ses potentialités.

Effects of the Colorectal Cancer Control Program

BITLER M. P., CARPENTER C. S. ET HORN D.

2021

Health Economics 30(11): 2667-2685.

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4397

Although colorectal cancer (CRC) screening is highly effective, screening rates lag far below recommended levels, particularly for low-income people. The Colorectal Cancer Control Program (CRCCP) funded $100 million in competitively awarded grants to 25 states from 2009–2015 to increase CRC screening rates among low-income, uninsured populations, in part by directly providing and paying for screening services. Using data from the 2001–2015 Behavioral Risk Factor Surveillance System (BRFSS) and a difference-in-differences strategy, we find no effects of CRCCP on the use of relatively cheap fecal occult blood tests (FOBT). We do, however, find that the CRCCP significantly increased the likelihood that uninsured 50–64-year-olds report ever having a relatively expensive endoscopic CRC screening (sigmoidoscopy or colonoscopy) by 2.9 percentage points, or 10.7%. These effects are larger for women, minorities, and individuals who did not undertake other types of preventive care. We do not find that the CRCCP led to significant changes in CRC cancer detection. Our results indicate that the CRCCP was effective at increasing CRC screening rates among the most vulnerable.

Pratiques d'orientation vers l'infirmière d'éducation thérapeutique : étude qualitative auprès de médecins généralistes et de patients d'une maison de santé en Lorraine

HERMANN-BURTEAUX A. ET CROZET C.

2021

Recherche en soins infirmiers 146(3): 74-94.

https://www.cairn.info/revue-recherche-en-soins-infirmiers-2021-3-page-74.htm

Pour faire face à l'accroissement du nombre de patients porteurs de maladies chroniques, le dispositif ASALEE favorise la coopération entre les médecins généralistes et des infirmières d'éducation thérapeutique d'une maison de santé lorraine. Ils constatent des comportements d'absence, d'annulation et de report de la première consultation des patients orientés. Objectif : notre recherche explore les pratiques médicales d'orientation des patients à la première consultation d'éducation thérapeutique. Méthode : l'observation de ces pratiques a été couplée à des entretiens semi-directifs. Résultats : quatre médecins et 17 patients ont été observés et questionnés suite à l'orientation à l'infirmière d'éducation thérapeutique pour six d'entre eux et à un médecin spécialiste pour 11 autres. 27 critères et 72 indicateurs concernent la pratique d'orientation à l'ETP. Quinze sont communs aux 22 critères concernant le médecin spécialiste. Ces critères ouvrent des perspectives d'amélioration intéressant l'ETP, comme la Qualité de la relation médecin-patient et le Manque de connaissances et de compétences en ETP. Discussion/conclusion : l'amélioration de la pratique médicale d'orientation à l'éducation thérapeutique est permise par les groupes d'analyse de pratiques professionnelles et par l'acceptabilité sociale de l'empowerment et de l'engagement des patients.

Colorectal Cancer Screening Program : Test Completion Rate and Follow-Up Results After Selective Mailing of the Test Kit, Based on Likelihood of Participation

KOÏVOGUI A., VINCELET C., AIT-HADAD H., *et al.*

2021

Rev Epidemiol Santé Publique 69(5): 265-276.

https://doi.org/10.1016/j.respe.2021.06.002

Even though the interest of a Colorectal-Cancer Screening Program has been amply demonstrated, in French departments the participation rate (PR) seldom reaches 45%. In the absence of mass mailing, a strategy (S-1) consisting in mailing a test kit to people having made a request was implemented in 2015. In 2017, another mailing strategy (S-2), which consisted in sending the test kit only to people likely to take the test, was programmed. This study assesses the respective impact of these two strategies as compared to the standard approach (S-0). METHODS: The study included 254,113 (S-0), 4,130 (S-1) and 10,887 (S-2) people aged 50-74, targeted during the 2016-2017 campaign in Seine-Saint-Denis (France). S-0 persons received a 2nd reminder without a test-kit, while S-1 persons received, at their request, a mailed test kit. Without having made a request, S-2 persons the mailed test kit according to probability of participation (Proba) which was estimated a priori by the ratio between the sum total of index values (frequency of previous participation, date of most recent participation, age) and a theoretical maximum. Completion rates (test/

colonoscopy) were compared 18 months after the last S-2 kit was sent. RESULTS: PR was highest in S-1 (S-0: 5.8%, S-1: 74.9%, S-2: 31.3%; $p < 0.0001$). In S-2, PR rose as Proba increased (Proba:]0-30%],]30-50%],]50-75%],]75-100%]; PR: 21.1%, 23.3%, 36.2%, 52.8% respectively; $p < 0.05$). Compared to the ≥70 years age-group, the 50-54 years age-group presented a lower PR in S-1 (65.9% vs. 85.1%; $p < 0.05$) whereas it presented a higher PR in S-0 (4.3% vs. 7.1%; $p < 0.05$) and in S-2 (23.2% vs. 54.5%; $p < 0.05$). All in all, colonoscopy completion rates were highest in S-1 (S-0: 62.2%, S-1: 80.0%, S-2: 65.0%; $p < 0.001$). Conclusion: Test-kit mailing without spontaneous request does not lead to an optimal level of participation, thereby highlighting a need to give thought to new and improved mobilization methods. The relatively pronounced participation of younger persons, who are not favored by present-day testing specifications, underscores the interest of a specific approach addressed to active people, who are less inclined than elderly individuals to regularly consult their attending physicians.

Shared Decision Making in Breast Cancer Screening Guidelines: A Systematic Review of Their Quality and Reporting

MAES-CARBALLO M., MORENO-ASENCIO T., MARTÍN-DÍAZ M., *et al.*

2021

European Journal of Public Health 31(4): 873-883.

https://doi.org/10.1093/eurpub/ckab084

Shared decision making (SDM) is a key component of evidence-based and patient-centred care. The aim of this study is to systematically review the quality of SDM proposals in clinical practice guidelines (CPGs) and consensus statements (CSs) concerning breast cancer (BC) screening. Guidances were identified, without language restrictions, using a prospectively planned systematic search (MEDLINE, EMBASE, Web of Science, Scopus and guideline websites) from January 2010 to August 2020. Duplicate data extraction used a 31-item SDM quality assessment tool; reviewer agreement was 98%.SDM appeared only in 38 (49.4%) (33/68 CPGs, 4/9 CSs) documents (overall compliance with the quality tool: mean 5.74, IQR 3–8). CPGs and CSs specifically mentioning the term SDM ($n = 12$) had higher quality (mean 6.8, IQR 4–9 vs. mean 2.1, IQR 0–3; $P = 0.001$). No differences were found in mean quality comparing CPGs with CSs (3 vs. 1.6; $P = 0.634$), use of systematic review (4.2 vs. 2.9; $P = 0.929$) and publication in a journal (4 vs. 1.9; $P = 0.094$). Guidances with SDM were more recently reported than those without it (mean 41 vs. 57 months; $P = 0.042$). More than half of all the guidelines did not meet SDM quality criteria. Those that explored it were more recently reported. There is an urgent need for promoting SDM in guidances concerning BC screening issued by institutions, professional associations and medical journals.

Cervical Cancer Testing Among Women Aged 30–49 Years in the WHO European Region

WILLIAMS J., RAKOVAC I., VICTORIA J., *et al.*

2021

European Journal of Public Health 31(4): 884-889.

https://doi.org/10.1093/eurpub/ckab100

Screening programs play an important role in a comprehensive strategy to prevent cervical cancer, a leading cause of death among women of reproductive age. Unfortunately, there is a dearth of information about rates of cervical cancer testing, particularly in Eastern Europe and Central Asia where levels of cervical cancer are among the highest in the WHO European Region. The purpose of this article is to report on the lifetime prevalence of cervical cancer testing among females aged 30–49 years from across the WHO European region, and to describe high-level geographic and socioeconomic differences. We used data from the European Health Information Survey and the WHO STEPwise approach to Surveillance survey to calculate the proportions of women who were tested for cervical cancer. The percentage of tested women ranged from 11.7% in Azerbaijan to 98.4% in Finland, with the lowest percentages observed in Azerbaijan, Tajikistan and Uzbekistan. Testing was lower in Eastern Europe (compared to Western Europe), among low-income countries and among women with lower levels of education. Effective cervical cancer screening programs are one part of a larger strategy, which must also include national scale-up of human papilloma virus vaccination, screening and treatment.

Covid

COVID-19 Vaccine Demand and Financial Incentives

CARPIO C. E., COMAN I. A., SARASTY O., *et al.*

2021

Applied Health Economics and Health Policy 19(6): 871-883.

https://doi.org/10.1007/s40258-021-00687-9

Public health experts estimate that on ly very high COVID-19 vaccine uptake levels can result in herd immunity.

A Multi-National Test on Self-Reported Compliance with COVID-19 Public Health Measures: The Role of Individual Age and Gender Demographics and Countries' Developmental Status

LIN T., HARRIS E. A., HEEMSKERK A., *et al.*

2021

Social Science & Medicine 286: 114335.

https://doi.org/10.1016/j.socscimed.2021.114335

Rationale/objective The COVID-19 pandemic has brought far-reaching consequences on individual and societal levels. Social distancing and physical hygiene constitute effective public health measures to limit the spread of the virus. This study investigated age and gender demographics, in tandem with national levels of human development, as crucial factors influencing self-reported compliance with COVID-19-related public health measures. Methods The present study leveraged a large multi-national sample that ranged across the adult lifespan (18–100 years) and comprised 45,772 women and men from 66 countries/territories. Data were collected in Spring (2020) during the earlier phase of the COVID-19 pandemic. Self-reports of compliance with two public health measures (spatial distancing and physical hygiene) were assessed via online survey. Human Development Index (HDI), developed by the United Nations Development Program, was used as a proxy of a country's achievement in key dimensions of human development. Results Older age, female gender, and lower HDI were independently associated with greater self-reported compliance. A significant three-way interaction further revealed that self-reported compliance was lowest in young males from well-developed countries, while highest among females across all ages from less-developed countries. Conclusion The study offers an integration of individual-level and country-level demographic predictors of self-reported compliance and allows for robust testing in a large multi-national adult lifespan sample for enhanced generalizability. The results highlight the potential of data-driven, tailored (i.e., towards specific demographics, countries) health campaigns and public policies in the fight against a global pandemic.

Psychiatrie

Psychiatry

La participation des patients en santé mentale : vers un cadre d'analyse des pratiques

ABIDLI Y., DUBOIS V. ET MAHIEU C.

2021

Santé Publique 33(2): 265-274.

https://www.cairn.info/revue-sante-publique-2021-2-page-265.htm

Cet article a pour objectif de faire le point sur les manières dont le concept de participation est mobilisé en santé mentale, particulièrement dans la littérature relative à l'accompagnement du patient. Sur la base des débats et des enjeux identifiés, nous proposons un cadre d'analyse des pratiques participatives. La méthodologie repose sur une revue de littérature à laquelle une méta-synthèse a été appliquée. Cette méthode d'analyse secondaire de recherches qualitatives a permis, dans un premier temps, de synthétiser et de structurer les connaissances sur le sujet étudié. Dans un second temps, une analyse interprétative a été menée pour dégager une proposition de cadre d'analyse des pratiques. Résultats : Le processus de recherche, mené au départ de deux bases de données, a renvoyé 28 articles après exclusion pour l'extraction et l'analyse complètes des données. La méta-synthèse des données a permis de faire émerger trois idéaux-types de la participation en santé mentale : l'approche linéaire, l'approche conditionnelle et l'approche inconditionnelle. Conclusion : Nos résultats montrent que l'intérêt de mobiliser les déclinaisons conceptuelles de la participation, du point de vue des soignants, dans l'accompagnement sanitaire ne réside pas dans l'opposition des concepts. Elle repose plutôt sur la possibilité d'éclairer les différentes formes que prend cette participation dans la représentation des professionnels et leur évolution dans la pratique de terrain.

▶ Police Brutality and Unmet Need For Mental Health Care

ALANG S., ROGERS T. B., WILLIAMSON L. D., *et al.*

2021

Health Services Research 56(6): 1104-1113.

https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.13736

National movements have raised awareness of the adverse mental health effects of police brutality. This study examines the relationship between perceived police brutality and unmet need for mental health care. Data Sources We used the 2018 Survey of the Health of Urban Residents (N = 4338), a quota sample survey of adults in urban areas in the contiguous United States. Principal Findings Negative police encounters perceived as necessary were associated with greater odds of unmet need compared to no negative police encounters (odds ratio [OR] = 1.98, confidence interval [CI] = 1.30–2.65). Odds of unmet need were also higher among persons with negative and unnecessary police encounters (OR = 1.28, CI = 1.05–1.56). Greater respect was associated with lower odds of unmet need among persons who reported negative unnecessary encounters with the police (OR = 0.88, CI = 0.72–0.97). Medical mistrust was associated with greater odds of unmet need among those with negative unnecessary police encounters (OR = 1.52, CI = 1.12–1.93). Conclusions Persons who are exposed to police brutality are also likely to be those who experience unmet need for mental health care. Ensuring that they feel respected within medical settings and establishing conditions that build trust in medical institutions are important for eliminating unmet need for mental health care.

▶ Construction et évaluation d'un parcours de prévention somatique destiné aux patients psychotiques et bipolaires suivis par un secteur de santé mentale

BENDJEMA Z.

2021

L'information psychiatrique 98(8): 727-728.

https://www.cairn.info/revue-l-information-psychiatrique-2021-8-page-727.htm

Les patients souffrant de troubles mentaux sévères ont un excès de mortalité imputable au risque cardio-vasculaire, métabolique et de cancer réduisant leur espérance de vie de 20 %. Ces facteurs de risque sont similaires à ceux de la population générale dans leur nature, mais sont surreprésentés. Les pathologies qui en découlent sont accessibles à la prévention et au dépistage. Néanmoins les études suggèrent un défaut de prévention et de suivi.

▶ Dispositif de soins partagés en psychiatrie de la Haute-Garonne

BENSOUSSAN M. ET PRÉBOIS S.

2021

L'information psychiatrique 98(8): 684-690.

https://www.cairn.info/revue-l-information-psychiatrique-2021-8-page-684.htm

Le dispositif de soins partagés en psychiatrie naît en Haute-Garonne d'une initiative médicale unissant médecins généralistes et psychiatres conscients de devoir engager une action prioritaire pour améliorer leurs pratiques professionnelles. La clinique quotidienne et la littérature médicale dégagent un fort consensus sur les difficultés d'adressage et de coopération entre la médecine générale et la psychiatrie. L'offre de soins spécialisés comme les aspects démographiques n'expliquent pas les difficultés d'accès aux soins psychiatriques, voire d'obtention d'un avis spécialisé, rencontrées sur l'ensemble du territoire de ce département, qu'il s'agisse des zones à forte densité de population et médicale, telles que l'agglomération toulousaine, ou de celles à faible densité. L'expérience d'un autre DSP (dispositif de soins partagés) a montré l'importance de structurer un dispositif apprenant basé sur le partage du soin et l'amélioration des collaborations. Les premiers résultats sont aussi spectaculaires qu'ils précisent les écueils à dépasser.

Y aurait-il des « sous-malades » ?

BONNAFÉ M.

2021

VST - Vie sociale et traitements 151(3): 14-19.

https://www.cairn.info/revue-vie-sociale-et-traitements-2021-3-page-14.htm

Dans cet entretien, Marie Bonnafé revient sur les grandes avancées de la psychiatrie au milieu du XXe siècle. Cette période a vu naître la psychothérapie institutionnelle, la psychiatrie de secteur, mais surtout une autre perception des malades.

Psychologues, psychiatres, médecins généralistes : des partenaires indispensables pour les patients

BORGY J.

2021

L'information psychiatrique 98(8): 723-726.

https://www.cairn.info/revue-l-information-psychiatrique-2021-8-page-723.htm

L'accès direct à un soin psychologique est un impératif de santé publique. Il est actuellement freiné par une conception trop médico-centrée de la santé en France. Cette organisation de la santé publique française fondée sur un paradigme du XIXe siècle est préjudiciable à l'instauration d'un partenariat entre professionnels de la santé au bénéfice des patients et avec eux. Il est nécessaire de sortir d'une logique de prescription médicale obligatoire des soins et de valoriser l'expertise de chaque profession dans le cadre de relations partenariales. Les psychologues ont des propositions d'organisation alternative qui ont été transmises au ministère des Solidarités et de la Santé.

La réforme des soins sans consentement : tout sauf un long fleuve tranquille. Retour sue les dix ans d'application de la loi du 5 juillet 2011

CHARBONNEL A. ET GENOT-PUK I.

2021

Gestions Hospitalières(608): 442-448.

Dix ans déjà ! Et tous les mécontentements sur la réforme des soins psychiatriques sans consentement ont été exprimés avant, pendant et bien après sa publication le 6 juillet 2011 et son entrée en vigueur moins de trois semaines après, le 1er août 2011. Après dix ans d'application, qu'en est-il réellement ? Quels bénéfices de la loi pour les patients ? Quels points d'achoppement juridiques et organisationnels existent encore ou se révèlent à l'épreuve de la pratique ? Cet article tente de répondre à ces interrogations.

Évaluation des connaissances et représentations actuelles sur la pair-aidance chez les professionnels intervenant en psychiatrie au CHU de Saint-Étienne

DAFFORT M. ET PULCINI M.

2021

L'information psychiatrique 97(7): 581-587.

https://www.cairn.info/revue-l-information-psychiatrique-2021-7-page-581.htm

La professionnalisation des pairs aidants se développe depuis plusieurs années dans de nombreux pays. Il a été démontré que l'intégration de travailleurs pairs dans les services était possible, et que cela avait un impact positif sur les pratiques. En France, le Haut Conseil de la santé publique recommande de « poursuivre l'expérimentation sur les médiateurs pairs ». Dans notre étude, les soignants participants sont globalement favorables à l'intégration de travailleurs pairs au sein des équipes de soins. Malgré la verbalisation d'appréhensions, ils se déclarent intéressés pour travailler autour de ce concept. Les chiffres retrouvés permettent de soulever la question de la formation des différents professionnels, qui est un facteur préalable indispensable à ce type d'intégration.

Payment Schemes and Treatment Responses After a Demand Shock in Mental Health Care

DOUVEN R., REMMERSWAAL M. ET VERVLIET T.

2021

Health Economics 30(12) : 2956-2973

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4417

We study whether two groups of mental health care providers—each paid according to a different payment scheme—adjusted the duration of their patients' treatments after they faced an exogenous 20% drop in the number of patients. For the first group of providers, self-employed providers, we find that they did not increase treatment duration to recoup their income loss. Treatment duration thresholds in the stepwise fee-for-service payment function seem to have prevented these providers to treat patients longer. For the second group of providers, large mental health care institutions who were subject to a budget constraint, we find an average increase in treatment duration of 8%. Prior rationing combined with professional uncertainty can explain this increase. We find suggestive evidence for overtreatment of patients as the longer treatments did not result in better patient outcomes, i.e. better General Assessment of Functioning scores.

▶ Pour des soins primaires plus efficaces : l'exemple de PAÏS

EXPERT P.

2021

L'information psychiatrique 98(8): 677-683.

https://www.cairn.info/revue-l-information-psychiatrique-2021-8-page-677.htm

Cet article souligne pourquoi et comment l'organisation des soins primaires conditionne le fonctionnement du système de santé. Leur dégradation ne permet aucune évolution. Sont-ils soutenus par l'État ? Oui mais sans effet démontré, pour des raisons que l'auteur développe. Pourtant, des solutions d'amélioration existent et font leurs preuves. Elles ont en commun d'être issues d'initiatives de terrain. Celle qui est présentée ici s'appelle PAÏS. Elle s'attache, en priorité, à l'organisation des médecins généralistes, qu'elle considère comme clé de voûte des soins primaires. Avec plus de dix années de recul, ses résultats sont présentés. Ils s'appuient sur une évaluation externe exemplaire par sa méthode et par son caractère reproductible.

▶ Evaluation of the Use of Care Programs Provided For Under the Law of 5 July 2011

JAMET L., NEVEUX P., GOHIER B., *et al.*

2021

Encéphale 47(5): 420-425.

https://doi.org/10.1016/j.encep.2020.09.012

The law of 5 July 2011 introduced the possibility of outpatient care without consent in the context of care programs (CP). Despite major ethical and legal issues and frequent recourse in France, few studies are available on the use of this mechanism. An in-depth review of practices involving a large sample of CP was essential. The main objective of this study was to look at their content, the clinical profile of the patients involved, and the progress of these CP. METHODS: We carried out a retrospective, observational study, including all the CP set up between January 1st, 2016 and December 31st, 2018 in the Sarthe department. RESULTS: We studied 559 CP, 70 % of which (n = 391) in the context of "care by decision of the hospital director", with a wide disparity of recourse by psychiatric sector. One third of the hospitalizations without consent ended with a CP. They involved men (68.5 %, n = 383), with a psychotic disorder (77.8 %, n = 435), with a history of hospitalization (90 %, n = 503), and with poor adherence to care (83.2 %, n = 465). Cannabis use accounted for 41.3 % (n = 231) of cases. CONCLUSIONS: Our study allows a precise vision of patients concerned by CP: men with risk factors for psychiatric dangerousness, with a severe clinical profile. It also found a high rate of re-hospitalization despite good adherence with the CP which is in line with a device allowing the work of an alliance to care and interventions at the beginning of relapse. CP have poorly personalized content and are poorly justified by psychiatrists although it is a freedom-restricting measure, highlighting the need for increased awareness amongst psychiatrists of the legal framework of their practice regarding care without consent.

▶ Integrating Mental Health in Safety-Net Primary Care: A Five-Year Observational Study on Visits in a County Health System

LEUNG L. B., BENITEZ C. T., DORSEY C., *et al.*

2021

Medical Care 59(11).

https://journals.lww.com/lww-medicalcare/Fulltext/2021/11000/Integrating_Mental_Health_in_Safety_net_Primary.5.aspx

Beginning in 2010, Los Angeles County Departments of Health Services and Mental Health collaborated to increase access to effective mental health care. The Mental Health Integration Program (MHIP) embedded behavioral health specialists in primary care clinics to deliver brief, problem-focused treatments, and psychiatric consultation support for primary care-prescribed psychotropic medications. Objective: The aim was to compare primary care visits associated with psychiatric diagnoses before and after MHIP implementation. Methods: This retrospective cohort study (2009–2014) examined 62,945 patients from 8 safety-net clinics that implemented MHIP in a staggered manner in Los Angeles. Patients' primary care visits (n = 695,354) were either associated or not with a previously identified or "new" (defined as having no diagnosis within the prior year) psychiatric diagnosis. Results: 9.4% of visits were associated with psychiatric diagnoses (6.4%

depression, 3.1% anxiety, <1% alcohol, and substance use disorders). Odds of visits being associated with psychiatric diagnoses were 9% higher [95% confidence interval (CI) = 1.05–1.13; P<0.0001], and 10% higher for diagnoses that were new (CI = 1.04–1.16; P = 0.002), after MHIP implementation than before. This appeared to be fueled by increased visits for depression post-MHIP (odds ratio = 1.11; CI = 1.06–1.15; P<0.0001). Conclusions: MHIP implementation was associated with more psychiatric diagnoses coded in safety-net primary care visits. Scaling up this effort will require greater attention to the notable differences across patient populations and languages, as well as the markedly low coding of alcohol and substance use services in primary care.

Les psychologues, une profession sollicitée : entre actualité et continuité

MONDIÈRE G.

2021

L'information psychiatrique 98(8): 717-722.

https://www.cairn.info/revue-l-information-psychiatrique-2021-8-page-717.htm

La crise sanitaire a rendu davantage visibles les psychologues tant auprès des instances de tutelles que de la population. Pour autant, la profession reste encore assez méconnue dans sa formation et peu reconnue dans ses compétences. La question du remboursement des consultations psychologiques apparaît aujourd'hui comme un enjeu et un choix politique. Comment accepter un pas du côté des sciences humaines dans un modèle de soins encore très médico-centré ? Les psychologues travaillent dans de nombreux domaines très diversifiés que des vignettes présentent en fin d'article, elles apportent un éclairage différent et complémentaire.

Electroconvulsive Therapy During the Perinatal Period: Representations of Mental Health Professionals

NARD N., MOULIER V., JANUEL D., *et al.*

2021

Encéphale 47(5): 445-451.

https://doi.org/10.1016/j.encep.2021.02.020

Psychiatric disorders are common in peripartum and are associated with adverse outcomes for mother and fetus. Electroconvulsive therapy (ECT) is one of the most effective and safe options to treat severe mental illness, including during the perinatal period. Nevertheless, it remains underutilized during this period, possibly due to negative representations. Research has been carried out on the representations and attitudes of caregivers towards ECT, but the specificities of these attitudes during peripartum have not been explored. OBJECTIVES: We aimed to assess the attitudes towards ECT during the peripartum among psychiatrists, nurses, social workers and psychologists. The primary objective was to compare the score of favorability for ECT during peripartum according to the profession. The secondary objective was to highlight other factors involved in the favorability for ECT in peripartum. CONCLUSIONS: In this study, we have found that profession, training and experience in ECT are linked to the attitudes towards ECT, including in the perinatal period. It is necessary to inform professionals about the possibility of prescribing ECT in the perinatal period by training them in the specificities of pregnancy.

Interview du Dr Marie-Hélène Certain sur la coopération entre psychologues, médecins généralistes et psychiatres. Situation actuelle et perspectives

ODIER B. ET CERTAIN M. H.

2021

L'information psychiatrique 98(8): 715-716.

Indicators For Public Mental Health: A Scoping Review

PEITZ D., KERSJES C., THOM J., *et al.*

2021

Frontiers in Public Health 9. (1330).

https://doi.org/10.3389/fpubh.2021.714497

To monitor population mental health, the identification of relevant indicators is pivotal. This scoping review provides a comprehensive overview of current indicators representing the various fields of public mental health core topics. It was conducted as a first step to build up a Mental Health Surveillance for Germany. Methods: We conducted a systematic MEDLINE search via PubMed. This search was supplemented by an extensive examination of the websites of relevant national as well as international institutions in the context of public mental health and an additional internet search via Google. Conclusion: The presented indicator set provides guidance in the field of current concepts in public mental health monitoring. As a comprehensive compilation, it may serve as basis for future surveillance efforts, which can be adjusted and condensed depending on the particular monitoring focus. Our work provides insights into established indicators included in former surveillance work as well as recent, not yet included indicators reflecting current developments in the field. Since our compilation mainly concludes indicators related to mental health in adults, it should be complemented with indicators specific to children and adolescents. Furthermore, our review revealed that indicators on mental health promotion and prevention are underrepresented in current literature of public mental health and should hence be focused on within future research and surveillance.

▶ Clinical Heart Failure Among Patients with and Without Severe Mental Illness and the Association with Long-Term Outcomes

POLCWIARTEK C., LOEWENSTEIN D., FRIEDMAN D. J., *et al.*

2021

Circ Heart Fail: 14(10) e008364.

https://www.ncbi.nlm.nih.gov/pubmed/34587762

Patients with severe mental illness (SMI) including schizophrenia, bipolar disorder, and severe depression have earlier onset of cardiovascular risk factors, predisposing to worse future heart failure (HF) compared with the general population. We investigated associations between the presence/absence of SMI and long-term HF outcomes. METHODS: We identified patients with HF with and without SMI in the Duke University Health System from 2002 to 2017. Using multivariable Cox regression, we examined the primary outcome of all-cause mortality. Secondary outcomes included rates of implantable cardioverter defibrillator use, cardiac resynchronization therapy, left ventricular assist device implantation, and heart transplantation. CONCLUSIONS: SMI was associated with adverse HF outcome among men and not women. Despite equal access to procedures for HF between patients with and without SMI, those with SMI experienced excess postprocedural mortality. Our data highlight concurrent sex- and mental health-related disparities in HF prognosis, suggesting that patients with SMI, especially men, merit closer follow-up.

▶ Psychiatrie et médecine générale à la moulinette du terrain : positions respectives et attentes réciproques

SOUWEINE G. *et al.*, E.

2021

L'information psychiatrique 98(8): 671-676.

https://www.cairn.info/revue-l-information-psychiatrique-2021-8-page-671.htm

Le dialogue qui suit a été élaboré à partir d'entretiens auxquels ont participé un psychiatre et un pédopsychiatre, tous deux de secteur, exerçant à Lyon et ses environs et deux médecins généralistes lyonnais. Les échanges ont permis de montrer que dans le contexte de tension d'accès aux soins psychiatriques que nous subissons, les relations entre médecins généralistes et psychiatres sont marqués par des stratégies récurrentes. Il s'agit pour les omnipraticiens de faire accéder leurs patients aux soins institutionnels et pour les psychiatres de réguler des structures saturées. Ces stratégies reposent à la fois sur les limites et les failles des institutions mais également sur un usage détourné de la clinique qui ne sert plus à soulager mais à fermer la porte d'un dispositif. Nous proposons de rechercher des modalités de coopération qui permettent de penser des solutions réalistes et adaptées pour le soin des patients.

▶ Un modèle de prise en charge de l'urgence psychiatrique : Unité Psychiatrique de Liaison et d'Urgences du Centre Hospitalier Sud Francilien

VIGNE S.

2021

Pratiques en santé mentale 67(3): 30-37.

https://www.cairn.info/revue-pratique-en-sante-mentale-2021-3-page-30.htm

Appartenant au Pôle de Psychiatrie Adulte du Centre Hospitalier Sud Francilien, l'Unité de Psychiatrie de Liaison et d'Urgence (UPLI) a pour mission de répondre aux urgences aux côtés des urgentistes, de prendre en charge en hospitalisation de moins de 72 heures des patients en situation de crise psychiatrique, de répondre aux avis de liaison psychiatrique dans les services d'hospitalisation médicaux. Projet novateur, mobile et diversifié dans son offre de soin, l'UPLI se trouve mise à mal dans son projet initial tant par l'état d'abandon de la psychiatrie publique que par la méconnaissance des soins psychiatriques par les instances tutélaires. Ce document tente de faire un constat de l'actuel et de proposer des pistes de réflexion pour une psychiatrie centrée sur le patient et sa prise en charge.

Covid

Direct and Indirect Mental Health Consequences of the Covid-19 Pandemic Parallel Prior Pandemics

CZEISLER M. É., HOWARD M. E. ET RAJARATNAM S. M. W.

2021

American Journal of Public Health 111(9): 1589-1592.

https://doi.org/10.2105/AJPH.2021.306460

Did the Covid-19 Pandemic Impact Population's Mental Health?

FORGEOT C., PONTAIS I., KHIRREDINE I., *et al.*

2021

European Journal of Public Health 31(Supplement_3).

https://doi.org/10.1093/eurpub/ckab164.010

Sanitary, societal and economic effects due to the Covid-19 pandemic could lead to an impact on population's mental health. Santé publique France (SpF), the French public health agency set up a specific monitoring based on emergency department (ED) and GP's associations (GPs) SOS Médecins (SOSMed) data to early assess the impact of Covid-19 pandemic on mental health. Since 2004, SpF daily collects data from ED participating to the Oscour network (93% of French emergency attendances) and from SOSMed network. For both data sources, visits for several mental health disorders were analyzed for different age groups in 2020 and 2021 (until Week 16) and compared to years 2018 and 2019 (mean) with a focus on the two lockdown periods (resp W11 to W19-2020 and W45 to W51-2020). These results confirm that the impact concerns all age groups. For children, the condition seems to worsen in 2021 and highlight the need of a close follow-up of the situation and the reinforcement of preventive measures to prevent long-term impacts. Results confirm an impact of Covid-19 pandemic on populations mental health. Impact of COVID-19 on mental health: a long-term issue for children?

Psychological Impact of the COVID-19 Pandemic: Comparison Between Residents of Metropolitan France and of Reunion Island

LACONI S., RAMAYE D. ET KALAITZAKI A.

2021

Encéphale 47(5): 413-419.

https://doi.org/10.1016/j.encep.2020.09.006

The Covid-19 pandemic raised a lot of anxiety around the world. France is composed of several overseas territories with major cultural differences but also with a different exposure to the COVID-19. Reunion Island is the most populated overseas French department, but few researches have focused on this population. Therefore, the main objective was to explore and compare the impact of the COVID-19 pandemic (perceived stress, risk and fear of being infected, severity, lockdown respect, perceived stress, quality of life, quality of relationship, loneliness, resilience) during the lockdown among residents of metropolitan France and of Reunion Island. Conclusions : This study brings new data on the important psychosocial impact of the COVID-19 pandemic on two French samples. Observed differences highlight a higher fear of being infected among the metropolitans who were generally more exposed. Overseas from La Réunion did not feel more spared by this risk, despite the limited number of cases since the appearance of the first case in March 11th and the end of the lockdown in May 11th. Despite exposure, our results could be explained by several cultural differences such as way of life or beliefs. Overseas life in Reunion Island might bring more resilience and less loneliness given the particular familial, social and religious functioning. Given the limits of this study and the lack of similar comparisons, more work could highlight the protective factors of these populations.

The COVID-19 Disaster and Mental Health—Assessing, Responding and Recovering

LINDERT J., JAKUBAUSKIENE M. ET BILSEN J.

2021

European Journal of Public Health 31(Supplement_4): iv31-iv35.

https://doi.org/10.1093/eurpub/ckab153

The coronavirus disease 19 (Covid-19) pandemic is a disaster that has impacted lives globally. The purpose of this paper is to understand the linkage between Covid-19 and its impact on mental health. To reach this aim, we reviewed the literature on COVID-19 and mental conditions. Based on the literature, we identified COVID-19 as an unexpected, large-scale event that disrupted communities and caused death, destruction and trauma which upended normal existence. For mental conditions, effects of the pandemic are likely to manifest in different ways: development of symptoms in previously healthy individuals, new episodes in those with predisposition to mental disorders and development of symptoms that do not meet diagnostic criteria. The level of mental health problems varies depending on the stage of the pandemic, country, population groups and types of conditions. This also applies to the level of suicide, although suicides do not seem to have increased during the pandemic. Yet, we identified a net of factors contributing to mental conditions, in general. These factors include demographic factors (e.g. female gender, younger and older age), social factors (e.g. economically disadvantaged), mental factors (e.g. pre-existing mental conditions) and relationship factors (e.g. stressful relationship, lack of relationships). Additionally, we identified COVID-19-specific factors such as threat to own life and threat to life of loved ones, containment measures and interruption of services and social life. We further explored potentially additional suicide-related risk factors. Regardless of differences, health care and psychosocial systems were in many countries not prepared to respond to a viral disaster. Viral disaster requires that responses not only include direct care but also responses to populations that may need support due to known determinants of mental health.

Health Behaviors and Mental Health During the COVID-19 Pandemic: A Longitudinal Population-Based Survey in Germany

MATA J., WENZ A., RETTIG T., *et al.*

2021

Social Science & Medicine 287: 114333.

https://doi.org/10.1016/j.socscimed.2021.114333

The aim of this study is to understand the mental health response to repeated and prolonged stress during the Covid-19 related lockdown and the role of specific health behaviors to buffer against this stress. Methods In a longitudinal study with several measurement points covering three months during the COVID-19 pandemic, about 3500 randomly selected participants representative of the German population reported on their mental health (anxiety, depression, loneliness) and health behaviors (screen time, snack consumption, physical activity). Results Symptoms of anxiety, depression, and loneliness were highest shortly after the lockdown came into effect. Over time, the symptoms were stable or went down slightly, corresponding to patterns of habituation. Among people with higher vulnerability to poor mental health during the lockdown (e.g., women), the proportion with high levels of anxiety, depression, and loneliness was considerably larger. These groups also reported fewer health-promoting behaviors. More screen time, more snacking, and less physical activity were related to higher symptoms of anxiety, depression, and loneliness across all time points. Changes in health behaviors over time mostly did not predict changes in mental health symptoms. Conclusions Mental health and engagement in protective health behaviors was lowest at the start of the lockdown. Health behaviors mostly returned to pre-lockdown levels within three months. Engaging in healthier behaviors was associated with better mental health. Policy implications of these findings are discussed. This study provides important insights into (unintended) side effects of an international crisis and can contribute to a better understanding of how to preserve mental health.

Global Prevalence and Burden of Depressive and Anxiety Disorders in 204 Countries and Territories in 2020 Due to the COVID-19 Pandemic

SANTOMAURO D. F., MANTILLA HERRERA A. M., SHADID J., *et al.*

2021

The Lancet 398 (10312) : 1700-1712

https://doi.org/10.1016/S0140-6736(21)02143-7

Before 2020, mental disorders were leading causes of the global health-related burden, with depressive and anxiety disorders being leading contributors to this burden. The emergence of the COVID-19 pandemic has created an environment where many determinants of poor mental health are exacerbated. The need for up-to-date information on the mental health impacts of COVID-19 in a way that informs health system responses is imperative. In this study, we aimed to quantify the impact of the COVID-19 pandemic on the prevalence and burden of major depressive disorder and anxiety disorders globally in 2020.

Crises, urgences et hospitalisations en pédopsychiatrie au temps de l'épidémie de la COVID-19

VARNOUX A. ET AMAR J.

2021

Pratiques en santé mentale 67(3): 63-70.

https://www.cairn.info/revue-pratique-en-sante-mentale-2021-3-page-63.htm

Un clinicien qui reçoit un mineur dans un service d'urgences pour un motif psychiatrique doit évaluer concomitamment la gravité du symptôme, la subjectivité de la souffrance et la demande de soin, l'inquiétude de l'entourage et la capacité à contenir le symptôme. Une venue aux urgences raconte légitimement une « crise », sans nécessairement répondre à une urgence au sens médical du terme. Depuis plusieurs années, le taux de recours aux urgences augmente régulièrement, disant l'intensité de la souffrance psychique de la population et les insuffisances du système de soins… La pandémie de COVID-19 avait fait craindre une déstabilisation psychique massive chez les mineurs, fussent-ils suivis préalablement ou non, en écho à la désorganisation du système de soin. Cela avait obligé l'unité d'hospitalisation psychiatrique pour adolescents de l'hôpital Robert Ballanger, à Aulnay-sous-bois (93), à formaliser les processus d'admission et les soins. Nous allons présenter ces modalités de soins après avoir repris quelques éléments théoriques et statistiques au sujet des urgences et crises en pédopsychiatrie. Mais il s'est avéré que la « vague psychiatrique » n'a pas eu lieu en parallèle à la vague « infectieuse », mais nous sommes aujourd'hui au cœur de la tourmente, constatant les effets différés de la pandémie de COVID-19.

Sociologie de la santé

Sociology of Health

L'impossible intersectorialité en santé ? Commentaire

HASSENTEUFEL P.

2021

Sciences sociales et santé 39(3): 107-112.

https://www.cairn.info/revue-sciences-sociales-et-sante-2021-3-page-107.htm

L'article de Loïc Sallé, Marina Honta et Nadine Haschar-Noé met bien en évidence les obstacles très importants auxquels sont confrontées les politiques de santé à dimension intersectorielle, à travers le cas de la déclinaison régionale du programme national nutrition santé (PNNS). Ce programme implique en effet trois secteurs constitués de politiques publiques au niveau régional : celui de la santé (avec les Agences régionales de santé (ARS)), celui de l'agriculture (avec les directions régionales de l'Agriculture, de l'alimentation et de la forêt (DRAAF)) et celui de la Jeunesse et des Sports (avec les directions régionales de la jeunesse, des sports et de la cohésion sociale (DRJSCS)). Plus précisément, cet article pointe trois types de difficultés renvoyant à différentes dimensions d'une politique publique : celle de son pilotage institutionnel, celle des cadres cognitifs des acteurs qui en ont la charge et celle des instruments mobilisés. L'intersectorialité se révèle donc impossible, tout au moins très problématique, du fait de l'absence de dispositif institutionnel de pilotage unifié.

Sociodemographic Features and Patterns of Non-Participation in Colorectal Cancer Screening in Finland

JÄNTTI M., HEINÄVAARA S., MALILA N., *et al.*

2021

European Journal of Public Health 31(4): 890-894.

https://doi.org/10.1093/eurpub/ckab074

Colorectal cancer (CRC) screening was run as a randomized health services programme in Finland between 2004 and 2016. This study evaluates sociodemographic features and patterns of non-participation among men and women invited to be screened. The study population in this register-based study includes 233 211 men and women invited to guaiac faecal occult blood test screening on consecutive screening rounds (n = 708 621 invitations). A generalized estimating equation (GEE) was used to estimate incidence rate ratios (IRR) between sociodemographic features and non-participation. The overall proportion of non-participation was 31.6% and was higher in men (38.8%) than in women (24.6%). Birth cohort, education, marital status and country of birth were associated with non-participation. The birth cohort of 1950–54 was less likely to participate than the birth cohort of 1940–44. Men and women with primary education were more likely non-participants (IRR 1.26, CI 1.23–1.29 and IRR 1.22, CI 1.18–1.26, respectively) than men or women with tertiary education. Further, unmarried persons and immigrants had an increased risk of non-participation. Initial non-participation predicted subsequent behaviour, since, e.g. 80% of first-round non-participants also remained non-participants in the second round. Education, gender and marital status had a significant effect on non-participation in the CRC screening programme. As high and comprehensive participation is essential for a successful screening programme, attention should be paid in ensuring participation of all sociodemographic groups. Special efforts should be invested in those not participating in the first invitational round, since initial non-participation predicts non-participation to subsequent invitations.

Why Do French Engineers Find Stable Jobs Faster than Phds?

MARGOLIS D. N. ET MIOTTI E. L.

2021

Revue économique 72(4): 555-589.

https://www.cairn.info/revue-economique-2021-4-page-555.htm

Cet article examine pourquoi les docteurs prennent plus de temps à trouver un emploi stable que les ingénieurs en France. En utilisant les données de l'enquête « Génération 2004 » du CEREQ, nous présentons les différences entre les caractéristiques observables et les domaines de spécialisation entre ingénieurs et différents types de docteur et nous démontrons que la vitesse d'insertion des docteurs est plus lente que celle des ingénieurs. Cela s'explique par de multiples facteurs : des différences entre les caractéristiques observables et inobservables des diplômes, les choix de domaine de spécialisation, une recherche des docteurs dirigée vers des postes de fonctionnaire (surtout des postes de professeur) et un salaire de réserve vraisemblablement « trop élevé » par rapport à la valeur de la productivité marginale des docteurs pour des postes du secteur privé.

Savoir de patient/savoir de soignant. Entretien croisé

PONET B. ET KOENIG H.

2021

VST - Vie sociale et traitements 151(3): 46-53.

https://www.cairn.info/revue-vie-sociale-et-traitements-2021-3-page-46.htm

Quelles sont les perceptions réciproques du soigné et du soignant en psychiatrie ? Comment se déroule le soin ? Qu'est-ce qui est pris en compte ? Dans cet entretien croisé, une ancienne patiente et une infirmière reviennent sur leur expérience.

Enseigner la pratique de l'enquête sociologique et la construction théorique des objets de recherche

POULY M.-P.

2021

Savoir/Agir 57(3): 11-20.

https://www.cairn.info/revue-savoir-agir-2021-3-page-11.htm

La représentation du monde social et/ou de tel ou tel « problème social » est un enjeu de luttes perpétuelles entre politiques, journalistes et chercheurs en sciences sociales. De ce fait, l'enquête sous toutes ses formes - argument central d'allure plus ou moins scientifique en faveur de telle ou telle représentation mise en avant - est elle-même un enjeu permanent de luttes symboliques. Ce dossier aborde différentes modalités de la pratique de l'enquête et des problèmes qu'elle soulève : l'enjeu crucial de « la construction d'objet » (Louis Pinto, Marie-Pierre Pouly), les usages de la statistique dans la pratique de l'enquête (Frédéric Lebaron), les usages des sondages (Gérard Mauger à propos de Daniel Gaxie), la portée et les limites des « études de cas » (Stéphane Beaud), l'enquête sur soi-même (Gérard Mauger à propos de Rose-Marie Lagrave), l'enquête au passé (Christian Topalov), une enquête inédite en français de Norbert Elias (traduction de l'allemand par Antony Burlaud).

Patient and Public Involvement in Research: A Journey to Co-Production

PRICE A., CLARKE M., STANISZEWSKA S., *et al.*

2021

Patient Education and Counseling.

https://doi.org/10.1016/j.pec.2021.07.021

The public and patients can be powerful sensors for shaping and powering healthcare research. They are joining research teams as investigators and collaborators to co-produce evidence for the practical use of interventions in clinical practice. While clinicians and researchers are encouraged by funders and policymakers to involve the public and patients as partners in research, knowledge on what involvement consists of is limited, and the continuum between consultation, collaboration and co-production are not clearly defined. In this article, we explore Patient and Public Involvement (PPI) and introduce greater involvement through research co-production. Co-production describes ways that research partnership can work through public and patient involvement and we outline the similarities of co-production to "The Commons", a strategy utilized by economists to increase effective use of resources. We share examples of how public and patient involvement have used co-production, to demonstrate financial and health benefits. We then outline practical challenges at system, social and cultural levels and consider how others have worked to resolve them.

How Can We Describe Impact of Adult Patient Participation in Health-Service Development? a Scoping Review

SANDVIN OLSSON A. B., STRØM A., HAALAND-ØVERBY M., *et al.*

2020

Patient Education and Counseling 103(8): 1453-1466.

https://doi.org/10.1016/j.pec.2020.02.028

Patient participation represents a worldwide policy, but its impact lacks research. This study investigates impact of patient participation in health-service development by providing a comprehensive overview of how the literature describes it. Method A scoping review with a broad search strategy was conducted. The literature was examined for study characteristics, purpose for, approaches to and impact of patient participation. The data were analyzed using a thematic analysis. Results The 34 included primary studies reported impacts of patient participation that were interpreted to constitute two categories: 1. The participatory process´ impact on involved patient representatives and health professionals, and the organization´s patient participation practice itself. 2. The participatory service development´s impact on the design and delivery of services regarding patients and health professionals, and the organization. Conclusion The literature describes a broad variation of impacts from health-service development, relevant for health professionals and patient representatives when initiating or participating in such processes. Our review provides an overview and discussion of these types of impact. Practice implications The findings can be of practical relevance to those aiming to develop services, quality indicators regarding effects of patient participation, or to further investigate aspects of participatory service development.

Public Satisfaction with Health Care System in 30 Countries: The Effects of Individual Characteristics and Social Contexts

YUAN Y.

2021

Health Policy 125(10): 1359-1366.

https://doi.org/10.1016/j.healthpol.2021.08.005

In this article, the associations among individual socio-economic characteristics, the institutional set-up of health care systems, and satisfaction with the health care system are investigated. Data from the 2011 International Social Survey Program (30 countries, 34,212 respondents) is used. Multilevel analyses across countries have shown how the state financing context affects satisfaction at the individual level. Consistent with previous research, at individual level, personal experiences with medical providers, age, gender as well as income are significant predictors of satisfaction with the health care system. At the country level, real input indicators such as density of physicians and density of hospital beds are negative predictors of satisfaction with the health care system whereas the percentage of total health expenditures comprised by public sources is a positive predictor of satisfaction with the health care system. However, findings from the cross-level interactions indicate that the negative effect of lower income is more prominent in predominantly publicly-funded health care systems. Specifically, in primarily publicly-funded health care systems, the model-predicted probability of satisfaction with the health care system is higher, but the gap in the probability of satisfaction with the health care system between individuals with lower income and those with higher income is greater than that in mostly privately-financed health care systems. The findings in this study suggest that the future direction of health care system reform should be focused on balancing the distribution of resources between private and public sectors.

Soins de santé primaires

Primary Health Care

Deux nouvelles procédures d'accès à l'exercice médical pour les médecins à diplôme hors union européenne en 2021. Aspect juridique et démographique

BERTRAND D.

2021

Bulletin de l'Académie Nationale de Médecine 205(8): 993-998.

https://doi.org/10.1016/j.banm.2021.07.001

La loi du 24 juillet 2019 prévoit deux nouvelles procédures d'accès au plein exercice pour des médecins à diplôme hors Union Européenne. La voie de la régularisation concerne les médecins associés ayant un exercice en France ; le dépôt d'un dossier à l'agence régionale de santé leur permet de se présenter devant une commission régionale qui rend une décision d'acceptation, de refus ou de complément à acquérir. Ce dépôt de dossier entraîne une autre conséquence, l'autorisation de poursuivre son activité en France en attendant de passer devant la commission. La procédure de la commission territoriale est destinées aux Antilles-Guyane et peut autoriser un médecin étranger titulaire d'un diplôme de médecine de tous les pays à exercer dans la région après avoir été retenu par une commission à prédominance médicale. Avant cette loi, le préfet (autorité administrative) délivrait ses autorisations. Ces deux voies complètent les trois déjà existantes.

Medically Underserved Areas: Are Primary Care Teams Efficient at Attracting and Retaining General Practitioners?

CHEVILLARD G. ET MOUSQUÈS J.

2021

Soc Sci Med 287: 114358.

https://doi.org/10.1016/j.socscimed.2021.114358

The geographical imbalances of General Practitioners (GPs) may affect their accessibility for populations, especially in medically underserved areas. We investigate the effect of the dramatic and recent diffusion of Primary Care Teams (PCTs), especially in medically underserved areas, in order to attract and retain GPs through an improvement of their working conditions. We analyze the evolution of GPs and young GPs density between 2004 and 2017 according to a spatial taxonomy of French living areas in 6 clusters. Based on a quasi-experimental design comparing living areas, depending on the clusters, with PCTs (treated) and without PCTs (control), we used difference-in-differences models to estimate the impact of PCT new settlements on the evolution of both attraction and retention of GPs. Our results show that PCT settlements are efficient to attract young GPs and that the magnitude of the effects depends on the living area clusters. Results call for specific policies to address geographical inequalities of GPs that consider the type of place and also, in France, for new measures to attract and retain GPs in rural fringes.

▶ Simply the Best? the Impact of Quality on Choice of Primary Healthcare Provider in Sweden

DAHLGREN C., DACKEHAG M., WÄNDELL P., *et al.*

2021

Health Policy 125(1) : 1448-1454

https://doi.org/10.1016/j.healthpol.2021.09.009

One of the more important objectives with the patient choice reform, introducing non-price competition in Swedish primary healthcare, was to improve performance and quality of care. However, in order for choice to lead to quality improvements, citizens need to consider quality aspects in their choices of provider. We hypothesize that quality of care influences choice of provider and the objective of this study is to investigate if citizens are willing to make a trade-off between distance to chosen provider and quality of care.

▶ Health Care Use in Response to Health Shocks: Does Socio-Economic Status Matter?

FIEBIG D. G., VAN GOOL K., HALL J., *et al.*

2021

Health Economics 30(12): 3032-3050

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4427

We investigate how utilization of primary care, specialist care, and emergency department (ED) care (and the mix across the three) changes in response to a change in health need. We determine whether any changes in utilization are impacted by socio-economic status. The use of a unique Australian data set that consists of a large survey linked to multiple years of detailed administrative records enables us to better control for individual heterogeneity and allows us to exploit changes in health that are related to the onset of two health shocks: a new diagnosis of diabetes and heart disease. We extend the analysis by also examining changes to patient out-of-pocket costs. We find significant differences in the mix between primary and specialist care use according to income and type of health shock but no evidence of using ED as a substitute for other care. Our results indicate that low- and high-income patients navigate very different pathways for their care following the onset of diabetes and to a lesser extent heart disease. These pathways appear to be chosen on the basis of ability to pay, rather than the most effective or efficient bundle of care delivered through a combination of GP and specialist care.

▶ Do Financial Barriers to Access to Primary Health Care Increase the Risk of Poor Health? Longitudinal Evidence From New Zealand

JATRANA S. ET CRAMPTON P.

2021

Social Science & Medicine 288: 113255.

https://doi.org/10.1016/j.socscimed.2020.113255

Primary health care policies in New Zealand, as in many countries, have focused on reducing barriers to access. Financial barriers to obtaining timely health care, while not the only important barriers, are amongst the most important, and are amenable to policy reforms. There is little robust empirical evidence about the extent to which cost related barriers are associated with adverse health outcomes. Past evidence is limited to cross-sectional studies of selected groups, selected primary health care services, and to cross-sectional studies that are susceptible to unmeasured confounding bias. Using fixed effects regression modelling and data from 17,363 participants with at least two observations in three waves (2004–05, 2006–07, 2008–09) of the SoFIE-Health panel data, this study examines the impact of financial barriers to access to primary health care (general practitioner and dentist) on health status using a longitudinal national panel study of adult New Zealanders. Self-rated health (SRH), physical health (PCS) and mental health summary scores (MCS) were the health measures. The two exposures were: not seeing 1) the doctor and 2) the dentist because of cost at least once during the preceding 12 months. We also tested for interactions between the exposure (deferral of care) and age, gender, ethnicity and three health outcomes. For all outcomes, after adjusting for time-varying confounders, health deteriorated as the number of waves increased in which a non-visit was reported. Moreover, the effect size for any health deterioration was greater for deferring a dentist visit than for deferring a physician visit. Except gender and age (for MCS and doctor visits), and gender and ethnicity (for SRH and dentist visits) we did not find any evidence of interactions. These results support policy responses focussed on decreasing financial barriers to access. In the New Zealand context this finding is particularly important for dental care.

▶ The Impact of Primary Care Physician Density on Perinatal Health: Evidence From a Natural Experiment

KINGE J. M. ET GRYTTEN J.

2021

Health Economics 30(12): 2974-2994

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4426

We examined the impact of primary care physician density on perinatal health outcomes in Norway. From 1992 and onwards, primary care physicians who chose to work in selected remote municipalities were given an annual reduction in their student loan. This reduction, combined with increased supply of physicians, led to an increase in the density of primary care physicians in these selected municipalities. Our register-based population study showed that this increase in physician density significantly improved perinatal health in terms of fewer fetal deaths and increased birth weight. The richness of the data allowed us to perform several robustness tests.

▶ Survivorship Care Plan (SCP) : The Viewpoints of Women with Breast Cancer and Their General Practitioners

LADAIQUE A. F., DESANDES E., SALLERON J., *et al.*

2021

Rev Epidemiol Santé Publique 69(5) : 277-285.

https://doi.org/10.1016/j.respe.2021.07.001

The French National Cancer Institute recommends the use of survivorship care plans (SCP) for all cancer survivors. Developing useful SCP's requires understanding of what survivors and their providers need and how SCP's can be implemented in practice. We conducted a study to assess the delivery of SCP comprehensive binders for breast cancer women (BCW) and their general practitioners (GP) in a Cancer center from January 2019. METHODS: SCP binders, containing a full range of information on topics related to post-cancer care to survivor-specific information and referrals, were given to BCW during a post-treatment dedicated consultation. Then a letter, containing the treatment summary and 5-year follow-up schedule, was sent to their GPs. Comprehensive binder delivery assessment was carried out using item checkbox, and anonymous open-answered, self-reported questionnaires were sent by email to BCW and their GPs. RESULTS: The questionnaire response rates were 81.3% for BCW (n = 109/134) and 48.6% for their GPs (n = 52/107). Most BCW (85%) reported that SCP binders provided useful and comprehensive information. However, some of them (18%) felt abandoned and anonymous during the post-treatment follow-up. Most GPs found SCP letters from our anti-cancer center physicians to be useful for their patients, 38% of them had used this information to assure transition of care with other care providers. In addition, GPs were unanimous to express their feeling that this SCP could improve the long-term surveillance of BCW. There was a high concordance between BCW survivors' and PCP' answers, especially regarding SCPs as a communication bridge between GPs and BCW survivors. Response results concerning use of the binders: to talk about them: 59% for BCW vs. 51% for GPs, and to show them: 35% for BCW vs. 31% for GPs. CONCLUSION: The opinions of BCW survivors' and PCP' opinions about the use of SCP's by our Cancer Center seems to be favourable. It is essential to implement and develop SCP's as a key tool in long-term surveillance and support for cancer patient survivors and they are a useful instrument for care providers in communication and transition.

▶ Achieving Higher Performing Primary Care Through Patient Registration: A Review of Twelve High-Income Countries

MARCHILDON G. P., BRAMMLI-GREENBERG S.,
DAYAN M., *et al.*

2021

Health Policy 125(12):1507-1516

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Patient registration with a primary care providers supports continuity in the patient-provider relationship.

This paper develops a framework for analysing the characteristics of patient registration across countries; applies this framework to a selection of countries; and identifies challenges and ongoing reform efforts. Methods 12 jurisdictions (Denmark, France, Germany, Ireland, Israel, Italy, Netherlands, Norway, Ontario [Canada], Sweden, Switzerland, United Kingdom) were selected for analysis. Information was collected by national researchers who reviewed relevant literature and policy documents to report on the establishment and evolution of patient registration, the requirements and benefits for patients, providers and payers, and its connection to primary care reforms. Results Patient registration emerged as part of major macro-level health reforms linked to the introduction of universal health coverage. Recent reforms introduced registration with the aim of improving quality through better coordination and efficiency through reductions in unnecessary referrals. Patient registration is mandatory only in three countries. Several countries achieve high levels of registration by using strong incentives for patients and physicians (capitation payments). Conclusion Patient registration means different things in different countries and policy-makers and researchers need to take into consideration: the history and characteristics of the registration system; the use of incentives for patients and providers; and the potential for more explicit use of patient-provider agreements as a policy to achieve more timely, appropriate, continuous and integrated care.

▶ Nurse Practitioner Autonomy and Complexity of Care in Rural Primary Care

NEPRASH H. T., SMITH L. B., SHERIDAN B., *et al.*

2021

Medical Care Research and Review 78(6): 684-692.

https://journals.sagepub.com/doi/abs/10.1177/1077558720945913

The growing ranks of nurse practitioners (NPs) in rural areas of the United States have the potential to help alleviate existing primary care shortages. This study uses a nationwide source of claims- and EHR-data from 2017 to construct measures of NP clinical autonomy and complexity of care. Comparisons between rural and urban primary care practices reveal greater clinical autonomy for rural NPs, who were more likely to have an independent patient panel, to practice with less physician supervision, and to prescribe Schedule II controlled substances. In contrast, rural and urban NPs provided care of similar complexity. These findings provide the first claims- and EHR-based evidence for the commonly held perception that NPs practice more autonomously in rural areas than in urban areas.

▶ Is Relational Continuity of Care As Important to People As Policy Makers Think? Preferences For Continuity of Care in Primary Care

NORWOOD P., CORREIA I., HEIDENREICH S., *et al.*

2021

Family Practice 38(5): 569-575.

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In 2005, the Portuguese government launched a Primary Care reform that aimed to reinforce continuity of care. After a promising start, the reform is still incomplete and continuity has been compromised by the lack of General Practice doctors. This study evaluates public preferences for relational continuity of care alongside other attributes of Primary Care services in Portugal. We use a discrete choice experiment (DCE) to evaluate preferences and estimate the population's willingness to pay (WTP) for Primary Care attributes. We use a sequential, mixed-methods approach to develop a D-efficient fractional factorial design for the DCE. Five attributes were included in the DCE and there were 32 DCE choice sets. The data collection was conducted in 2014 and the final sample had 517 respondents. A random parameters multinomial logit was used to analyse the data. We find that respondents value relational continuity of care, but that the current focus of the Portuguese NHS on relational continuity at the expense of other attributes is too simplistic. Relational continuity should be part of a broader policy that emphasizes person-centred care and considers the preferences of patients for Primary Care attributes.

▶ Nurse Practitioner Role and Practice Environment in Primary and in Nonprimary Care in California

WINTER S., CHAPMAN S. A., CHAN G. K., *et al.*

2021

Medical Care Research and Review 78(6): 780-788.

https://journals.sagepub.com/doi/abs/10.1177/1077558720942706

Between 2008 and 2016, there was an increase in nurse practitioners in specialty care. This study explores some differences in role and practice environment between primary care and nonprimary care nurse practitioners in the domains of time spent on activities, barriers to providing care, working to scope of practice, full skill utilization, and satisfaction. This cross-sectional quantitative study, based on data from the 2017 Survey of California Nurse Practitioners and Certified Nurse Midwives, found that nurse practitioners in nonprimary care practices have lower odds of reporting time as a barrier to practice, lower odds of reporting practice to full scope, and higher odds of reporting a hierarchical or supervisory relationship with the physician. Future exploration of these differences may shed light on ways to promote nonprimary care practice environments to foster more effective collaboration and fewer barriers to providing care.

Covid

▶ L'impact de l'épidémie de COVID-19 sur les soins de premier recours en région Provence-Alpes-Côte d'Azur : retour d'expérience sur la mise en place d'un dispositif de surveillance en temps réel à partir des données régionales de l'Assurance maladie

DAVIN-CASALENA B., JARDIN M., GUERRERA H., *et al.*

2021

Revue d'Épidémiologie et de Santé Publique 69(3): 105-115.

https://doi.org/10.1016/j.respe.2021.04.135

L'épidémie de COVID-19 du printemps 2020 a fortement affecté le système de soins. Le confinement et les risques d'exposition au coronavirus ont incité les patients à modifier leur recours aux soins. L'objectif était de partager un retour d'expérience sur la mise en place d'un dispositif de surveillance en temps réel de l'activité des médecins libéraux de la région Provence-Alpes-Côte d'Azur, et de l'évolution des remboursements de médicaments prescrits aux assurés du régime général pour le diabète, pour des troubles de la santé mentale et pour certains vaccins. Méthodes Les données ont été extraites à partir des bases régionales de l'Assurance maladie pour les années 2019 et 2020. Elles ont permis de construire des indicateurs en date de soins pour le régime général stricto sensu, calculés de façon hebdomadaire, à partir de la semaine 2. On constate une chute d'activité des médecins libéraux lors du confinement (–23 % pour les médecins généralistes ; –46 % pour les spécialistes), suivie d'un quasi-retour à la normale par la suite. Dans le même temps, les téléconsultations ont connu un véritable essor : elles ont constitué 30 % des actes des médecins libéraux au plus fort de la crise. Le début du confinement a été marqué par un pic d'approvisionnement en médicaments, tandis que la vaccination a fortement diminué (–39 % concernant le vaccin contre la rougeole, les oreillons et la rubéole chez les enfants âgés de moins de 5 ans ; –54 % pour le vaccin contre les papillomavirus humains chez les filles âgées de 10–14 ans). Conclusion L'épidémie de Covid-19 risque d'entraîner d'autres conséquences sanitaires que celles directement imputables à la Covid-19 elle-même. Le renoncement aux soins pourrait causer des retards de soins fortement préjudiciables aux individus et à la collectivité. Ces questions inquiètent les autorités publiques, qui mettent en place des actions visant à inciter les patients à se soigner sans tarder. Mais la crise liée à la COVID-19 a aussi créé des opportunités, telles que le déploiement de la téléconsultation et de la télé-expertise. Bien que partiels, les indicateurs mis en œuvre peuvent permettre aux décideurs publics d'être réactifs et de mettre en place certaines actions afin de répondre aux besoins de santé des populations.

▶ Transformations in the Landscape of Primary Health Care During COVID-19: Themes From the European Region

KUMPUNEN S., WEBB E., PERMANAND G., *et al.*

2021

Health Policy(Ahead of pub).

https://doi.org/10.1016/j.healthpol.2021.08.002

The Covid-19 pandemic has dramatically impacted primary health care (PHC) across Europe. Since March 2020, the Covid-19 Health System Response Monitor (HSRM) has documented country-level responses using a structured template distributed to country experts. We extracted all PHC-relevant data from the HSRM and iteratively developed an analysis framework examining the models of PHC delivery employed by PHC providers in response to the pandemic, as well as the government enablers supporting these models. Despite the heterogenous PHC structures and capacities across European countries, we identified three prevalent models of PHC delivery employed: (1) multi-disciplinary primary care teams coordinating with public health to deliver the emergency response and essential services; (2) PHC providers defining and identifying vulnerable populations for medical and social outreach; and (3) PHC providers employing digital solutions for remote triage, consultation, monitoring and prescriptions to avoid unnecessary contact. These were supported by government enablers such as increasing workforce numbers, managing demand through public-facing risk communications, and prioritising pandemic response efforts linked to vulnerable populations and digital solutions. We discuss the importance of PHC systems maintaining and building on these models of PHC delivery to strengthen preparedness for future outbreaks and better respond to the contemporary health challenges.

Systèmes de santé

Health Systems

Patient Coaching in Secondary Care: Healthcare Professionals' Views on Target Group, Intervention and Coach Profile

ALDERS I. M. R., VAN DULMEN S., SMITS C. H. M., *et al.*

2021

International Journal for Quality in Health Care 33(3).

https://doi.org/10.1093/intqhc/mzab094

Not all patients are able to communicate effectively during consultations with medical specialists. Patient coaching has shown to be effective for enhancing communication. We aimed to get healthcare professionals' views on target groups for patient coaching, on supportive elements in patient coaching and on the necessary qualifications and profile of a patient coach, to further our knowledge on the concept of patient coaching as supportive intervention for patients in consultations with medical specialists. We chose a qualitative research design and interviewed 18 healthcare professionals (six medical specialists, four family physicians, four community nurses and four nurse specialists/physician assistants) and analysed the verbatim transcripts using Qualitative Analysis Guide of Leuven. After a short introduction of the global concept of patient coaching and presentation of patients' perceived barriers, two interviewers structured the interview around three research questions: which patients could benefit from a patient coach, what should such a coach do and who could act like such a coach? Participants describe patients who could benefit from patient coaching as generally vulnerable (e.g. older age, insufficiently accompanied, lower socioeconomic status, co-morbidity and cognitive problems) but also patients who are situationally vulnerable (e.g. elicited by bad news). Patient coaching should comprise emotional and instrumental support, aiming at reducing stress and improving the processing of medical information. Patient coaching should start from the patient's home and include preparing questions, navigating to and in the hospital, recording information during the consultation, checking understanding and recalling information. Patient coaches should have at least basic medical knowledge and a higher education. Healthcare professionals believe that patient coaching by a trained professional with medical knowledge could be beneficial to patients who are stressed when visiting a medical specialist. Future research should involve the views of patients on patient coaching, focus on investigating to what extent patient coaching is able to reduce stress and support a patient in processing medical information and the preferred patient coach's profile.

The Roles of Patients in Healthcare Provision, Training and Research: A French Perspective

MERLE R., CASAGRANDE A., PARISET A., *et al.*

2021

Rev Epidemiol Santé Publique 69(5): 307-313.

https://doi.org/10.1016/j.respe.2021.04.136

In 2002, patients were transformed into users of the French health system. As this opinion piece demonstrates, in 2021 they may at least potentially participate more actively than before. They can convey their knowledge of a disease and its treatments, and voluntarily share their experience. They can intervene in user representation and therapeutic patient education, the objective being to increase the autonomy of one and all, patients and public, in the training of professionals, clinical research and evolution of the health system. The rationale for the involvement of patients and their roles in provision of care, training and clinical research are analyzed from a French perspective. The obstacles to overcome and improvements to be achieved are reviewed, the objective being to promote enhanced health democracy through increased patient engagement. In 2021, however, the role of patients in the design and implementation of therapeutic patient education (TPE) and in the development of medical studies curricula remains limited if not restricted; this is due not only to a lack of information, but also to the resistance of health professionals and universities. Patients could and should assume a major role, fostering evolution toward a more just and effective health care system.

▶ Le système de santé mis au défi de la coordination

PASCAL C. ET CAPGRAS J.-B.

2020

Journal de gestion et d'économie de la santé 5-6(5): 315-317.

https://www.cairn.info/revue-journal-de-gestion-et-d-economie-de-la-sante-2020-5-page-315.htm

La question de la coordination est consubstantielle de la médecine moderne. A mesure que le savoir médical explosait et que se développaient les spécialités et sous- spécialités médicales, l'articulation des différents intervenants s'est affirmée comme un enjeu majeur non seulement en termes de qualité des soins, mais aussi d'efficience. Concomitamment, le développement d'approches plus globales envisageant le parcours de santé, voire le parcours de vie, et non seulement le parcours de soins interrogent également le décloisonnement des prises en charge et accompagnement en silos. Ces enjeux sont partagés par tous les systèmes de santé, comme en témoignent les recommandations sur l'intégration et la continuité des soins de l'Organisation Mondiale de la Santé à ce sujet. En France, les différentes lois qui se sont succédé ces soixante dernières années ont principalement visé à améliorer l'efficacité et l'efficience des prises en charge et accompagnements aux différents niveaux du système de santé en promouvant de nouvelles formes ou de nouveaux dispositifs de coordination soit par structuration et hiérarchisation de l'offre, soit par structuration du parcours de santé. En dépit de ces efforts, l'articulation entre les différentes parties prenantes ne donne pas entière satisfaction tant du point de vue des patients et usagers que des professionnels ou des financeurs.

▶ Quality of Child Healthcare in European Countries: Common Measures Across International Databases and National Agencies

ROCCO I., TAMBURIS O., PECORARO F., *et al.*

2021

European Journal of Public Health 31(4) : 679–687

https://doi.org/10.1093/eurpub/ckab086

The evaluation of child healthcare is not yet widely explored, especially from a cross-country comparison perspective. The routine adoption of measures by national assessment agencies is under-investigated. Though the guiding principles developed at international level call for a child-centric multi-dimensional evaluation of child care, its feasibility is hampered by the availability of robust and harmonized data. To explore the data availability, international databases (IDBs) were scrutinized and measures dealing with child health-related issues were collated. In parallel, an ad hoc questionnaire was administrated to 30 Country Agents (CAs) to gather measures routinely adopted at local level. To facilitate the comparison of measures, a three-level conceptual map was developed.The IDBs yielded at 207 measures that pertained mainly to non-health determinants of health, whereas the 352 measures obtained from CAs focused on process and outcome. A set of 33 common measures that related to immunization, morbidity and mortality were identified. A limited set of measures used both in IDBs and at national level identify common areas of concerns that certainly capture crucial issues with child prevention and health outcomes. However, they are far from satisfying a child-centric multi-dimensional approach to the evaluation of child well-being and well-becoming. There is room for improvement at both international and national levels. IDBs should include and harmonize measures that concern the provision of child-centric services and encompass physical, social and mental development. At the national level, efforts towards the inclusion of measures that concern non-health determinants of health should be pursued.

Emerging Models of Care For Individuals with Multiple Chronic Conditions

SAVITZ L. A. ET BAYLISS E. A.

2021

Health Services Research 56(S1): 980-989.

https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.13774

The aim of this study is to characterize emerging and current practice models to more effectively treat and support patients with multiple chronic conditions (MCC). Data Sources/Study Setting We conducted a rapid literature scoping augmented by key informant interviews with clinicians knowledgeable about MCC care from a broad spectrum of US delivery systems and feedback from multidisciplinary experts at two virtual meetings. Study Design Literature findings were triangulated with data from semi-structured interviews with clinical experts. Reflections on early results were obtained from policy, research, clinical, advocacy, and patient representatives at two virtual meetings sponsored by the Agency for Healthcare Research and Quality. Emergent themes addressed were as follows: (1) more timely strategies for MCC care; and (2) trends not previously represented in the peer-reviewed literature. Although the literature scoping did not identify a specific set of evidence-based care models, key informant discussions identified eight themes reflecting emerging approaches to population-based MCC care. For example, addressing the needs of individuals with MCC through a complexity lens by assessing and addressing social risk factors; extending the care continuum with home-based care; understanding how to address ongoing patient and caregiver supports outside of clinical encounters; and engaging available community resources. Conclusions Integrating care for MCC patient populations requires processes for determining different subpopulation needs in various settings and lived experiences. Innovation should be anchored at the nexus of payment systems, social risks, medical needs, and community-based resources. Our learnings suggest a need for an ongoing MCC care research agenda to inform new approaches to care delivery incorporating innovations in technology and home-based supports for patients and caregivers.

Supporting Government Policies to Embed and Expand Rehabilitation in Health Systems in Europe: A Framework For Action

SKEMPES D., KIEKENS C., MALMIVAARA A., *et al.*

2021

Health Policy(Ahead of pub).

https://doi.org/10.1016/j.healthpol.2021.06.014

Investment in action is vital to confront the challenges associated with chronic diseases and disability facing European health systems. Although relevant policy responses are being increasingly developed, most of them fail to recognize the role of rehabilitation services in achieving public health and social goals. Comprehensive guidance is thus urgently needed to support rehabilitation policy development and expand access to rehabilitation care to meet population needs effectively. This paper describes a framework to guide policy action for rehabilitation in Europe. The framework was developed in collaboration with the European Academy of Rehabilitation Medicine based on a focused literature review and expert consultations. A review in PubMed and grey literature sources identified 458 references and resulted in 135 relevant documents published between 2006 and 2019. Thematic analysis of extracted information helped summarize the findings and develop the draft policy action framework. This was circulated to a wider group of experts and discussed in three workshops in 2018-2019. The framework was revised according to their feedback. The proposed framework contains 48 options for policy action organized in six domains and twelve subdomains that address several areas of health programming. The proposed framework provides a structure to understand the policy terrain related to rehabilitation in Europe and the measures required for translating aspirational political pronouncements into targeted programmatic action and tangible health and social outcomes.

How Can We Make Valid and Useful Comparisons of Different Health Care Systems?

STREET A. ET SMITH P.

2021

Health Services Research 56(S3): 1299-1301.

https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.13883

It is important to understand and seek to reduce unwarranted variations in health treatments in order to improve health outcomes, inequalities in access and health system efficiency. Traditionally this monitoring function has been undertaken at national or subnational levels, as a means of identifying potential improvements in clinical practice and the performance of the health systems. However, international comparison of treatments is also recognized as being an important tool for assessing performance and prompting improvement, especially when examining whether the design of the health system needs reconsideration. However, making international comparisons is not straightforward, with two challenges standing out: first, the difficulty of making valid like-for-like comparisons; second, whether the analysis can help drive performance improvements.

Aligning Care with the Personal Values of Patients with Complex Care Needs

TUZZIO L., BERRY A. L., GLEASON K., *et al.*

2021

Health Services Research 56(S1): 1037-1044.

https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.13862

The aim of this study is to identify opportunities to align care with the personal values of patients from three distinct groups with complex medical, behavioral, and social needs. Data Sources/Study Setting Between June and August 2019, we conducted semi-structured interviews with individuals with complex care needs in two integrated health care delivery systems. Study Design Qualitative study using semi-structured interviews. Principal Findings Twenty-four patients participated; eight from each complex needs profile. Mean age across groups was 71 (range 48–86) years. We identified five themes common across the three groups that captured patients' views regarding values-aligned care. These themes focused on the importance of care teams exploring and acknowledging a patient's values, providing access to nonphysician providers who have different perspectives on care delivery, offering values-aligned mental health care, ensuring connection to community-based resources that support values and address needs, and providing care that supports the patient plus their family and caregivers. Conclusions Our results suggest several opportunities to improve how care is delivered to patients with different complex medical, behavioral, and social needs. Future research is needed to better understand how to incorporate these opportunities into health care.

Covid

Healthcare System and Social Trust in the Fight Against COVID-19: The Case of France

AMDAOUD M., ARCURI G. ET LEVRATTO N.

2021

European Journal of Public Health 31(4): 895-900.

https://doi.org/10.1093/eurpub/ckab112

Covid-19, like all pandemics, has territorial specificities that need to be considered: the impact of the Covid-19 crisis strongly differs not only across countries, but also across regions, districts and municipalities within countries. There are several factors that, potentially, can contribute to the differentiated impact of COVID-19, and explain the disparities seen among areas. This study aims to contribute to this debate by analyzing the role of health system and social trust in lessening the impact of the COVID-19 pandemic in French 'départements'. The data used in this study have been provided by the INSEE and the French Ministry of Health. Database is made up of the 96 'départements' of metropolitan France. We use spatial analysis techniques to identify the groups of areas that are particularly affected, and to test the influence of local socio-economic factors on the spread of the epidemic. Our exploratory spatial analysis reveals the heterogeneity and spatial autocorrelation of the disease. The use of spatial econometric models, then, allows us to highlight the impact of emergency services, and social capital in reducing the exposition to Covid-19. Our results also report on the role of spillover effects between neighbouring areas. This research shows that, although individual characteristics are important factors in explaining the probability of contracting Covid-19 disease, health care services and social trust factors also play a significant role in curbing the epidemic's outbreak. These findings should have an interest for policy makers in the prevention of future waves of Covid-19 pandemic.

Immediate Effect of the COVID-19 Pandemic on Patient Health, Health-Care Use, and Behaviours: Results From an International Survey of People with Rheumatic Diseases

HAUSMANN J. S., KENNEDY K., SIMARD J. F., *et al.*

2021

The Lancet. Rheumatology 3(10): e707-e714.

https://pubmed.ncbi.nlm.nih.gov/34316727

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8298011/

The impact and consequences of the COVID-19 pandemic on people with rheumatic disease are unclear. We developed the Covid-19 Global Rheumatology Alliance Patient Experience Survey to assess the effects of the Covid-19 pandemic on people with rheumatic disease worldwide. Methods: Survey questions were developed by key stakeholder groups and disseminated worldwide through social media, websites, and patient support organisations. Questions included demographics, rheumatic disease diagnosis, Covid-19 diagnosis, adoption of protective behaviours to mitigate COVID-19 exposure, medication access and changes, health-care access and communication with rheumatologists, and changes in employment or schooling. Adults age 18 years and older with inflammatory or autoimmune rheumatic diseases were eligible for inclusion. Interpretation: People with rheumatic disease maintained therapy and followed public health advice to mitigate the risks of COVID-19. Substantial employment status changes occurred, with potential implications for health-care access, medication affordability, mental health, and rheumatic disease activity. FUNDING: American College of Rheumatology.

COVID-19 Pandemic Health System Responses in the Mediterranean Countries: A Tale of Successes and Challenges

WAITZBERG R., HERNÁNDEZ-QUEVEDO C., BERNAL-DELGADO E., *et al.*

2021

Health Policy(Ahead of pub).

https://doi.org/10.1016/j.healthpol.2021.10.007

This paper conducts a comparative review of the (curative) health systems' response taken by Cyprus, Greece, Israel, Italy, Malta, Portugal, and Spain during the first six months of the COVID-19 pandemic. Prior to the COVID-19 pandemic, these Mediterranean countries shared similarities in terms of health system resources, which were low compared to the EU/OECD average. We distill key policy insights regarding the governance tools adopted to manage the pandemic, the means to secure sufficient physical infrastructure and workforce capacity and some financing and coverage aspects. We performed a qualitative analysis of the evidence reported to the 'Health System Response Monitor' platform of the European Observatory by country experts. We found that governance in the early stages of the pandemic was undertaken centrally in all the Mediterranean countries, even in Italy and Spain where regional authorities usually have autonomy over health matters. Stretched public resources prompted countries to deploy "flexible" intensive care unit capacity and health workforce resources as agile solutions. The private sector was also utilized to expand resources and health workforce capacity, through special public-private partnerships. Countries ensured universal coverage for COVID-19-related services, even for groups not usually entitled to free publicly financed health care, such as undocumented migrants. We conclude that flexibility, speed and adaptive management in health policy responses were key to responding to immediate needs during the COVID-19 pandemic. Financial barriers to accessing care as well as potentially higher mortality rates were avoided in most of the countries during the first wave. Yet it is still early to assess to what extent countries were able to maintain essential services without undermining equitable access to high quality care.

Travail et santé

Occupational Health

Whose Mental Health Declines During Economic Downturns?

BLACK N., JACKSON A. ET JOHNSTON D. W.

2021

Health Economics n/a(Ahead of pub).

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4449

Prior research shows that economic downturns are associated with increases in mental illness. However, we know little about whose mental health is most negatively affected. Is it the young or old, men or women, employed or non-employed, rich or poor? Using an 18-year panel dataset of Australians, we contribute to this understanding by estimating the impact of changes in unemployment on mental health, separately by population subgroups. Our mental health measure captures psychological distress and emotional difficulties, which are often missed by infrequent event indicators such as suicides. We find that young women suffer most during economic downturns. Men and women of older ages are not significantly affected. The effects for young women are driven by those in insecure employment, and those from low socioeconomic backgrounds. Our results suggest that public health programs should emphasize the mental health of young women during economic downturns.

Long Working Hours and Risk of 50 Health Conditions and Mortality Outcomes: A Multicohort Study in Four European Countries

ERVASTI J., PENTTI J., NYBERG S. T., *et al.*

2021

The Lancet Regional Health – Europe(Ahead of pub).

https://doi.org/10.1016/j.lanepe.2021.100212

Studies on the association between long working hours and health have captured only a narrow range of outcomes (mainly cardiometabolic diseases and depression) and no outcome-wide studies on this topic are available. To achieve wider scope of potential harm, we examined long working hours as a risk factor for a wide range of disease and mortality endpoints.

Syndicalisme et santé au travail. Quel renouvellement de la conflictualité au travail ?

GOUSARD L. ET TIFFON G.

2020

Travail et emploi 162(3): 140-143.

https://www.cairn.info/revue-travail-et-emploi-2020-3-page-140.htm

Il semble acquis, dans le champ de l'analyse sociologique comme dans le monde syndical, que le syndicalisme a trop longtemps négligé les questions d'organisation du travail, abandonnées au monopole des directions, pour privilégier une approche des risques professionnels consistant à en obtenir une indemnisation financière. Toutefois, les luttes contre les maladies professionnelles et les problèmes de souffrances psychiques au travail ont gagné une visibilité nouvelle dans les mots d'ordre syndicaux et les comités d'hygiène, de sécurité et des conditions de travail (CHSCT) une place plus centrale dans les combats syndicaux. Dans le même temps, en replaçant l'enjeu de l'organisation du travail au centre de leur démarche revendicative, les directions syndicales montrent leur intention de s'attaquer aux racines des maux du travail. C'est à l'analyse des ressorts et des limites de ce renouveau de l'action syndicale autour des enjeux d'organisation et de santé au travail que cet ouvrage collectif est consacré.

The Softer They Fall: A Natural Experiment Examining the Health Effects of Job Loss Before and After Fornero's Unemployment Benefit Reforms in Italy

KOLTAI J., VARCHETTA F. M., MCKEE M., *et al.*

2021

European Journal of Public Health 31(4): 724-730.

https://doi.org/10.1093/eurpub/ckab092

Job loss is a well-established social determinant of health. Recent research has taken an 'institutional turn', asking whether unemployment support could buffer the health consequences of job loss. Here, we exploit a quasi-natural experiment based on the Fornero reforms in Italy, which increased wage replacement rates from 60% to 75% on 1 January 2013. We employed difference-in-difference models using longitudinal data covering 202 incidents of job loss from the EU-Survey on Income and Living Conditions to quantify the impact of job loss on changes in self-reported health prior to and after the Fornero reforms (2011–14).Job loss pre-Fornero was associated with health declines –0.342 [95% confidence interval (CI): –0.588 to –0.096] but did not significantly influence health post-Fornero 0.031 (95% CI: –0.101 to 0.164). The difference-in-difference estimate was 0.373 (95% CI: 0.107–0.639), or a –0.51 standard deviation in self-reported health, consistent with the buffering hypothesis. To put the magnitude of this estimate in perspective, the incidence of a chronic illness, such as diabetes, results in a similar magnitude decline in self-reported health. Our analysis contributes to a growing body of evidence that the impact of job loss on health depends critically on the strength of social protection systems and, in some cases, could be eliminated completely.

▶ La loi du 9 avril 1898 sur les accidents du travail. Une opportunité pour le secteur privé des assurances (1898-1914) ?

NAUDET J.-F.

2021

Revue d'histoire de la protection sociale 14(1): 10-26.

https://www.cairn.info/revue-d-histoire-de-la-protection-sociale-2021-1-page-10.htm

La loi du 9 avril 1898 sur les accidents du travail a ouvert un nouveau champ d'expansion pour les compagnies d'assurances et les mutuelles. Sa rentabilité est restée depuis un sujet controversé. Notre propos est d'apporter un nouvel éclairage sur la complexité des bilans à partir d'une comparaison entre compagnies à primes fixes et mutuelle, en soulignant les écarts entre les discours souvent très alarmistes et une réalité plus nuancée. Si des difficultés apparaissent du fait de la nouveauté de cette activité, les causes sont multiples et ne peuvent être réduites à la seule « fraude » que les assureurs mettent systématiquement en avant. L'état encore embryonnaire et lui aussi controversé de la réflexion des assureurs autour de la prévention et de la reconstitution de la force de travail constitue un pan complémentaire de cette recherche éclairant au passage le débat naissant sur les maladies professionnelles. Un dispositif global intégrant des acteurs variés dont le milieu médical et celui de la justice tente de se mettre en place non sans contradiction.

▶ Arrêt de travail et souffrance au travail

VALADEAU A. ET KANDEL O.

2021

Médecine 17(7): 330-336.

Depuis les années 2000, malgré des actions visant à responsabiliser patients et médecins, les rapports observent une croissance des dépenses liées aux arrêts de travail, notamment de longue durée. Par ailleurs, l'augmentation de la souffrance professionnelle prise en charge par les médecins généralistes ne cesse de croître. Peut-on explorer, en premier recours, quelle influence le second phénomène aurait sur le premier ? L'étude a été menée en trois temps. Une étude quantitative rétrospective de 2011 à 2020, afin de décrire les « problèmes professionnels » pris en charge par quatre médecins généralistes. Puis une étude quantitative prospective en avril 2021, sur 150 prescriptions d'arrêt de travail successives dans l'ordre de survenue, réalisées par dix médecins. Enfin, une étude qualitative, par des entretiens individuels semi-structurés entre avril et mai 2021, auprès de neuf généralistes. La progression des recours pour problèmes professionnels perdure. Quel que soit le médecin, une augmentation progressive était notée. Le nombre de patients avait doublé et les problèmes professionnels relevés ont triplé en dix ans. Les données les plus récentes (2014-2019) confirmaient la progression. Plus de 75 % des patients ne présentaient pas de troubles psychiques antérieurement à leur souffrance au travail. Près d'un arrêt de travail sur trois était relié à un problème professionnel. Les deux tiers d'entre eux entraînaient un arrêt supérieur à un mois. Les confrères interviewés faisaient spontanément un lien entre l'augmentation des arrêts de travail et des problèmes professionnels. Ils semblent hésitants entre le besoin de prendre en charge au mieux le patient et le sentiment d'initier un processus sans issue. Cette étude en trois temps, compte tenu des limites liées à une thèse d'exercice, confirme cependant que la place de la souffrance au travail progresse toujours dans les prises en charge en médecine générale et son influence sur la prescription des arrêts de travail est notoire.

Vieillissement

Ageing

▶ Les politiques d'adaptation de l'habitat des seniors en France et en Allemagne

ANDRÉ V. ET ILLE-ROUSSEL M.

2021

Gérontologie et Société 43 / 165(2): 85-106.

https://www.cairn.info/revue-gerontologie-et-societe-2021-2-page-85.htm

La France et l'Allemagne, engagées pour le maintien à domicile, mettent en place des aides financières pour adapter le parc de logement au vieillissement et à la perte d'autonomie. L'analyse de ces instruments de l'action publique démontre que le regard porté sur la dépendance et la vieillesse diffère entre les deux pays. La prise en compte du besoin de soins par la Pflegeversicherung (assurance soins) en Allemagne fait de l'adaptation du logement un droit universel, indépendamment de l'âge et du niveau de revenu. En France, l'État et les départements suivent à l'inverse une logique de « séniorisation » face à la perte d'autonomie. Les Länder allemands complètent des aides de l'État pour rendre l'investissement et l'amélioration du parc bâti plus accessible, favorisant une approche préventive de la dépendance pour des logements adaptés à tous les âges de la vie et aux besoins des territoires. Cette approche territoriale se retrouve en partie en France par l'intervention des collectivités locales dans le cadre d'opérations programmées d'amélioration de l'habitat (OPAH) mises en place avec l'agence nationale de l'habitat (ANAH), ou de programmes propres.

▶ Construire sa résidence pour un bien vieillir : le cas du cohousing en Amérique du Nord

BILLARD G., MADORÉ F. ET ANGONNET S.

2021

Gérontologie et société 43 / 165(2): 33-49.

https://www.cairn.info/revue-gerontologie-et-societe-2021-2-page-33.htm

Cet article met en lien le développement du cohousing, autrement dit des communautés résidentielles intentionnelles dénommées également habitat participatif, avec la question du vieillissement des individus, l'objectif étant de voir si cette forme d'habitat est susceptible de favoriser la notion de « ageing well ». L'exploitation d'une base de données permet dans un premier temps d'avoir une vision statistique et géographique du cohousing en Amérique du Nord. Puis, l'étude porte sur l'analyse des modes de vie en vue d'observer si ce type d'habitat est favorable au bien vieillir. Dans cette perspective, la région de Cascadia, comprenant la Colombie- Britannique au Canada, ainsi que les États de Washington et de l'Oregon aux États- Unis, a été investiguée, dans la mesure où il s'agit d'une des principales zones d'implantation du cohousing en Amérique du Nord. Cet habitat offre un espace de vie ainsi qu'un cadre relationnel emplis de promesses d'un vieillissement choisi et apaisé. Le sens de la communauté, de l'entraide, du consensus, de l'interaction entre générations ou encore de l'effort (parfois physique) commun représenteraient ainsi des valeurs explicitement responsables d'un vieillir mieux.

▶ Dynamiques, enjeux démographiques et socioéconomiques du vieillissement dans les pays à longévité élevée

BONNET C., CAMBOIS E. ET FONTAINE R.

2021

Population 76(2): 225-325.

https://www.cairn.info/revue-population-2021-2-page-225.htm

En 2015, la loi d'adaptation de la société au vieillissement marquait en France la volonté politique d'anticiper de manière globale les conséquences du vieillissement démographique. Elle formalisait les constats des recherches et débats publics internationaux qui, depuis longtemps, en soulignent l'ampleur et les multiples implications. Cette chronique fait le point sur ces questions en s'appuyant sur l'expérience de 40 pays caractérisés par une longévité élevée. En 2020, les personnes de 65 ans et plus y sont quatre fois plus nombreuses qu'en 1950 ; au Japon, pays le plus « vieux », leur proportion a bondi de 5 % à 28 % et leur espérance de vie a presque doublé. Une première partie présente les définitions et les mesures du vieillissement démographique, puis la diversité des dynamiques de ces 40 pays. La seconde partie décrit les enjeux multidimensionnels et imbriqués du phénomène en termes sanitaires (quelle limite à la longévité ? quelle évolution de l'espérance de vie en bonne santé ?), sociodémographiques (comment se modifient les configurations conjugales, familiales ?) et économiques, via la problématique des modèles de protection sociale (retraite, aide à l'autonomie, transferts intergénérationnels).

▶ Un dispositif Ehpad « hors les murs » : l'utilisation par ses bénéficiaires

BRAVERMAN L., DUFOUR-KIPPELEN S. ET FERMON B.

2021

Gérontologie et société 43 / 165(2): 263-277.

https://www.cairn.info/revue-gerontologie-et-societe-2021-2-page-263.htm

Favoriser le maintien à domicile de personnes âgées en perte d'autonomie conduit à développer de nouvelles organisations de prises en charge. Dans cet article, on s'intéresse à un dispositif expérimental d'Ehpad « hors les murs » qui offre une palette de services au sein d'un Ehpad ou au domicile pour un accompagnement renforcé au domicile. L'adéquation des réponses offertes aux besoins exprimés par les aînés est un enjeu fort de ce type d'innovation. Les données collectées et les entretiens réalisés dans le cadre de l'évaluation de cette expérimentation permettent d'étudier les usages et les ressentis des bénéficiaires. Si les bénéficiaires et leurs aidants se déclarent globalement satisfaits de la personnalisation possible de l'accompagnement, des contraintes organisationnelles en limitent cependant l'étendue. Par ailleurs, le recours aux différents services proposés se caractérise par d'importantes variations, certaines prestations étant peu utilisées, voire jamais, alors que d'autres le sont régulièrement et par une proportion importante de bénéficiaires. Ces résultats alimentent le débat sur les limites du processus de désinstitutionnalisation que ces expérimentations visent.

▶ Vivre en établissement pour personnes âgées dépendantes ou rester à domicile : le rôle du contexte territorial

CARRÈRE A.

2021

Population 76(2): 327-357.

https://www.cairn.info/revue-population-2021-2-page-327.htm

Le vieillissement de la population soulève la question de l'organisation des soins de long terme pour les personnes âgées dépendantes et du lieu de leur prise en charge : à domicile ou dans un établissement. La France a une politique gérontologique décentralisée au niveau départemental ce qui questionne l'équité territoriale de l'accès à la prise en charge de la perte d'autonomie, car chaque département ne dispose pas des mêmes ressources pour mettre en place les politiques qu'il souhaite. Cet article propose un éclairage sur les déterminants de la prise en charge en établissement en combinant deux enquêtes et des données administratives sur l'offre de services de soins de longue durée. Il estime grâce à des modèles multiniveaux le rôle des besoins, des ressources, de l'aide informelle et formelle dans les inégalités territoriales de recours aux établissements, afin d'identifier les contraintes pesant sur les choix des individus. L'analyse montre de fortes différences quant à la probabilité de vivre en établissement en partie dues aux disparités de disponibilité géographique de l'offre formelle. Elles sont renforcées par les disparités de coût financier à la charge des personnes.

▶ Perceptions and Experiences of Residents and Relatives of Emergencies in Care Homes: A Systematic Review and Metasynthesis of Qualitative Research

CURTIS F., JAYAWICKRAMA W. I. U., LAPARIDOU D., *et al.*

2021

Age and Ageing 50(6): 1925-1934.

https://doi.org/10.1093/ageing/afab182

The perceptions and experiences of care home residents and their families are important for understanding and improving the quality of emergency care. We conducted a systematic review and metasynthesis to understand the perceptions and experiences of care home residents and their family members who experienced medical emergencies in a care home setting. The review protocol was registered in PROSPERO (CRD42020167018). We searched five electronic databases, MEDLINE, CINAHL, PubMed, Cochrane Library and PsycINFO, supplemented with internet searches and forward and backward citation tracking from included studies and review articles. Data were synthesised thematically following the Thomas and Harden approach. The Critical Appraisal Skills Programme qualitative checklist was used to assess the quality of studies included in this review.of the 6,140 references retrieved, 10 studies from four countries (Australia, Canada, UK and USA) were included in the review and metasynthesis. All the included studies were assessed as being of good quality. Through an iterative approach, we developed six analytical themes: (i) infrastructure and process requirements in care homes to prevent and address emergencies; (ii) the decision to transfer to hospital; (iii) experiences of transfer and hospitalisation for older patients; (iv) good communication is vital for desirable outcomes; (v) legal, regulatory and ethical concerns and (vi) trusting relationships enabled residents to feel safe.the emergency care experience for care home residents can be enhanced by ensuring resources, staff capacity and processes for high quality care and trusting relationships between staff, patients and relatives, underpinned by good communication and attention to ethical practice.

Long Term Care Insurance with State-Dependent Preferences

DE DONDER P. ET LEROUX M.-L.

2021

Health Economics n/a(n/a).

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4423

We study the demand for Long Term Care (LTC hereafter) insurance in a setting where agents have state-dependent preferences over both a daily life consumption good and LTC expenditures. We assume that dependency creates a demand for LTC expenditures while decreasing the marginal utility of daily life consumption, for any given consumption level. Agents optimize over their consumption of both goods as well as over the amount of LTC insurance (LTCI). We first show that some agents optimally choose not to insure themselves, while no agent wishes to buy complete insurance, in accordance with the so-called LTCI puzzle. At equilibrium, the transfer received from the insurer covers only a fraction of the LTC expenditures. The demand for LTCI need not increase with income when preferences are non state-dependent or insurance is actuarially unfair. Also, preferences have to be state-dependent with no insurance bought to rationalize the empirical observation of a higher marginal utility at equilibrium when autonomous. Finally, focusing on iso-elastic preferences, we recover the empirical observation that health/LTC expenditures are not very sensitive to income, and we show that LTCI as a fraction of income should decrease with income and then become nil above a threshold.

Les maisons départementales de l’autonomie (MDA) : nouvelle étape de l’affirmation des départements-providence

DEMONTROND N.

2021

Droit et Société 108(2): 425-441.

https://www.cairn.info/revue-droit-et-societe-2021-2-page-425.htm

La loi du 28 décembre 2015 relative à l’adaptation de la société au vieillissement (ASV) permet de labelliser des maisons départementales de personnes handicapées (MDPH) en maisons départementales de l’autonomie (MDA). Ce label certifie la réunion de services destinés aux personnes handicapées et de services destinés aux personnes âgées. Auparavant, des départements procédaient déjà à la transformation des MDPH en MDA. Ces mutualisations se justifient par la recherche d’économies suite au retrait de l’État. Mais elles renforcent aussi les départements-providence. Ces derniers gèrent davantage les MDPH et bénéficient de leur ancrage territorial. Leur rôle devient incontournable. En parallèle, l’État se retire dans le champ de l’aide sociale. Son intervention à travers les labels est ainsi postérieure et symbolique.

Long-Term Care’s Financial Sustainability

DON D. ET DUNCAN G. S.

2021

HealthcarePapers 20(1): 15-19.

A system of facilities and services to support and care for Canada’s elderly people is essential and must be sustained, but long-term care (LTC), as we now know it, is not it. It is not sustainable financially either by our governments or its current and future recipients. On the upside, the policy direction should easily be changed given that those recipients’ strong preference is to age in place in their own homes and communities, not in institutional care homes.

Le modèle luxembourgeois du maintien à domicile des personnes dépendantes

KERSCHEN N.

2021

Gérontologie et société 43 / 165(2): 245-261.

https://www.cairn.info/revue-gerontologie-et-societe-2021-2-page-245.htm

Il y a plus de 20 ans, le Luxembourg s'est doté d'une assurance-dépendance « à tout âge » dont la priorité est le maintien à domicile. Cet article a pour objectif de reprendre le projet politique initial basé sur les besoins des personnes dépendantes, la professionnalisation des aides et soins et la reconnaissance des aidants. La mise en place d'une instance centralisée d'évaluation, de contrôle et de conseil a permis de garantir une prise en charge de qualité. L'article présente les différentes prestations en nature et en espèces offertes par l'assurance-dépendance, ainsi que le statut reconnu aux aidants. Les chiffres récents montrent que deux tiers des personnes dépendantes vivent à domicile. L'organisation actuelle du système de prise en charge et les caractéristiques des bénéficiaires sont abordées en dernier lieu. L'article conclut sur le système luxembourgeois comme un modèle articulant libre choix des personnes dépendantes et qualité de la prise en charge.

Ageing in place / Vieillir chez soi : apport des expériences étrangères et des comparaisons internationales

LAFERRÈRE A.

2021

Gérontologie et Société 43 / 165(2): 11-30.

https://www.cairn.info/revue-gerontologie-et-societe-2021-2-page-11.htm

Vieillir chez soi, plutôt qu'en établissement, tel est l'idéal le plus souvent exprimé, qui rejoint celui des gouvernements. Mais les logements sont-ils adaptés aux handicaps susceptibles de survenir aux vieux jours et à la fourniture de l'aide et des soins nécessaires en cas de perte d'autonomie ? Et qui finance ces dépenses, comment ? Le projet de recherche ODESSA (Optimising care delivery models to support ageing-in-place : towards autonomy, affordability and financial sustainability) pluridisciplinaire et international a été l'occasion de réfléchir à ces questions, puis a donné l'idée de ce numéro spécial comportant 17 articles de chercheurs de trois continents, bien au-delà du projet de départ. Du co-housing intergénérationel californien, au Village Alzheimer néerlandais en passant par des quartiers pauvres de Dakar, comment les logements peuvent-ils s'adapter aux vieux jours ? Comment optimiser les financements et réduire les inégalités ? Aménager en amont les logements comme en Allemagne ? Intégrer les soins localement comme au Japon ? Réformer les financements pour inciter à rester chez soi comme aux Pays-Bas ou au Luxembourg ? Faut-il rémunérer les aidants familiaux ? Ou au contraire les remplacer ? Faire appel aux bénévoles ? Est-ce finalement si rationnel que de vouloir rester chez soi ? Ne faut-il pas déménager pour adapter le chez soi ? Marie-Ève Joël, professeur émérite à l'université Paris-Dauphine devait participer à la coordination de ce numéro. Sa mort ne l'a pas permis, mais son esprit l'a animé. Elle aimait débats et travail de terrain. Souhaitons que ce numéro apporte sinon des leçons facilement transposables, du moins des idées qui aideront à vieillir en se sentant chez soi, partout, jusqu'au bout.

Vers un modèle communautaire de soutien à domicile des aînés au Japon

PICARD C.

2021

Gérontologie et société 43 / 165(2): 207-226.

https://www.cairn.info/revue-gerontologie-et-societe-2021-2-page-207.htm

Le Japon est le pays avec le taux de vieillissement le plus important du monde. Face aux nombreuses problématiques que cette situation pose, le gouvernement japonais cherche des solutions pour maintenir les personnes âgées dans leur lieu de vie. Fort d'une tradition d'entraide soutenu par les pouvoirs publics, les pratiques informelles d'aide au maintien à domicile sont encouragées. Depuis 2000 avec la promulgation de la loi sur l'assurance des soins de longue durée, les formes de soutien locales aux personnes âgées sont promues. C'est ainsi que le système de soins intégrés communautaires voit le jour. Les gouvernements locaux ont jusqu'en 2025 pour institutionnaliser des réseaux de soutien à l'échelle du quartier. Les mesures mises en place dépendent donc de la volonté des gouvernements locaux et des ressources territoriales (acteurs locaux, capacité de financement, etc.). Nous proposons d'étudier le cas des arrondissements de Bunky et d'Adachi de la ville de Tokyo sur la base d'entretiens semi-directifs menés en 2019 et 2020 auprès des employés de mairie et des travailleurs sociaux locaux. Bien qu'il soit source d'innovations, nous verrons que le système de soins intégrés communautaires pose de nombreuses interrogations aux observateurs et aux acteurs du système quant à sa mise en place concrète.

Encourager le maintien à domicile par des financements alternatifs : le cas néerlandais

TENAND M., HUSSEM A. ET BAKX P.

2021

Gérontologie et Société 43 / 165(2): 287-304.

https://www.cairn.info/revue-gerontologie-et-societe-2021-2-page-287.htm

Libre choix, maintien à domicile, accessibilité financière et maîtrise des dépenses publiques sont au cœur des débats sur la prise en charge de la dépendance. Afin de mieux concilier ces objectifs, les Pays-Bas ont développé de nouvelles prestations dépendance : les forfaits à domicile (VPT et MPT) et les prestations monétaires (PGB). En principe, ces prestations permettent à la personne âgée de bénéficier d'une prise en charge globale à son domicile. Le rôle joué par ces nouvelles options de prise en charge est à ce jour peu documenté. Cet article explique leur fonctionnement, notamment du point de vue du partage des coûts entre puissance publique et bénéficiaire, et mobilise différentes sources statistiques (données administratives individuelles et données agrégées) pour éclairer les développements récents. Davantage mobilisés par les moins dépendants mais aussi par les bénéficiaires les plus aisés, ces financements semblent contribuer autant au maintien à domicile qu'au développement d'établissements non conventionnés. Si ces nouvelles prestations favorisent des formes résidentielles intermédiaires et pourraient dégager des marges budgétaires, elles pourraient également remettre en cause l'équité dans la prise en charge et dans son financement qui sous-tend l'assurance sociale dépendance néerlandaise. Le cas des Pays-Bas fournit une illustration de la difficulté à mettre au point des dispositifs permettant de concilier libre choix et universalité de la prise en charge.

The Challenges of Measuring Informal Care Time: A Review of the Literature

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

2021

PharmacoEconomics 39(11): 1209-1223.

https://doi.org/10.1007/s40273-021-01053-2

Economic evaluations increasingly include the value of informal care, for example, in terms of caregiver health effects or time costs. If an economic evaluation uses caregiving time costs, appropriate measurement of caregiving time is an important first step prior to its valuation. There is no comprehensive overview of the measurement challenges for caregiving time. In this literature review, we searched Medline, Embase, Econlit and Scopus to identify measurement issues and associated studies which reported informal care time that addressed them. The search identified 27 studies that addressed nine measurement issues. There is limited evidence on how to address these issues, although some have received relatively more attention, including incremental time (considered in 16 studies), time measurement method comparisons (six studies) and the inclusion of intangible tasks (four studies). Non-response (considered in only one study) and carer and recipient identification (two studies) were the most wide-reaching measurement concerns, as these determine who is identified as carers. There was no evidence on the consequences of these measurement challenges in terms of impacts on cost-effectiveness ratios and on the total cost of health conditions, which would be a crucial next step. Future research on these issues should consider a range of different settings, as informal care is highly heterogeneous. The measurement of informal care is key for its inclusion in economic evaluations but there is little consensus on how to appropriately measure this type of care.

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