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Veille scientifique
en économie de la santé

Septembre 2017

Sommaire en français

Watch on
Health Economics Literature

September 2017

Contents list in English

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Centre de documentation de l'Irdes

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Présentation

Cette publication mensuelle, réalisée par les documentalistes de l'Irdes, rassemble de façon thématique les résultats de la veille documentaire sur les systèmes et les politiques de santé ainsi que sur l'économie de la santé : articles, littérature grise, ouvrages, rapports...

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Assurance maladie

A Longitudinal Investigation of Willingness to Pay for Health Insurance in Germany

BOCK J. O., *et al.*

2017

Health Serv Res. 52(3): 1099-1117.

The aim of this paper is to investigate factors affecting willingness to pay (WTP) for health insurance of older adults in a longitudinal setting in Germany. Survey data from a cohort study in Saarland, Germany, from 2008-2010 and 2011-2014 (n1 = 3,124; n2 = 2,761) were used. WTP estimates were derived using a contingent valuation method with a payment card. Participants provided data on sociodemographics, lifestyle factors, morbidity, and health care utilization. Fixed effects regression models showed higher individual health care costs to increase WTP, which in particular could be found for members of private health insurance. Changes in income and morbidity did not affect WTP among members of social health insurance, whereas these predictors affected WTP among members of private health insurance. The fact that individual health care costs affected WTP positively might indicate that demanding (expensive) health care services raises the awareness of the benefits of health insurance. Thus, measures to increase WTP in old age should target at improving transparency of the value of health insurances at the moment when individual health care utilization and corresponding costs are still relatively low.

À quoi tient la solidarité de l'assurance maladie entre les hauts revenus et les plus modestes en France

JUSOT F., *et al.*

2016

Revue française d'économie. XXXI(4): 15.

La solidarité assurée par un système d'assurance maladie provient des transferts qu'il opère entre individus de classes de revenus différentes. Cette solidarité dépend des structures de consommations de soins et de cotisations à l'assurance maladie par niveau de vie. La solidarité du système français relève essentiellement du financement progressif de l'assurance maladie obligatoire : les plus aisés contribuent plus que les plus pauvres. Mais en dépit de fortes inégalités sociales de santé, qui impliquent des besoins de soins plus importants chez les plus pauvres, les prestations sont relativement homogènes entre classes de revenus. Elles n'augmentent donc que très faiblement la solidarité du système en raison des barrières à l'accès à certains soins. Au contraire de l'assurance maladie obligatoire, l'assurance maladie complémentaire et les restes à charge induisent très peu de transferts entre groupes de revenu. La mixité du système d'assurance maladie français est donc également un facteur limitant de sa solidarité entre classes de revenus.

Supplementary Health Insurance from the Consumer Point of View: Are Israelis Consumers Doing an Informed Rational Choice when Purchasing Supplementary Health Insurance

KAPLAN G., *et al.*

2017

Health Policy. 121(6): 708-714.

The National Health Insurance Law in Israel ensures basic health basket eligibility for all its citizens. A supplemental health insurance plan (SHIP) is offered for an additional fee. Over the years, the percentage of supplemental insurance's holders has risen considerably, ranking among the highest in OECD countries. The assumption that consumers implement an informed rational choice based on relevant information is doubtful. Are consumers sufficiently well informed to make market processes work well? The aim of this paper is to examine perspectives, preferences and knowledge of Israelis in relation to SHIP. A telephone survey was conducted with a representative sample of the Israeli adult population. 703 interviews were completed. The response rate was 50.3. 85% of the sample reported possessing SHIP. This survey found that most of the Israeli public parched additional insurance coverage however did not show a significant knowledge about the benefits provided by the supplementary insurance, at least in the three measurements used in this study. The scope of SHIP acquisition is very broad and cannot be explained in economic terms alone. Acquiring SHIP became a default option rather than an active decision. It is time to review the goals, achievements and side effects of SHIP and to create new policy for the future.

The Impact of the ACA Medicaid Expansions on Health Insurance Coverage Through 2015 and Coverage Disparities by Age, Race/Ethnicity, and Gender

WEHBY G. L. ET LYU W.

2017

Health Serv Res., 18 May.

The objective of this paper is to examine the ACA Medicaid expansion effects on Medicaid take-up and private coverage through 2015 and coverage disparities by age, race/ethnicity, and gender. Using difference-in-differences regressions accounting for national coverage trends and state fixed effects. Expansion effects doubled in 2015 among low-educated adults, with a nearly 8 percentage-point increase in Medicaid take-up and 6 percentage-point decline in uninsured rate. Significant coverage gains were observed across virtually all examined groups by age, gender, and race/ethnicity. Take-up and insurance declines were strongest among younger adults and were generally close by gender and race/ethnicity. Despite the increased take-up however, coverage disparities remained sizeable, especially for young adults and Hispanics who had declining but still high uninsured rates in 2015. There was some evidence of private coverage crowd-out in certain subgroups, particularly among young adults aged 19-26 years and women, including in both individually purchased and employer-sponsored coverage. The ACA Medicaid expansions have continued to increase coverage in 2015 across the entire population of low-educated adults and have reduced age disparities in coverage. However, there is still a need for interventions that target eligible young and Hispanic adults.

E-santé – Technologies médicales

The Impact of Assistive Technologies on Formal and Informal Home Care

ANDERSON W. L. ET WIENER J. M.

2015

Gerontologist. 55(3): 422-433.

Assistive technologies help people with disabilities compensate for their impairments. This study assessed which of 5 categories of assistive technologies-indoor/outdoor mobility, bed transfer, bathing, toileting, and telephone assistance-were substitutes or complements for human personal assistance by differentiating between total and formal personal assistance service (PAS) hours. The study analyzed 2004 National Long-Term Care Survey community-dwelling respondents receiving assistance with activities of daily living. Ordinary least squares (OLS) on total PAS hours was estimated on the entire sample, and logit and OLS models were estimated on the likelihood and hours of formal PAS, respectively. Assistive technology for indoor/outdoor mobility, bed transfer, and bathing was found to be substitutes for total PAS, whereas assistive technology for bed transfer and toileting was found to be complements for the use of formal PAS. Telephone assistance was not significant for either total or formal PAS hours. The use of some assistive technologies by older people with disabilities appears to reduce the amount of informal care provided, but not the amount of paid PAS. Thus, this study does not provide support for the hypothesis that the use of assistive technologies will reduce use of paid care and, therefore, spending for long-term care.

Économie de la santé

Evolution and Patterns of Global Health Financing 1995-2014: Development Assistance for Health, and Government, Prepaid Private, and Out-Of-Pocket Health Spending in 184 Countries

DIELEMAN J. L., *et al.*

2017

Lancet. 389(10083): 1981-2004.

An adequate amount of prepaid resources for health is important to ensure access to health services and for the pursuit of universal health coverage. Previous studies on global health financing have described the relationship between economic development and health financing. In this study, we further explore global health financing trends and examine how the sources of funds used, types of services purchased, and development assistance for health disbursed change with economic development. We also identify countries that deviate from the trends. We estimated national health spending by type of care and by source, including development assistance for health, based on a diverse set of data including programme reports, budget data, national estimates, and 964 National Health Accounts. These data represent health spending for 184 countries from 1995 through 2014. We converted these data into a common inflation-adjusted and purchasing power-adjusted currency, and used non-linear regression methods to model the relationship between health financing, time, and economic development. Health spending remains disparate, with low-income and lower-middle-income countries increasing spending in absolute terms the least, and relying heavily on OOP spending and development assistance. Moreover, tremendous variation shows that neither time nor economic development guarantee adequate prepaid health resources, which are vital for the pursuit of universal health coverage.

Future and Potential Spending on Health 2015-40: Development Assistance for Health, and Government, Prepaid Private, and Out-Of-Pocket Health Spending in 184 Countries

DIELEMAN J. L., *et al.*

2017

Lancet. 389(10083): 2005-2030.

The amount of resources, particularly prepaid resources, available for health can affect access to health care and health outcomes. Although health spending tends to increase with economic development, tremendous variation exists among health financing systems. Estimates of future spending can be beneficial for policy makers and planners, and can identify financing gaps. In this study, we estimate future gross domestic product (GDP), all-sector government spending, and health spending disaggregated by source, and we compare expected future spending to potential future spending. We extracted GDP, government spending in 184 countries from 1980-2015, and health spend data from 1995-2014. We used a series of ensemble models to estimate future GDP, all-sector government spending, development assistance for health, and government, out-of-pocket, and prepaid private health spending through 2040. We used frontier analyses to identify patterns exhibited by the countries that dedicate the most funding to health, and used these frontiers to estimate potential health spending for each low-income or middle-income country. All estimates are inflation and purchasing power adjusted. Health spending is associated with economic development but past trends and relationships suggest that spending will remain variable, and low in some low-resource settings. Policy change could lead to increased health spending, although for the poorest countries external support might remain essential.

The Dynamic Relationship Between Health Expenditure and Economic Growth: Is the Health-Led Growth Hypothesis Valid for Turkey

ATILGAN E., *et al.*

2017

Eur J Health Econ. 18(5): 567-574.

The well-known health-led growth hypothesis claims a positive correlation between health expenditure and economic growth. The aim of this paper is to empirically investigate the health-led growth hypothesis for the Turkish economy. The bound test approach, autoregressive-distributed lag approach (ARDL) and Kalman filter modeling are employed for the 1975-2013 period to examine the co-integration relationship between economic growth and health expenditure. The ARDL model is employed in order to investigate the long-term and short-term static relationship between health expenditure and economic growth. The results show that a 1% increase in per-capita health expenditure will lead to a 0.434% increase in per-capita gross domestic product. These findings are also supported by the Kalman filter model's results. Our findings show that the health-led growth hypothesis is supported for Turkey.

Pay-For-Performance Reduces Healthcare Spending and Improves Quality of Care: Analysis of Target and Non-Target Obstetrics and Gynecology Surgeries

JU KIM S., *et al.*

2017

Int J Qual Health Care. 29(2): 222-227.

In Korea, the Value Incentive Program (VIP) was first applied to selected clinical conditions in 2007 to evaluate the performance of medical institutes. We examined whether the condition-specific performance of the VIP resulted in measurable improvement in quality of care and in reduced medical costs. Design: Population-based retrospective observational study. We used two data set including the results of quality assessment and hospitalization data from National Health Claim data from 2011 to 2014. Participants who were admitted to the hospital for obstetrics and gynecology were included. A total of 535 289 hospitalizations were included in our analysis. We used a generalized estimating equation (GEE) model to identify associations between the quality assessment and length of stay (LOS). Higher condition-specific performance by VIP participants was associated with shorter LOSs, decreases in medical cost, and lower within 30-day readmission rates for target and non-target surgeries. LOS and readmission within 30 days were different by change in quality assessment at each medical institute. Our findings contribute to the body of evidence used by policy-makers for expansion and development of the VIP. The study revealed the positive effects of quality assessment on quality of care. To reduce the between-institute quality gap, alternative strategies are needed for medical institutes that had low performance.

Mental Health Cost of Terrorism: Study of the Charlie Hebdo Attack in Paris

KIM D. ET ALBERT KIM Y. I.

2017

Health Econ., 15 May.

This study examines whether a terrorist attack in a developed country, which does not cause major damage to its capital stocks, affects the mental health of its residents. By exploiting variations in survey dates of the European Social Survey, we use a difference-in-differences strategy to show that the attack adversely affects subjective well-being and mental health measures of French respondents. These negative effects are stronger for immigrants and low-income individuals. The impact is less dramatic for politically extreme right-wing supporters. The distance from origin has little impact on these measures.

Economic Losses and Burden of Disease by Medical Conditions in Norway

KINGE J. M., *et al.*

2017

Health Policy. 121(6): 691-698.

We explore the correlation between disease specific estimates of economic losses and the burden of disease. This is based on data for Norway in 2013 from the Global Burden of Disease (GBD) project and the Norwegian Directorate of Health. The diagnostic categories were equivalent to the ICD-10 chapters. Mental disorders topped the list of the costliest conditions in Norway in 2013, and musculoskeletal disorders caused the highest production loss, while neoplasms caused

the greatest burden in terms of DALYs. There was a positive and significant association between economic losses and burden of disease. Neoplasms, circulatory diseases, mental and musculoskeletal disorders all contributed to large health care expenditures. Non-fatal conditions with a high prevalence in working populations, like musculoskeletal and mental disorders, caused the largest production loss, while fatal conditions such as neoplasms and circulatory disease did not, since they occur mostly at old age. The magnitude of the production loss varied with the estimation method.

The Effects of Population Ageing on Health Care Expenditure: A Bayesian VAR Analysis Using Data from Italy

LOPREITE M. ET MAURO M.

2017

Health Policy. 121(6): 663-674.

Currently, the dynamics of the population have raised concerns about the future sustainability of Italy's national health system. The increasing proportion of people over the age of 65 could lead to a higher incidence of chronic-degenerative diseases and a greater demand for health and social care with a consequent impact on health spending. Although in recent years the quantity and quality of works on the relationship between ageing and health expenditure has increased substantially, these works do not always obtain similar results. Starting from this point, we use a B-VAR model and Eurostat data to investigate over the period 1990-2013 the impact of demographic changes on health expenditure in Italy. The results show that health expenditure in Italy reacts more to the ageing population compared with life expectancy and per capita GDP. In response to these findings, we conclude that the impact of the increase in the elderly population with disabilities will fall on the long-term care sector. Effective health interventions, such as health-promotion and disease-prevention programs that target the main causes of morbidity, could help to minimize the cost pressures associated with ageing by ensuring that the population stays healthy in old age.

Cost Containment and the Tale of Care Coordination

MCWILLIAMS J. M.

2016

N Engl J Med. 375(23): 2218-2220.

Nobody likes waste. Nobody likes fragmentation. Evidence that both are hallmarks of the US health care system has therefore fueled vigorous debate over how to redesign payment and delivery systems to root out inefficiencies. With the broader imperatives of cost containment and quality improvement at play, a powerful narrative has emerged from this debate that is now widely held and dominates policy—care coordination not only improves outcomes but lowers costs, too.

Counting the Time Lived, the Time Left or Illness? Age, Proximity to Death, Morbidity and Prescribing Expenditures

MOORE P. V., *et al.*

2017

Soc Sci Med. 184: 1-14.

The objective is to understand what really drives prescription expenditure at the end of life in order to inform future expenditure projections and service planning. To achieve this objective, an empirical analysis of public medication expenditure on the older population (individuals ≥ 70 years of age) in Ireland (n = 231,780) was undertaken. A two part model is used to analysis the individual effects of age, proximity to death (PTD) and morbidity using individual patient-level data from administrative pharmacy records for 2006-2009 covering the population of community medication users. Decedents (n = 14,084) consistently use more medications and incur larger expenditures than similar survivors, especially in the last 6 months of life. The data show a positive and statistically significant impact of PTD on prescribing expenditures with minimal effect for age alone even accounting for patient morbidities. Nevertheless improved measures of morbidity are required to fully test the hypothesis that age and PTD are proxies for morbidity. The evidence presented refutes age as a driver of prescription expenditure and highlights the importance of accounting for mortality in future expenditure projections.

Analysis of End-Of-Life Care, Out-Of-Pocket Spending, and Place of Death in 16 European Countries and Israel

ORLOVIC M., *et al.*

2017

Health Affairs. 36(7): 1201-1210.

In Europe, the aging of the population will pose considerable challenges to providing high-quality end-of-life care. The complexity of providing care and the large spectrum of actors involved make it difficult to understand the care pathways and how these are influenced by financial and institutional factors. We examined a large, multicountry data set with waves of data from the period 2006-13 to determine the differences in health care usage, out-of-pocket spending, and place of death in sixteen European countries and Israel. Our results reveal the importance of the funding mechanisms of long-term care. They also illuminate the effect of patients' characteristics on end-of-life care pathways. We found that in countries where public financing and organization of long-term care are particularly strong, patients at the end of life are more likely to have reduced hospitalizations and a higher share of out-of-hospital deaths. Understanding end-of-life care patterns is crucial to developing policies to address the urgent public health priority that this aspect of health care presents.

État de santé

Consommation excessive d'alcool en France : conséquences sanitaires et humaines importantes

2017

Revue Prescrire. 37(403): 384-385.

En France, en 2012, les hospitalisations attribuées à l'alcool ont représenté 2,2 % de l'ensemble des séjours hospitaliers de courte durée, 10,4 % des séjours d'hospitalisation en psychiatrie et 5,6 % des journées en soins de suite et réadaptation, pour environ 3,6 % des dépenses hospitalières totales. En 2015, la consommation d'alcool était la cause d'environ 810 000 années de vie perdue, avec un coût financier estimé à environ 120 milliards. La souffrance psychique et les dégâts sociaux liés à l'alcoolodépendance, non chiffrables, sont réels.

Health Effects of Overweight and Obesity in 195 Countries over 25 Years

THE GBD 2015 OBESITY COLLABORATORS.

2017

N Engl J Med. 377(1):13-27.

Although the rising pandemic of obesity has received major attention in many countries, the effects of this attention on trends and the disease burden of obesity remain uncertain. We analyzed data from 68.5 million persons to assess the trends in the prevalence of overweight and obesity among children and adults between 1980 and 2015. Using the Global Burden of Disease study data and methods, we also quantified the burden of disease related to high body-mass index (BMI), according to age, sex, cause, and BMI in 195 countries between 1990 and 2015. Since 1980, the prevalence of obesity has doubled in more than 70 countries and has continuously increased in most other countries. Although the prevalence of obesity among children has been lower than that among adults, the rate of increase in childhood obesity in many countries has been greater than the rate of increase in adult obesity. The rapid increase in the prevalence and disease burden of elevated BMI highlights the need for continued focus on surveillance of BMI and identification, implementation, and evaluation of evidence-based interventions to address this problem.

L'allongement de l'espérance de vie en Europe. Quelles conséquences pour l'état de santé

CAMBOIS E. ET ROBINE J.-M.

2017

Revue européenne des sciences sociales. 55-1(1): 67.

www.cairn.info/revue-europeenne-des-sciences-sociales-2017-1-page-41.htm

Depuis une trentaine d'années, face à l'allongement de l'espérance de vie, chercheurs et acteurs de santé

publique s'interrogent sur les répercussions attendues sur la santé : gagne-t-on des années de bonne santé ou vit-on plus longtemps avec des maladies ? Ces interrogations découlent d'une augmentation de la survie aux grands âges, plus exposés aux problèmes de santé, mais aussi de la plus grande survie avec certaines maladies et incapacités dont la létalité diminue. En réponse à ces questions, les indicateurs d'espérance de vie en santé ont apporté la dimension qualitative au décompte des années de vie. Et les « années de vie en bonne santé », basées sur une mesure de la santé fonctionnelle, ont été ajoutées à la liste des indicateurs structurels de l'Union européenne. Calculées annuellement depuis 2008, elles permettent de suivre l'évolution concomitante de l'espérance de vie et des années vécues avec et sans limitation d'activité dans les pays européens et d'éclairer les disparités entre pays.

Health Status in Europe: Comparison of 24 Urban Areas to the Corresponding 10 Countries (EURO-URHIS 2)

KOSTER E. M., *et al.*

2017

Eur J Public Health. 27(suppl_2): 62-67.

In Europe, over 70% of the population live in urban areas (UAs). Most international comparative health research is done using national level data, as reliable and comparable urban data are often unavailable or difficult to access. This study aims to investigate whether population health is different in UAs compared with their corresponding countries. : Routinely available health-related data were collected by the EURO-URHIS 2 project, for 10 European countries and for 24 UAs within those countries. National and UA level data for 11 health indicators were compared through the calculation of relative difference, and geographical patterns within Europe were investigated using the Mann Whitney U test. In general, the urban population in Eastern Europe is less healthy than the Western European urban population. However, people in Eastern Europe have significantly better broad health outcomes in UAs as compared with the corresponding country as a whole, whereas people in Western Europe have generally worse broader health outcomes in UAs. For most European countries and UAs that were investigated, the national level health status data does not correspond with the health status at UA level.

The Relationship Between Self-Reported Health Status and Signs of Psychological Distress Within European Urban Contexts

WILLIAMS G., *et al.*

2017

Eur J Public Health. 27(suppl_2): 68-73.

Self-reported health status (SRHS) reflects an individual's perception of their social, biological and psychological health, and has been linked to increased mortality risk and increased use of health services. Having a psychological co-morbidity can reduce health outcomes and increase healthcare costs. This paper investigates the relationship between SRHS and signs of psychological distress (PD) in European urban settings. The study sample comprised 20 439 adult respondents to surveys conducted across 37 urban areas. Data on SRHS, signs of PD and potential confounders were analysed in a multivariable logistic regression. There is a statistically significant association between self-reported poor health and signs of PD. Although the relationship was present in all geographical locations, the confounders were protective factors for Western European countries. Since the two factors are linked, interventions that target one might reduce the impact on both. Further study into causality would be of use in predicting future healthcare costs, which could be reduced by integrating their management.

Géographie de la santé

Une analyse spatiale du non-recours aux dispositifs sociaux

DENIS A., *et al.*

2017

Revue d'économie politique. 127(2): 227-253.

www.cairn.info/revue-d-economie-politique-2017-2-page-227.htm

Cet article propose une analyse spatiale du non-recours aux dispositifs d'aide sociale. Il utilise une enquête inédite sur les besoins, la connaissance et le recours aux aides sociales locales, menée en 2014 sur un échantillon représentatif des allocataires du Revenu de Solidarité Active (RSA), dans le département de Seine-et-Marne. Il étudie les déterminants du non-recours à la gratuité des transports en commun d'Ile-de-France en modélisant de façon distincte la non-connaissance et la non-demande du dispositif. Nous mettons en évidence la présence de dépendances spatiales dans la connaissance et la demande du dispositif et étudions les hypothèses pouvant expliquer cette corrélation spatiale. Nous montrons l'influence de la distance au transport en commun dans la décision de demande de l'aide pour expliquer ce phénomène. Nous suggérons également la présence d'effets de réseau dans la connaissance du dispositif.

Definitions of Urban Areas Feasible for Examining Urban Health in the European Union

BRECKENKAMP J., *et al.*

2017

Eur J Public Health. 27(suppl_2): 19-24.

As part of the EU-funded project, European Urban Health Indicator System (EURO-URHIS), a definition of urban areas (UAs) and of urban populations was needed to be able to identify comparable UAs in all member states. A literature review on existing definitions, as well as those used by other relevant projects, was performed. A survey of national experts in public health or land planning was also conducted. An algorithm was proposed to find UAs, which were feasible for the focus of EURO-URHIS. No unique general definition of UAs was found. Different fields of research define UAs differently. None of the definitions found were feasible for EURO-URHIS. All of them were found to have critical disadvantages when applied to an urban health project. An ideal definition for this type of project needs to provide a description of the situation without recourse to administrative boundaries yet inform the collection of routine data for urban health monitoring. An algorithm was developed for the definition of UAs for the purpose of this study whereby national experts would select regions which are urban as an agglomeration or as a metropolitan area and which are potentially interesting in terms of public health; identify the natural boundaries, where countryside ends and residential or commercial areas of the region begin (e.g. by aerial photos); identify local government boundaries or other official boundaries used for routine data collection purposes which approximate the natural UA as closely as possible and list all administrative areas which are contained in the larger UA. The aggregation of all administrative areas within the original region formed the UA which was used in the project.

Qualitative-Geospatial Methods of Exploring Person-Place Transactions in Aging Adults: A Scoping Review

HAND C., *et al.*

2017

Gerontologist. 57(3): e47-e61.

Research exploring how places shape and interact with the lives of aging adults must be grounded in the places where aging adults live and participate. Combined participatory geospatial and qualitative methods have the potential to illuminate the complex processes enacted between person and place to create much-needed knowledge in this area. The purpose of this scoping review was to identify methods that can be used to study person-place relationships among aging adults and their neighborhoods by determining the extent and nature of research with aging adults that combines qualitative methods with participatory geospatial methods. A systematic search of nine databases identified 1,965 articles published from 1995 to late 2015. We extracted data and assessed whether the geospatial and qualitative methods were supported by a specified methodology, the methods of data analysis, and the extent of integration of geospatial and qualitative methods.

Defining the Urban Area for Cross National Comparison of Health Indicators: The EURO-URHIS 2 Boundary Study

HIGGERSON J., *et al.*
2017
Eur J Public Health. 27(suppl_2): 25-30.

Despite much research focusing on the impact of the city condition upon health, there still remains a lack of consensus over what constitutes an urban area (UA). This study was conducted to establish comparable boundaries for the UAs participating in EURO-URHIS 2, and to test whether the sample reflected the heterogeneity of urban living. Key UA contacts (n = 28) completed a cross-sectional questionnaire, which included where available comparison between Urban Audit city and larger urban zone (LUZ) boundaries and public health administration areas (PHAAs). Additionally, broad health and demographic indicators were sought to test for heterogeneity of the EURO-URHIS 2 sample.

Mobilité spatiale des médecins en Europe, politique de santé et offre de soins

JOURDAIN A. ET PHAM T.
2017
Santé Publique. 29(1): 87.
www.cairn.info/revue-sante-publique-2017-1-page-81.htm

L'objectif de cet article est de définir la place de la mobilité géographique des professionnels dans les politiques relatives à la démographie médicale dans les pays de l'Union Européenne. L'étude se fonde sur l'examen des hypothèses de migration internationale dans les modèles nationaux de projection du nombre de médecins par grandes catégories de systèmes de protection sociale dans l'UE. Tous les pays ne réalisent pas de projections à moyen terme du nombre de médecins. Ceux qui le font retiennent l'hypothèse d'une migration nette qui converge à terme vers zéro. La migration n'est pas traitée comme une solution à la pénurie prévisible de médecins, mais plutôt comme un problème à traiter. Trois approches de la mobilité professionnelle sont discutées : libérale, normative et éthique. La dernière semble la plus populaire, elle associe la préservation des intérêts nationaux au code global de l'Organisation mondiale de la santé sur le recrutement international des professionnels de santé.

Disparités régionales des hospitalisations pour complication de l'hépatite chronique C en 2012

ROTILY M., *et al.*
2017
Santé Publique. 29(2): 227.
www.cairn.info/revue-sante-publique-2017-2-page-215.htm

Peu de données récentes sur l'incidence et la prévalence de l'hépatite C chronique (HCC) sont disponibles au niveau régional. De telles données sont indispensables afin de piloter efficacement une politique de santé publique sur la prise en charge de l'hépatite C. L'objectif de cette étude était d'établir la faisabilité de cartographier, à partir d'une base de données médico-administrative, d'éventuelles disparités régionales dans la prévalence de l'HCC et de ses complications. La base PMSI MCO 2012 contient des informations sur la quasi-totalité des hospitalisations en France en termes de diagnostic et de consommation de soins. Les hospitalisations liées à une HCC ont été identifiées grâce aux codes diagnostiques de la classification CIM-10. Les séjours retenus ont été classés par stade de sévérité. L'ensemble de ces informations a été documenté pour chaque région administrative en 2012. Cette étude démontre la faisabilité d'utiliser la base PMSI pour identifier des disparités régionales dans la prévalence de l'hépatite C selon les stades de la maladie. Ces informations seront utiles pour adapter l'offre des soins au niveau local.

Measuring Geographical Accessibility to Rural and Remote Health Care Services: Challenges and Considerations

SHAH T. I., *et al.*
2017
Spat Spatiotemporal Epidemiol. 21: 87-96.

This research is focused on methodological challenges and considerations associated with the estimation of the geographical aspects of access to healthcare with a focus on rural and remote areas. With the assumption that GIS-based accessibility measures for rural healthcare services will vary across geographic units of analysis and estimation techniques, which could influence the interpretation of spatial access to rural healthcare services. Estimations of geographical accessibility depend on variations of the following three parameters: 1) quality of input data; 2) accessibility method; and 3) geographical area. This research

investigated the spatial distributions of physiotherapists (PTs) in comparison to family physicians (FPs) across Saskatchewan, Canada. The three-steps floating catchment areas (3SFCA) method was applied to calculate the accessibility scores for both PT and FP services at two different geographical units. A comparison of accessibility scores to simple healthcare provider-to-population ratios was also calculated. The results vary considerably depending on the accessibility methods used and the choice of geographical area unit for measuring geographical accessibility for both FP and PT services.

Handicap

The Impact of Economic Conditions on the Disablement Process: A Markov Transition Approach Using SHARE Data

ARRIGHI Y., *et al.*

2017

Health Policy. 121(7):778-785.

A growing number of studies underline the relationship between socioeconomic status and health at older ages. Following that literature, we explore the impact of economic conditions on changes in functional health overtime. Frailty, a state of physiological instability, has been identified in the public health literature as a candidate for disability prevention but received little attention from health economists. Using SHARE panel data, respondents aged 50 and over from ten European countries were categorised as robust, frail and dependent. The determinants of health states' changes between two interviews were analysed using multinomial Probit models accounting for potential sample attrition. A particular focus was made on initial socioeconomic status, proxied by three alternative measures. Concentration indices were computed for key transition probabilities. Across Europe, poorer and less educated elders were substantially more likely to experience health degradations and also less likely to experience health improvements. The economic gradient for the recovery from frailty was steeper than that of frailty onset, but remained lower than that of dependency onset. The existing social programs in favour of deprived and dependent elders could be widened to those diagnosed as frail to reduce the onset of dependency and economic inequalities in health at older ages.

Social Relationships, Mental Health and Wellbeing in Physical Disability: A Systematic Review

TOUGH H., *et al.*

2017

BMC Public Health. 17(1): 414.

http://dx.doi.org/10.1186/s12889-017-4308-6

Research has consistently found that favourable exchange with one's proximal social environment has positive effects on both mental health and wellbeing. Adults with physical disabilities may have fewer opportunities of favourable exchange, and therefore the effects on mental health and wellbeing may be less advantageous. The aim of this study is to systematically review quantitative studies exploring associations of social relationships with mental health and wellbeing in persons with physical disabilities.

Hôpital

Stratégies d'implantation d'un infirmier de pratique avancée en milieu hospitalier : une revue de littérature

AGUILARD S., *et al.*

2017

Santé Publique. 29(2): 254.

www.cairn.info/revue-sante-publique-2017-2-page-241.htm

L'objectif de cet article est d'analyser les facteurs de réussite et les obstacles qui permettraient la réussite de l'implantation de l'infirmier en pratique avancée dans le contexte de santé français. L'étude se base sur une revue de littérature des articles internationaux se référant à l'implantation de la pratique avancée infirmière entre 2010 et 2016. Cela a permis d' identifier que les obstacles à l'implantation sont potentiellement réversibles en atouts. Un seul cadre de référence a été recensé, le PEPPA (Participatory, Evidence- based, Patient- focused process for advanced Practice nursing (APN) role development). Quatre facteurs de réussite d'implantation et d'évaluation de la pratique avancée infirmiers ont été identifiés : l'implication du corps soignant médical ou paramédical, le soutien hiérarchique et matériel des autorités administratives, la mise en œuvre de politique et de mécanisme de régulation et une formation universitaire de deuxième cycle. L'implantation française de la pratique avancée infirmière devrait tenir compte du cadre de PEPPA utilisé par le Canada, afin de promouvoir la réussite de ces nouveaux rôles dans les milieux cliniques.

Proposition d'un contenu standardisé et raisonné pour les lettres de liaison et les comptes rendus d'hospitalisation à destination du médecin traitant

BANSARD M., *et al.*

2017

Santé Publique. 29(1): 70.

www.cairn.info/revue-sante-publique-2017-1-page-57.htm

Le lien ville- hôpital est une faiblesse de notre système de santé. Les documents de sortie d'hospitalisation, éléments- clés pour la sécurité et l'efficience des soins, sont pourtant peu codifiés. L'objectif de ce travail était d'élaborer un modèle standardisé et raisonné de la lettre de liaison (LL) et du compte rendu d'hospitalisation (CRH) en portant un soin particulier aux attentes des médecins généralistes ambulatoires (MG). La méthode Delphi a été appliquée sur la base d'une revue systématique de la littérature publiée précédemment. Vingt- huit experts d'horizons différents ont été recrutés. Deux tours de consultation ont été nécessaires à l'obtention d'un consensus. Dans l'idéal, le CRH devait être transmis au MG le jour de la sortie du patient mais ce n'était que rarement possible. Dans une logique de sortie à deux documents, la LL devenait l'élément central pour les MG. À l'issue des consultations, des documents standardisés et raisonnés ont été formulés. Ils ont été présentés et validés par les experts qui les ont jugés pertinents, pouvant améliorer la vitesse de rédaction et de lecture, la communication entre médecins hospitaliers et ambulatoires et la sécurité des soins en sortie d'hospitalisation. Les modèles LL et CRH proposés seront implantés dans des centres hospitaliers pilotes dans le cadre d'une étude d'impact.

How Should Hospital Reimbursement Be Refined to Support Concentration of Complex Care Services?

BOJKE C., *et al.*

2017

Health Econ., 19 May, Ahead of print.

The English National Health Service is promoting concentration of the treatment of patients with relatively rare and complex conditions into a limited number of specialist centres. If these patients are more costly to treat, the prospective payment system based on Healthcare Resource Groups (HRGs) may need refinement because these centres will be financially disadvantaged. To assess the funding implications of this concentration policy, we estimate the cost differentials associated with caring for patients that receive complex care and examine the extent to which complex care services are concentrated across hospitals and HRGs. We estimate random effects models using patient-level activity and cost data for all patients admitted to English hospitals during the 2013/14 financial year and construct measures of the concentration of complex services. Payments for complex care services need to be adjusted if they have large cost differentials and if provision is concentrated within a few hospitals. Payments can be adjusted either by refining HRGs or making top-up payments to HRG prices. HRG

refinement is preferred to top-payments the greater the concentration of services among HRGs.

Unplanned Readmissions Within 30 Days After Discharge: Improving Quality Through Easy Prediction

CASALINI F., *et al.*

2017

Int J Qual Health Care. 29(2): 256-261.

The aim of this paper is to propose an easy predictive model for the risk of rehospitalization, built from hospital administrative data, in order to prevent repeated admissions and to improve transitional care. The study is based on a retrospective cohort study : patients residing in the territory of the province of Pisa (Tuscany Region) with at least one unplanned hospital admission. We compared two groups of patients: patients coded as 'RA30' (readmitted within 30 days after the previous discharge) and patients coded as 'NRA30' (either admitted only once or readmitted after 30 days since the latest discharge). The effect of age, sex, length of stay, number of diagnoses, normalized number of admissions and presence of diseases on the probability of rehospitalization within 30 days after discharge was evaluated. The model can be easily applied when discharging patients who have been hospitalized after an access to the Emergency Department to predict the risk of rehospitalization within 30 days. The prediction can be used to activate focused hospital-primary care transitional interventions. The model has to be validated first in order to be implemented in clinical practice.

Evaluation of a Care Transition Program with Pharmacist-Provided Home-Based Medication Review for Elderly Singaporeans at High Risk of Readmissions

CHEEN M. H. H., *et al.*

2017

Int J Qual Health Care. 29(2): 200-205.

This study aimed to determine whether pharmacist-provided home-based medication review (HBMR) can reduce readmissions in the elderly. The study is based on a retrospective cohort study : records of patients referred to a care transition program from March 2011 through March 2015 were reviewed. Patients aged 60 years and older taking more than 5 medications and had at least 2 unplanned admissions within 3 months preceding the first home visit were included. Pharmacist-provided HBMR. Primary outcome was readmission rate over 6 months after the first home visit. Secondary outcomes included emergency department (ED) visits, outpatient visits and mortality. Drug-related problems (DRPs) were reported for the HBMR group. The study suggests that pharmacist-provided HBMR is effective in reducing readmissions and ED visits in the elderly. More studies in the Asian population are needed to determine its long term benefits and patient's acceptability.

Hospital and Health Insurance Markets Concentration and Inpatient Hospital Transaction Prices in the U.S. Health Care Market

DAUDA S.

2017

Health Serv Res., 11 May, Ahead of print.

The aim of this paper is to examine the effects of hospital and insurer markets concentration on transaction prices for inpatient hospital services. Measures of hospital and insurer markets concentration derived from American Hospital Association and HealthLeaders-InterStudy data are linked to 2005-2008 inpatient administrative data from Truven Health MarketScan Databases. The findings suggest that greater hospital concentration raises prices, whereas greater insurer concentration depresses prices. They provide support for strong antitrust enforcement to curb rising hospital service prices and health care costs.

Trends in Alcohol-Related Admissions to Hospital by Age, Sex and Socioeconomic Deprivation in England, 2002/03 to 2013/14

GREEN M. A., *et al.*

2017

BMC Public Health. 17(1): 412.

http://dx.doi.org/10.1186/s12889-017-4265-0

Prevalence of alcohol-related harms in England are among the highest in Europe and represents an important policy issue. Understanding how alcohol-related

trends vary by demographic factors is important for informing policy debates. The aim of our study was to examine trends in alcohol-related admissions to hospital in England, with a focus on variations by sex, age and socioeconomic deprivation.

Attitudes et pratiques des personnels hospitaliers face à la vaccination contre la grippe saisonnière

MAURETTE M., *et al.*

2017

Santé Publique. 29(2): 199.

www.cairn.info/revue-sante-publique-2017-2-page-191.htm

L'étude menée au CHIC de Castres-Mazamet et au CH de Revel vise à établir les attitudes et pratiques des personnels en matière de vaccination. Un questionnaire a été joint au bulletin de paie de mars 2014 de l'ensemble des salariés. 471 questionnaires ont été retournés, soit un taux de retour de 22,4 %. Le taux de couverture contre la grippe saisonnière est comparable avec celui d'autres enquêtes françaises. Les personnels paramédicaux sont moins couverts que les personnels médicaux, l'âge est le facteur le plus étroitement associé à la vaccination. Les trois quarts des personnels non couverts ne souhaitent pas se faire vacciner. Près de la moitié des répondants pensent que les soignants n'ont pas à montrer l'exemple en matière de vaccination. Les arguments jugés les plus convaincants en faveur de la vaccination sont la protection de la famille, puis celle des patients et des collègues. Les répondants expriment une demande d'information scientifique claire et précise, assortie d'échanges, de préférence au niveau de leur service.

Premier bilan de la tarification à l'activité (T2A) sur la variabilité des coûts hospitaliers

MILCENT C.

2017

Économie & prévision. 210(1): 67.

www.cairn.info/revue-economie-et-prevision-2017-1-page-45.htm

Ce papier étudie la variabilité des coûts hospitaliers pour des séjours comparables en pathologies et en procédures (GHM). À l'époque du budget global, une forte variabilité des coûts était observée entre les hôpitaux publics français. Qu'en est-il aujourd'hui ? Théoriquement, la T2A conduit les établissements à minimiser leurs coûts pour gagner la différence entre le forfait et le coût. Nous montrons une certaine homogénéisation des coûts et une réelle prise en compte de l'hétérogénéité des individus. Les forfaits par GHM ne capturent cependant pas toute l'hétérogénéité entre les établissements, ni entre les patients. Ainsi, les effets néfastes de sélection des patients ou de diminution du niveau de qualité ne sont pas évités par les forfaits actuels.

Living Alone and Unplanned Hospitalizations Among Older Adults: A Population-Based Longitudinal Study

PIMOUGUET C., *et al.*

2017

Eur J Public Health. 27(2): 251-256.

The association of living alone with hospitalization among the general elderly population has been rarely investigated, and the influence of common disorders on this association remains unknown. We used data on participants in the Swedish National study on Aging and Care in Kungsholmen (n = 3130). Risk and number of unplanned hospitalizations and length of hospital stays were studied over a period of 2 years. We used Cox proportional hazard models to estimate hazard ratios (HRs) of incident hospitalization and zero-inflated negative binomial regression models adjusted for potential confounders to estimate incident rate ratios (IRR) of the number of hospitalizations and total length of stay associated with living alone. A total of 1768 participants (56.5%) lived alone. Five hundred and sixty-one (31.7%) of those who lived alone had at least one unplanned hospitalization. In the multivariate analyses, living alone was significantly associated with the risk of unplanned hospitalization (HR = 1.21, 95% confidence interval [CI] 1.01-1.45) and the number of hospitalizations (IRR = 1.35, 95% CI 1.04-1.76) but not with the length of hospital stays. In stratified analyses, the association between living alone and unplanned hospitalizations remained statistically significant only among men (HR = 1.52, 95% CI 1.17-1.99). Living alone is associated with higher risks of unplanned hospitalization in elderly, especially for men.

The Dynamics of Hospital Use Among Older People Evidence for Europe Using SHARE Data

SIRVEN N. ET RAPP T.

2017

Health Serv Res. 52(3): 1168-1184.

Hospital services use, which is a major driver of total health expenditures, is expected to rise over the next decades in Europe, especially because of population aging. The purpose of this article is to better understand the dynamics of older people's demand for hospital care over time in a cross-country setting. We used data from the Survey on Health, Ageing, and Retirement in Europe (SHARE), in 10 countries between 2004 and 2011. We estimated a dynamic panel model of hospital admission for respondents aged 50 years or more. Following prior research, we found evidence of state dependence in hospital use over time. We also found that rise in frailty-among other health covariates-is a strong predictor of increased hospital use. Progression by one point on the frailty scale [0;5] is associated with an additional risk of about 2.1 percent on average. Our results support promotion of early detection of frailty in primary care, and improvement of coordination between actors within the health system, as potential strategies to reduce avoidable or unnecessary hospital use among frail elderly.

Inégalités de santé

Interventions to Improve Immigrant Health. A Scoping Review

DIAZ E., *et al.*

2017

Eur J Public Health. 27(3): 433-439.

Disparities in health between immigrants and their host populations have been described across countries and continents. Hence, interventions for improving health targeting general populations are not necessarily effective for immigrants. To conduct a systematic search of the literature evaluating health interventions for immigrants; to map the characteristics of identified studies including range of interventions, immigrant populations and their host countries, clinical areas targeted and reported evaluations, challenges and limitations of the interventions identified. Following the results, to develop recommendations for research in the field. A scoping review approach was chosen to provide an overview of the type, extent and quantity of research available. Studies were included if they empirically evaluated health interventions targeting immigrants and/or their descendants, included a control group, and were published in English (PubMed and Embase from 1990 to 2015). Most of the 83 studies included were conducted in the USA, encompassed few immigrant groups and used a randomized controlled trial (RCT) or cluster RCT design. Most interventions addressed chronic and non-communicable diseases and attendance at cancer screening services, used individual targeted approaches, targeted adult women and recruited participants from health centres. Recommendations for enhancing interventions to improve immigrant health are provided to help researchers, funders and health care commissioners when deciding upon the scope, nature and design of future research in this area.

Trends in Inequalities in Mortality Amenable to Health Care in 17 European Countries

MACKENBACH J. P., *et al.*

2017

Health Aff (Millwood). 36(6): 1110-1118.

Little is known about the effectiveness of health care in reducing inequalities in health. We assessed trends in inequalities in mortality from conditions amenable to health care in seventeen European countries in the period 1980-2010 and used models that included country fixed effects to study the determinants of these trends. Our findings show remarkable declines over the study period in amenable mortality among people with a low level of education. We also found stable absolute inequalities in amenable mortality over time between people with low and high levels of education, but widening relative inequalities. Higher health care expenditure was associated with lower mortality from amenable causes, but not from nonamenable causes. The effect of health care expenditure on amenable mortality was equally strong, in relative terms, among

people with low levels of education and those with high levels. As a result, higher health care expenditure was associated with a narrowing of absolute inequalities in amenable mortality. Our findings suggest that in the European context, more generous health care funding provides some protection against inequalities in amenable mortality.

Access to Healthcare for Undocumented Migrants: Analysis of Avoidable Hospital Admissions in Sicily from 2003 to 2013

MIPATRINI D., *et al.*

2017

Eur J Public Health. 27(3): 459-464.

Access to healthcare services for undocumented migrants is one of the main public health issues currently being debated among European countries. Exclusion from primary healthcare services may lead to serious consequences for migrants' health. We analyzed the risk among undocumented migrants, in comparison with regular migrants, of being hospitalized for preventable conditions in the Region of Sicily (Italy). We performed a hospital-based cross-sectional study of the foreign population hospitalized in the Sicily region between 1 January 2003 and 31 December 2013. The first outcome was the proportion of avoidable hospitalization (AHs) among regular and irregular migrants. Second outcomes were the subcategories of AHs for chronic, acute and vaccine preventable diseases. Undocumented migrants experience higher proportion of hospitalization for preventable conditions in comparison with regular migrants probably due to a lack of access to the national healthcare service. Policies and strategies to involve them in primary healthcare and preventive services should be developed to tackle this inequality.

Differences in Healthy Life Expectancy Between Older Migrants and Non-Migrants in Three European Countries over Time

REUS-PONS M., *et al.*

2017

Int J Public Health. 62(5): 531-540.

We analysed differences in healthy life expectancy at age 50 (HLE50) between migrants and non-migrants in Belgium , the Netherlands, and England and Wales, and their trends over time between 2001 and 2011 in the latter two countries. Population, mortality and health data were derived from registers, census or surveys. HLE50 and the share of remaining healthy life years were calculated for non-migrants, western and non-western migrants by sex. We applied decomposition techniques to answer whether differences in HLE50 between origin groups and changes in HLE50 over time were attributable to either differences in mortality or health. In all three countries, older (non-western) migrants could expect to live less years in good health than older non-migrants. Differences in HLE50 between migrants and non-migrants diminished over time in the Netherlands, but they increased in England and Wales. General health, rather than mortality, mainly explained (trends in) inequalities in healthy life expectancy between migrants and non-migrants. Interventions aimed at reducing the health and mortality inequalities between older migrants and non-migrants should focus on prevention, and target especially non-western migrants.

Transnationalism and Health: A Systematic Literature Review on the Use of Transnationalism in the Study of the Health Practices and Behaviors of Migrants

VILLA-TORRES L., *et al.*

2017

Soc Sci Med. 183: 70-79.

Transnationalism explores social, economic and political processes that occur beyond national borders and has been widely used in migration studies. We conducted a systematic review to explore if and how transnationalism has been used to study migrants' health and what a transnational perspective contributes to understanding health practices and behaviors of transnational migrants. We identified 26 empirical studies published in peer-reviewed journals that included a transnational perspective to study migrants' health practices and behaviors. The studies describe the ways in which migrants travel back and forth between countries of destination to countries of origin to receive health care, for reasons related to cost, language, and perceptions of service quality. In addition, the use of services in countries of origin is related to processes of social class transformation and reclaiming of social rights. For those migrants who cannot travel, active

participation in transnational networks is a crucial way to remotely access services through phone or email, and to acquire medical supplies and other health-related goods (traditional medicine, home remedies). We conclude with recommendations for future research in this area.

Médicaments

Le scandale du prix des médicaments coûteux : il est temps d'agir ! Éditorial

CASASSUS P.

2017

Médecine : De La Médecine factuelle à nos Pratiques. 13(4): 148-150.

On assiste, depuis maintenant une vingtaine d'années, à une spectaculaire amélioration du pronostic de nombreuses maladies graves, en particulier en oncologie. Certaines maladies au pronostic implacable sont devenues des maladies chroniques asymptomatiques. Plusieurs types de leucémies sont quasiment aujourd'hui des maladies facilement curables. Mais cela passe par l'usage de médicaments dont le prix devient réellement prohibitif, même dans notre pays, qui n'a pas eu besoin de « l'Obama-care » pour rembourser à 100 % le coût des maladies graves. C'est au point que certains médicaments n'ont pas eu l'autorisation de mise sur le marché dans certains pays. Parmi 10 molécules utilisées dans différentes indications en cancérologie, pour 100 % d'indications autorisées aux États-Unis, il y en a 90 % en France, mais seulement 38 % en Grande-Bretagne et 25 % en Nouvelle-Zélande. À l'évidence, on voit bien que le budget de la Caisse Maladie va évidemment exploser si tout reste en l'état. On peut espérer qu'une réelle prise de conscience se fera jour dans le monde politique, notamment à l'occasion des échéances électorales, et que les problèmes seront clairement exposés aux citoyens et diverses solutions proposées… Peut-on y croire ?

Why Do Health Technology Assessment Coverage Recommendations for the Same Drugs Differ Across Settings? Applying a Mixed Methods Framework to Systematically Compare Orphan Drug Decisions in Four European Countries

NICOD E.

2017

Eur J Health Econ. 18(6): 715-730.

Health technology assessment (HTA) coverage recommendations differ across countries for the same drugs. Unlike previous studies, this study adopts a mixed methods research design to investigate, in a systematic manner, these differences. HTA recommendations for ten orphan drugs appraised in England (NICE), Scotland (SMC), Sweden (TLV) and France (HAS) (N = 35) were compared using a validated methodological framework that breaks down these complex decision processes into stages facilitating their understanding, analysis and comparison, namely: (1) the clinical/cost-effectiveness evidence, (2) its interpretation (e.g. part of the deliberative process) and (3) influence on the final decision. This allowed qualitative and quantitative identification of the criteria driving recommendations and highlighted cross-country differences. This research contributes to better understanding the drivers of these complex decisions and why countries make different decisions. It also contributed to identifying those factors beyond the standard clinical and cost-effectiveness tools used in HTA, and their role in shaping these decisions.

Les facteurs influençant la prescription de benzodiazépines devant une plainte anxieuse chez une personne âgée

STILLMUNKES A., *et al.*

2017

Médecine : de la médecine factuelle à nos pratiques. 13(4): 182-187.

Le nombre de prescriptions de benzodiazépines chez les personnes de plus de 65 ans semble supérieur à la prévalence des pathologies répondant à l'autorisation de mise sur le marché. Les facteurs influençant la prescription de benzodiazépines anxiolytiques, en initiation ou en renouvellement, chez la personne de plus de 65 ans ne sont pas connus. L'objectif de cette étude était de déterminer les facteurs influençant l'initiation de ce type de traitement par un échantillon de médecins généralistes en France. Un scénario clinique a été soumis (étude descriptive transversale) aux médecins généralistes d'un bassin de santé de la région Midi-Pyrénées. Sur l'ensemble des variables étudiées, une analyse univariée, puis en régression logistique multivariée a été réalisée. Trois types de facteurs significatifs (p = 0,05), influençant la prescription, ont été retrouvés chez le médecin de famille : sa perception de la situation clinique, l'offre de soins autour de lui, ses croyances et ses connaissances dans le domaine. Ces facteurs ont permis de mieux expliquer le taux important de recours aux benzodiazépines dans cette population. Des études complémentaires seraient nécessaires pour mieux les expliquer.

Méthodologie – Statistique

Socioeconomic Inequality in Clusters of Health-Related Behaviours in Europe: Latent Class Analysis of a Cross-Sectional European Survey

KINO S., *et al.*

2017

BMC Public Health. 17(1): 497.

http://dx.doi.org/10.1186/s12889-017-4440-3

Modifiable health-related behaviours tend to cluster among most vulnerable sectors of the population, particularly those at the bottom of the social hierarchy. This study aimed to identify the clusters of health-related behaviours in 27 European countries and to examine the socioeconomic inequalities in these clusters.

Bayesian Methods for Calibrating Health Policy Models: A Tutorial

MENZIES N. A., *et al.*

2017

Pharmacoeconomics. 35(6): 613-624.

Mathematical simulation models are commonly used to inform health policy decisions. These health policy models represent the social and biological mechanisms that determine health and economic outcomes, combine multiple sources of evidence about how policy alternatives will impact those outcomes, and synthesize outcomes into summary measures salient for the policy decision. Calibrating these health policy models to fit empirical data can provide face validity and improve the quality of model predictions. This article provides a tutorial on Bayesian approaches for model calibration, describing the theoretical basis for Bayesian calibration approaches as well as pragmatic considerations that arise in the tasks of creating calibration targets, estimating the posterior distribution, and obtaining results to inform the policy decision.

Politique de santé

La réorientation des services de santé et la promotion de la santé : une lecture de la situation

ALAMI H., *et al.*

2017

Santé Publique. 29(2): 184.

www.cairn.info/revue-sante-publique-2017-2-page-179.htm

La Charte d'Ottawa constitue un tournant majeur dans la vision qu'a le monde de la santé, des moyens et des stratégies à mettre en place pour apporter des réponses aux attentes des populations. Des attentes qui ne se limitent plus à la conception biomédicale classique de la santé, très orientée vers les soins et centrée sur la maladie, mais la dépassent désormais pour intégrer la prévention de la maladie et la promotion de la santé. Pour y arriver, cinq axes stratégiques d'actions ont été identifiés : 1) élaborer une politique publique saine ; 2) créer des milieux favorables ; 3) renforcer l'action communautaire ; 4) acquérir des aptitudes individuelles ; et 5) réorienter les services de santé. Près de trois décennies après la Charte d'Ottawa, qu'en est-il vraiment de la réorientation des services de santé au regard de la promotion de la santé ? Pour répondre à cette question, nous allons discuter le bilan propre à cet axe, tout en analysant les différents éléments et facteurs qui ont contribué à un tel bilan, jugé mitigé par une large partie de la littérature.

Participatory Research: What Is the History? Has the Purpose Changed

MACAULAY A. C.

2017

Fam Pract. 34(3): 256-258.

For this article, I have chosen to follow others and to use the term participatory research (PR) 'as an umbrella term for a school of approaches that share a core philosophy of inclusivity and of recognizing the value of engaging in the research process (rather than including only as subjects of the research) those who are intended to be the beneficiaries, users, and stakeholders of the research. Among the approaches included within this rubric are community-based participatory research, participatory rural appraisal, empowerment evaluation, participatory action research, community-partnered participatory research, cooperative inquiry, dialectical inquiry, appreciative inquiry, decolonizing methodologies, participatory or democratic evaluation, social reconnaissance, emancipatory research, and forms of action research embracing a participatory philosophy.

Defining 'Evidence' in Public Health: A Survey of Policymakers' Uses and Preferences

OLIVER K. A. ET DE VOCHT F.

2017

Eur J Public Health. 27(suppl_2): 112-117.

Public health (PH) policymakers are encouraged to use evidence in the decision-making process. However, little is known about what types of evidence policymakers working in local settings prefer to use. This study aims to evaluate policymakers' needs and sources of information, at regional and local levels. An electronic survey with telephone follow-up was carried out among PH policymakers and evidence producers (n = 152) working in a large UK city. Respondents were asked which types of evidence they used regularly, found most useful and what were their main sources of information. Semi-structured interviews (n = 23) added were analysed quantitatively in addition to the categorical data generated by the survey. Policymakers use a much greater range of evidence and information than is often indicated in the literature on evidence-based policy. Local data were by far the most used (n = 95%) and most valued (n = 85%) type of information, followed by practice guidelines. The main sources of information were Government websites (84%), followed by information obtained through personal contacts (71%), including PH professionals, council officers and politicians. Academics were rarely consulted and research evidence was rarely seen as directly relevant. Policymakers use a wider range of evidence types than previously discussed in the literature. Although local data were most valued by policymakers, results suggest that these were accessed through personal contacts, rather than specialized organizations. Systems to provide local high-quality evidence for PH policy should be supported.

La complexité : concept et enjeux pour les interventions de santé publique

PAGANI V., *et al.*

2017

Santé Publique. 29(1): 31-39.

www.cairn.info/revue-sante-publique-2017-1-page-31.htm

Depuis les années 2000, la notion d'« interventions complexes » émerge dans le champ de la recherche en santé. Cette notion et celle de complexité sont souvent évoquées mais généralement pas définies. L'objectif de cette revue exploratoire est de caractériser la notion de complexité à travers les questions suivantes : qu'est-ce que la complexité ? D'où vient cette notion et que recouvre-t-elle ? Quelles sont les conséquences de sa prise en compte en santé ? Pour clarifier le concept de complexité, une revue narrative a été réalisée dans le domaine des sciences humaines, sociales et managériales, en psychologie et en santé. Le concept de complexité qui trouve son origine chez Edgar Morin a fait l'objet d'appropriations, adaptations et opérationnalisations dans plusieurs disciplines. En santé, c'est une utilisation plutôt pragmatique de la complexité qui domine, cette dernière définie par les caractéristiques objectivables des interventions (définies comme « complexes ») ou de leurs contextes dans un objectif d'évaluation. Les notions de complexité et d'interventions complexes ont des implications à la fois pour les chercheurs et les utilisateurs des résultats de la recherche. En particulier, il s'agit de mieux comprendre les mécanismes d'efficacité des interventions pour en favoriser la transférabilité et l'utilisation par les acteurs et les décideurs.

Prévention

Les déterminants du recours régulier au dépistage du cancer du sein en France

JUSOT F. ET GOLDZAHL L.

2016

Revue française d'économie. 31(4): 109-152.

www.cairn.info/revue-francaise-d-economie-2016-4-page-109.htm

Le dépistage du cancer du sein ne diminue sa mortalité que si le dépistage est effectué régulièrement. Nous étudions les effets des caractéristiques socio-économiques et de santé ainsi que la façon dont le système français de dépistage influence la régularité du dépistage. Nous examinons particulièrement si la modalité de dépistage choisie (dépistage organisé ou individuel) influence la régularité du dépistage. Nos résultats suggèrent que le dépistage organisé augmente la probabilité de recourir régulièrement au dépistage. En outre, les femmes ayant un faible revenu ou ayant vécu des épisodes de précarité ont moins régulièrement recours au dépistage que les femmes plus aisées.

Éducation thérapeutique du patient et concept de vicariance. L'exemple du diabète de type 1

NAUDIN D., *et al.*

2017

Médecine des maladies métaboliques. 11(3): 283-292.

www.sciencedirect.com/science/article/pii/S195725571730069X

Les patients diabétiques doivent constamment agir pour ajuster et équilibrer leur glycémie. Ces ajustements imposent qu'ils remplacent l'organe malade par des processus cognitifs acquis par l'expérience et l'apprentissage. Le but de cet article est de caractériser cette substitution, à l'aide du concept de vicariance emprunté à la psychologie cognitive et aux neurosciences. Ce texte décrit les différents chemins cognitifs pour agir, et souligne l'importance des fonctions exécutives et leurs implications concrètes pour les patients. Il fait le lien entre ces fonctions exécutives et les pratiques pédagogiques dans l'Éducation Thérapeutique du Patient (ETP).

The Effects of Organized Screening Programs on the Demand for Mammography in Switzerland

PLETSCHER M.

2017

Eur J Health Econ. 18(5): 649-665.

The objective of this study is to estimate the causal effect of organized mammography screening programs on the proportion of women between 50 and 69 years of age who have ever used mammography. We exploit the gradual implementation of organized screening programs in nine Swiss cantons using a difference-in-difference approach. An analysis of four waves of the Swiss Health Survey shows that 3.5-5.4% points of the 87.9% utilization rate in cantons with screening programs in 2012 can be attributed to these organized programs. This effect indicates that organized programs can motivate women who have never done mammography to initiate screening.

Prévision – Evaluation

How Important Is Severity for the Evaluation of Health Services: New Evidence Using the Relative Social Willingness to Pay Instrument

RICHARDSON J., *et al.*

2017

Eur J Health Econ. 18(6): 671-683.

The 'severity hypothesis' is that a health service which increases a patient's utility by a fixed amount will be valued more highly when the initial health state is more severe. Supporting studies have employed a limited range of analytical techniques and the objective of the present paper is to test the hypothesis using a new methodology, the Relative Social Willingness to Pay. Three subsidiary hypotheses are: (1) that the importance of the 'severity effect' varies with the type of medical problem; (2) that the relationship between value and utility varies with the severity of the initial health state; and (3) that there is a threshold beyond which severity effects are insignificant. For each of seven different health problems respondents to a web-based survey were asked to allocate a budget to five services which would, cumulatively, move a person from near death to full health. The time trade-off utilities of health states before and after the service were estimated. Results confirm the severity hypothesis and support the subsidiary hypotheses. However, the effects identified are quantitatively significant only for the most severe health states. This implies a relatively limited redistribution of resources from those with less severe to those with more severe health problems.

Impact Assessment of a Pay-For-Performance Program on Breast Cancer Screening in France Using Micro Data

SICSIC J. ET FRANC C.

2017

Eur J Health Econ. 18(5): 609-621.

A voluntary-based pay-for-performance (P4P) program (the CAPI) aimed at general practitioners (GPs) was implemented in France in 2009. The program targeted prevention practices, including breast cancer screening, by offering a maximal amount of euro245 for achieving a target screening rate among eligible women enrolled with the GP. Our objective was to evaluate the impact of the French P4P program (CAPI) on the early detection of breast cancer among women between 50 and 74 years old. Based on an administrative database of 50,752 women aged 50-74 years followed between 2007 and 2011, we estimated a difference-in-difference model of breast cancer screening uptake as a function of visit to a CAPI signatory referral GP, while controlling for both supply-side and demand-side determinants (e.g., sociodemographics, health and healthcare use). The French P4P program had a nonsignificant impact on breast cancer screening uptake. This result may reflect the fact that the low-powered incentives implemented in France through the CAPI might not provide sufficient leverage to generate better practices, thus inviting regulators to seek additional tools beyond P4P in the field of prevention and screening.

Psychiatrie

Promouvoir la santé mentale : dossier

DU ROSCOÄT B. A-GIRAUX P.

2017/03

Santé en Action (La).(439): 8-46.

http://inpes.santepubliquefrance.fr/SLH/sommaires/439.asp

La promotion de la santé mentale est définie comme étant « un processus visant à renforcer la capacité des personnes et des collectivités à prendre leur vie en main et à améliorer leur santé mentale. Elle met en œuvre des stratégies qui favorisent les environnements de soutien et la résilience individuelle ». Le dossier central de ce numéro rassemble la contribution de 25 experts : il présente un état des connaissances et passe en revue un certain nombre d'initiatives de terrain pour promouvoir une santé mentale positive, mobilisant tous les acteurs requis : professionnels de la santé, du social, réseaux, services de l'État, collectivités territoriales, associations... sans oublier les citoyens eux- mêmes.

Variation in Compulsory Psychiatric Inpatient Admission in England: A Cross-Classified, Multilevel Analysis

WEICH S., *et al.*

2017

The Lancet Psychiatry., Ahead of print.

http://dx.doi.org/10.1016/S2215-0366(17)30207-9

The increasing rate of compulsory admission to psychiatric inpatient beds in England is worrying. Studying variation between places and services could be the key to identifying targets for interventions to reverse this trend. We modelled spatial variation in compulsory admissions in England using national patient-level data and quantified the extent to which patient, local-area, and service-setting characteristics accounted for this variation.

Soins de santé primaires

Estimating the Cost-Effectiveness of Brief Interventions for Heavy Drinking in Primary Health Care Across Europe

ANGUS C., *et al.*

2017

Eur J Public Health. 27(2): 345-351.

Screening and Brief Interventions for alcohol are an effective public health measure to tackle alcohol-related harm, however relatively few countries across the European Union (EU) have implemented them widely. This may be due to a lack of understanding of the specific financial implications of such policies within each country. A novel 'meta-modelling' approach was developed based on previous SBI cost-effectiveness models for four EU countries. Data were collected on the key factors which drive cost-effectiveness for all 28 EU countries (mean per capita alcohol consumption, proportion of the population to be screened over a 10-year SBI programme; per capita alcohol-attributable mortality; per capita alcohol-attributable morbidity; mean cost of an alcohol-related hospitalisation and mean SBI-delivery staff cost). Costs are dependent upon the proportion of the population covered by the screening programme, the country-specific per capita mortality and morbidity rate and the country-specific costs of GP care and hospitalisation. Implementing national programmes of SBI in primary health care would be a cost-effective means of reducing alcohol-attributable morbidity and deaths in almost all countries of the EU.

La recherche en soins primaires, un enjeu politique

BEAUDIN A. ET REY F.

2017

Cahiers de la Santé publique et de la protection sociale (Les).(24): 17-20.

Si l'on en croit les auteurs d'un récent ouvrage collectif, les maladies chroniques invitent à inventer la 3e médecine. Ce serait la fin de l'hospitalocentrisme. Dans ce modèle, l'exercice regroupé pluriprofession-

nel devient la base de la dispensation des soins. Le professionnel devient pour le patient un facilitateur de ses actions et décisions relatives à sa propre santé. D'où partons-nous ? Comment avancer ? Telles sont quelques questions auxquelles sera confrontée la recherche en soins primaires.

Cooperation According to French Law "Hospital, Patients, Health and Territories": Pharmacists' Involvement in Aquitaine Region

D'ELBEE M., *et al.*

2017

Rev Epidemiol Santé Publique. 65(3): 231-239.

In 2009, the French Act "Hospital, Patients, Health and Territories" (loi "Hôpital, Patients, Santé et Territoires") reorganized the outpatient care pathway and defined missions aimed at improving cooperation between pharmaceutical and medical professionals. Five years later, we conducted a survey among community pharmacists in order to assess the appropriation of these missions and the way cooperation was implemented. We also aimed to investigate factors that could hamper or ease the development of these activities in order to identify actions needed to improve pharmacists' involvement. In partnership with the local health authorities "Agence régionale de santé", we conducted a survey via an online questionnaire sent to pharmacy holders in July 2014 in Aquitaine region. Information was collected about the pharmacies, involvement in collaborative activities, and barriers to cooperation. The findings of this survey underlined pharmacists' acceptance of these missions and suggest that better information and appropriate remuneration could enhance commitment. Recent changes in the legal framework (establishment of "pharmaceutical fees", extension of the scope of pharmaceutical interviews) enable funding for collaborative practices between medical practitioners and pharmacists, thus encouraging better coordination in the patient care pathway.

Gatekeeping and the Utilization of Physician Services in France: Evidence on the Médecin Traitant Reform

DUMONTET M., *et al.*

2017

Health Policy. 121(6): 675-682.

In 2005, France implemented a gatekeeping reform designed to improve care coordination and to reduce utilization of specialists' services. Under this policy, patients designate a "médecin traitant", typically a general practitioner, who will be their first point of contact during an episode of care and who will provide referrals to specialists. A key element of the policy is that patients who self-refer to a specialist face higher cost sharing than if they received a referral from their "médecin traitant". We consider the effect of this policy on the utilization of physician services. Our analysis of administrative claims data spanning the years 2000-2008 indicates that visits to specialists, which were increasing in the years prior to the implementation of the reform, fell after the policy was in place. Additional evidence from the administrative claims as well as survey data suggest that this decline arose from a reduction in self-referrals, which is consistent with the objectives of the policy. Visits fell significantly both for specialties targeted by the policy and specialties for which self-referrals are still allowed for certain treatments. This apparent spillover effect may suggest that, at least initially, patients did not understand the subtleties of the policy.

Comment les médecins choisissent-ils leur lieu d'exercice ?

DUMONTET M., *et al.*

2016

Revue française d'économie. 31(4): 221-267.

www.cairn.info/revue-francaise-d-economie-2016-4-page-221.htm

À partir d'une base de données exhaustive, restreinte aux médecins généralistes installés en libéral entre 2005 et 2011, cet article étudie les déterminants du choix de leur lieu d'installation au sein d'une région, en distinguant quatre zones : banlieue, ville centre, ville isolée, rurale. Si les variables individuelles influencent relativement peu le choix d'une zone, les caractéristiques de l'offre et de la demande locale de soins, les dispositifs d'exonérations fiscales éventuellement offerts et les équipements disponibles dans chaque zone, expliquent significativement leur choix. Ces

résultats sont mobilisés pour simuler l'impact de trois mesures visant à augmenter le nombre de généralistes s'installant en zone rurale.

Commissioning and Equity in Primary Care in Australia: Views from Primary Health Networks

HENDERSON J., *et al.*

2017

Health Soc Care Community. 2017 Jun 12

This paper reports findings from 55 stakeholder interviews undertaken in six Primary Health Networks (PHNs) in Australia as part of a study of the impact of population health planning in regional primary health organisations on service access and equity. Primary healthcare planning is currently undertaken by PHNs which were established in 2015 as commissioning organisations. This was a departure from the role of Medicare Locals, the previous regional primary health organisations which frequently provided services. This paper addresses perceptions of 23 senior staff, 11 board members and 21 members of clinical and community advisory councils or health priority groups from six case study PHNs on the impact of commissioning on equity.

Assessing the Facilitators and Barriers of Interdisciplinary Team Working in Primary Care Using Normalisation Process Theory: An Integrative Review

O'REILLY, P., *et al.*

2017

PLoS One. 12(5): e0177026.

Interdisciplinary team working is of paramount importance in the reform of primary care in order to provide cost-effective and comprehensive care. However, international research shows that it is not routine practice in many healthcare jurisdictions. It is imperative to understand levers and barriers to the implementation process. This review examines interdisciplinary team working in practice, in primary care, from the perspective of service providers and analyses (1) barriers and facilitators to implementation of interdisciplinary teams in primary care and (2) the main research gaps. An integrative review following the PRISMA guidelines was conducted. A key lever for interdisciplinary team working in primary care is to get professionals working together and to learn from each other in practice. However, the evidence base is limited as it does not reflect the experiences of all primary care professionals and it is primarily about the enactment of team working. We need to know much more about the experiences of the full network of primary care professionals regarding all aspects of implementation work.

High-Price and Low-Price Physician Practices Do Not Differ Significantly on Care Quality or Efficiency

ROBERTS E. T., *et al.*

2017

Health Affairs. 36(5): 855-864.

http://content.healthaffairs.org/content/36/5/855.abstract

Consolidation of physician practices has intensified concerns that providers with greater market power may be able to charge higher prices without having to deliver better care, compared to providers with less market power. Providers have argued that higher prices cover the costs of delivering higher-quality care. We examined the relationship between physician practice prices for outpatient services and practices' quality and efficiency of care. Using commercial claims data, we classified practices as being high- or low-price. We used national data from the Consumer Assessment of Healthcare Providers and Systems survey and linked claims for Medicare beneficiaries to compare high- and low-price practices in the same geographic area in terms of care quality, utilization, and spending. Compared with low-price practices, high-price practices were much larger and received 36 percent higher prices. Patients of high-price practices reported significantly higher scores on some measures of care coordination and management but did not differ meaningfully in their overall care ratings, other domains of patient experiences (including physician ratings and access to care), receipt of preventive services, acute care use, or total Medicare spending. This suggests an overall weak relationship between practice prices and the quality and efficiency of care and calls into question claims that high-price providers deliver substantially higher-value care.

Systèmes de santé

Reassessing ACOs and Health Care Reform

SCHULMAN K. A. ET RICHMAN B. D.

2016

Jama. 316(7): 707-708.

Accountable care organizations (ACOs) were the cornerstone of the novel payment strategies for Medicare reform under the Affordable Care Act (ACA). In an effort to move from fee-for-service medicine, the Centers for Medicare & Medicaid Services (CMS) aimed to encourage hospitals and physicians to collaborate by offering a bonus if they improved the quality and efficiency of care. The ACO concept appeared in 2 different initiatives under the ACA—the Pioneer ACO program and the ACO program under the Centers for Medicare & Medicaid Innovation (CMMI)—and was intended as an experiment in health policy.

Management of Diabetes Patients During the Year Prior to Initiation of Dialysis in France

TUPPIN P., *et al.*

2017

Diabetes & Metabolism. 43(3): 265-268.

www.sciencedirect.com/science/article/pii/S1262363616305067

This study looked at the management of diabetes patients during the year prior to the initiation of dialysis. For this observational study, data were extracted from the National Health Insurance database for general-scheme beneficiaries (77% of the French population). Diabetes patients were identified by at least three reimbursements for antidiabetic drugs in 2012, while the initiation of dialysis was identified by specific refunds in 2013. Results of the 6412 patients initiating dialysis, 37% (n = 2378) had diabetes (men: 61%, median age: 71 years, haemodialysis: 92%). Six months prior to dialysis, 68% had filled at least one prescription for insulin, 38% for other antidiabetics (25% glinides, 8% sulphonylureas, 8% metformin, 6% DPP-4 inhibitors), 69% for three or more classes of antihypertensive drugs and 55% for erythropoiesis-stimulating agents. Within 12 months to 1 month of dialysis, 81% were hospitalized, 28% with a main diagnosis of kidney disease. No nephrologist referral or hospitalization was identified at 6–0 months before dialysis in 6% of patients or in 24% at 12–7 months. One in five patients with diabetes consulted a private endocrinologist within 6 months of dialysis. An arteriovenous fistula was created 1 month before haemodialysis in 43% of patients. The quality of preparation for dialysis was variable despite frequent hospitalizations. These data illustrate the need to mobilize patients with diabetes, and for healthcare professionals to more effectively anticipate and coordinate dialysis.

Travail et santé

Les changements organisationnels augmentent-ils les risques psychosociaux des salariés ? : Une analyse sur données couplées

AZIZA-CHEBIL A., *et al.*

2017

Économie & prévision. 210(1): 44.

www.cairn.info/revue-economie-et-prevision-2017-1-page-25.htm

Cet article propose, à partir de l'enquête Changements Organisationnels et Informatisation 2006, une évaluation non paramétrique de l'impact des changements organisationnels ou technologiques sur les risques psychosociaux des salariés. La nature couplée de cette enquête permet de mesurer les changements au niveau salarié et entreprise. Les risques psychosociaux sont pris en compte en suivant une méthodologie recommandée par le rapport Nasse- Légeron et à sa suite le collège Gollac. Nous montrons que l'analyse de l'effet des changements organisationnels sur les risques psychosociaux n'est pas aisée et dépend de la matière dont ces changements sont mesurés. Ainsi, nous montrons qu'à moyen terme les changements organisationnels déclarés par les entreprises n'ont pas d'impact alors que ceux déclarés par les salariés ont un impact sur les risques psychosociaux.

The Social Norm of Unemployment in Relation to Mental Health and Medical Care Use: The Role of Regional Unemployment Levels and of Displaced Workers

BUFFEL V., *et al.*

2017

Work, employment and society. 31(3): 501-521.

http://journals.sagepub.com/doi/abs/10.1177/0950017016631442

The relationships between unemployment, mental health (care) and medication use among 50–65 year-old men (N = 11,789) and women (N = 15,118) are studied in Europe. Inspired by the social norm theory of unemployment, the relevance of regional unemployment levels and workplace closure are explored, using multilevel analyses of data from the Survey of Health, Ageing and Retirement. In line with the social norm theory, the results show that – only for men – displaced workers are less depressed and use less medication than the non-displaced unemployed. However, they report more depressive symptoms than the employed, which supports the causal effect of unemployment on mental health. Non-displaced unemployed men are also more likely to consume medication than the displaced unemployed. In addition, using regional unemployment as a proxy for the social norm of unemployment can be questioned when studying mental health effects, as it seems to be a stronger measurement of labour market conditions than of the social norm of unemployment, especially during a recession.

Examination of the Double Burden Hypothesis-A Systematic Review of Work-Family Conflict and Sickness Absence

NILSEN W., *et al.*

2017

Eur J Public Health. 27(3): 465-471.

Women consistently have higher sickness absence than men. The double-burden hypothesis suggests this is due to higher work-family burden in women than men. The current study aimed to systematically review prospective studies of work-family conflict and subsequent sickness absence. A systematic search was conducted in the electronic databases Medline, PsycINFO, and Embase with subject heading terms and keywords with no language or time restrictions. We found moderate evidence for a positive relationship between work-family conflict and subsequent sickness absence, and that women experience higher levels of work-family conflict than men. Work-family conflict is associated with later sickness absence, and work-family conflict is more common for women than for men. This indicates that work-family conflict may contribute to the gender gap in sick leave. However, further studies are needed to confirm whether this relationship is causal.

Expectations, Loss Aversion and Retirement Decisions in the Context of the 2009 Crisis in Europe

SIRVEN N. ET BARNAY T.

2017

International Journal of Manpower. 38(1): 25-44.

www.emeraldinsight.com/doi/abs/10.1108/IJM-02-2016-0041

The purpose of this paper is to estimate a reduced form model of expectations-based reference-dependent preferences to explain job retention of older workers in Europe in the context of the 2009 economic crisis. Using individual micro-economic longitudinal data from the Survey of Health, Ageing, and Retirement in Europe between 2006 and 2011, the authors derive a measure of "good, bad or no surprise" from workers' anticipated evolution of their standard of living five years from 2006 (reference point) and from a comparison of their capacity to make ends meet between 2006 and 2011. The authors find that the probability to remain on the labour market in 2011 is significantly higher for individuals who experienced a lower than expected standard of living. The effect of a "bad surprise" on job retention is larger than the effect of a "good surprise" once netted out from the effects of expectations at baseline, change in consumption utility, and the usual life-cycle determinants on job retention of older workers. The authors interpret this result as an evidence of loss aversion in the case the reference point is based on individuals' expectations. The authors also find that loss aversion is more common among men, risk-averse individuals and those with a higher perceived life expectancy.

Vieillissement

Characteristics, Diseases and Mortality of People Admitted to Nursing Homes for Dependent Seniors During the First Quarter of 2013 in France

ATRAMONT A., *et al.*

2017

Rev Epidemiol Santé Publique. 65(3): 221-230.

The aim of this study is to describe the state of health, through healthcare consumption and mortality, of people admitted to nursing homes (Ehpad) in France. People over the age of 65 years admitted to an Ehpad institution during the first quarter of 2013, beneficiaries of the national health insurance general scheme (69% of the population of this age), were identified from the Resid-Ehpad database and their reimbursed health care was extracted from the SNIIRAM database, identifying 56 disease groups by means of algorithms (long-term disease diagnoses and hospitalisations, medicinal products, specific procedures). Disease prevalences were compared to those of other beneficiaries by age- and sex-standardized morbidity/mortality ratios (SMR). A total of 25,534 people were admitted (mean age: 86 years, 71% women). Before admission, these people presented a marker for cardiovascular or neurovascular disease (48% of cases), dementia (34%), cancer (18%), and psychiatric disorders (14%). Compared to non-residents, new residents more frequently presented dementia (SMR = 3-40 according to age and sex), psychiatric disorders (SMR = 2.5-12, including psychotic disorders SMR = 18-21 in the 65-74 year age-group), neurological disorders (SMR = 2-12, including epilepsy SMR = 14 in the 65-74 year age-group), and cardiovascular and neurovascular disease (SMR = 1.2-3). Overall mortality in 2013 was 22%, with a maximum excess between the ages of 65-74 years (males, SMR = 8.8, females, SMR = 15.9). Medical and administrative data derived from linking the Resid-Ehpad/Sniiram databases reveal a severely impaired state of health, considering healthcare use of institutionalized dependent elderly people, and a high prevalence of diseases responsible for severe dependence and excess mortality, especially among the younger residents.

Informal and Formal Care: Substitutes or Complements in Care for People with Dementia? Empirical Evidence for 8 European Countries

BREMER P., *et al.*

2017

Health Policy. 121(6): 613-622.

In order to contain public health care spending, European countries attempt to promote informal caregiving. However, such a cost reducing strategy will only be successful if informal caregiving is a substitute for formal health care services. We therefore analyze the effect of informal caregiving for people with dementia on the use of several formal health care services. The empirical analysis is based on primary data generated by the EU-project 'RightTimePlaceCare' which is conducted in 8 European countries. 1223 people with dementia receiving informal care at home were included in the study. Using a regression framework we analyze the relationship between informal care and three different formal health care services: the receipt of professional home care, the number of nurse visits and the number of outpatient visits. Increased informal caregiving effectively reduces public health care spending by reducing the amount of formal home care services. However, these effects differ between countries.

Le RAI-Home Care : utilisation, potentiels et limites dans les soins à domicile

BUSNEL C., *et al.*

2017

Gérontologie et société. vol. 39(2): 182.

www.cairn.info/revue-gerontologie-et-societe-2017-2-page-167.htm

Le vieillissement démographique observé dans les pays industrialisés amène les acteurs de la santé à revoir et adapter les modèles de soins en agissant en amont des situations de dépendance des personnes âgées. Cet article discute des potentiels et des limites du « Resident Assesment Instrument – Home Care » (RAI-HC), un instrument utilisé en routine clinique par les infirmières des soins à domicile. Le RAI-HC permet d'évaluer l'état de santé global des bénéficiaires et d'établir des objectifs individualisés de prise en

charge. La qualité et la nature des informations ainsi collectées sont suffisamment riches pour permettre le développement d'indicateurs et de scores reflétant des concepts utilisés dans le domaine de la gérontologie (fragilité, comorbidités, complexité). Néanmoins, pour répondre pleinement aux enjeux de prévention de la dépendance, l'utilisation du RAI-HC nécessite d'être complétée par le recours à des instruments cliniques spécifiques aux domaines de santé évalués et accompagnée de formations adaptées. Ce point est illustré par deux situations domiciliaires : le repérage de la dénutrition et celui des troubles cognitifs.

The Bridport Project Community Services for Frail Elderly Patients in West Dorset

DHARAMSHI R.

2017

Age and Ageing. 46(suppl_1): i1-i22.
http://dx.doi.org/10.1093/ageing/afx055.3

West Dorset has 100,000 people; 13.5% are over 75 years old. Bridport is rural, with poor transport links and is 16 miles from an acute hospital. Over the last year, the Bridport Project has sought to deliver care to elderly patients as close to home as possible.

L'approche globale dans le champ de la dépendance. De l'impulsion nationale à la réappropriation locale d'une réforme en France

GARABIGE A. ET TRABUT L.

2017

Revue européenne des sciences sociales. 55-1(1): 168.
www.cairn.info/revue-europeenne-des-sciences-sociales-2017-1-page-149.htm

La dépendance, ou la prise en charge de la perte d'autonomie, des personnes âgées constitue aujourd'hui un enjeu majeur dans l'ensemble des pays européens. Une des tendances privilégiées est le maintien à domicile plutôt qu'une prise en charge en institution. En France, face à un système traversant une crise financière, de nombreuses mesures sont mises en œuvre pour réformer une politique jusqu'alors marquée par une forte segmentation entre prise en charge sanitaire et prise en charge sociale. La mise en œuvre de l'accompagnement « global » implique que des acteurs aux statuts et cultures variés s'ajustent dans des territoires hétérogènes. Elle suppose donc des ajustements autour des champs et niveaux territoriaux d'intervention, mais aussi des modalités d'implication des différents acteurs.

Aspects démographiques du grand âge en Europe

GAYMU J.

2017

Revue européenne des sciences sociales. (55-1): 19-40.
https://www.cairn.info/revue-europeenne-des-sciences-sociales-2017-1-page-19.htm

Tous les pays européens sont engagés dans un processus de vieillissement démographique. Analysant la période 1980-2040, cet article montre que ce phénomène se pose et se posera demain, en des termes différents selon les pays en raison de la diversité de leur histoire démographique. L'accent est également mis sur les inégalités de conditions de mortalité au grand âge qui, notamment, façonnent différemment le contexte conjugal à ce stade de la vie. Toutefois, dans tous les pays, c'est la population la plus âgée, ayant atteint ou dépassé l'âge de 85 ans, qui augmentera le plus, évolution qui risque de nécessiter des ajustements des politiques de prise en charge de la perte d'autonomie. Par-delà ces « certitudes » démographiques, sont évoquées certaines transformations probables du vécu du grand âge liées au renouvellement des générations qui pourraient changer la nature des besoins d'assistance des futures personnes âgées.

L'introuvable démocratie du care ? La gouvernance multiscalaire des systèmes d'aide et de soins à domicile des personnes âgées entre néo-familialisme et privatisation : les cas de Hambourg et Édimbourg

GIRAUD O.

2017

Revue européenne des sciences sociales. 55-1(1): 147.
www.cairn.info/revue-europeenne-des-sciences-sociales-2017-1-page-127.htm

Cet article met en perspective une vision normative des systèmes d'aide et soins à domicile des personnes âgées dérivée de la démocratie du care développée

par Joan Tronto avec deux régimes concrets de care : Hambourg et Édimbourg. Le concept de démocratie du care est resitué dans les évolutions récentes des régimes d'aide et de soins à domicile en Europe. Son agenda normatif est ensuite décliné autour de quelques éléments concrets permettant l'évaluation qualitative de réformes et innovations locales. Dans le cas de Hambourg, le modèle des conférences du soin tente de contrer les ruptures et les discontinuités au sein du régime local de care en renforçant la participation des différentes parties prenantes. Dans le cas d'Édimbourg, la politique communale a couplé l'introduction d'un parcours de soins centré sur la réhabilitation des personnes avec une politique de privatisation des services. Le concept de démocratie du care s'avère utile parce qu'il permet une analyse de trajectoires de cas singuliers dans un contexte comparatif situé.

The Emerging Market for Supplemental Long Term Care Insurance in Germany in the Context of the 2013 Pflege-Bahr Reform

NADASH P. ET CUELLAR A. E.

2017

Health Policy. 121(6): 588-593.

The growing cost of long term care is burdening many countries' health and social care systems, causing them to encourage individuals and families to protect themselves against the financial risk posed by long term care needs. Germany's public long-term care insurance program, which mandates coverage for most Germans, is well-known, but fewer are aware of Germany's growing voluntary, supplemental private long-term care insurance market. This paper discusses German policymakers' 2013 effort to expand it by subsidizing the purchase of qualified policies. We provide data on market expansions and the extent to which policy goals are being achieved, finding that public subsidies for purchasing supplemental policies boosted the market, although the effect of this stimulus diminished over time. Meanwhile, sales growth in the unsubsidized market appears to have slowed, despite design features that create incentives for lower-risk individuals to seek better deals there. Thus, although subsidies for cheap, low-benefit policies seem to have achieved the goal of market expansion, the overall impact and long-term sustainability of these products is unclear; conclusions about its impact are further muddied by significant expansions to Germany's core program. The German example reinforces the examples of the US and France private long term care insurance markets, to show how such products flourish best when supplementing a public program.

Concilier vie professionnelle et aide informelle à un parent âgé. Un défi des 50-64 ans en Europe

PEYRACHE M. ET OGG J.

2017

Revue européenne des sciences sociales. 55-1(1): 125.

www.cairn.info/revue-europeenne-des-sciences-sociales-2017-1-page-97.htm

Cet article met en perspective le taux d'emploi et d'aide informelle parmi les 50-64 ans ayant au moins un parent vivant dans quatre pays européens, sur les deux dernières vagues disponibles de l'enquête « Share » 2010 et 2012 (Vagues 4 et 5). En effet, l'allongement de l'espérance de vie et le recul de l'âge de départ à la retraite questionnent l'articulation entre vie professionnelle et aide informelle à un parent âgé. En outre, l'engagement de plus en plus important des femmes sur les marchés du travail en Europe, alors que celles-ci sont les principales aidantes des parents âgés, fait craindre une pression d'autant plus forte sur les systèmes de protection sociale. La perception de l'état de santé du parent joue un rôle primordial sur l'aide apportée à celui-ci, et l'intensité de cette aide joue également un rôle important dans la probabilité d'être en emploi.

Prognostic Indices for Older Adults During the Year Following Hospitalization in an Acute Medical Ward: An Update

THOMAZEAU J., *et al.*

2017

Presse Med. 46(4): 360-373.

As population grow older, chronic diseases are more prevalent. It leads to an increase of hospitalization for acute decompensation, sometimes iterative. Management of these patients is not always clear, and care provided is not always proportional to life expectancy. Making decisions in acute situations is not easy. his review aims to list and describe mortality scores within a year following hospitalization of patients of

65 years or older. Following keywords were searched in title and abstract of articles via an advanced search in PudMed, and by searching Mesh terms: “aged”, “aged, 80 and over”, “mortality”, “prognosis”, “hospitalized”, “models, statistical”, “acute geriatric ward”, “frailty”, “outcome”. Studies published in English between 1985 and 2015 were selected. Articles that described prognostic factors of mortality without a scoring system were excluded. Articles that focus either on patients in the Emergency Department and in Intensive Care Unit, or living in institution were excluded. Twenty-two scores are described in 17 articles. These scores use items that refer to functional status, comorbidities, cognitive status and frailty. Scores of mortality 3 or 6 months after hospitalization are not discriminative.

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Health Insurance

A Longitudinal Investigation of Willingness to Pay for Health Insurance in Germany

BOCK J. O., *et al.*

2017

Health Serv Res. 52(3): 1099-1117.

The aim of this paper is to investigate factors affecting willingness to pay (WTP) for health insurance of older adults in a longitudinal setting in Germany. Survey data from a cohort study in Saarland, Germany, from 2008-2010 and 2011-2014 (n1 = 3,124; n2 = 2,761) were used. WTP estimates were derived using a contingent valuation method with a payment card. Participants provided data on sociodemographics, lifestyle factors, morbidity, and health care utilization. Fixed effects regression models showed higher individual health care costs to increase WTP, which in particular could be found for members of private health insurance. Changes in income and morbidity did not affect WTP among members of social health insurance, whereas these predictors affected WTP among members of private health insurance. The fact that individual health care costs affected WTP positively might indicate that demanding (expensive) health care services raises the awareness of the benefits of health insurance. Thus, measures to increase WTP in old age should target at improving transparency of the value of health insurances at the moment when individual health care utilization and corresponding costs are still relatively low.

À quoi tient la solidarité de l'assurance maladie entre les hauts revenus et les plus modestes en France

JUSOT F., *et al.*

2016

Revue française d'économie. XXXI(4): 15.

La solidarité assurée par un système d'assurance maladie provient des transferts qu'il opère entre individus de classes de revenus différentes. Cette solidarité dépend des structures de consommations de soins et de cotisations à l'assurance maladie par niveau de vie. La solidarité du système français relève essentiellement du financement progressif de l'assurance maladie obligatoire : les plus aisés contribuent plus que les plus pauvres. Mais en dépit de fortes inégalités sociales de santé, qui impliquent des besoins de soins plus importants chez les plus pauvres, les prestations sont relativement homogènes entre classes de revenus. Elles n'augmentent donc que très faiblement la solidarité du système en raison des barrières à l'accès à certains soins. Au contraire de l'assurance maladie obligatoire, l'assurance maladie complémentaire et les restes à charge induisent très peu de transferts entre groupes de revenu. La mixité du système d'assurance maladie français est donc également un facteur limitant de sa solidarité entre classes de revenus.

Supplementary Health Insurance from the Consumer Point of View: Are Israelis Consumers Doing an Informed Rational Choice when Purchasing Supplementary Health Insurance

KAPLAN G., *et al.*

2017

Health Policy. 121(6): 708-714.

The National Health Insurance Law in Israel ensures basic health basket eligibility for all its citizens. A supplemental health insurance plan (SHIP) is offered for an additional fee. Over the years, the percentage of supplemental insurance's holders has risen considerably, ranking among the highest in OECD countries. The assumption that consumers implement an informed rational choice based on relevant information is doubtful. Are consumers sufficiently well informed to make market processes work well? The aim of this paper is to examine perspectives, preferences and knowledge of Israelis in relation to SHIP. A telephone survey was conducted with a representative sample of the Israeli adult population. 703 interviews were completed. The response rate was 50.3. 85% of the sample reported possessing SHIP. This survey found that most of the Israeli public parched additional insurance coverage however did not show a significant knowledge about the benefits provided by the supplementary insurance, at least in the three measurements used in this study. The scope of SHIP acquisition is very broad and cannot be explained in economic terms alone. Acquiring SHIP became a default option rather than an active decision. It is time to review the goals, achievements and side effects of SHIP and to create new policy for the future.

The Impact of the ACA Medicaid Expansions on Health Insurance Coverage Through 2015 and Coverage Disparities by Age, Race/Ethnicity, and Gender

WEHBY G. L. ET LYU W.

2017

Health Serv Res., 18 May.

The objective of this paper is to examine the ACA Medicaid expansion effects on Medicaid take-up and private coverage through 2015 and coverage disparities by age, race/ethnicity, and gender. Using difference-in-differences regressions accounting for national coverage trends and state fixed effects. Expansion effects doubled in 2015 among low-educated adults, with a nearly 8 percentage-point increase in Medicaid take-up and 6 percentage-point decline in uninsured rate. Significant coverage gains were observed across virtually all examined groups by age, gender, and race/ethnicity. Take-up and insurance declines were strongest among younger adults and were generally close by gender and race/ethnicity. Despite the increased take-up however, coverage disparities remained sizeable, especially for young adults and Hispanics who had declining but still high uninsured rates in 2015. There was some evidence of private coverage crowd-out in certain subgroups, particularly among young adults aged 19-26 years and women, including in both individually purchased and employer-sponsored coverage. The ACA Medicaid expansions have continued to increase coverage in 2015 across the entire population of low-educated adults and have reduced age disparities in coverage. However, there is still a need for interventions that target eligible young and Hispanic adults.

E-Health – Medical Technologies

The Impact of Assistive Technologies on Formal and Informal Home Care

ANDERSON W. L. ET WIENER J. M.

2015

Gerontologist. 55(3): 422-433.

Assistive technologies help people with disabilities compensate for their impairments. This study assessed which of 5 categories of assistive technologies-indoor/outdoor mobility, bed transfer, bathing, toileting, and telephone assistance-were substitutes or complements for human personal assistance by differentiating between total and formal personal assistance service (PAS) hours. The study analyzed 2004 National Long-Term Care Survey community-dwelling respondents receiving assistance with activities of daily living. Ordinary least squares (OLS) on total PAS hours was estimated on the entire sample, and logit and OLS models were estimated on the likelihood and hours of formal PAS, respectively. Assistive technology for indoor/outdoor mobility, bed transfer, and bathing was found to be substitutes for total PAS, whereas assistive technology for bed transfer and toileting was found to be complements for the use of formal PAS. Telephone assistance was not significant for either total or formal PAS hours. The use of some assistive technologies by older people with disabilities appears to reduce the amount of informal care provided, but not the amount of paid PAS. Thus, this study does not provide support for the hypothesis that the use of assistive technologies will reduce use of paid care and, therefore, spending for long-term care.

Health Economics

Evolution and Patterns of Global Health Financing 1995-2014: Development Assistance for Health, and Government, Prepaid Private, and Out-Of-Pocket Health Spending in 184 Countries

DIELEMAN J. L., *et al.*

2017

Lancet. 389(10083): 1981-2004.

An adequate amount of prepaid resources for health is important to ensure access to health services and for the pursuit of universal health coverage. Previous studies on global health financing have described the relationship between economic development and health financing. In this study, we further explore global health financing trends and examine how the sources of funds used, types of services purchased, and development assistance for health disbursed change with economic development. We also identify countries that deviate from the trends. We estimated national health spending by type of care and by source, including development assistance for health, based on a diverse set of data including programme reports, budget data, national estimates, and 964 National Health Accounts. These data represent health spending for 184 countries from 1995 through 2014. We converted these data into a common inflation-adjusted and purchasing power-adjusted currency, and used non-linear regression methods to model the relationship between health financing, time, and economic development. Health spending remains disparate, with low-income and lower-middle-income countries increasing spending in absolute terms the least, and relying heavily on OOP spending and development assistance. Moreover, tremendous variation shows that neither time nor economic development guarantee adequate prepaid health resources, which are vital for the pursuit of universal health coverage.

Future and Potential Spending on Health 2015-40: Development Assistance for Health, and Government, Prepaid Private, and Out-Of-Pocket Health Spending in 184 Countries

DIELEMAN J. L., *et al.*

2017

Lancet. 389(10083): 2005-2030.

The amount of resources, particularly prepaid resources, available for health can affect access to health care and health outcomes. Although health spending tends to increase with economic development, tremendous variation exists among health financing systems. Estimates of future spending can be beneficial for policy makers and planners, and can identify financing gaps. In this study, we estimate future gross domestic product (GDP), all-sector government spending, and health spending disaggregated by source, and we compare expected future spending to potential future spending. We extracted GDP, government spending in 184 countries from 1980-2015, and health spend data from 1995-2014. We used a series of ensemble models to estimate future GDP, all-sector government spending, development assistance for health, and government, out-of-pocket, and prepaid private health spending through 2040. We used frontier analyses to identify patterns exhibited by the countries that dedicate the most funding to health, and used these frontiers to estimate potential health spending for each low-income or middle-income country. All estimates are inflation and purchasing power adjusted. Health spending is associated with economic development but past trends and relationships suggest that spending will remain variable, and low in some low-resource settings. Policy change could lead to increased health spending, although for the poorest countries external support might remain essential.

The Dynamic Relationship Between Health Expenditure and Economic Growth: Is the Health-Led Growth Hypothesis Valid for Turkey

ATILGAN E., *et al.*

2017

Eur J Health Econ. 18(5): 567-574.

The well-known health-led growth hypothesis claims a positive correlation between health expenditure and economic growth. The aim of this paper is to empirically investigate the health-led growth hypothesis for the Turkish economy. The bound test approach, autoregressive-distributed lag approach (ARDL) and Kalman filter modeling are employed for the 1975-2013 period to examine the co-integration relationship between economic growth and health expenditure. The ARDL model is employed in order to investigate the long-term and short-term static relationship between health expenditure and economic growth. The results show that a 1% increase in per-capita health expenditure will lead to a 0.434% increase in per-capita gross domestic product. These findings are also supported by the Kalman filter model's results. Our findings show that the health-led growth hypothesis is supported for Turkey.

Pay-For-Performance Reduces Healthcare Spending and Improves Quality of Care: Analysis of Target and Non-Target Obstetrics and Gynecology Surgeries

JU KIM S., *et al.*

2017

Int J Qual Health Care. 29(2): 222-227.

In Korea, the Value Incentive Program (VIP) was first applied to selected clinical conditions in 2007 to evaluate the performance of medical institutes. We examined whether the condition-specific performance of the VIP resulted in measurable improvement in quality of care and in reduced medical costs. Design: Population-based retrospective observational study. We used two data set including the results of quality assessment and hospitalization data from National Health Claim data from 2011 to 2014. Participants who were admitted to the hospital for obstetrics and gynecology were included. A total of 535 289 hospitalizations were included in our analysis. We used a generalized estimating equation (GEE) model to identify associations between the quality assessment and length of stay (LOS). Higher condition-specific performance by VIP participants was associated with shorter LOSs, decreases in medical cost, and lower within 30-day readmission rates for target and non-target surgeries. LOS and readmission within 30 days were different by change in quality assessment at each medical institute. Our findings contribute to the body of evidence used by policy-makers for expansion and development of the VIP. The study revealed the positive effects of quality assessment on quality of care. To reduce the between-institute quality gap, alternative strategies are needed for medical institutes that had low performance.

Mental Health Cost of Terrorism: Study of the Charlie Hebdo Attack in Paris

KIM D. ET ALBERT KIM Y. I.

2017

Health Econ., 15 May.

This study examines whether a terrorist attack in a developed country, which does not cause major damage to its capital stocks, affects the mental health of its residents. By exploiting variations in survey dates of the European Social Survey, we use a difference-in-differences strategy to show that the attack adversely affects subjective well-being and mental health measures of French respondents. These negative effects are stronger for immigrants and low-income individuals. The impact is less dramatic for politically extreme right-wing supporters. The distance from origin has little impact on these measures.

Economic Losses and Burden of Disease by Medical Conditions in Norway

KINGE J. M., *et al.*

2017

Health Policy. 121(6): 691-698.

We explore the correlation between disease specific estimates of economic losses and the burden of disease. This is based on data for Norway in 2013 from the Global Burden of Disease (GBD) project and the Norwegian Directorate of Health. The diagnostic categories were equivalent to the ICD-10 chapters. Mental disorders topped the list of the costliest conditions in Norway in 2013, and musculoskeletal disorders caused the highest production loss, while neoplasms caused

the greatest burden in terms of DALYs. There was a positive and significant association between economic losses and burden of disease. Neoplasms, circulatory diseases, mental and musculoskeletal disorders all contributed to large health care expenditures. Non-fatal conditions with a high prevalence in working populations, like musculoskeletal and mental disorders, caused the largest production loss, while fatal conditions such as neoplasms and circulatory disease did not, since they occur mostly at old age. The magnitude of the production loss varied with the estimation method.

The Effects of Population Ageing on Health Care Expenditure: A Bayesian VAR Analysis Using Data from Italy

LOPREITE M. ET MAURO M.

2017

Health Policy. 121(6): 663-674.

Currently, the dynamics of the population have raised concerns about the future sustainability of Italy's national health system. The increasing proportion of people over the age of 65 could lead to a higher incidence of chronic-degenerative diseases and a greater demand for health and social care with a consequent impact on health spending. Although in recent years the quantity and quality of works on the relationship between ageing and health expenditure has increased substantially, these works do not always obtain similar results. Starting from this point, we use a B-VAR model and Eurostat data to investigate over the period 1990-2013 the impact of demographic changes on health expenditure in Italy. The results show that health expenditure in Italy reacts more to the ageing population compared with life expectancy and per capita GDP. In response to these findings, we conclude that the impact of the increase in the elderly population with disabilities will fall on the long-term care sector. Effective health interventions, such as health-promotion and disease-prevention programs that target the main causes of morbidity, could help to minimize the cost pressures associated with ageing by ensuring that the population stays healthy in old age.

Cost Containment and the Tale of Care Coordination

MCWILLIAMS J. M.

2016

N Engl J Med. 375(23): 2218-2220.

Nobody likes waste. Nobody likes fragmentation. Evidence that both are hallmarks of the US health care system has therefore fueled vigorous debate over how to redesign payment and delivery systems to root out inefficiencies. With the broader imperatives of cost containment and quality improvement at play, a powerful narrative has emerged from this debate that is now widely held and dominates policy—care coordination not only improves outcomes but lowers costs, too.

Counting the Time Lived, the Time Left or Illness? Age, Proximity to Death, Morbidity and Prescribing Expenditures

MOORE P. V., *et al.*

2017

Soc Sci Med. 184: 1-14.

The objective is to understand what really drives prescription expenditure at the end of life in order to inform future expenditure projections and service planning. To achieve this objective, an empirical analysis of public medication expenditure on the older population (individuals ≥ 70 years of age) in Ireland (n = 231,780) was undertaken. A two part model is used to analysis the individual effects of age, proximity to death (PTD) and morbidity using individual patient-level data from administrative pharmacy records for 2006-2009 covering the population of community medication users. Decedents (n = 14,084) consistently use more medications and incur larger expenditures than similar survivors, especially in the last 6 months of life. The data show a positive and statistically significant impact of PTD on prescribing expenditures with minimal effect for age alone even accounting for patient morbidities. Nevertheless improved measures of morbidity are required to fully test the hypothesis that age and PTD are proxies for morbidity. The evidence presented refutes age as a driver of prescription expenditure and highlights the importance of accounting for mortality in future expenditure projections.

Analysis of End-Of-Life Care, Out-Of-Pocket Spending, and Place of Death in 16 European Countries and Israel

ORLOVIC M., *et al.*

2017

Health Affairs. 36(7): 1201-1210.

In Europe, the aging of the population will pose considerable challenges to providing high-quality end-of-life care. The complexity of providing care and the large spectrum of actors involved make it difficult to understand the care pathways and how these are influenced by financial and institutional factors. We examined a large, multicountry data set with waves of data from the period 2006-13 to determine the differences in health care usage, out-of-pocket spending, and place of death in sixteen European countries and Israel. Our results reveal the importance of the funding mechanisms of long-term care. They also illuminate the effect of patients' characteristics on end-of-life care pathways. We found that in countries where public financing and organization of long-term care are particularly strong, patients at the end of life are more likely to have reduced hospitalizations and a higher share of out-of-hospital deaths. Understanding end-of-life care patterns is crucial to developing policies to address the urgent public health priority that this aspect of health care presents.

Health Status

Consommation excessive d'alcool en France : conséquences sanitaires et humaines importantes

2017

Revue Prescrire. 37(403): 384-385.

En France, en 2012, les hospitalisations attribuées à l'alcool ont représenté 2,2 % de l'ensemble des séjours hospitaliers de courte durée, 10,4 % des séjours d'hospitalisation en psychiatrie et 5,6 % des journées en soins de suite et réadaptation, pour environ 3,6 % des dépenses hospitalières totales. En 2015, la consommation d'alcool était la cause d'environ 810 000 années de vie perdue, avec un coût financier estimé à environ 120 milliards. La souffrance psychique et les dégâts sociaux liés à l'alcoolodépendance, non chiffrables, sont réels.

Health Effects of Overweight and Obesity in 195 Countries over 25 Years

THE GBD 2015 OBESITY COLLABORATORS.

2017

N Engl J Med. 377(1):13-27.

Although the rising pandemic of obesity has received major attention in many countries, the effects of this attention on trends and the disease burden of obesity remain uncertain. We analyzed data from 68.5 million persons to assess the trends in the prevalence of overweight and obesity among children and adults between 1980 and 2015. Using the Global Burden of Disease study data and methods, we also quantified the burden of disease related to high body-mass index (BMI), according to age, sex, cause, and BMI in 195 countries between 1990 and 2015. Since 1980, the prevalence of obesity has doubled in more than 70 countries and has continuously increased in most other countries. Although the prevalence of obesity among children has been lower than that among adults, the rate of increase in childhood obesity in many countries has been greater than the rate of increase in adult obesity. The rapid increase in the prevalence and disease burden of elevated BMI highlights the need for continued focus on surveillance of BMI and identification, implementation, and evaluation of evidence-based interventions to address this problem.

L'allongement de l'espérance de vie en Europe. Quelles conséquences pour l'état de santé

CAMBOIS E. ET ROBINE J.-M.

2017

Revue européenne des sciences sociales. 55-1(1): 67.

www.cairn.info/revue-europeenne-des-sciences-sociales-2017-1-page-41.htm

Depuis une trentaine d'années, face à l'allongement de l'espérance de vie, chercheurs et acteurs de santé

publique s'interrogent sur les répercussions attendues sur la santé : gagne-t-on des années de bonne santé ou vit-on plus longtemps avec des maladies ? Ces interrogations découlent d'une augmentation de la survie aux grands âges, plus exposés aux problèmes de santé, mais aussi de la plus grande survie avec certaines maladies et incapacités dont la létalité diminue. En réponse à ces questions, les indicateurs d'espérance de vie en santé ont apporté la dimension qualitative au décompte des années de vie. Et les « années de vie en bonne santé », basées sur une mesure de la santé fonctionnelle, ont été ajoutées à la liste des indicateurs structurels de l'Union européenne. Calculées annuellement depuis 2008, elles permettent de suivre l'évolution concomitante de l'espérance de vie et des années vécues avec et sans limitation d'activité dans les pays européens et d'éclairer les disparités entre pays.

Health Status in Europe: Comparison of 24 Urban Areas to the Corresponding 10 Countries (EURO-URHIS 2)

KOSTER E. M., *et al.*

2017

Eur J Public Health. 27(suppl_2): 62-67.

In Europe, over 70% of the population live in urban areas (UAs). Most international comparative health research is done using national level data, as reliable and comparable urban data are often unavailable or difficult to access. This study aims to investigate whether population health is different in UAs compared with their corresponding countries. : Routinely available health-related data were collected by the EURO-URHIS 2 project, for 10 European countries and for 24 UAs within those countries. National and UA level data for 11 health indicators were compared through the calculation of relative difference, and geographical patterns within Europe were investigated using the Mann Whitney U test. In general, the urban population in Eastern Europe is less healthy than the Western European urban population. However, people in Eastern Europe have significantly better broad health outcomes in UAs as compared with the corresponding country as a whole, whereas people in Western Europe have generally worse broader health outcomes in UAs. For most European countries and UAs that were investigated, the national level health status data does not correspond with the health status at UA level.

The Relationship Between Self-Reported Health Status and Signs of Psychological Distress Within European Urban Contexts

WILLIAMS G., *et al.*

2017

Eur J Public Health. 27(suppl_2): 68-73.

Self-reported health status (SRHS) reflects an individual's perception of their social, biological and psychological health, and has been linked to increased mortality risk and increased use of health services. Having a psychological co-morbidity can reduce health outcomes and increase healthcare costs. This paper investigates the relationship between SRHS and signs of psychological distress (PD) in European urban settings. The study sample comprised 20 439 adult respondents to surveys conducted across 37 urban areas. Data on SRHS, signs of PD and potential confounders were analysed in a multivariable logistic regression. There is a statistically significant association between self-reported poor health and signs of PD. Although the relationship was present in all geographical locations, the confounders were protective factors for Western European countries. Since the two factors are linked, interventions that target one might reduce the impact on both. Further study into causality would be of use in predicting future healthcare costs, which could be reduced by integrating their management.

Geography of Health

Une analyse spatiale du non-recours aux dispositifs sociaux

DENIS A., *et al.*

2017

Revue d'économie politique. 127(2): 227-253.

www.cairn.info/revue-d-economie-politique-2017-2-page-227.htm

Cet article propose une analyse spatiale du non-recours aux dispositifs d'aide sociale. Il utilise une enquête inédite sur les besoins, la connaissance et le recours aux aides sociales locales, menée en 2014 sur un échantillon représentatif des allocataires du Revenu de Solidarité Active (RSA), dans le département de Seine-et-Marne. Il étudie les déterminants du non-recours à la gratuité des transports en commun d'Ile-de-France en modélisant de façon distincte la non-connaissance et la non-demande du dispositif. Nous mettons en évidence la présence de dépendances spatiales dans la connaissance et la demande du dispositif et étudions les hypothèses pouvant expliquer cette corrélation spatiale. Nous montrons l'influence de la distance au transport en commun dans la décision de demande de l'aide pour expliquer ce phénomène. Nous suggérons également la présence d'effets de réseau dans la connaissance du dispositif.

Definitions of Urban Areas Feasible for Examining Urban Health in the European Union

BRECKENKAMP J., *et al.*

2017

Eur J Public Health. 27(suppl_2): 19-24.

As part of the EU-funded project, European Urban Health Indicator System (EURO-URHIS), a definition of urban areas (UAs) and of urban populations was needed to be able to identify comparable UAs in all member states. A literature review on existing definitions, as well as those used by other relevant projects, was performed. A survey of national experts in public health or land planning was also conducted. An algorithm was proposed to find UAs, which were feasible for the focus of EURO-URHIS. No unique general definition of UAs was found. Different fields of research define UAs differently. None of the definitions found were feasible for EURO-URHIS. All of them were found to have critical disadvantages when applied to an urban health project. An ideal definition for this type of project needs to provide a description of the situation without recourse to administrative boundaries yet inform the collection of routine data for urban health monitoring. An algorithm was developed for the definition of UAs for the purpose of this study whereby national experts would select regions which are urban as an agglomeration or as a metropolitan area and which are potentially interesting in terms of public health; identify the natural boundaries, where countryside ends and residential or commercial areas of the region begin (e.g. by aerial photos); identify local government boundaries or other official boundaries used for routine data collection purposes which approximate the natural UA as closely as possible and list all administrative areas which are contained in the larger UA. The aggregation of all administrative areas within the original region formed the UA which was used in the project.

Qualitative-Geospatial Methods of Exploring Person-Place Transactions in Aging Adults: A Scoping Review

HAND C., *et al.*

2017

Gerontologist. 57(3): e47-e61.

Research exploring how places shape and interact with the lives of aging adults must be grounded in the places where aging adults live and participate. Combined participatory geospatial and qualitative methods have the potential to illuminate the complex processes enacted between person and place to create much-needed knowledge in this area. The purpose of this scoping review was to identify methods that can be used to study person-place relationships among aging adults and their neighborhoods by determining the extent and nature of research with aging adults that combines qualitative methods with participatory geospatial methods. A systematic search of nine databases identified 1,965 articles published from 1995 to late 2015. We extracted data and assessed whether the geospatial and qualitative methods were supported by a specified methodology, the methods of data analysis, and the extent of integration of geospatial and qualitative methods.

Defining the Urban Area for Cross National Comparison of Health Indicators: The EURO-URHIS 2 Boundary Study

HIGGERSON J., *et al.*
2017
Eur J Public Health. 27(suppl_2): 25-30.

Despite much research focusing on the impact of the city condition upon health, there still remains a lack of consensus over what constitutes an urban area (UA). This study was conducted to establish comparable boundaries for the UAs participating in EURO-URHIS 2, and to test whether the sample reflected the heterogeneity of urban living. Key UA contacts (n = 28) completed a cross-sectional questionnaire, which included where available comparison between Urban Audit city and larger urban zone (LUZ) boundaries and public health administration areas (PHAAs). Additionally, broad health and demographic indicators were sought to test for heterogeneity of the EURO-URHIS 2 sample.

Mobilité spatiale des médecins en Europe, politique de santé et offre de soins

JOURDAIN A. ET PHAM T.
2017
Santé Publique. 29(1): 87.
www.cairn.info/revue-sante-publique-2017-1-page-81.htm

L'objectif de cet article est de définir la place de la mobilité géographique des professionnels dans les politiques relatives à la démographie médicale dans les pays de l'Union Européenne. L'étude se fonde sur l'examen des hypothèses de migration internationale dans les modèles nationaux de projection du nombre de médecins par grandes catégories de systèmes de protection sociale dans l'UE. Tous les pays ne réalisent pas de projections à moyen terme du nombre de médecins. Ceux qui le font retiennent l'hypothèse d'une migration nette qui converge à terme vers zéro. La migration n'est pas traitée comme une solution à la pénurie prévisible de médecins, mais plutôt comme un problème à traiter. Trois approches de la mobilité professionnelle sont discutées : libérale, normative et éthique. La dernière semble la plus populaire, elle associe la préservation des intérêts nationaux au code global de l'Organisation mondiale de la santé sur le recrutement international des professionnels de santé.

Disparités régionales des hospitalisations pour complication de l'hépatite chronique C en 2012

ROTILY M., *et al.*
2017
Santé Publique. 29(2): 227.
www.cairn.info/revue-sante-publique-2017-2-page-215.htm

Peu de données récentes sur l'incidence et la prévalence de l'hépatite C chronique (HCC) sont disponibles au niveau régional. De telles données sont indispensables afin de piloter efficacement une politique de santé publique sur la prise en charge de l'hépatite C. L'objectif de cette étude était d'établir la faisabilité de cartographier, à partir d'une base de données médico-administrative, d'éventuelles disparités régionales dans la prévalence de l'HCC et de ses complications. La base PMSI MCO 2012 contient des informations sur la quasi-totalité des hospitalisations en France en termes de diagnostic et de consommation de soins. Les hospitalisations liées à une HCC ont été identifiées grâce aux codes diagnostiques de la classification CIM-10. Les séjours retenus ont été classés par stade de sévérité. L'ensemble de ces informations a été documenté pour chaque région administrative en 2012. Cette étude démontre la faisabilité d'utiliser la base PMSI pour identifier des disparités régionales dans la prévalence de l'hépatite C selon les stades de la maladie. Ces informations seront utiles pour adapter l'offre des soins au niveau local.

Measuring Geographical Accessibility to Rural and Remote Health Care Services: Challenges and Considerations

SHAH T. I., *et al.*
2017
Spat Spatiotemporal Epidemiol. 21: 87-96.

This research is focused on methodological challenges and considerations associated with the estimation of the geographical aspects of access to healthcare with a focus on rural and remote areas. With the assumption that GIS-based accessibility measures for rural healthcare services will vary across geographic units of analysis and estimation techniques, which could influence the interpretation of spatial access to rural healthcare services. Estimations of geographical accessibility depend on variations of the following three parameters: 1) quality of input data; 2) accessibility method; and 3) geographical area. This research

investigated the spatial distributions of physiotherapists (PTs) in comparison to family physicians (FPs) across Saskatchewan, Canada. The three-steps floating catchment areas (3SFCA) method was applied to calculate the accessibility scores for both PT and FP services at two different geographical units. A comparison of accessibility scores to simple healthcare provider-to-population ratios was also calculated. The results vary considerably depending on the accessibility methods used and the choice of geographical area unit for measuring geographical accessibility for both FP and PT services.

Disability

The Impact of Economic Conditions on the Disablement Process: A Markov Transition Approach Using SHARE Data

ARRIGHI Y., *et al.*

2017

Health Policy. 121(7):778-785.

A growing number of studies underline the relationship between socioeconomic status and health at older ages. Following that literature, we explore the impact of economic conditions on changes in functional health overtime. Frailty, a state of physiological instability, has been identified in the public health literature as a candidate for disability prevention but received little attention from health economists. Using SHARE panel data, respondents aged 50 and over from ten European countries were categorised as robust, frail and dependent. The determinants of health states' changes between two interviews were analysed using multinomial Probit models accounting for potential sample attrition. A particular focus was made on initial socioeconomic status, proxied by three alternative measures. Concentration indices were computed for key transition probabilities. Across Europe, poorer and less educated elders were substantially more likely to experience health degradations and also less likely to experience health improvements. The economic gradient for the recovery from frailty was steeper than that of frailty onset, but remained lower than that of dependency onset. The existing social programs in favour of deprived and dependent elders could be widened to those diagnosed as frail to reduce the onset of dependency and economic inequalities in health at older ages.

Social Relationships, Mental Health and Wellbeing in Physical Disability: A Systematic Review

TOUGH H., *et al.*

2017

BMC Public Health. 17(1): 414.

http://dx.doi.org/10.1186/s12889-017-4308-6

Research has consistently found that favourable exchange with one's proximal social environment has positive effects on both mental health and wellbeing. Adults with physical disabilities may have fewer opportunities of favourable exchange, and therefore the effects on mental health and wellbeing may be less advantageous. The aim of this study is to systematically review quantitative studies exploring associations of social relationships with mental health and wellbeing in persons with physical disabilities.

Hospitals

Stratégies d'implantation d'un infirmier de pratique avancée en milieu hospitalier : une revue de littérature

AGUILARD S., *et al.*

2017

Santé Publique. 29(2): 254.

www.cairn.info/revue-sante-publique-2017-2-page-241.htm

L'objectif de cet article est d'analyser les facteurs de réussite et les obstacles qui permettraient la réussite de l'implantation de l'infirmier en pratique avancée dans le contexte de santé français. L'étude se base sur une revue de littérature des articles internationaux se référant à l'implantation de la pratique avancée infirmière entre 2010 et 2016. Cela a permis d' identifier que les obstacles à l'implantation sont potentiellement réversibles en atouts. Un seul cadre de référence a été recensé, le PEPPA (Participatory, Evidence- based, Patient- focused process for advanced Practice nursing (APN) role development). Quatre facteurs de réussite d'implantation et d'évaluation de la pratique avancée infirmiers ont été identifiés : l'implication du corps soignant médical ou paramédical, le soutien hiérarchique et matériel des autorités administratives, la mise en œuvre de politique et de mécanisme de régulation et une formation universitaire de deuxième cycle. L'implantation française de la pratique avancée infirmière devrait tenir compte du cadre de PEPPA utilisé par le Canada, afin de promouvoir la réussite de ces nouveaux rôles dans les milieux cliniques.

Proposition d'un contenu standardisé et raisonné pour les lettres de liaison et les comptes rendus d'hospitalisation à destination du médecin traitant

BANSARD M., *et al.*

2017

Santé Publique. 29(1): 70.

www.cairn.info/revue-sante-publique-2017-1-page-57.htm

Le lien ville- hôpital est une faiblesse de notre système de santé. Les documents de sortie d'hospitalisation, éléments- clés pour la sécurité et l'efficience des soins, sont pourtant peu codifiés. L'objectif de ce travail était d'élaborer un modèle standardisé et raisonné de la lettre de liaison (LL) et du compte rendu d'hospitalisation (CRH) en portant un soin particulier aux attentes des médecins généralistes ambulatoires (MG). La méthode Delphi a été appliquée sur la base d'une revue systématique de la littérature publiée précédemment. Vingt- huit experts d'horizons différents ont été recrutés. Deux tours de consultation ont été nécessaires à l'obtention d'un consensus. Dans l'idéal, le CRH devait être transmis au MG le jour de la sortie du patient mais ce n'était que rarement possible. Dans une logique de sortie à deux documents, la LL devenait l'élément central pour les MG. À l'issue des consultations, des documents standardisés et raisonnés ont été formulés. Ils ont été présentés et validés par les experts qui les ont jugés pertinents, pouvant améliorer la vitesse de rédaction et de lecture, la communication entre médecins hospitaliers et ambulatoires et la sécurité des soins en sortie d'hospitalisation. Les modèles LL et CRH proposés seront implantés dans des centres hospitaliers pilotes dans le cadre d'une étude d'impact.

How Should Hospital Reimbursement Be Refined to Support Concentration of Complex Care Services?

BOJKE C., *et al.*

2017

Health Econ., 19 May, Ahead of print.

The English National Health Service is promoting concentration of the treatment of patients with relatively rare and complex conditions into a limited number of specialist centres. If these patients are more costly to treat, the prospective payment system based on Healthcare Resource Groups (HRGs) may need refinement because these centres will be financially disadvantaged. To assess the funding implications of this concentration policy, we estimate the cost differentials associated with caring for patients that receive complex care and examine the extent to which complex care services are concentrated across hospitals and HRGs. We estimate random effects models using patient-level activity and cost data for all patients admitted to English hospitals during the 2013/14 financial year and construct measures of the concentration of complex services. Payments for complex care services need to be adjusted if they have large cost differentials and if provision is concentrated within a few hospitals. Payments can be adjusted either by refining HRGs or making top-up payments to HRG prices. HRG

refinement is preferred to top-payments the greater the concentration of services among HRGs.

Unplanned Readmissions Within 30 Days After Discharge: Improving Quality Through Easy Prediction

CASALINI F., *et al.*

2017

Int J Qual Health Care. 29(2): 256-261.

The aim of this paper is to propose an easy predictive model for the risk of rehospitalization, built from hospital administrative data, in order to prevent repeated admissions and to improve transitional care. The study is based on a retrospective cohort study : patients residing in the territory of the province of Pisa (Tuscany Region) with at least one unplanned hospital admission. We compared two groups of patients: patients coded as 'RA30' (readmitted within 30 days after the previous discharge) and patients coded as 'NRA30' (either admitted only once or readmitted after 30 days since the latest discharge). The effect of age, sex, length of stay, number of diagnoses, normalized number of admissions and presence of diseases on the probability of rehospitalization within 30 days after discharge was evaluated. The model can be easily applied when discharging patients who have been hospitalized after an access to the Emergency Department to predict the risk of rehospitalization within 30 days. The prediction can be used to activate focused hospital-primary care transitional interventions. The model has to be validated first in order to be implemented in clinical practice.

Evaluation of a Care Transition Program with Pharmacist-Provided Home-Based Medication Review for Elderly Singaporeans at High Risk of Readmissions

CHEEN M. H. H., *et al.*

2017

Int J Qual Health Care. 29(2): 200-205.

This study aimed to determine whether pharmacist-provided home-based medication review (HBMR) can reduce readmissions in the elderly. The study is based on a retrospective cohort study : records of patients referred to a care transition program from March 2011 through March 2015 were reviewed. Patients aged 60 years and older taking more than 5 medications and had at least 2 unplanned admissions within 3 months preceding the first home visit were included. Pharmacist-provided HBMR. Primary outcome was readmission rate over 6 months after the first home visit. Secondary outcomes included emergency department (ED) visits, outpatient visits and mortality. Drug-related problems (DRPs) were reported for the HBMR group. The study suggests that pharmacist-provided HBMR is effective in reducing readmissions and ED visits in the elderly. More studies in the Asian population are needed to determine its long term benefits and patient's acceptability.

Hospital and Health Insurance Markets Concentration and Inpatient Hospital Transaction Prices in the U.S. Health Care Market

DAUDA S.

2017

Health Serv Res., 11 May, Ahead of print.

The aim of this paper is to examine the effects of hospital and insurer markets concentration on transaction prices for inpatient hospital services. Measures of hospital and insurer markets concentration derived from American Hospital Association and HealthLeaders-InterStudy data are linked to 2005-2008 inpatient administrative data from Truven Health MarketScan Databases. The findings suggest that greater hospital concentration raises prices, whereas greater insurer concentration depresses prices. They provide support for strong antitrust enforcement to curb rising hospital service prices and health care costs.

Trends in Alcohol-Related Admissions to Hospital by Age, Sex and Socioeconomic Deprivation in England, 2002/03 to 2013/14

GREEN M. A., *et al.*

2017

BMC Public Health. 17(1): 412.

http://dx.doi.org/10.1186/s12889-017-4265-0

Prevalence of alcohol-related harms in England are among the highest in Europe and represents an important policy issue. Understanding how alcohol-related

trends vary by demographic factors is important for informing policy debates. The aim of our study was to examine trends in alcohol-related admissions to hospital in England, with a focus on variations by sex, age and socioeconomic deprivation.

Attitudes et pratiques des personnels hospitaliers face à la vaccination contre la grippe saisonnière

MAURETTE M., *et al.*

2017

Santé Publique. 29(2): 199.

www.cairn.info/revue-sante-publique-2017-2-page-191.htm

L'étude menée au CHIC de Castres-Mazamet et au CH de Revel vise à établir les attitudes et pratiques des personnels en matière de vaccination. Un questionnaire a été joint au bulletin de paie de mars 2014 de l'ensemble des salariés. 471 questionnaires ont été retournés, soit un taux de retour de 22,4 %. Le taux de couverture contre la grippe saisonnière est comparable avec celui d'autres enquêtes françaises. Les personnels paramédicaux sont moins couverts que les personnels médicaux, l'âge est le facteur le plus étroitement associé à la vaccination. Les trois quarts des personnels non couverts ne souhaitent pas se faire vacciner. Près de la moitié des répondants pensent que les soignants n'ont pas à montrer l'exemple en matière de vaccination. Les arguments jugés les plus convaincants en faveur de la vaccination sont la protection de la famille, puis celle des patients et des collègues. Les répondants expriment une demande d'information scientifique claire et précise, assortie d'échanges, de préférence au niveau de leur service.

Premier bilan de la tarification à l'activité (T2A) sur la variabilité des coûts hospitaliers

MILCENT C.

2017

Économie & prévision. 210(1): 67.

www.cairn.info/revue-economie-et-prevision-2017-1-page-45.htm

Ce papier étudie la variabilité des coûts hospitaliers pour des séjours comparables en pathologies et en procédures (GHM). À l'époque du budget global, une forte variabilité des coûts était observée entre les hôpitaux publics français. Qu'en est-il aujourd'hui ? Théoriquement, la T2A conduit les établissements à minimiser leurs coûts pour gagner la différence entre le forfait et le coût. Nous montrons une certaine homogénéisation des coûts et une réelle prise en compte de l'hétérogénéité des individus. Les forfaits par GHM ne capturent cependant pas toute l'hétérogénéité entre les établissements, ni entre les patients. Ainsi, les effets néfastes de sélection des patients ou de diminution du niveau de qualité ne sont pas évités par les forfaits actuels.

Living Alone and Unplanned Hospitalizations Among Older Adults: A Population-Based Longitudinal Study

PIMOUGUET C., *et al.*

2017

Eur J Public Health. 27(2): 251-256.

The association of living alone with hospitalization among the general elderly population has been rarely investigated, and the influence of common disorders on this association remains unknown. We used data on participants in the Swedish National study on Aging and Care in Kungsholmen (n = 3130). Risk and number of unplanned hospitalizations and length of hospital stays were studied over a period of 2 years. We used Cox proportional hazard models to estimate hazard ratios (HRs) of incident hospitalization and zero-inflated negative binomial regression models adjusted for potential confounders to estimate incident rate ratios (IRR) of the number of hospitalizations and total length of stay associated with living alone. A total of 1768 participants (56.5%) lived alone. Five hundred and sixty-one (31.7%) of those who lived alone had at least one unplanned hospitalization. In the multivariate analyses, living alone was significantly associated with the risk of unplanned hospitalization (HR = 1.21, 95% confidence interval [CI] 1.01-1.45) and the number of hospitalizations (IRR = 1.35, 95% CI 1.04-1.76) but not with the length of hospital stays. In stratified analyses, the association between living alone and unplanned hospitalizations remained statistically significant only among men (HR = 1.52, 95% CI 1.17-1.99). Living alone is associated with higher risks of unplanned hospitalization in elderly, especially for men.

The Dynamics of Hospital Use Among Older People Evidence for Europe Using SHARE Data

SIRVEN N. ET RAPP T.

2017

Health Serv Res. 52(3): 1168-1184.

Hospital services use, which is a major driver of total health expenditures, is expected to rise over the next decades in Europe, especially because of population aging. The purpose of this article is to better understand the dynamics of older people's demand for hospital care over time in a cross-country setting. We used data from the Survey on Health, Ageing, and Retirement in Europe (SHARE), in 10 countries between 2004 and 2011. We estimated a dynamic panel model of hospital admission for respondents aged 50 years or more. Following prior research, we found evidence of state dependence in hospital use over time. We also found that rise in frailty-among other health covariates-is a strong predictor of increased hospital use. Progression by one point on the frailty scale [0;5] is associated with an additional risk of about 2.1 percent on average. Our results support promotion of early detection of frailty in primary care, and improvement of coordination between actors within the health system, as potential strategies to reduce avoidable or unnecessary hospital use among frail elderly.

Health Inequalities

Interventions to Improve Immigrant Health. A Scoping Review

DIAZ E., *et al.*

2017

Eur J Public Health. 27(3): 433-439.

Disparities in health between immigrants and their host populations have been described across countries and continents. Hence, interventions for improving health targeting general populations are not necessarily effective for immigrants. To conduct a systematic search of the literature evaluating health interventions for immigrants; to map the characteristics of identified studies including range of interventions, immigrant populations and their host countries, clinical areas targeted and reported evaluations, challenges and limitations of the interventions identified. Following the results, to develop recommendations for research in the field. A scoping review approach was chosen to provide an overview of the type, extent and quantity of research available. Studies were included if they empirically evaluated health interventions targeting immigrants and/or their descendants, included a control group, and were published in English (PubMed and Embase from 1990 to 2015). Most of the 83 studies included were conducted in the USA, encompassed few immigrant groups and used a randomized controlled trial (RCT) or cluster RCT design. Most interventions addressed chronic and non-communicable diseases and attendance at cancer screening services, used individual targeted approaches, targeted adult women and recruited participants from health centres. Recommendations for enhancing interventions to improve immigrant health are provided to help researchers, funders and health care commissioners when deciding upon the scope, nature and design of future research in this area.

Trends in Inequalities in Mortality Amenable to Health Care in 17 European Countries

MACKENBACH J. P., *et al.*

2017

Health Aff (Millwood). 36(6): 1110-1118.

Little is known about the effectiveness of health care in reducing inequalities in health. We assessed trends in inequalities in mortality from conditions amenable to health care in seventeen European countries in the period 1980-2010 and used models that included country fixed effects to study the determinants of these trends. Our findings show remarkable declines over the study period in amenable mortality among people with a low level of education. We also found stable absolute inequalities in amenable mortality over time between people with low and high levels of education, but widening relative inequalities. Higher health care expenditure was associated with lower mortality from amenable causes, but not from nonamenable causes. The effect of health care expenditure on amenable mortality was equally strong, in relative terms, among

people with low levels of education and those with high levels. As a result, higher health care expenditure was associated with a narrowing of absolute inequalities in amenable mortality. Our findings suggest that in the European context, more generous health care funding provides some protection against inequalities in amenable mortality.

Access to Healthcare for Undocumented Migrants: Analysis of Avoidable Hospital Admissions in Sicily from 2003 to 2013

MIPATRINI D., *et al.*

2017

Eur J Public Health. 27(3): 459-464.

Access to healthcare services for undocumented migrants is one of the main public health issues currently being debated among European countries. Exclusion from primary healthcare services may lead to serious consequences for migrants' health. We analyzed the risk among undocumented migrants, in comparison with regular migrants, of being hospitalized for preventable conditions in the Region of Sicily (Italy). We performed a hospital-based cross-sectional study of the foreign population hospitalized in the Sicily region between 1 January 2003 and 31 December 2013. The first outcome was the proportion of avoidable hospitalization (AHs) among regular and irregular migrants. Second outcomes were the subcategories of AHs for chronic, acute and vaccine preventable diseases. Undocumented migrants experience higher proportion of hospitalization for preventable conditions in comparison with regular migrants probably due to a lack of access to the national healthcare service. Policies and strategies to involve them in primary healthcare and preventive services should be developed to tackle this inequality.

Differences in Healthy Life Expectancy Between Older Migrants and Non-Migrants in Three European Countries over Time

REUS-PONS M., *et al.*

2017

Int J Public Health. 62(5): 531-540.

We analysed differences in healthy life expectancy at age 50 (HLE50) between migrants and non-migrants in Belgium , the Netherlands, and England and Wales, and their trends over time between 2001 and 2011 in the latter two countries. Population, mortality and health data were derived from registers, census or surveys. HLE50 and the share of remaining healthy life years were calculated for non-migrants, western and non-western migrants by sex. We applied decomposition techniques to answer whether differences in HLE50 between origin groups and changes in HLE50 over time were attributable to either differences in mortality or health. In all three countries, older (non-western) migrants could expect to live less years in good health than older non-migrants. Differences in HLE50 between migrants and non-migrants diminished over time in the Netherlands, but they increased in England and Wales. General health, rather than mortality, mainly explained (trends in) inequalities in healthy life expectancy between migrants and non-migrants. Interventions aimed at reducing the health and mortality inequalities between older migrants and non-migrants should focus on prevention, and target especially non-western migrants.

Transnationalism and Health: A Systematic Literature Review on the Use of Transnationalism in the Study of the Health Practices and Behaviors of Migrants

VILLA-TORRES L., *et al.*

2017

Soc Sci Med. 183: 70-79.

Transnationalism explores social, economic and political processes that occur beyond national borders and has been widely used in migration studies. We conducted a systematic review to explore if and how transnationalism has been used to study migrants' health and what a transnational perspective contributes to understanding health practices and behaviors of transnational migrants. We identified 26 empirical studies published in peer-reviewed journals that included a transnational perspective to study migrants' health practices and behaviors. The studies describe the ways in which migrants travel back and forth between countries of destination to countries of origin to receive health care, for reasons related to cost, language, and perceptions of service quality. In addition, the use of services in countries of origin is related to processes of social class transformation and reclaiming of social rights. For those migrants who cannot travel, active

participation in transnational networks is a crucial way to remotely access services through phone or email, and to acquire medical supplies and other health-related goods (traditional medicine, home remedies). We conclude with recommendations for future research in this area.

Pharmaceuticals

Le scandale du prix des médicaments coûteux : il est temps d'agir ! Éditorial

CASASSUS P.

2017

Médecine : De La Médecine factuelle à nos Pratiques. 13(4): 148-150.

On assiste, depuis maintenant une vingtaine d'années, à une spectaculaire amélioration du pronostic de nombreuses maladies graves, en particulier en oncologie. Certaines maladies au pronostic implacable sont devenues des maladies chroniques asymptomatiques. Plusieurs types de leucémies sont quasiment aujourd'hui des maladies facilement curables. Mais cela passe par l'usage de médicaments dont le prix devient réellement prohibitif, même dans notre pays, qui n'a pas eu besoin de « l'Obama-care » pour rembourser à 100 % le coût des maladies graves. C'est au point que certains médicaments n'ont pas eu l'autorisation de mise sur le marché dans certains pays. Parmi 10 molécules utilisées dans différentes indications en cancérologie, pour 100 % d'indications autorisées aux États-Unis, il y en a 90 % en France, mais seulement 38 % en Grande-Bretagne et 25 % en Nouvelle-Zélande. À l'évidence, on voit bien que le budget de la Caisse Maladie va évidemment exploser si tout reste en l'état. On peut espérer qu'une réelle prise de conscience se fera jour dans le monde politique, notamment à l'occasion des échéances électorales, et que les problèmes seront clairement exposés aux citoyens et diverses solutions proposées… Peut-on y croire ?

Why Do Health Technology Assessment Coverage Recommendations for the Same Drugs Differ Across Settings? Applying a Mixed Methods Framework to Systematically Compare Orphan Drug Decisions in Four European Countries

NICOD E.

2017

Eur J Health Econ. 18(6): 715-730.

Health technology assessment (HTA) coverage recommendations differ across countries for the same drugs. Unlike previous studies, this study adopts a mixed methods research design to investigate, in a systematic manner, these differences. HTA recommendations for ten orphan drugs appraised in England (NICE), Scotland (SMC), Sweden (TLV) and France (HAS) (N = 35) were compared using a validated methodological framework that breaks down these complex decision processes into stages facilitating their understanding, analysis and comparison, namely: (1) the clinical/cost-effectiveness evidence, (2) its interpretation (e.g. part of the deliberative process) and (3) influence on the final decision. This allowed qualitative and quantitative identification of the criteria driving recommendations and highlighted cross-country differences. This research contributes to better understanding the drivers of these complex decisions and why countries make different decisions. It also contributed to identifying those factors beyond the standard clinical and cost-effectiveness tools used in HTA, and their role in shaping these decisions.

Les facteurs influençant la prescription de benzodiazépines devant une plainte anxieuse chez une personne âgée

STILLMUNKES A., *et al.*

2017

Médecine : de la médecine factuelle à nos pratiques. 13(4): 182-187.

Le nombre de prescriptions de benzodiazépines chez les personnes de plus de 65 ans semble supérieur à la prévalence des pathologies répondant à l'autorisation de mise sur le marché. Les facteurs influençant la prescription de benzodiazépines anxiolytiques, en initiation ou en renouvellement, chez la personne de plus de 65 ans ne sont pas connus. L'objectif de cette étude était de déterminer les facteurs influençant l'initiation de ce type de traitement par un échantillon de médecins généralistes en France. Un scénario clinique a été soumis (étude descriptive transversale) aux médecins généralistes d'un bassin de santé de la région Midi-Pyrénées. Sur l'ensemble des variables étudiées, une analyse univariée, puis en régression logistique multivariée a été réalisée. Trois types de facteurs significatifs (p = 0,05), influençant la prescription, ont été retrouvés chez le médecin de famille : sa perception de la situation clinique, l'offre de soins autour de lui, ses croyances et ses connaissances dans le domaine. Ces facteurs ont permis de mieux expliquer le taux important de recours aux benzodiazépines dans cette population. Des études complémentaires seraient nécessaires pour mieux les expliquer.

Methodology - Statistics

Socioeconomic Inequality in Clusters of Health-Related Behaviours in Europe: Latent Class Analysis of a Cross-Sectional European Survey

KINO S., *et al.*

2017

BMC Public Health. 17(1): 497.

http://dx.doi.org/10.1186/s12889-017-4440-3

Modifiable health-related behaviours tend to cluster among most vulnerable sectors of the population, particularly those at the bottom of the social hierarchy. This study aimed to identify the clusters of health-related behaviours in 27 European countries and to examine the socioeconomic inequalities in these clusters.

Bayesian Methods for Calibrating Health Policy Models: A Tutorial

MENZIES N. A., *et al.*

2017

Pharmacoeconomics. 35(6): 613-624.

Mathematical simulation models are commonly used to inform health policy decisions. These health policy models represent the social and biological mechanisms that determine health and economic outcomes, combine multiple sources of evidence about how policy alternatives will impact those outcomes, and synthesize outcomes into summary measures salient for the policy decision. Calibrating these health policy models to fit empirical data can provide face validity and improve the quality of model predictions. This article provides a tutorial on Bayesian approaches for model calibration, describing the theoretical basis for Bayesian calibration approaches as well as pragmatic considerations that arise in the tasks of creating calibration targets, estimating the posterior distribution, and obtaining results to inform the policy decision.

Health Policy

La réorientation des services de santé et la promotion de la santé : une lecture de la situation

ALAMI H., *et al.*

2017

Santé Publique. 29(2): 184.

www.cairn.info/revue-sante-publique-2017-2-page-179.htm

La Charte d'Ottawa constitue un tournant majeur dans la vision qu'a le monde de la santé, des moyens et des stratégies à mettre en place pour apporter des réponses aux attentes des populations. Des attentes qui ne se limitent plus à la conception biomédicale classique de la santé, très orientée vers les soins et centrée sur la maladie, mais la dépassent désormais pour intégrer la prévention de la maladie et la promotion de la santé. Pour y arriver, cinq axes stratégiques d'actions ont été identifiés : 1) élaborer une politique publique saine ; 2) créer des milieux favorables ; 3) renforcer l'action communautaire ; 4) acquérir des aptitudes individuelles ; et 5) réorienter les services de santé. Près de trois décennies après la Charte d'Ottawa, qu'en est-il vraiment de la réorientation des services de santé au regard de la promotion de la santé ? Pour répondre à cette question, nous allons discuter le bilan propre à cet axe, tout en analysant les différents éléments et facteurs qui ont contribué à un tel bilan, jugé mitigé par une large partie de la littérature.

Participatory Research: What Is the History? Has the Purpose Changed

MACAULAY A. C.

2017

Fam Pract. 34(3): 256-258.

For this article, I have chosen to follow others and to use the term participatory research (PR) 'as an umbrella term for a school of approaches that share a core philosophy of inclusivity and of recognizing the value of engaging in the research process (rather than including only as subjects of the research) those who are intended to be the beneficiaries, users, and stakeholders of the research. Among the approaches included within this rubric are community-based participatory research, participatory rural appraisal, empowerment evaluation, participatory action research, community-partnered participatory research, cooperative inquiry, dialectical inquiry, appreciative inquiry, decolonizing methodologies, participatory or democratic evaluation, social reconnaissance, emancipatory research, and forms of action research embracing a participatory philosophy.

Defining 'Evidence' in Public Health: A Survey of Policymakers' Uses and Preferences

OLIVER K. A. ET DE VOCHT F.

2017

Eur J Public Health. 27(suppl_2): 112-117.

Public health (PH) policymakers are encouraged to use evidence in the decision-making process. However, little is known about what types of evidence policymakers working in local settings prefer to use. This study aims to evaluate policymakers' needs and sources of information, at regional and local levels. An electronic survey with telephone follow-up was carried out among PH policymakers and evidence producers (n = 152) working in a large UK city. Respondents were asked which types of evidence they used regularly, found most useful and what were their main sources of information. Semi-structured interviews (n = 23) added were analysed quantitatively in addition to the categorical data generated by the survey. Policymakers use a much greater range of evidence and information than is often indicated in the literature on evidence-based policy. Local data were by far the most used (n = 95%) and most valued (n = 85%) type of information, followed by practice guidelines. The main sources of information were Government websites (84%), followed by information obtained through personal contacts (71%), including PH professionals, council officers and politicians. Academics were rarely consulted and research evidence was rarely seen as directly relevant. Policymakers use a wider range of evidence types than previously discussed in the literature. Although local data were most valued by policymakers, results suggest that these were accessed through personal contacts, rather than specialized organizations. Systems to provide local high-quality evidence for PH policy should be supported.

La complexité : concept et enjeux pour les interventions de santé publique

PAGANI V., *et al.*

2017

Santé Publique. 29(1): 31-39.

www.cairn.info/revue-sante-publique-2017-1-page-31.htm

Depuis les années 2000, la notion d'« interventions complexes » émerge dans le champ de la recherche en santé. Cette notion et celle de complexité sont souvent évoquées mais généralement pas définies. L'objectif de cette revue exploratoire est de caractériser la notion de complexité à travers les questions suivantes : qu'est-ce que la complexité ? D'où vient cette notion et que recouvre-t-elle ? Quelles sont les conséquences de sa prise en compte en santé ? Pour clarifier le concept de complexité, une revue narrative a été réalisée dans le domaine des sciences humaines, sociales et managériales, en psychologie et en santé. Le concept de complexité qui trouve son origine chez Edgar Morin a fait l'objet d'appropriations, adaptations et opérationnalisations dans plusieurs disciplines. En santé, c'est une utilisation plutôt pragmatique de la complexité qui domine, cette dernière définie par les caractéristiques objectivables des interventions (définies comme « complexes ») ou de leurs contextes dans un objectif d'évaluation. Les notions de complexité et d'interventions complexes ont des implications à la fois pour les chercheurs et les utilisateurs des résultats de la recherche. En particulier, il s'agit de mieux comprendre les mécanismes d'efficacité des interventions pour en favoriser la transférabilité et l'utilisation par les acteurs et les décideurs.

Prevention

Les déterminants du recours régulier au dépistage du cancer du sein en France

JUSOT F. ET GOLDZAHL L.

2016

Revue française d'économie. 31(4): 109-152.

www.cairn.info/revue-francaise-d-economie-2016-4-page-109.htm

Le dépistage du cancer du sein ne diminue sa mortalité que si le dépistage est effectué régulièrement. Nous étudions les effets des caractéristiques socio-économiques et de santé ainsi que la façon dont le système français de dépistage influence la régularité du dépistage. Nous examinons particulièrement si la modalité de dépistage choisie (dépistage organisé ou individuel) influence la régularité du dépistage. Nos résultats suggèrent que le dépistage organisé augmente la probabilité de recourir régulièrement au dépistage. En outre, les femmes ayant un faible revenu ou ayant vécu des épisodes de précarité ont moins régulièrement recours au dépistage que les femmes plus aisées.

Éducation thérapeutique du patient et concept de vicariance. L'exemple du diabète de type 1

NAUDIN D., *et al.*

2017

Médecine des maladies métaboliques. 11(3): 283-292.

www.sciencedirect.com/science/article/pii/S195725571730069X

Les patients diabétiques doivent constamment agir pour ajuster et équilibrer leur glycémie. Ces ajustements imposent qu'ils remplacent l'organe malade par des processus cognitifs acquis par l'expérience et l'apprentissage. Le but de cet article est de caractériser cette substitution, à l'aide du concept de vicariance emprunté à la psychologie cognitive et aux neurosciences. Ce texte décrit les différents chemins cognitifs pour agir, et souligne l'importance des fonctions exécutives et leurs implications concrètes pour les patients. Il fait le lien entre ces fonctions exécutives et les pratiques pédagogiques dans l'Éducation Thérapeutique du Patient (ETP).

The Effects of Organized Screening Programs on the Demand for Mammography in Switzerland

PLETSCHER M.

2017

Eur J Health Econ. 18(5): 649-665.

The objective of this study is to estimate the causal effect of organized mammography screening programs on the proportion of women between 50 and 69 years of age who have ever used mammography. We exploit the gradual implementation of organized screening programs in nine Swiss cantons using a difference-in-difference approach. An analysis of four waves of the Swiss Health Survey shows that 3.5-5.4% points of the 87.9% utilization rate in cantons with screening programs in 2012 can be attributed to these organized programs. This effect indicates that organized programs can motivate women who have never done mammography to initiate screening.

Prevision - Evaluation

How Important Is Severity for the Evaluation of Health Services: New Evidence Using the Relative Social Willingness to Pay Instrument

RICHARDSON J., *et al.*

2017

Eur J Health Econ. 18(6): 671-683.

The 'severity hypothesis' is that a health service which increases a patient's utility by a fixed amount will be valued more highly when the initial health state is more severe. Supporting studies have employed a limited range of analytical techniques and the objective of the present paper is to test the hypothesis using a new methodology, the Relative Social Willingness to Pay. Three subsidiary hypotheses are: (1) that the importance of the 'severity effect' varies with the type of medical problem; (2) that the relationship between value and utility varies with the severity of the initial health state; and (3) that there is a threshold beyond which severity effects are insignificant. For each of seven different health problems respondents to a web-based survey were asked to allocate a budget to five services which would, cumulatively, move a person from near death to full health. The time trade-off utilities of health states before and after the service were estimated. Results confirm the severity hypothesis and support the subsidiary hypotheses. However, the effects identified are quantitatively significant only for the most severe health states. This implies a relatively limited redistribution of resources from those with less severe to those with more severe health problems.

Impact Assessment of a Pay-For-Performance Program on Breast Cancer Screening in France Using Micro Data

SICSIC J. ET FRANC C.

2017

Eur J Health Econ. 18(5): 609-621.

A voluntary-based pay-for-performance (P4P) program (the CAPI) aimed at general practitioners (GPs) was implemented in France in 2009. The program targeted prevention practices, including breast cancer screening, by offering a maximal amount of euro245 for achieving a target screening rate among eligible women enrolled with the GP. Our objective was to evaluate the impact of the French P4P program (CAPI) on the early detection of breast cancer among women between 50 and 74 years old. Based on an administrative database of 50,752 women aged 50-74 years followed between 2007 and 2011, we estimated a difference-in-difference model of breast cancer screening uptake as a function of visit to a CAPI signatory referral GP, while controlling for both supply-side and demand-side determinants (e.g., sociodemographics, health and healthcare use). The French P4P program had a nonsignificant impact on breast cancer screening uptake. This result may reflect the fact that the low-powered incentives implemented in France through the CAPI might not provide sufficient leverage to generate better practices, thus inviting regulators to seek additional tools beyond P4P in the field of prevention and screening.

Psychiatry

Promouvoir la santé mentale : dossier

DU ROSCOÄT B. A-GIRAUX P.

2017/03

Santé en Action (La).(439): 8-46.

http://inpes.santepubliquefrance.fr/SLH/sommaires/439.asp

La promotion de la santé mentale est définie comme étant « un processus visant à renforcer la capacité des personnes et des collectivités à prendre leur vie en main et à améliorer leur santé mentale. Elle met en œuvre des stratégies qui favorisent les environnements de soutien et la résilience individuelle ». Le dossier central de ce numéro rassemble la contribution de 25 experts : il présente un état des connaissances et passe en revue un certain nombre d'initiatives de terrain pour promouvoir une santé mentale positive, mobilisant tous les acteurs requis : professionnels de la santé, du social, réseaux, services de l'État, collectivités territoriales, associations... sans oublier les citoyens eux- mêmes.

Variation in Compulsory Psychiatric Inpatient Admission in England: A Cross-Classified, Multilevel Analysis

WEICH S., *et al.*

2017

The Lancet Psychiatry., Ahead of print.

http://dx.doi.org/10.1016/S2215-0366(17)30207-9

The increasing rate of compulsory admission to psychiatric inpatient beds in England is worrying. Studying variation between places and services could be the key to identifying targets for interventions to reverse this trend. We modelled spatial variation in compulsory admissions in England using national patient-level data and quantified the extent to which patient, local-area, and service-setting characteristics accounted for this variation.

Primer Health Care

Estimating the Cost-Effectiveness of Brief Interventions for Heavy Drinking in Primary Health Care Across Europe

ANGUS C., *et al.*

2017

Eur J Public Health. 27(2): 345-351.

Screening and Brief Interventions for alcohol are an effective public health measure to tackle alcohol-related harm, however relatively few countries across the European Union (EU) have implemented them widely. This may be due to a lack of understanding of the specific financial implications of such policies within each country. A novel 'meta-modelling' approach was developed based on previous SBI cost-effectiveness models for four EU countries. Data were collected on the key factors which drive cost-effectiveness for all 28 EU countries (mean per capita alcohol consumption, proportion of the population to be screened over a 10-year SBI programme; per capita alcohol-attributable mortality; per capita alcohol-attributable morbidity; mean cost of an alcohol-related hospitalisation and mean SBI-delivery staff cost). Costs are dependent upon the proportion of the population covered by the screening programme, the country-specific per capita mortality and morbidity rate and the country-specific costs of GP care and hospitalisation. Implementing national programmes of SBI in primary health care would be a cost-effective means of reducing alcohol-attributable morbidity and deaths in almost all countries of the EU.

La recherche en soins primaires, un enjeu politique

BEAUDIN A. ET REY F.

2017

Cahiers de la Santé publique et de la protection sociale (Les).(24): 17-20.

Si l'on en croit les auteurs d'un récent ouvrage collectif, les maladies chroniques invitent à inventer la 3e médecine. Ce serait la fin de l'hospitalocentrisme. Dans ce modèle, l'exercice regroupé pluriprofession-

nel devient la base de la dispensation des soins. Le professionnel devient pour le patient un facilitateur de ses actions et décisions relatives à sa propre santé. D'où partons-nous ? Comment avancer ? Telles sont quelques questions auxquelles sera confrontée la recherche en soins primaires.

Cooperation According to French Law "Hospital, Patients, Health and Territories": Pharmacists' Involvement in Aquitaine Region

D'ELBEE M., *et al.*

2017

Rev Epidemiol Santé Publique. 65(3): 231-239.

In 2009, the French Act "Hospital, Patients, Health and Territories" (loi "Hôpital, Patients, Santé et Territoires") reorganized the outpatient care pathway and defined missions aimed at improving cooperation between pharmaceutical and medical professionals. Five years later, we conducted a survey among community pharmacists in order to assess the appropriation of these missions and the way cooperation was implemented. We also aimed to investigate factors that could hamper or ease the development of these activities in order to identify actions needed to improve pharmacists' involvement. In partnership with the local health authorities "Agence régionale de santé", we conducted a survey via an online questionnaire sent to pharmacy holders in July 2014 in Aquitaine region. Information was collected about the pharmacies, involvement in collaborative activities, and barriers to cooperation. The findings of this survey underlined pharmacists' acceptance of these missions and suggest that better information and appropriate remuneration could enhance commitment. Recent changes in the legal framework (establishment of "pharmaceutical fees", extension of the scope of pharmaceutical interviews) enable funding for collaborative practices between medical practitioners and pharmacists, thus encouraging better coordination in the patient care pathway.

Gatekeeping and the Utilization of Physician Services in France: Evidence on the Médecin Traitant Reform

DUMONTET M., *et al.*

2017

Health Policy. 121(6): 675-682.

In 2005, France implemented a gatekeeping reform designed to improve care coordination and to reduce utilization of specialists' services. Under this policy, patients designate a "médecin traitant", typically a general practitioner, who will be their first point of contact during an episode of care and who will provide referrals to specialists. A key element of the policy is that patients who self-refer to a specialist face higher cost sharing than if they received a referral from their "médecin traitant". We consider the effect of this policy on the utilization of physician services. Our analysis of administrative claims data spanning the years 2000-2008 indicates that visits to specialists, which were increasing in the years prior to the implementation of the reform, fell after the policy was in place. Additional evidence from the administrative claims as well as survey data suggest that this decline arose from a reduction in self-referrals, which is consistent with the objectives of the policy. Visits fell significantly both for specialties targeted by the policy and specialties for which self-referrals are still allowed for certain treatments. This apparent spillover effect may suggest that, at least initially, patients did not understand the subtleties of the policy.

Comment les médecins choisissent-ils leur lieu d'exercice ?

DUMONTET M., *et al.*

2016

Revue française d'économie. 31(4): 221-267.

www.cairn.info/revue-francaise-d-economie-2016-4-page-221.htm

À partir d'une base de données exhaustive, restreinte aux médecins généralistes installés en libéral entre 2005 et 2011, cet article étudie les déterminants du choix de leur lieu d'installation au sein d'une région, en distinguant quatre zones : banlieue, ville centre, ville isolée, rurale. Si les variables individuelles influencent relativement peu le choix d'une zone, les caractéristiques de l'offre et de la demande locale de soins, les dispositifs d'exonérations fiscales éventuellement offerts et les équipements disponibles dans chaque zone, expliquent significativement leur choix. Ces

résultats sont mobilisés pour simuler l'impact de trois mesures visant à augmenter le nombre de généralistes s'installant en zone rurale.

Commissioning and Equity in Primary Care in Australia: Views from Primary Health Networks

HENDERSON J., *et al.*

2017

Health Soc Care Community. 2017 Jun 12

This paper reports findings from 55 stakeholder interviews undertaken in six Primary Health Networks (PHNs) in Australia as part of a study of the impact of population health planning in regional primary health organisations on service access and equity. Primary healthcare planning is currently undertaken by PHNs which were established in 2015 as commissioning organisations. This was a departure from the role of Medicare Locals, the previous regional primary health organisations which frequently provided services. This paper addresses perceptions of 23 senior staff, 11 board members and 21 members of clinical and community advisory councils or health priority groups from six case study PHNs on the impact of commissioning on equity.

Assessing the Facilitators and Barriers of Interdisciplinary Team Working in Primary Care Using Normalisation Process Theory: An Integrative Review

O'REILLY, P., *et al.*

2017

PLoS One. 12(5): e0177026.

Interdisciplinary team working is of paramount importance in the reform of primary care in order to provide cost-effective and comprehensive care. However, international research shows that it is not routine practice in many healthcare jurisdictions. It is imperative to understand levers and barriers to the implementation process. This review examines interdisciplinary team working in practice, in primary care, from the perspective of service providers and analyses (1) barriers and facilitators to implementation of interdisciplinary teams in primary care and (2) the main research gaps. An integrative review following the PRISMA guidelines was conducted. A key lever for interdisciplinary team working in primary care is to get professionals working together and to learn from each other in practice. However, the evidence base is limited as it does not reflect the experiences of all primary care professionals and it is primarily about the enactment of team working. We need to know much more about the experiences of the full network of primary care professionals regarding all aspects of implementation work.

High-Price and Low-Price Physician Practices Do Not Differ Significantly on Care Quality or Efficiency

ROBERTS E. T., *et al.*

2017

Health Affairs. 36(5): 855-864.

http://content.healthaffairs.org/content/36/5/855.abstract

Consolidation of physician practices has intensified concerns that providers with greater market power may be able to charge higher prices without having to deliver better care, compared to providers with less market power. Providers have argued that higher prices cover the costs of delivering higher-quality care. We examined the relationship between physician practice prices for outpatient services and practices' quality and efficiency of care. Using commercial claims data, we classified practices as being high- or low-price. We used national data from the Consumer Assessment of Healthcare Providers and Systems survey and linked claims for Medicare beneficiaries to compare high- and low-price practices in the same geographic area in terms of care quality, utilization, and spending. Compared with low-price practices, high-price practices were much larger and received 36 percent higher prices. Patients of high-price practices reported significantly higher scores on some measures of care coordination and management but did not differ meaningfully in their overall care ratings, other domains of patient experiences (including physician ratings and access to care), receipt of preventive services, acute care use, or total Medicare spending. This suggests an overall weak relationship between practice prices and the quality and efficiency of care and calls into question claims that high-price providers deliver substantially higher-value care.

Health Systems

Reassessing ACOs and Health Care Reform

SCHULMAN K. A. ET RICHMAN B. D.

2016

Jama. 316(7): 707-708.

Accountable care organizations (ACOs) were the cornerstone of the novel payment strategies for Medicare reform under the Affordable Care Act (ACA). In an effort to move from fee-for-service medicine, the Centers for Medicare & Medicaid Services (CMS) aimed to encourage hospitals and physicians to collaborate by offering a bonus if they improved the quality and efficiency of care. The ACO concept appeared in 2 different initiatives under the ACA—the Pioneer ACO program and the ACO program under the Centers for Medicare & Medicaid Innovation (CMMI)—and was intended as an experiment in health policy.

Management of Diabetes Patients During the Year Prior to Initiation of Dialysis in France

TUPPIN P., *et al.*

2017

Diabetes & Metabolism. 43(3): 265-268.

www.sciencedirect.com/science/article/pii/S1262363616305067

This study looked at the management of diabetes patients during the year prior to the initiation of dialysis. For this observational study, data were extracted from the National Health Insurance database for general-scheme beneficiaries (77% of the French population). Diabetes patients were identified by at least three reimbursements for antidiabetic drugs in 2012, while the initiation of dialysis was identified by specific refunds in 2013. Results of the 6412 patients initiating dialysis, 37% (n = 2378) had diabetes (men: 61%, median age: 71 years, haemodialysis: 92%). Six months prior to dialysis, 68% had filled at least one prescription for insulin, 38% for other antidiabetics (25% glinides, 8% sulphonylureas, 8% metformin, 6% DPP-4 inhibitors), 69% for three or more classes of antihypertensive drugs and 55% for erythropoiesis-stimulating agents. Within 12 months to 1 month of dialysis, 81% were hospitalized, 28% with a main diagnosis of kidney disease. No nephrologist referral or hospitalization was identified at 6–0 months before dialysis in 6% of patients or in 24% at 12–7 months. One in five patients with diabetes consulted a private endocrinologist within 6 months of dialysis. An arteriovenous fistula was created 1 month before haemodialysis in 43% of patients. The quality of preparation for dialysis was variable despite frequent hospitalizations. These data illustrate the need to mobilize patients with diabetes, and for healthcare professionals to more effectively anticipate and coordinate dialysis.

Occupational Health

Les changements organisationnels augmentent-ils les risques psychosociaux des salariés ? : Une analyse sur données couplées

AZIZA-CHEBIL A., *et al.*

2017

Économie & prévision. 210(1): 44.

www.cairn.info/revue-economie-et-prevision-2017-1-page-25.htm

Cet article propose, à partir de l'enquête Changements Organisationnels et Informatisation 2006, une évaluation non paramétrique de l'impact des changements organisationnels ou technologiques sur les risques psychosociaux des salariés. La nature couplée de cette enquête permet de mesurer les changements au niveau salarié et entreprise. Les risques psychosociaux sont pris en compte en suivant une méthodologie recommandée par le rapport Nasse- Légeron et à sa suite le collège Gollac. Nous montrons que l'analyse de l'effet des changements organisationnels sur les risques psychosociaux n'est pas aisée et dépend de la matière dont ces changements sont mesurés. Ainsi, nous montrons qu'à moyen terme les changements organisationnels déclarés par les entreprises n'ont pas d'impact alors que ceux déclarés par les salariés ont un impact sur les risques psychosociaux.

The Social Norm of Unemployment in Relation to Mental Health and Medical Care Use: The Role of Regional Unemployment Levels and of Displaced Workers

BUFFEL V., *et al.*

2017

Work, employment and society. 31(3): 501-521.

http://journals.sagepub.com/doi/abs/10.1177/0950017016631442

The relationships between unemployment, mental health (care) and medication use among 50–65 year-old men (N = 11,789) and women (N = 15,118) are studied in Europe. Inspired by the social norm theory of unemployment, the relevance of regional unemployment levels and workplace closure are explored, using multilevel analyses of data from the Survey of Health, Ageing and Retirement. In line with the social norm theory, the results show that – only for men – displaced workers are less depressed and use less medication than the non-displaced unemployed. However, they report more depressive symptoms than the employed, which supports the causal effect of unemployment on mental health. Non-displaced unemployed men are also more likely to consume medication than the displaced unemployed. In addition, using regional unemployment as a proxy for the social norm of unemployment can be questioned when studying mental health effects, as it seems to be a stronger measurement of labour market conditions than of the social norm of unemployment, especially during a recession.

Examination of the Double Burden Hypothesis-A Systematic Review of Work-Family Conflict and Sickness Absence

NILSEN W., *et al.*

2017

Eur J Public Health. 27(3): 465-471.

Women consistently have higher sickness absence than men. The double-burden hypothesis suggests this is due to higher work-family burden in women than men. The current study aimed to systematically review prospective studies of work-family conflict and subsequent sickness absence. A systematic search was conducted in the electronic databases Medline, PsycINFO, and Embase with subject heading terms and keywords with no language or time restrictions. We found moderate evidence for a positive relationship between work-family conflict and subsequent sickness absence, and that women experience higher levels of work-family conflict than men. Work-family conflict is associated with later sickness absence, and work-family conflict is more common for women than for men. This indicates that work-family conflict may contribute to the gender gap in sick leave. However, further studies are needed to confirm whether this relationship is causal.

Expectations, Loss Aversion and Retirement Decisions in the Context of the 2009 Crisis in Europe

SIRVEN N. ET BARNAY T.

2017

International Journal of Manpower. 38(1): 25-44.

www.emeraldinsight.com/doi/abs/10.1108/IJM-02-2016-0041

The purpose of this paper is to estimate a reduced form model of expectations-based reference-dependent preferences to explain job retention of older workers in Europe in the context of the 2009 economic crisis. Using individual micro-economic longitudinal data from the Survey of Health, Ageing, and Retirement in Europe between 2006 and 2011, the authors derive a measure of "good, bad or no surprise" from workers' anticipated evolution of their standard of living five years from 2006 (reference point) and from a comparison of their capacity to make ends meet between 2006 and 2011. The authors find that the probability to remain on the labour market in 2011 is significantly higher for individuals who experienced a lower than expected standard of living. The effect of a "bad surprise" on job retention is larger than the effect of a "good surprise" once netted out from the effects of expectations at baseline, change in consumption utility, and the usual life-cycle determinants on job retention of older workers. The authors interpret this result as an evidence of loss aversion in the case the reference point is based on individuals' expectations. The authors also find that loss aversion is more common among men, risk-averse individuals and those with a higher perceived life expectancy.

Ageing

Characteristics, Diseases and Mortality of People Admitted to Nursing Homes for Dependent Seniors During the First Quarter of 2013 in France

ATRAMONT A., *et al.*

2017

Rev Epidemiol Santé Publique. 65(3): 221-230.

The aim of this study is to describe the state of health, through healthcare consumption and mortality, of people admitted to nursing homes (Ehpad) in France. People over the age of 65 years admitted to an Ehpad institution during the first quarter of 2013, beneficiaries of the national health insurance general scheme (69% of the population of this age), were identified from the Resid-Ehpad database and their reimbursed health care was extracted from the SNIIRAM database, identifying 56 disease groups by means of algorithms (long-term disease diagnoses and hospitalisations, medicinal products, specific procedures). Disease prevalences were compared to those of other beneficiaries by age- and sex-standardized morbidity/mortality ratios (SMR). A total of 25,534 people were admitted (mean age: 86 years, 71% women). Before admission, these people presented a marker for cardiovascular or neurovascular disease (48% of cases), dementia (34%), cancer (18%), and psychiatric disorders (14%). Compared to non-residents, new residents more frequently presented dementia (SMR = 3-40 according to age and sex), psychiatric disorders (SMR = 2.5-12, including psychotic disorders SMR = 18-21 in the 65-74 year age-group), neurological disorders (SMR = 2-12, including epilepsy SMR = 14 in the 65-74 year age-group), and cardiovascular and neurovascular disease (SMR = 1.2-3). Overall mortality in 2013 was 22%, with a maximum excess between the ages of 65-74 years (males, SMR = 8.8, females, SMR = 15.9). Medical and administrative data derived from linking the Resid-Ehpad/Sniiram databases reveal a severely impaired state of health, considering healthcare use of institutionalized dependent elderly people, and a high prevalence of diseases responsible for severe dependence and excess mortality, especially among the younger residents.

Informal and Formal Care: Substitutes or Complements in Care for People with Dementia? Empirical Evidence for 8 European Countries

BREMER P., *et al.*

2017

Health Policy. 121(6): 613-622.

In order to contain public health care spending, European countries attempt to promote informal caregiving. However, such a cost reducing strategy will only be successful if informal caregiving is a substitute for formal health care services. We therefore analyze the effect of informal caregiving for people with dementia on the use of several formal health care services. The empirical analysis is based on primary data generated by the EU-project 'RightTimePlaceCare' which is conducted in 8 European countries. 1223 people with dementia receiving informal care at home were included in the study. Using a regression framework we analyze the relationship between informal care and three different formal health care services: the receipt of professional home care, the number of nurse visits and the number of outpatient visits. Increased informal caregiving effectively reduces public health care spending by reducing the amount of formal home care services. However, these effects differ between countries.

Le RAI-Home Care : utilisation, potentiels et limites dans les soins à domicile

BUSNEL C., *et al.*

2017

Gérontologie et société. vol. 39(2): 182.

www.cairn.info/revue-gerontologie-et-societe-2017-2-page-167.htm

Le vieillissement démographique observé dans les pays industrialisés amène les acteurs de la santé à revoir et adapter les modèles de soins en agissant en amont des situations de dépendance des personnes âgées. Cet article discute des potentiels et des limites du « Resident Assesment Instrument – Home Care » (RAI-HC), un instrument utilisé en routine clinique par les infirmières des soins à domicile. Le RAI-HC permet d'évaluer l'état de santé global des bénéficiaires et d'établir des objectifs individualisés de prise en

charge. La qualité et la nature des informations ainsi collectées sont suffisamment riches pour permettre le développement d'indicateurs et de scores reflétant des concepts utilisés dans le domaine de la gérontologie (fragilité, comorbidités, complexité). Néanmoins, pour répondre pleinement aux enjeux de prévention de la dépendance, l'utilisation du RAI-HC nécessite d'être complétée par le recours à des instruments cliniques spécifiques aux domaines de santé évalués et accompagnée de formations adaptées. Ce point est illustré par deux situations domiciliaires : le repérage de la dénutrition et celui des troubles cognitifs.

The Bridport Project Community Services for Frail Elderly Patients in West Dorset

DHARAMSHI R.

2017

Age and Ageing. 46(suppl_1): i1-i22.
http://dx.doi.org/10.1093/ageing/afx055.3

West Dorset has 100,000 people; 13.5% are over 75 years old. Bridport is rural, with poor transport links and is 16 miles from an acute hospital. Over the last year, the Bridport Project has sought to deliver care to elderly patients as close to home as possible.

L'approche globale dans le champ de la dépendance. De l'impulsion nationale à la réappropriation locale d'une réforme en France

GARABIGE A. ET TRABUT L.

2017

Revue européenne des sciences sociales. 55-1(1): 168.
www.cairn.info/revue-europeenne-des-sciences-sociales-2017-1-page-149.htm

La dépendance, ou la prise en charge de la perte d'autonomie, des personnes âgées constitue aujourd'hui un enjeu majeur dans l'ensemble des pays européens. Une des tendances privilégiées est le maintien à domicile plutôt qu'une prise en charge en institution. En France, face à un système traversant une crise financière, de nombreuses mesures sont mises en œuvre pour réformer une politique jusqu'alors marquée par une forte segmentation entre prise en charge sanitaire et prise en charge sociale. La mise en œuvre de l'accompagnement « global » implique que des acteurs aux statuts et cultures variés s'ajustent dans des territoires hétérogènes. Elle suppose donc des ajustements autour des champs et niveaux territoriaux d'intervention, mais aussi des modalités d'implication des différents acteurs.

Aspects démographiques du grand âge en Europe

GAYMU J.

2017

Revue européenne des sciences sociales. (55-1): 19-40.
https://www.cairn.info/revue-europeenne-des-sciences-sociales-2017-1-page-19.htm

Tous les pays européens sont engagés dans un processus de vieillissement démographique. Analysant la période 1980-2040, cet article montre que ce phénomène se pose et se posera demain, en des termes différents selon les pays en raison de la diversité de leur histoire démographique. L'accent est également mis sur les inégalités de conditions de mortalité au grand âge qui, notamment, façonnent différemment le contexte conjugal à ce stade de la vie. Toutefois, dans tous les pays, c'est la population la plus âgée, ayant atteint ou dépassé l'âge de 85 ans, qui augmentera le plus, évolution qui risque de nécessiter des ajustements des politiques de prise en charge de la perte d'autonomie. Par-delà ces « certitudes » démographiques, sont évoquées certaines transformations probables du vécu du grand âge liées au renouvellement des générations qui pourraient changer la nature des besoins d'assistance des futures personnes âgées.

L'introuvable démocratie du care ? La gouvernance multiscalaire des systèmes d'aide et de soins à domicile des personnes âgées entre néo-familialisme et privatisation : les cas de Hambourg et Édimbourg

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2017

Revue européenne des sciences sociales. 55-1(1): 147.
www.cairn.info/revue-europeenne-des-sciences-sociales-2017-1-page-127.htm

Cet article met en perspective une vision normative des systèmes d'aide et soins à domicile des personnes âgées dérivée de la démocratie du care développée

par Joan Tronto avec deux régimes concrets de care : Hambourg et Édimbourg. Le concept de démocratie du care est resitué dans les évolutions récentes des régimes d'aide et de soins à domicile en Europe. Son agenda normatif est ensuite décliné autour de quelques éléments concrets permettant l'évaluation qualitative de réformes et innovations locales. Dans le cas de Hambourg, le modèle des conférences du soin tente de contrer les ruptures et les discontinuités au sein du régime local de care en renforçant la participation des différentes parties prenantes. Dans le cas d'Édimbourg, la politique communale a couplé l'introduction d'un parcours de soins centré sur la réhabilitation des personnes avec une politique de privatisation des services. Le concept de démocratie du care s'avère utile parce qu'il permet une analyse de trajectoires de cas singuliers dans un contexte comparatif situé.

The Emerging Market for Supplemental Long Term Care Insurance in Germany in the Context of the 2013 Pflege-Bahr Reform

NADASH P. ET CUELLAR A. E.

2017

Health Policy. 121(6): 588-593.

The growing cost of long term care is burdening many countries' health and social care systems, causing them to encourage individuals and families to protect themselves against the financial risk posed by long term care needs. Germany's public long-term care insurance program, which mandates coverage for most Germans, is well-known, but fewer are aware of Germany's growing voluntary, supplemental private long-term care insurance market. This paper discusses German policymakers' 2013 effort to expand it by subsidizing the purchase of qualified policies. We provide data on market expansions and the extent to which policy goals are being achieved, finding that public subsidies for purchasing supplemental policies boosted the market, although the effect of this stimulus diminished over time. Meanwhile, sales growth in the unsubsidized market appears to have slowed, despite design features that create incentives for lower-risk individuals to seek better deals there. Thus, although subsidies for cheap, low-benefit policies seem to have achieved the goal of market expansion, the overall impact and long-term sustainability of these products is unclear; conclusions about its impact are further muddied by significant expansions to Germany's core program. The German example reinforces the examples of the US and France private long term care insurance markets, to show how such products flourish best when supplementing a public program.

Concilier vie professionnelle et aide informelle à un parent âgé. Un défi des 50-64 ans en Europe

PEYRACHE M. ET OGG J.

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Revue européenne des sciences sociales. 55-1(1): 125.

www.cairn.info/revue-europeenne-des-sciences-sociales-2017-1-page-97.htm

Cet article met en perspective le taux d'emploi et d'aide informelle parmi les 50-64 ans ayant au moins un parent vivant dans quatre pays européens, sur les deux dernières vagues disponibles de l'enquête « Share » 2010 et 2012 (Vagues 4 et 5). En effet, l'allongement de l'espérance de vie et le recul de l'âge de départ à la retraite questionnent l'articulation entre vie professionnelle et aide informelle à un parent âgé. En outre, l'engagement de plus en plus important des femmes sur les marchés du travail en Europe, alors que celles-ci sont les principales aidantes des parents âgés, fait craindre une pression d'autant plus forte sur les systèmes de protection sociale. La perception de l'état de santé du parent joue un rôle primordial sur l'aide apportée à celui-ci, et l'intensité de cette aide joue également un rôle important dans la probabilité d'être en emploi.

Prognostic Indices for Older Adults During the Year Following Hospitalization in an Acute Medical Ward: An Update

THOMAZEAU J., *et al.*

2017

Presse Med. 46(4): 360-373.

As population grow older, chronic diseases are more prevalent. It leads to an increase of hospitalization for acute decompensation, sometimes iterative. Management of these patients is not always clear, and care provided is not always proportional to life expectancy. Making decisions in acute situations is not easy. his review aims to list and describe mortality scores within a year following hospitalization of patients of

65 years or older. Following keywords were searched in title and abstract of articles via an advanced search in PudMed, and by searching Mesh terms: “aged”, “aged, 80 and over”, “mortality”, “prognosis”, “hospitalized”, “models, statistical”, “acute geriatric ward”, “frailty”, “outcome”. Studies published in English between 1985 and 2015 were selected. Articles that described prognostic factors of mortality without a scoring system were excluded. Articles that focus either on patients in the Emergency Department and in Intensive Care Unit, or living in institution were excluded. Twenty-two scores are described in 17 articles. These scores use items that refer to functional status, comorbidities, cognitive status and frailty. Scores of mortality 3 or 6 months after hospitalization are not discriminative.