IRDES

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

# Veille scientifique en économie de la santé

## Watch on Health Economics Literature

### Janvier 2024 / January 2024

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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

## *Health Insurance*

### ▶ The Impact of a Long-Term Care Information Campaign on Insurance Coverage

BROWN J. H.

2023

**Journal of Health Economics 92: 102822.**

https://doi.org/10.1016/j.jhealeco.2023.102822

I estimate the impact of an information campaign on long-term care planning behaviors. I identify this effect using the staggered timing of the federal-state "Own Your Future" campaign, which urged individuals to plan ahead for long-term care needs and reached 26 states over five years. I find the campaign increased long-term care insurance coverage for individuals in the top quintile of the asset distribution by four percentage points, or seventeen percent. A back-of-the-envelope calculation indicates Medicaid savings of $483 million in present value.

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

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

2023

**Health Economics 32(11): 2516-2534.**

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

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

### ▶ Do Private Health Providers Help Achieve Universal Health Coverage? a Scoping Review of the Evidence From Low-Income Countries

COVENEY L., MUSOKE D. ET RUSSO G.

2023

**Health Policy and Planning 38(9): 1050-1063.**

https://doi.org/10.1093/heapol/czad075

Universal Health Coverage (UHC) is the dominant paradigm in health systems research, positing that everyone should have access to a range of affordable health services. Although private providers are an integral part of world health systems, their contribution to achieving UHC is unclear, particularly in low-income countries (LICs). We scoped the literature to map out the evidence on private providers' contribution to UHC progress in LICs. Literature searches of PubMed, Scopus and Web of Science were conducted in 2022. A total of 1049 documents published between 2002 and 2022 were screened for eligibility using predefined inclusion criteria, focusing on formal as well as informal private health sectors in 27 LICs. Primary qualitative, quantitative and mixed-methods evidence was included, as well as original analysis of secondary data. The Joanna Briggs Institute's critical appraisal tool was used to assess the quality of the studies. Relevant evidence was extracted and analysed using an adapted UHC framework. We identified 34 papers documenting how most basic health care services are already provided through the private sector in countries such as Uganda, Afghanistan and Somalia. A substantial proportion of primary care, mother, child and malaria services are available through non-public providers across all 27 LICs. Evidence exists that while formal private providers mostly operate in well-served urban settings, informal and not-for-profit ones cater for underserved rural

and urban areas. Nonetheless, there is evidence that the quality of the services by informal providers is sub-optimal. A few studies suggested that the private sector fails to advance financial protection against ill-health, as costs are higher than in public facilities and services are paid out of pocket. We conclude that despite their shortcomings, working with informal private providers to increase quality and financing of their services may be key to realizing UHC in LICs.

### Financial Risk Protection in Private Health Insurance: Empirical Evidence on Catastrophic and Impoverishing Spending From Germany's Dual Insurance System

HENGEL P., BLÜMEL M., SIEGEL M., *et al.*

2023

**Health Economics, Policy and Law: 1-18.**

https://doi.org/10.1017/S1744133123000105

Financial risk protection from high costs for care is a main goal of health systems. Health system characteristics typically associated with universal health coverage and financial risk protection, such as financial redistribution between insureds, are inherent to, e.g. social health insurance (SHI) but missing in private health insurance (PHI). This study provides evidence on financial protection in PHI for the case of Germany's dual insurance system of PHI and SHI, where PHI covers 11% of the population. Linked survey and claims data of PHI insureds (n = 3105) and population-wide household budget data (n = 42,226) are used to compute the prevalence of catastrophic health expenditures (CHE), i.e. the share of households whose out-of-pocket payments either exceed 40% of their capacity-to-pay or push them (further) into poverty. Despite comparatively high out-of-pocket payments, CHE is low in German PHI. It only affects the poor. Key to low financial burden seems to be the restriction of PHI to a small, overall wealthy group. Protection for the worse-off is provided through special mandatorily offered tariffs. In sum, Germany's dual health insurance system provides close-to-universal coverage. Future studies should further investigate the effect of premiums on financial burden, especially when linked to utilisation.

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

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

2023

**Health Policy 137: 104913.**

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

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

### Le volet bucco-dentaire de la réforme 100 % santé : premiers éléments descriptifs

INQUIMBERT C., TRAMINI P. ET BAS A.-C.

2023

**Santé Publique 35(HS1): 113-118.**

https://www.cairn.info/revue-sante-publique-2023-HS1-page-113.htm

La réforme 100 % santé est un choc important dans les pratiques tarifaires et assurantielles en santé orale en France. L'objectif de l'étude est d'observer l'évolution de la consommation de soins dentaires et notamment prothétiques sur une période regroupant des années

ante- et post- réforme. Cette étude exploratoire, soutenue par des travaux de recherche descriptifs, fournit les premiers éléments d'analyse utiles pour évaluer la réforme 100 % santé sur le volet bucco- dentaire. Il s'agit d'une étude exploratoire reposant sur les données de consommation de soins de 3 466 764 bénéficiaires de 3- 25 ans de l'Assurance maladie en Occitanie, sur la période allant du 1er janvier 2016 au 31 décembre 2020. L'analyse descriptive de ces données a permis de mettre en évidence que les soins prothétiques sont les seuls soins consommés dont la moyenne augmente entre 2019 et 2020 : hausse relative de + 4 % chez les 3- 25 ans et + 6,7 % chez les 21- 25 ans. De plus, chez les 21- 25 ans, on observe un recul de la part des prothèses dans les soins consommés en 2019, puis un regain se rapprochant de 0,3 % de la part initiale en 2020. Malgré l'impossibilité de conclure à un réel effet, ces résultats montrent une tendance positive selon laquelle l'objectif d'augmentation de la consommation des soins prothétiques de la réforme semble se réaliser. Cette étude souligne l'importance d'évaluer les répercussions à long terme de la crise Covid et de la réforme 100 % santé sur les consommations de soins dentaires.

### Elderly Responses to Private Health Insurance Incentives: Evidence From Australia

LIU J. ET ZHANG Y.

2023

**Health Economics 32(12): 2730-2744.**

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4751

Many governments with dual public and private health systems offer subsidies for private health insurance (PHI) with the aim to ease the burden on the public system. Understanding how elderly individuals respond to these PHI subsidies is important because they typically have greater health care needs but often struggle with the affordability of PHI. However, prior studies provide little guidance on this issue because they have mainly focused on the responses to PHI incentives among the general population. This paper leverages a unique age-specific policy intervention in Australia that provided higher rebates for individuals over the age of 65. Using administrative tax data, we examine how this policy affected PHI take-up decisions of elderly individuals under an event study difference-in-differences framework. We find that higher rebates led to a modest increase in PHI take-up. The estimated price elasticities of PHI demand were in the –0.1 to –0.2 range in the first 2 years of the policy. Moreover, the demand responses were more elastic among those with low incomes. Our findings indicate that a more targeted subsidy program, specially tailored to low-income elders, would yield greater effectiveness in increasing PHI take-up.

### Changing Roles of Health Insurers in France, Germany, and the Netherlands: Any Lessons to Learn From Bismarckian Systems?

SCHUT F. T., HENSCHKE C. ET OR Z.

2023

**Health Economics, Policy and Law 18(4): 362-376.**

https://doi.org/10.1017/S1744133123000191

Bismarckian health systems are mainly governed by social health insurers, but their role, status, and power vary across countries and over time. We compare the role of health insurers in three distinct social health insurance systems in improving health systems' efficiency. In France, insurers work together as a single payer within a highly regulated context. Although this gives insurers substantial bargaining power, collective negotiations with providers are highly political and do not provide appropriate incentives for efficiency. Both Germany and the Netherlands have introduced competition among insurers to foster efficiency. However, the rationale of insurer competition in Germany is unclear because contracts are mostly concluded at a collective level and individual insurers have little power to influence health system efficiency. In the Netherlands, insurer competition is substantially more effective, but primarily focused on price and cost containment. In all three countries, the role of insurers has been transforming slowly to respond to common challenges of assuring care quality and continuity for an ageing population. To assure sustainability, they need to ensure that care providers cooperate with the same quality and efficiency objectives, but their capacity to do so has been limited by insufficient support to enforce public information on provider quality.

# E-santé – Technologies médicales

## *E-health – Medical Technologies*

### Opportunities For Healthcare Digitalization in Europe: Comparative Analysis of Inequalities in Access to Medical Services

MAJCHEREK D., HEGERTY S. W., KOWALSKI A. M., *et al.*

2024

**Health Policy(139): 104950.**
https://doi.org/10.1016/j.healthpol.2023.104950

Digitalization of healthcare systems is a great opportunity to address inequalities in access to healthcare in the European Union. There is an urgent need to build on what we learned from the COVID-19 pandemic, where digital health technologies were integrated swiftly to limit challenges in healthcare delivery. We created a database for the 27 European Union countries from the European Health Interview Survey (EHIS), the Digital Economy and Society Index (DESI), and other Eurostat databases. We performed k-means cluster analysis to group EU countries along two dimensions: inequalities in access to medical services and level of digitalization. We identified five distinct clusters: two clusters with high, two clusters with moderate, and one cluster with low unmet need for healthcare. Regarding digitalization, only one cluster comprising the Nordic countries, Spain and Cyprus exhibit high digital readiness. A cluster comprising the most developed countries in Western Europe represents moderate levels of both unmet need for healthcare and digitalization. For most EU countries, there is still a need to build digital infrastructure for the healthcare industry, which in the long term may increase the number of digital solutions used by both patients and healthcare professionals. Policy makers across the EU need to consider investing in initiatives that would support digital health solutions as an effective means of healthcare provision and healthcare management.

### Promoting the Systematic Use of Real-World Data and Real-World Evidence For Digital Health Technologies Across Europe: A Consensus Framework

SRIVASTAVA D., HENSCHKE C., VIRTANEN L., *et al.*

2023

**Health Economics, Policy and Law 18(4): 395-410.**
https://doi.org/10.1017/S1744133123000208

Despite the acceleration in the use of digital health technologies across different aspects of the healthcare system, the full potential of real-world data (RWD) and real-world evidence (RWE) arising from the technologies is not being utilised in decision-making. We examine current national efforts and future opportunities to systematically use RWD and RWE in decision-making in five countries (Estonia, Finland, Germany, Italy and the United Kingdom), and then develop a framework for promotion of the systematic use of RWD and RWE. A review assesses current national efforts, complemented with a three-round consensus-building exercise among an international group of experts (n1 = 44, n2 = 24, n3 = 24) to derive key principles. We find that Estonia and Finland have invested and developed digital health-related policies for several years; Germany and Italy are the more recent arrivals, while the United Kingdom falls somewhere in the middle. Opportunities to promote the systematic use of RWD and RWE were identified for each country. Eight building blocks principles were agreed through consensus, relating to policy scope, institutional role and data collection. Promoting post-market surveillance and digital health technology vigilance ought to rely on clarity in scope and data collection with consensus reached on eight principles to leverage RWD and RWE.

# Économie de la santé

## *Health Economics*

### ▶ Cost–Benefit Analysis of the Cocare Intervention to Improve Medical Care in Long-Term Care Nursing Homes: An Analysis Based on Claims Data

BRÜHMANN B. A., KAIER K., VON DER WARTH R., *et al.*

2023

**The European Journal of Health Economics 24(8): 1343-1355.**

https://doi.org/10.1007/s10198-022-01546-7

Providing adequate medical care to nursing home residents is challenging. Transfers to emergency departments are frequent, although often avoidable. We conducted the complex CoCare intervention with the aim to optimize nursing staff–physician collaboration to reduce avoidable hospital admissions and ambulance transportations, thereby reducing costs.

### ▶ Criteria For the Procedural Fairness of Health Financing Decisions: A Scoping Review

DALE E., PEACOCKE E. F., MOVIK E., *et al.*

2023

**Health Policy and Planning 38(Supplement_1): i13-i35.**

https://doi.org/10.1093/heapol/czad066

Due to constraints on institutional capacity and financial resources, the road to universal health coverage (UHC) involves difficult policy choices. To assist with these choices, scholars and policy makers have done extensive work on criteria to assess the substantive fairness of health financing policies: their impact on the distribution of rights, duties, benefits and burdens on the path towards UHC. However, less attention has been paid to the procedural fairness of health financing decisions. The Accountability for Reasonableness Framework (A4R), which is widely applied to assess procedural fairness, has primarily been used in priority-setting for purchasing decisions, with revenue mobilization and pooling receiving limited attention. Furthermore, the sufficiency of the A4R framework's four criteria (publicity, relevance, revisions and appeals, and enforcement) has been questioned. Moreover, research in political theory and public administration (including deliberative democracy), public finance, environmental management, psychology, and health financing has examined the key features of procedural fairness, but these insights have not been synthesized into a comprehensive set of criteria for fair decision-making processes in health financing. A systematic study of how these criteria have been applied in decision-making situations related to health financing and in other areas is also lacking. This paper addresses these gaps through a scoping review. It argues that the literature across many disciplines can be synthesized into 10 core criteria with common philosophical foundations. These go beyond A4R and encompass equality, impartiality, consistency over time, reason-giving, transparency, accuracy of information, participation, inclusiveness, revisability and enforcement. These criteria can be used to evaluate and guide decision-making processes for financing UHC across different country income levels and health financing arrangements. The review also presents examples of how these criteria have been applied to decisions in health financing and other sectors.

### ▶ The Impact of Changes in a Physician Fee Schedule on Medical Expenditures, Fees, and Volume of Services. Evidence From a National Fee Schedule Reform in Australia

JUN D. ET SCOTT A.

2023

**Social Science & Medicine 337: 116269.**

https://doi.org/10.1016/j.socscimed.2023.116269

We examine the impact of changes to a national physician fee schedule on total medical expenditures, the volume of services, and fees charged. In our context, changes to the fee schedule were designed to promote value-based health care, and so included different types of changes to subsidised medical services, including changes to fees. Using claims data from a sample of doctors linked to a physician survey, we use difference-in-difference methods with a staggered adoption design to compare medical services which were affected with those which were not. We show that medical expenditures and the volume of affected services fell, though there is uncertainty about the magni-

tude of the fall. For GPs, we find evidence of increases in expenditures and fees and an increase in fees for some services provided by specialists.

### Elevating Research on How Healthcare Payment and Financing Can Improve Health Equity

KWOK J. H. ET LÉGER P. T.

2023

**Health Services Research 58(S3): 284-288.**

https://doi.org/10.1111/1475-6773.14240

Health equity is a priority for the United States, which ranks lowest among high-income countries in providing equitable healthcare.1 The United States healthcare system uses a complex set of financing approaches and payment models, which makes achieving equity in healthcare access, affordability, and quality—as well as equity in health—extremely challenging. In the context of the Health Equity Summit, the Agency for Healthcare Research and Quality (AHRQ) convened five expert teams to coauthor papers including one on 'The Role of Payment and Financing in Achieving Health Equity' by Eschliman B, et al., which is published in this issue.

### Educational Attainment Affects the Diagnostic Time in Type 2 Diabetes Mellitus and the Mortality Risk of Those Enrolled in the Diabetes Pay-For-Performance Program

LIAO Y.-S., TSAI W.-C., CHIU L.-T., *et al.*

2023

**Health Policy 138: 104917.**

https://doi.org/10.1016/j.healthpol.2023.104917

Most patients are diagnosed as having diabetes only after experiencing diabetes complications. Educational attainment might have a positive relationship with diabetes prognosis. The diabetes pay-for-performance (P4P) program—providing comprehensive, continuous medical care—has improved diabetes prognosis in Taiwan. This retrospective cohort study investigated how educational attainment affects the presence of diabetes complications at diabetes diagnosis and mortality risk in patients with diabetes enrolled in the P4P program. From the National Health Insurance Research Database, we identified patients aged >45 years who had received a new diagnosis of type 2 diabetes during 2002–2015; they were followed up until the end of 2017. We next used logistic regression analysis to explore whether the patients with different educational attainments had varied diabetic complication risks at diabetes diagnosis. The Cox proportional hazard model was employed to examine the association of different educational attainments in people with diabetes with mortality risk after their enrollment in the P4P program. The results indicated that as educational attainment increased, the risk of diabetes complications at type 2 diabetes diagnosis decreased gradually. When type 2 diabetes with different educational attainments joined the P4P program, high school education had the highest effect on reducing mortality risk; however, those with ≤ 6th grade education had the lowest impact.

### Out-Of-Pocket Costs Sustained in the Last 12 Months By Cancer Patients: An Italian Survey-Based Study on Individual Expenses Between 2017 and 2018

LILLINI R., DE LORENZO F., BAILI P., *et al.*

2023

**The European Journal of Health Economics 24(8): 1309-1319.**

https://doi.org/10.1007/s10198-022-01544-9

Out of Pocket costs (OOP) sustained by cancer patients also in public NHS contribute to disease-related financial toxicity. Aim of the study was to investigate the amount and the types of OOP sustained by Italian cancer patients for care services.

### Excess Costs of Multiple Sclerosis: A Register-Based Study in Sweden

MURLEY C., TINGHÖG P., TENI F. S., *et al.*

2023

**The European Journal of Health Economics 24(8): 1357-1371.**

https://doi.org/10.1007/s10198-022-01547-6

Population-based estimates of the socioeconomic burden of multiple sclerosis (MS) are limited, especially regarding primary healthcare. This study aimed to estimate the excess costs of people with MS that could be attributed to their MS, including primary healthcare.

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

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

2023

**Health Economics 32(11): 2477-2498.**

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

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

### The Long-Term Effectiveness and Cost-Effectiveness of Public Health Interventions; How Can We Model Behavior? a Review

SQUIRES H., KELLY M. P., GILBERT N., *et al.*

2023

**Health Economics 32(12): 2836-2854**

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4754

The effectiveness and cost of a public health intervention is dependent on complex human behaviors, yet health economic models typically make simplified assumptions about behavior, based on little theory or evidence. This paper reviews existing methods across disciplines for incorporating behavior within simulation models, to explore what methods could be used within health economic models and to highlight areas for further research. This may lead to better-informed model predictions. The most promising methods identified which could be used to improve modeling of the causal pathways of behavior-change interventions include econometric analyses, structural equation models, data mining and agent-based modeling; the latter of which has the advantage of being able to incorporate the non-linear, dynamic influences on behavior, including social and spatial networks. Twenty-two studies were identified which quantify behavioral theories within simulation models. These studies highlight the importance of combining individual decision making and interactions with the environment and demonstrate the importance of social norms in determining behavior. However, there are many theoretical and practical limitations of quantifying behavioral theory. Further research is needed about the use of agent-based models for health economic modeling, and the potential use of behavior maintenance theories and data mining.

### Hospital-Physician Integration and Value-Based Payment: Early Results From MIPS

THAI N. H., POST B. ET YOUNG G. J.

2023

**Medical Care 61(12): 822-828.**

https://doi.org/10.1097/mlr.0000000000001923

Hospital-physician integration is often justified as a driver of clinical quality improvement due to joint resources covering a broad spectrum of care. Value-based programs, such as the Medicare Merit-Based Incentive Payment System (MIPS), are intended to tie financial incentives to clinical quality, which may confer an advantage on such integrated practices. Objectives: We assessed the relationship between hospital-physician integration and MIPS performance by comparing hospital-integrated practices and independent practices. Research Design: This was a cross-sectional study using data from the Quality Payment Program for the performance year 2020. Subjects: Physician practices with a valid MIPS composite score in performance year 2020. Measures: Hospital integration was based on whether at least 75% of a practice's physicians either billed most of their services using hospital outpatient department codes or billed through a hospital tax identifier. The primary outcome was the MIPS quality category score, and the secondary outcomes were the specific quality measures reported by practice groups. Results: Of the 20 most frequently reported measures, 14 were common in both groups. No difference was observed in the quality category score between hospital-integrated practices and independent practices in either unadjusted comparisons or

after adjusting for practice characteristics, including practice size, geography, specialty mix, and case mix. In the secondary outcome models for specific quality measures, hospital-integrated practices achieved higher scores on most overlap measures but not all. Conclusions: The findings on quality category score suggest that hospital integration does not confer much advantage in the context of MIPS quality performance.

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

TORRINI I., GRASSETTI L. ET RIZZI L.

2023

**Health Policy 137: 104902.**

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

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

# Environnement et santé

## *Environmental Health*

### ▶ The 2023 Report of the Countdown on Health and Climate Change: The Imperative For a Health-Centred Response in a World Facing Irreversible Harms

ROMANELLO M., NAPOLI C. D., GREEN C., *et al.*

2023

**The Lancet 14.**

https://doi.org/10.1016/S0140-6736(23)01859-7

The Lancet Countdown is an international research collaboration that independently monitors the evolving impacts of climate change on health, and the emerging health opportunities of climate action. In its eighth iteration, this 2023 report draws on the expertise of 114 scientists and health practitioners from 52 research institutions and UN agencies worldwide to provide its most comprehensive assessment yet.

# État de santé

## *Health Status*

### The Intergenerational Transmission of Mental and Physical Health in the United Kingdom

BENCSIK P., HALLIDAY T. J. ET MAZUMDER B.

2023

**Journal of Health Economics 92: 102805.**

https://doi.org/10.1016/j.jhealeco.2023.102805

As health is increasingly recognized as a key component of human welfare, a new line of research on intergenerational mobility has emerged that focuses on broad measures of health. We extend this research to consider two key components of health: physical health and mental health. We use rich survey data from the United Kingdom linking the health of adult children at around age 30 to their parents. We estimate that the rank–rank slope in health is 0.17 and the intergenerational health association is 0.19 suggesting relatively rapid mobility compared to other outcomes such as income. We find that while both mental and physical health have a similar degree of intergenerational persistence, parents' mental health is much more strongly associated with broad measures of adult children's health than parents' physical health. We also show that the primacy of parent mental health over physical health on children's health appears to emerge during early adolescence. Finally, we construct a comprehensive measure of welfare by combining income and health and estimate a rank–rank association of 0.27. This is considerably lower than the comparable estimate of 0.43 from the US suggesting that there is greater mobility in welfare in the UK than in the US.

### Association Between Physical Activity and Health in Healthcare Professionals : Results From the Nationwide AMADEUS Survey

FOND G., SMITH L., BOUSSAT B., *et al.*

2023

**Revue d'Épidémiologie et de Santé Publique 71(6): 102183.**

https://doi.org/10.1016/j.respe.2023.102183

The objective of this study was to assess the prevalence of healthcare professionals engaging in insufficient levels of physical activity (PA) and to identify socio-demographic, professional and health characteristics associated with insufficient PA levels. Methods We conducted a nationwide online cross-sectional study targeting healthcare professionals in France from May 2021 to June 2021. Participant recruitment involved outreach through social networks, professional networks, and email invitations. PA levels were assessed using the International Physical Activity Questionnaire (IPAQ), with insufficient PA defined as weekly PA totaling less than 600 mets/week. Results The study included a total of 10,325 participants, of whom 3939 (38.1%, 95% confidence interval 37.1–39.0%) exhibited insufficient levels of PA. In the multivariable analysis, we identified factors associated with insufficient PA: ages between 35–44 (aOR = 1.58, 95%CI [1.21–2.06], p = .001) and 45–54 years (aOR = 1.40, 95%CI [1.07–1.83], p = .015), gender (female aOR = 1.47, 95%CI [1.12–1.44], p<.001), and professions including health executive (aOR = 1.27, 95%CI [1.32–1.64], p<.001), nurse assistant (aOR = 1.25, 95%CI [1.07–1.47], p = .006), and physician (aOR = 1.18, 95%CI [1.03–1.34], p = .015). Additionally, burnout (aOR = 1.32, 95%CI [1.21–1.44], p<.001), tobacco use (aOR = 1.33, 95%CI [1.20–1.58], p<.001), being overweight (aOR = 1.39, 95%CI [1.28–1.52], p<.001), major depression (aOR = 1.44, 95%CI [1.20–1.47], p<.001), and sleep disorders (aOR = 1.14, 95%CI [1.05–1.25], p = .002) were associated with insufficient PA. Work night shifts was associated with sufficient PA. Conclusion Our study has revealed a substantial prevalence of healthcare professionals with insufficient PA levels. This prevalence, coupled with various associated health-damaging behaviors and mental health issues, underscores the importance of acknowledging the barriers they encounter in adopting a physically active lifestyle.

### The Relationship Between Physical Activity, Cognitive Function and Health Care Use: A Mediation Analysis

LENZEN S., GANNON B., ROSE C., *et al.*

2023

**Social Science & Medicine 335: 116202.**

https://doi.org/10.1016/j.socscimed.2023.116202

Physical activity is known to provide substantial health benefits and subsequently reduce health care use among older people, but little is known about how

much of this effect is due to improved cognitive function as opposed to physical improvements in health. We study the direct and indirect effect of physical activity on health care use using the word recall task as a measure of cognitive function in a mediation framework. We use data from eight waves of the US Health and Retirement Study (HRS) (2004 - 2018) of people aged 65 and older and exploit genetic variations between individuals as an instrumental variable (IV) for cognitive function, a local health care supply measure as IV for health care use, and neighbourhood physical activity as IV for individual physical activity in our simultaneous three-equation model. We find small but negative direct and indirect effects of physical activity through improved cognitive function on the probability to see a GP and being admitted to a hospital, as well as the number of GP visits and the hospital length of stay. Improved cognitive function explains between 5% to 17% of the total effect of physical activity on the reduction in health care use.

### Direct and Indirect Impact of the Covid-19 Pandemic on the Survival of Kidney Transplant Recipients: A National Observational Study in France

LEYE E., DELORY T., EL KAROUI K., *et al.*

2023

**Am J Transplant(26 oct.).**

https://doi.org/10.1016/j.ajt.2023.10.017

During the pandemic period, healthcare systems were substantially reorganized for managing COVID-19 cases. Corresponding consequences on persons with chronic diseases remain insufficiently documented. This observational cohort study investigated the direct and indirect impact of the pandemic period on the survival of kidney transplant recipients (KTR). Using the French national health data system, incident persons with end stage kidney disease between 2015 and 2020, and who received a kidney transplant during this period were included and followed-up from their transplantation date to December 31, 2021. The survival of KTR during the pre-pandemic and pandemic periods was investigated using Cox models with time-dependent covariates. There were 10,637 KTR included in the study, with 324 and 430 deaths observed during the pre-pandemic and pandemic period, respectively. The adjusted risk of death during the pandemic period was similar to that observed during the pre-pandemic period (hazard ratio (HR) [95% confidence interval]: 0.92 [0.77-1.11]), COVID-19-related hospitalization was associated with an increased risk of death (HR: 10.62 [8.46-13.33]), and a third vaccine dose was associated with a lower risk of death (HR: 0.42 [0.30-0.57]). The pandemic period was not associated with an indirect higher risk of death in KTR with no COVID-19-related hospitalization.

### Global Trends in Incidence, Death, Burden and Risk Factors of Early-Onset Cancer From 1990 to 2019

ZHAO J., XU L., SUN J., *et al.*

2023

**BMJ Oncology 2(1): e000049.**

https://doi.org/10.1136/bmjonc-2023-000049

This study aimed to explore the global burden of early-onset cancer based on the Global Burden of Disease (GBD) 2019 study for 29 cancers worldwide. Methods and analysis Incidence, deaths, disability-adjusted life years (DALYs) and risk factors for 29 early-onset cancer groups were obtained from GBD. Results Global incidence of early-onset cancer increased by 79.1% and the number of early-onset cancer deaths increased by 27.7% between 1990 and 2019. Early-onset breast, tracheal, bronchus and lung, stomach and colorectal cancers showed the highest mortality and DALYs in 2019. Globally, the incidence rates of early-onset nasopharyngeal and prostate cancer showed the fastest increasing trend, whereas early-onset liver cancer showed the sharpest decrease. Early-onset colorectal cancers had high DALYs within the top five ranking for both men and women. High-middle and middle Sociodemographic Index (SDI) regions had the highest burden of early-onset cancer. The morbidity of early-onset cancer increased with the SDI, and the mortality rate decreased considerably when SDI increased from 0.7 to 1. The projections indicated that the global number of incidence and deaths of early-onset cancer would increase by 31% and 21% in 2030, respectively. Dietary risk factors (diet high in red meat, low in fruits, high in sodium and low in milk, etc), alcohol consumption and tobacco use are the main risk factors underlying early-onset cancers. Conclusion Early-onset cancer morbidity continues to increase worldwide with notable variances in mortality and DALYs between areas, countries, sex and cancer types. Encouraging a healthy lifestyle could reduce early-onset cancer disease burden. Data are available in a public, open access repository. To access the citations for the data utilized in this study, please visit the data input sources tool on the Global Health Data Exchange website (http://ghdx.healthdata.org/gbd-2019/data-input-sources).

# Géographie de la santé

## *Geography of Health*

### ▶ Exploring the Ideas of Young Healthcare Professionals From Selected Countries Regarding Rural Proofing

COUPER I., LEDIGA M. I., TAKALANI N. B., *et al.*

2023

**Rural Remote Health 23(4): 8294.**

https://doi.org/10.22605/rrh8294

Globally, most countries struggle to meet the health needs of rural communities. This has resulted in rural areas performing poorly when compared to urban areas in terms of a range of health indicators. There have been few coherent or systematic strategies that target rural communities and address their needs within the rural context. Rural proofing, defined as the systematic application of a rural lens across policies and guidelines to ensure that they speak to these health needs, seeks to address this gap. The healthcare professionals (HCPs) who will be called upon to advocate for and lead the implementation of rural proofing efforts are those currently in training or early career stages. We thus sought to understand the perspectives of young HCPs regarding the concept of rural proofing. METHODS: The study adopted an interpretivist paradigm. Data were collected using semi-structured individual interviews and focus group discussions (FGDs). CONCLUSION: Given the state of rural health, young rural HCPs suggest that rural proofing strategies are needed as they have the potential to bring about equity in the delivery of health care in rural and remote communities. These strategies will assist in creating a more positive future for rural health care worldwide and motivate young HCPs to become involved in rural health care, as well as to increase their motivation to take an interest in health policy development. These strategies need to be applied at multiple levels, from national government to local contexts. It is also seen to be critically important to involve multiple levels of stakeholders, from politicians to healthcare providers and community members, in the process of rural proofing.

### ▶ The Impact of Travel Time to Cancer Treatment Centre on Post-Diagnosis Care and Mortality Among Cancer Patients in Scotland

TURNER M., CARRIERE R., FIELDING S., *et al.*

2023

**Health & Place 84: 103139.**

https://doi.org/10.1016/j.healthplace.2023.103139

Limited data exist on the effect of travelling time on post-diagnosis cancer care and mortality. We analysed the impact of travel time to cancer treatment centre on secondary care contact time and one-year mortality using a data-linkage study in Scotland with 17369 patients. Patients with longer travelling time and island-dwellers had increased incidence rate of secondary care cancer contact time. For outpatient oncology appointments, the incidence rate was decreased for island-dwellers. Longer travelling time was not associated with increased secondary care contact time for emergency cancer admissions or time to first emergency cancer admission. Living on an island increased mortality at one-year. Adjusting for cancer-specific secondary care contact time increased the hazard of death, and adjusting for oncology outpatient time decreased the hazard of death for island-dwellers. Those with longer travelling times experience the cancer treatment pathway differently with poorer outcomes. Cancer services may need to be better configured to suit differing needs of dispersed populations.

# Handicap

## *Disability*

### Suivi bucco-dentaire des personnes handicapées : étude transversale descriptive en établissements sociaux et médico-sociaux

BRACCONI M., MICHAULT A., REY-QUINIO C., *et al.*

2023

**Santé Publique 35(HS1): 17-28.**

https://www.cairn.info/revue-sante-publique-2023-HS1-page-17.htm

Cette étude, menée dans le cadre de l'intervention d'un chirurgien-dentiste en établissements sociaux et médico-sociaux (ESMS), a eu comme premier objectif de poser un diagnostic sur les besoins en soins bucco-dentaires des personnes handicapées (PH). Le second objectif a été de parvenir à sensibiliser le personnel soignant à un protocole de prévention et de suivi. Cette étude transversale descriptive a été menée d'octobre 2016 à octobre 2018, auprès de 20 ESMS de l'Essonne et a concerné une cohorte de 663 PH volontaires, soit plus de 81 % des PH accueillies dans ces structures. Les indicateurs en hygiène et santé bucco-dentaire des PH, ainsi que l'évolution des pratiques professionnelles suite aux ateliers de mise en situation ont été analysés, via le test du Khi-deux de Pearson et celui de Cramer évaluant respectivement l'existence de relations entre variables et leur intensité. Parmi les 96 % des PH ayant accepté un dépistage complet, 3/4 présentaient de la plaque dentaire, 2/3 une inflammation gingivale, ces pathologies étant plus fréquentes chez les plus de 20 ans ($p< 0.001$ | V de Cramer = 0.26). Seuls 14 % avaient un bon état bucco-dentaire. Six mois après, 17 ESMS ont enregistré les suivis bucco-dentaires dans les dossiers médicaux et 8 ESMS instauré un brossage après le dîner et le petit déjeuner contre respectivement 10 et 7 avant l'intervention. Cette étude a conforté la nécessité de mener en ESMS des dépistages dentaires. L'implication des ESMS dans la surveillance de l'hygiène bucco-dentaire des PH reste à renforcer.

### Les soins spécifiques en odontologie en France : enjeux, état des lieux, perspectives

CAMIAT J., BAILLY J. ET MOUSSA-BADRAN S.

2023

**Santé Publique 35(HS1): 57-75.**

https://www.cairn.info/revue-sante-publique-2023-HS1-page-57.htm

La question des soins buccodentaires et d'accès aux soins des personnes en situation de handicap est une question de santé publique primordiale. L'objectif est de décrire le paysage général de l'accès aux soins oraux des Personnes en situation de handicap depuis la loi du 11 février 2005. Un descriptif allant de la formation initiale à la formation continue en passant par l'engagement à appliquer la charte Romain Jacob et à la mise en place d'un certain nombre de réseaux est rapporté. Une analyse de l'utilisation des mesures pécuniaires incitatives à la prise en compte du temps supplémentaire de prise en soin des personnes handicapés est réalisé. Les résultats de ce descriptif montrent : Que de grands progrès ont été réalisés en matière de formation. Qu'une redéfinition des missions des référents handicap au niveau des ordres départementaux est nécessaire pour qu'ils puissent jouer leur rôle. Que la valorisation financière avec le supplément appliqué à la prise en charge est une avancée mais reste insuffisante pour améliorer l'accès aux soins des personnes en situation de handicap. Que les réseaux de soins se sont multipliés mais ont un avenir incertain compte tenu de la précarité de leur financement. Ils restent, cependant, un système de prise en charge parallèle à l'accès aux soins de droit commun. Si des progrès certains ont été constatés ces dix dernières années, le baromètre d'Handifaction reste très perfectible quant à la satisfaction des personnes en situation de handicap de l'accès aux soins buccodentaire sur le territoire.

### Polyhandicap, Profound Intellectual Multiple Disabilities : Concept and Definition of a Highly Specific Public Health Issue

ROUSSEAU M.-C., WINANCE M. ET BAUMSTARCK K.

2023

**Revue d'Épidémiologie et de Santé Publique 71(6): 102184.**

https://doi.org/10.1016/j.respe.2023.102184

The concept of polyhandicap first emerged in the late '60s in France, with actually a consensus on its definition. This consensus has yet to be reached internationally. The absence of an international consensus on a definition and name for persons with polyhandicap limits progress in research and health planning for these people. Methods This article describes the history of the emergence of the concept of polyhandicap in France and internationally. Results The emergence of the concept and definition of polyhandicap is part of the history of the development of special education and care for children with disabilities started at the end of the 19th century and during the first half of the 20th century. In France, between 1970 and 2002, working groups composed of professionals and family associations gradually developed and refined the definition of polyhandicap, differentiating it from other clinical entities such as cerebral palsy. Internationally, the term polyhandicap is used in 4 European countries: in France where it first appeared, in Italy, in French-speaking Belgium, and in French-speaking Switzerland but also outside the EU. Various terms may be used around the world to describe clinical entities similar to polyhandicap; the most frequently used in the literature is the term Profound Intellectual and Multiple Disabilities (PIMD) or PIMD Spectrum which does not systematically refer to an early brain injury. Discussion We are currently in the process of internationalizing the concept and definition of polyhandicap, and hopefully, as was the case for cerebral palsy in the 2000s, the various research teams working on this subject around the world will create collaborations and research networks targeting this specific population. Conclusion A consensus around a precise definition of polyhandicap is important to ensure that these people are recognized for their uniqueness and specific qualities and to provide them adapted care.

# Hôpital

# *Hospitals*

### The Effect of Hospital Spending on Waiting Times

BRINDLEY C., LOMAS J. ET SICILIANI L.

2023

**Health Economics 32(11): 2427-2445.**

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

Long waiting times have been a persistent policy issue in the United Kingdom that the COVID-19 pandemic has exacerbated. This study analyses the causal effect of hospital spending on waiting times in England using a first-differences panel approach and an instrumental variable strategy to deal with residual concerns for endogeneity. We use data from 2014 to 2019 on waiting times from general practitioner referral to treatment (RTT) measured at the level of local purchasers (known as Clinical Commissioning Groups). We find that increases in hospital spending by local purchasers of 1% reduce median RTT waiting time for patients whose pathway ends with a hospital admission (admitted pathway) by 0.6 days but the effect is not statistically significant at 5% level (only at the 10% level). We also find that higher hospital spending does not affect the RTT waiting time for patients whose pathway ends with a specialist consultation (non-admitted pathway). Nor does higher spending have a statistically significant effect on the volume of elective activity for either pathway. Our findings suggest that higher spending is no guarantee of higher volumes and lower waiting times, and that additional mechanisms need to be put in place to ensure that increased spending benefits elective patients.

### Patients Pathways Before and After Treatments in Emergency Departments: A Retrospective Analysis of Secondary Data in Germany

DRÖGE P., RUHNKE T., FISCHER-ROSINSKY A., *et al.*

2023

**Health Policy 138: 104944.**

https://doi.org/10.1016/j.healthpol.2023.104944

Increasing emergency department (ED) utilization induces considerable pressure on ED staff and organization in Germany. Reasons for certain ED attendances are seen partly in insufficient continuity of care outside of hospitals. To explore the health care patterns before and after an ED attendance in Germany, we used claims data from nine statutory health insurance funds, covering around 25% of statutory health insurees. We descriptively analyzed ED attendances for adult patients in 2016 according to their sociodemographic characteristics and diagnoses. Based on the ED attendance as initial event, we investigated health care provider utilization 180 days before and after the respective ED treatment and are presented by means of Sankey diagrams. In total, 4,757,536 ED cases of 3,164,343 insured individuals were analyzed. Back pain was the most frequent diagnosis in outpatient ED cases (5.0%), and 80.2% of the patients visited primary care physicians or specialists 180 days before and 78.8% 180 days after ED treatment. Among inpatient cases, heart failure (4.6%) was the leading diagnosis and 74.6% used primary care physicians or specialists 180 days before and 65.1% 180 days after ED treatment. The ED re-attendance slightly increased for back pain (4.9% to 7.9%) and decreased for heart failure (13.4% to 12.6%).

### Uncompensated Care Is Highest For Rural Hospitals, Particularly in Non-Expansion States

KEESEE E., GURZENDA S., THOMPSON K., *et al.*

2023

**Medical Care Research and Review 183 (12): 1378-1385.**

https://journals.sagepub.com/doi/abs/10.1177/10775587231211366

High levels of uncompensated care impact hospital profitability and may create challenges for rural hospitals at financial risk of closure. We explore 2019 hospital uncompensated care as a percentage of operating expenses and draw comparisons at a state level by Medicaid expansion status and rural classification. We further compare uncompensated care in 2019 to 2014 in rural hospitals by Medicaid expansion implementation timing. We found that, overall, rural hospitals had more uncompensated care than urban hospitals in 2019 (3.81% vs. 3.12%), but there was a larger difference by expansion status (expansion states: 2.55% vs. non-expansion states: 6.28%). In all but seven states, rural hospitals reported higher uncompensated care than urban, and the 14 states with the highest uncompensated care had not expanded Medicaid. We observed that rural hospital uncompensated care in non-expansion states increased between 2014 and 2019, while the most dramatic decrease occurred in late-expansion states.

### Overnight Stay in the Emergency Department and Mortality in Older Patients

ROUSSEL M., TEISSANDIER D., YORDANOV Y., *et al.*

2023

**JAMA Internal Medicine(Ahead of print).**

https://doi.org/10.1001/jamainternmed.2023.5961

Patients in the emergency department (ED) who are waiting for hospital admission on a wheeled cot may be subject to harm. However, mortality and morbidity among older patients who spend the night in the ED while waiting for a bed in a medical ward are unknown. To assess whether older adults who spend a night in the ED waiting for admission to a hospital ward are at increased risk of in-hospital mortality. This was a prospective cohort study of older patients (≥75 years) who visited the ED and were admitted to the hospital on December 12 to 14, 2022, at 97 EDs across France. Two groups were defined and compared: those who stayed in the ED from midnight until 8:00 am (ED group) and those who were admitted to a ward before midnight (ward group).The primary end point was in-hospital mortality, truncated at 30 days. Secondary outcomes included in-hospital adverse events (ie, falls, infection, bleeding, myocardial infarction, stroke, thrombosis, bedsores, and dysnatremia) and hospital length of stay. A generalized linear-regression mixed model was used to compare end points between groups. The total sample comprised 1598 patients (median [IQR] age, 86 [80-90] years; 880 [55%] female and 718 [45%] male), with 707 (44%) in the ED group and 891 (56%) in the ward group. Patients who spent the night in the ED had a higher in-hospital mortality rate of 15.7% vs 11.1% (adjusted risk ratio [aRR], 1.39; 95% CI, 1.07-1.81). They also had a higher risk of adverse events com-

pared with the ward group (aRR, 1.24; 95% CI, 1.04-1.49) and increased median length of stay (9 vs 8 days; rate ratio, 1.20; 95% CI, 1.11-1.31). In a prespecified subgroup analysis of patients who required assistance with the activities of daily living, spending the night in the ED was associated with a higher in-hospital mortality rate (aRR, 1.81; 95% CI, 1.25-2.61).The findings of this prospective cohort study indicate that for older patients, waiting overnight in the ED for admission to a ward was associated with increased in-hospital mortality and morbidity, particularly in patients with limited autonomy. Older adults should be prioritized for admission to a ward.

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

SIRVEN N. ET LESCHER-CLUZEL M.

2023

**Revue économique 74(3): 471-492.**

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

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

### Potentially Avoidable Hospitalizations and Socioeconomic Status in Switzerland: A Small Area-Level Analysis

SPYCHER J., MORISOD K., MOSCHETTI K., *et al.*

2023

**Health Policy: Ahead of print : 104948.**

https://doi.org/10.1016/j.healthpol.2023.104948

The Swiss healthcare system is well known for the quality of its healthcare and population health but also for its high cost, particularly regarding out-of-pocket expenses. We conduct the first national study on the association between socioeconomic status and access to community-based ambulatory care (CBAC). We analyze administrative and hospital discharge data at the small area level over a four-year time period (2014 – 2017). We develop a socioeconomic deprivation indicator and rely on a well-accepted indicator of potentially avoidable hospitalizations as a measure of access to CBAC. We estimate socioeconomic gradients at the national and cantonal levels with mixed effects models pooled over four years. We compare gradient estimates among specifications without control variables and those that include control variables for area geography and physician availability. We find that the most deprived area is associated with an excess of 2.80 potentially avoidable hospitalizations per 1,000 population (3.01 with control variables) compared to the least deprived area. We also find significant gradient variation across cantons with a difference of 5.40 (5.54 with control variables) between the smallest and largest canton gradients. Addressing broader social determinants of health, financial barriers to access, and strengthening CBAC services in targeted areas would likely reduce the observed gap.

### Hospital Response to Activity-Based Funding and Price Incentives: Evidence From Ireland

VALENTELYTE G., KEEGAN C. ET SORENSEN J.

2023

**Health Policy 137: 104915.**

https://doi.org/10.1016/j.healthpol.2023.104915

Activity-Based Funding (ABF) is a funding policy incentivising hospitals to deliver more efficient care. ABF can be complemented by additional price incentives to further drive hospital efficiency. In 2016, ABF was introduced for public patients admitted to Irish public hospitals. Additionally, a price incentive to perform laparoscopic cholecystectomy as day-case surgery was introduced in 2018. Private patient activity in public hospitals was subject to neither ABF nor price incentive. Using national Hospital In-Patient-Enquiry activity data 2013–2019, we evaluated the impact of ABF and the price incentive for laparoscopic cholecystectomy surgery in Ireland. We exploit variation in hospital payment for public and private patients treated in public acute Irish hospitals and employ a Propensity Score Matching Difference-in-Differences approach. We estimate the funding change impacts

across outcomes measuring the proportion of day-case admissions and length of stay. We found no significant impact for either outcomes linked to ABF introduction. Similarly, no impacts linked to the price incentive were observed. It appears providers of laparoscopic cholecystectomy in Irish public hospitals did not react to the new funding mechanisms. The implementation of the funding policies did not improve hospital efficiency. Further strengthening of these new funding mechanisms are required to deliver more efficient care.

# Inégalités de santé

# *Health Inequalities*

### ▶ Mortality Inequality, Spatial Differences and Health Care Access

ATALAY K., EDWARDS R. ET GEORGIAKAKIS F.

2023

**Health Economics 32(11): 2632-2654.**
https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4746

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

### ▶ L'accès aux soins bucco-dentaires dans la réforme 100 % santé : contexte et perspectives

BAS A.-C.

2023

**Santé Publique 35(HS1): 119-124.**
https://www.cairn.info/revue-sante-publique-2023-HS1-page-119.htm

Le volet bucco-dentaire de la réforme « 100 % santé » devait répondre au problème majeur des inégalités sociales d'accès aux soins dentaires en France. Nous proposons ici un résumé du contexte qui a appelé à cette réforme de la régulation des soins dentaires, une présentation de la réforme « 100 % santé » ainsi que des enjeux auxquels son application devra faire face. Les difficultés d'accès aux soins dentaires constatées étaient notamment associées à des restes à charge particulièrement élevés pour les usagers. La participation financière des usagers était ainsi la première cible de la réforme « 100 % santé », juste avant le renforcement d'une politique de santé préventive. L'outil principal de cette réforme est un plafonnement du tarif de certains soins. Cela permet d'organiser le financement total de ces soins par les assurances santé. Il existe désormais trois paniers de soins ayant chacun une tarification et un financement différent. Le premier panier propose des soins sans reste à charge pour le patient. Cette réforme constitue un choc dans la régulation des soins dentaires qui pourrait avoir des conséquences très différentes selon les territoires et leur dotation en chirurgiens-dentistes. L'efficacité de la réforme sur l'évolution de la consommation de soins et son efficience en matière de réduction des inégalités d'accès doivent être surveillées.

### ▶ Immigrants' Health Empowerment and Access to Health Coverage in France: A Stepped Wedge Randomised Controlled Trial

BOUSMAH M.-A.-Q., GOSSELIN A., COULIBALY K., *et al.*

2023

**Social Science & Medicine 339: 116400.**

https://doi.org/10.1016/j.socscimed.2023.116400

Throughout Europe, migration-related health inequalities are mirrored by large inequalities in health coverage. There is a need to develop novel strategies to secure access to health insurance for immigrants in Europe, in order to meet the shared Sustainable Development Goal of universal health coverage. We evaluated the impact of an original health-related empowerment intervention on access to health coverage among vulnerable, mostly undocumented immigrants in France. As part of the MAKASI study, we adopted an outreach approach and developed a community-based intervention with and for immigrants from sub-Saharan Africa living in precarious conditions in the Greater Paris area. This participatory intervention was grounded in the theory of individual empowerment. Using a stepped wedge randomised design, we first conducted a robust evaluation of the effect of the intervention on access to health coverage at three and six months post-intervention. We then investigated whether the intervention effect was mediated by a health empowerment process. Between 2018 and 2021, a total of 821 participants – 77% of whom were men – were recruited in public spaces and followed up for six months. Participants had been living in France for four years on average, 75% of them had no residence permit, and 44% had no health coverage at the time of inclusion. The probability of accessing health coverage increased by 29 percentage points at six months post-intervention ($p < 0.01$). This improvement was partially mediated by a health empowerment process, namely a reinforcement of participants' knowledge of and capacity to access available social and health resources. A health empowerment intervention largely improved access to health insurance among vulnerable immigrants in France. Our findings may be transferred to other settings where immigrants are entitled to health insurance. This study offers promising perspectives – beyond information provision and direct referral – to reduce migration-related inequalities in health coverage.

### ▶ Do Refugees with Better Mental Health Better Integrate? Evidence From the Building a New Life in Australia Longitudinal Survey

DANG H.-A. H., TRINH T.-A. ET VERME P.

2023

**Health Economics 32 (12) : 2819-2835**

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4750

Hardly any evidence exists on the effects of mental distress on refugee labor outcomes. We offer the first study on this topic in the context of Australia, one of the host countries with the largest number of refugees per capita in the world. Analyzing the Building a New Life in Australia longitudinal survey, we exploit the variations in traumatic experiences of refugees interacted with post-resettlement time periods to causally identify the impacts of refugee mental health. We find that worse mental health, as measured by a one-standard-deviation increase in the Kessler mental health score, reduces the probability of employment by 11.9% and labor income by 22.8%. These effects appear more pronounced for refugees that newly arrive or are without social networks, but they may be ameliorated with government support. These findings have significant implications for the development of health and labor policies, particularly regarding the integration of refugees within host countries.

### ▶ "Nowhere Else to Be Found": Drawing on Peer Support Experiences Among Transgender and Gender-Diverse People to Substantiate Community-Driven Gender-Affirming Care

KIA H., KENNEY K. A., ABRAMOVICH A., *et al.*

2023

**Social Science & Medicine 339: 116406.**

https://doi.org/10.1016/j.socscimed.2023.116406

Increasingly, applied social scientists and clinicians recognize the value of engaging transgender and gender-diverse (TGD) people, particularly TGD individuals with lived experience as care recipients (peers), to inform the provision of gender-affirming care. Despite this trend, few researchers have systematically examined how this group can contribute to and enhance the development and delivery of interventions intended to affirm gender diversity. In this article, we address limitations in the literature by drawing on a secondary analysis of qualitative data – originally collected to examine the peer support experiences of TGD indi-

viduals – to explore the potential that TGD peers hold for elevating gender-affirming care. The study was informed methodologically by an abductive approach to grounded theory, and conceptually by critical resilience and intersectional scholarship. Data collection involved virtual, semi-structured interviews with 35 TGD individuals in two Canadian cities who indicated having experiences of seeking, receiving, and/or providing peer support. Data analysis comprised an iterative, abductive process of cross-referencing participant accounts with relevant scholarship to arrive at an account of how TGD peers may contribute to the growth of gender-affirming care. Our findings suggest, broadly, that TGD peers may enhance gender-affirming care by: (1) validating a growing diversity of embodiments and experiences in healthcare decision-making, (2) nurturing and diversifying relevant networks of safety, community support, and advocacy outside formal systems of care, and (3) strengthening possibilities for resisting and transforming existing healthcare systems. After outlining these findings, we briefly consider the implications of our analysis and leverage our inferences to substantiate the notion of community-driven gender-affirming care, meaning care that is intentional in its incorporation of relevant community stakeholders to shape governance and service provision. We conclude with reflections on the promise of community-driven care at a time of heightened volatility across systems serving TGD populations.

### ▶ Discrimination, stigmatisation et identité : une revue de littérature

LEURENT M. ET DUCASSE D.

2023

**Encephale 49(6): 632-639.**

https://doi.org/10.1016/j.encep.2023.04.011

Cette étude visait à mettre à jour la connaissance scientifique concernant les liens entre discrimination, stigmatisation et concept de soi. Une revue a été menée et a permis d'inclure 15 articles pour une analyse qualitative, composés de 13 échantillons uniques (n = 2,830 ; mage = 37,6). La recherche a été menée sur Pubmed et Psychinfo. Parmi les 15 articles inclus, il y avait 11 études quantitatives, deux études qualitatives, une revue de littérature et un article théorique. Le stigma était lié à un trouble mental (n = 8), à une différence physiologique ou ethnique (n = 5) ou à l'orientation sexuelle et l'identité de genre (n = 2). Parmi les 11 études quantitatives basées sur des échantillons uniques, toutes incluaient à la fois des hommes et des femmes (n = 2616 ; mage = 36,7 ; 61,1 % de femmes). Cinq articles étudiaient les liens entre identité sociale et stigmatisation, cinq étudiaient les liens entre concept de soi et stigmatisation, et cinq présentaient le concept de soi comme une cible thérapeutique ou diagnostique. Conclusions Les résultats suggèrent que la variable prioritaire à adresser pour réduire les conséquences négatives de la discrimination et de la stigmatisation est l'auto- stigma, c'est- à- dire le fait de concevoir le concept de soi au travers du filtre des stéréotypes négatifs associé à la caractéristique perçue comme discriminée. Il faut donc agir sur le concept de soi.

### ▶ Accès aux soins dentaires pendant la pandémie de Covid-19 en France : l'enquête COVISTRESS-santé orale

PEGON-MACHAT E., SKANDRANI A., CLINCHAMPS M., *et al.*

2023

**Santé Publique 35(HS1): 45-56.**

https://www.cairn.info/revue-sante-publique-2023-HS1-page-45.htm

La pandémie de Covid- 19 a entraîné une interruption des soins dentaires lors du premier confinement. Cette étude évalue les répercussions de cette période sur la perception de la santé orale et de l'accès aux soins dentaires en France. Une enquête par questionnaire a été menée (COVISTRESS) pour étudier le stress et les comportements de santé des adultes avant, pendant et après le premier confinement, soit au moment de la réponse. Un questionnaire « santé orale » a évalué l'évolution de la perception des difficultés d'accès aux soins dentaires. Entre novembre 2020 et avril 2021, 339 personnes ont répondu au volet « santé orale ». Le score de difficulté perçue d'accès aux soins dentaires (0 à 100) passe de 21,6 ± 26.7 avant la pandémie à 52,9 ± 39,5 pendant le confinement et à 38,1 ± 35,3 après celui- ci. Avant la pandémie, ce score est lié à une perception défavorable de la santé orale et aux difficultés d'accès aux soins de santé. Pendant le confinement, le score est lié à un besoin élevé en soins dentaires (RR = 4,1 ; IC95 % = 1,2- 13,8), à la perception de difficultés d'accès au système de santé (5,06 ; 1,8- 14,1), notamment des difficultés de déplacement (3,0 ; 1,1- 9,1). Les facteurs expliquant l'évolution des difficultés avant et après le confinement diffèrent selon le temps d'évaluation. Cette étude montre les répercussions négatives de la pandémie sur la perception de l'accès aux soins, dans une population intégrant peu de personnes socialement défavorisées.

# Médicaments

# *Pharmaceuticals*

### ▶ The Associations of Prescription Drug Insurance and Cost-Sharing with Drug Use, Health Services Use, and Health: A Systematic Review of Canadian Studies

GUINDON G. E., STONE E., TRIVEDI R., *et al.*

2023

**Value in Health 26(7): 1107-1129.**
https://doi.org/10.1016/j.jval.2023.02.010

In Canada, public insurance for physician and hospital services, without cost-sharing, is provided to all residents. Outpatient prescription drug coverage, however, is provided through a patchwork system of public and private plans, often with substantial cost-sharing, which leaves many underinsured or uninsured. Methods We conducted a systematic review to examine the association of drug insurance and cost-sharing with drug use, health services use, and health in Canada. We searched 4 electronic databases, 2 grey literature databases, 5 specialty journals, and 2 working paper repositories. At least 2 reviewers independently screened articles for inclusion, extracted characteristics, and assessed risk of bias. Results The expansion of drug insurance was associated with increases in drug use, individuals who reported drug insurance generally reported higher drug use, and increases in and higher levels of drug cost-sharing were associated with lower drug use. Although a number of studies found statistically significant associations between drug insurance or cost-sharing and health services use, the magnitudes of these associations were generally fairly small. Among 5 studies that examined the association of drug insurance and cost-sharing with health outcomes, 1 found a statistically significant and clinically meaningful association. We did not find that socioeconomic status or sex were effect modifiers; there was some evidence that health modified the association between drug insurance and cost-sharing and drug use. Conclusions Increased cost-sharing is likely to reduce drug use. Universal pharmacare without cost-sharing may reduce inequities because it would likely increase drug use among lower-income populations relative to higher-income populations.

### ▶ Rapport 23-18. Pénuries de médicaments, stocks de sécurité, indépendance nationale et législation de l'Union européenne

TILLEMENT J. P., BERTRAND D. ET LECHAT P.

2023

**Bulletin de l'Académie Nationale de Médecine 207(9): 1165-1178.**
https://doi.org/10.1016/j.banm.2023.09.003

Signalé régulièrement depuis plusieurs années, le manque de médicaments de prescription s'est amplifié pour deux raisons principales, l'augmentation régulière de la demande mondiale, d'environ 13 % par an, et ponctuellement par la multiplication des besoins liée à la pandémie de Covid-19. Or, nous ne fabriquons plus nos médicaments, la production nationale ne couvre que 6 % de nos besoins, l'Union européenne y ajoute 3 %, et nous importons le reste nécessaire dans des conditions qui sont aléatoires et difficiles à gérer. Les tensions voire des ruptures d'approvisionnement touchent une catégorie particulière de médicaments. Il s'agit de médicaments anciens, dits matures, exploités au-delà de leur temps d'exclusivité (brevet échu), de forte prescription sous leur forme initiale, le princeps, mais aussi largement copiés sous forme de génériques. Leurs prix de fabrication sont bas, seuls quelques industriels, parfois un seul, les fabriquent à moindre coût pour le monde entier dans des pays où leur volume de production est rentable, principalement en Chine et en Inde. Cette production se fait à flux tendu, le marché est compétitif. L'achat au producteur dépend du prix de vente final au patient, pour nous à l'assurance maladie. Nos prix sont bas ce qui rend notre approvisionnement plus difficile par rapport à d'autres pays, en particulier de l'Union Européenne, où les prix de dispensation sont plus élevés. Leur fabrication est complexe. Elle se réalise à partir de plusieurs étapes souvent délocalisées avant l'étape finale. Chacune d'elles est strictement encadrée, soumise à des procédures bien définies; l'ensemble est fragile, difficilement contrôlable et donc vulnérable. Le problème posé est celui d'obtenir un apport régulier, pérenne et suffisant des médicaments dont nous avons besoin.

# Méthodologie – Statistique

# Methodology - Statistics

### ▶ Doing a Systematic Review. a Student's Guide. Third Edition

2023

**Revue d'Épidémiologie et de Santé Publique 71(5): 102145.**

https://doi.org/10.1016/j.respe.2023.102145

Completing a systematic review and unsure where to start or what path to take ? Set out on your journey confidently with this practical guide written by a team of experienced academics. With a friendly, accessible style, the book covers every step of the systematic review process, from planning to dissemination. This book will help you to : Work with qualitative, quantitative and mixed methods data ; Understand the how-to of systematic reviews with a range of real-life examples and case studies ;Learn from students who have been in your shoes with FAQs taken from actual supervision meetings.

### ▶ La cohorte GAZEL, un tiers de siècle de publications scientifiques, quel bilan ?

LECLERC A., BONNAUD S., CŒURET-PELLICER M., *et al.*

2023

**Revue d'Épidémiologie et de Santé Publique 71(6): 102180.**

https://doi.org/10.1016/j.respe.2023.10218

L'objectif du travail présenté ici était de confronter l'objectif initial de GAZEL, à savoir une ouverture large à différentes thématiques, à ce qui a pu être réalisé sur une période de plus de 30 ans. Pour ce faire, un bilan de la production scientifique basée sur les données de la cohorte a été mené, bilan partiel car n'incluant pas les travaux multi-cohortes. Ce travail, relevant de la bibliométrie [4], porte sur les publications issues de GAZEL, leurs thématiques et leurs citations.

# Politique de santé

# Health Policy

### ▶ Santé en prison : des initiatives locales, à défaut de changements institutionnels

2023

**Revue Prescrire 43(480): 778-784.**

Des choix à portée générale sont nécessaires : réduire la population carcérale ; respecter l'objectif de réinsertion ; garantir l'accès à des soins de qualité pour les personnes détenues ; lutter contre leur stigmatisation.

### ▶ Origine de la notion de « Une seule santé »

BOURDOISEAU G.

2023

**Bulletin de l'Académie Nationale de Médecine 207(9): 1270-1275.**

https://doi.org/10.1016/j.banm.2023.04.020

La gravité et l'émergence en quelques années de plusieurs épidémies humaines récentes — la Covid-19, la « variole du singe » — confirment l'importance du concept « Une seule santé ». Cette conception synthétique est fondée sur la santé publique, la santé publique vétérinaire et la qualité de l'environnement. Au cours du 18e siècle, plusieurs hommes influents ont contribué à l'émergence de la notion « Une seule santé » : François Quesnay (économiste), Claude Bourgelat (vétérinaire) et Félix Vicq d'Azyr (médecin).

### Avis 23-17. Favoriser une fin de vie digne et apaisée : répondre à la souffrance inhumaine et protéger les personnes les plus vulnérables

BRINGER J., BERGOIGNAN ESPER C. ET ELEFANT E.

2023

**Bulletin de l'Académie Nationale de Médecine 207(8): 1025-1033.**
https://doi.org/10.1016/j.banm.2023.07.014

Le Président de la République a annoncé un projet de loi sur la fin de vie pour « la fin de l'été 2023 ». Cette annonce fait suite aux recommandations élaborées et publiées récemment. Tout d'abord l'avis 139 du Comité consultatif national d'éthique (CCNE) a été publié le 13 septembre 2022 ; les conclusions de la mission parlementaire d'évaluation de la loi Claeys-Léonetti de 2016 ont été rendues publiques le 29 mars 2023 par son rapporteur Olivier Falorni ; la Convention Citoyenne a remis ses conclusions. Tenant compte de la volonté du législateur de modifier le cadre actuel de la loi sur la fin de vie, l'Académie nationale de médecine tient à : souligner l'importance et l'intérêt des dispositions législatives en place portant sur la fin de vie à court terme, socle d'une avancée humaine, qui sont à conserver précieusement et à confirmer tant elles sont essentielles ; alerter sur le décalage inacceptable entre les droits ouverts par ces textes législatifs en vigueur, et leur application hétérogène.

### AI Maturity in Health Care: An Overview of 10 OECD Countries

CASTONGUAY A., WAGNER G., MOTULSKY A., *et al.*

2023

**Health Policy(Ahead of print): 104938.**
https://doi.org/10.1016/j.healthpol.2023.104938

Artificial intelligence (AI) and its applications in health care are on the agenda of policymakers around the world, but a major challenge remains, namely, to set policies that will ensure wide acceptance and capture the value of AI while mitigating associated risks. Objective This study aims to provide an overview of how OECD countries strategize about how to integrate AI into health care and to determine their actual level of AI maturity. Methods A scan of government-based AI strategies and initiatives adopted in 10 proactive OECD countries was conducted. Available documentation was analyzed, using the Broadband Commission for Sustainable Development's roadmap to AI maturity as a conceptual framework. Results The findings reveal that most selected OECD countries are at the Emerging stage (Level 2) of AI in health maturity. Despite considerable funding and a variety of approaches to the development of an AI in health supporting ecosystem, only the United Kingdom and United States have reached the highest level of maturity, an integrated and collaborative AI in health ecosystem (Level 3). Conclusion Despite policymakers looking for opportunities to expedite efforts related to AI, there is no one-size-fits-all approach to ensure the sustainable development and safe use of AI in health. The principles of equifinality and mindfulness must thus guide policymaking in the development of AI in health care.

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

WALLENBURG I., FRIEBEL R., HENSCHKE C., *et al.*

2023

**Health Economics, Policy and Law 18(4): 342-344.**
https://doi.org/10.1017/S174413312300018X

In 2022, the European Health Policy Group (EHPG) commemorated its 21st anniversary, hosted by the London School of Economics and Political Science (LSE). While this coincidental timing may suggest a symbolic coming of age for the group, it was not planned as such. The intended celebration had been originally scheduled for the previous year but was ultimately cancelled due to the pandemic, or rather, transformed into an online event, much like numerous other gatherings affected by the global health crisis. The EHPG is a collegial network that aims to stimulate international collaboration and cross-country learning for improving health policy In this special issue of Health Economic, Policy and Law (HEPL), which marks the final issue under the tenure of Adam Oliver as the Editor-in-Chief, one of the esteemed founding fathers of both HEPL and the EHPG, we present the papers that were deliberated during the London anniversary meeting. Through these papers, the EHPG explores current and emerging themes in the field of health policy, economics, and law that require the attention of the health policy community.

# Politique publique

## Public Policy

### Comment apprendre des expérimentations sociales ?

DEVAUX-SPATARAKIS A. ET TEVINI M.

2022

**Informations sociales 209-210(5): 126-133.**

https://www.cairn.info/revue-informations-sociales-2022-5-page-126.htm

L'expérimentation d'une politique publique est souvent présentée comme un instrument permettant de tester une idée de dispositif à petite échelle suivant une séquence linéaire et contrôlée, afin d'en estimer les effets et de décider de sa généralisation ou non. Or, peu d'expérimentations s'inscrivent dans ce modèle et peu de leurs évaluations sont utilisées pour la prise de décision. Les expérimentations n'en sont pas pour autant inutiles. Elles servent plutôt à d'autres types d'apprentissages propres aux innovations qu'elles mettent en œuvre ou qui en ressortent, et permettent notamment d'opérer des transitions vers de nouveaux publics, de nouvelles pratiques ou de nouveaux territoires. En acceptant cette dimension instable de l'expérimentation, l'équipe d'évaluation est mieux à même d'identifier et d'accompagner la révélation et la prise en compte des apprentissages qu'elle permet.

# Prévention santé

## Health Prevention

### Effects of Organized Screening Programs on Breast Cancer Screening, Incidence, and Mortality in Europe

GUTHMULLER S., CARRIERI V. ET WÜBKER A.

2023

**Journal of Health Economics 92: 102803.**

https://doi.org/10.1016/j.jhealeco.2023.102803

We link data on regional Organized Screening Programs (OSPs) throughout Europe with survey data and population-based cancer registries to estimate effects of OSPs on breast cancer screening (mammography), incidence, and mortality. Identification is from regional variation in the existence and timing of OSPs, and in their age-eligibility criteria. We estimate that OSPs, on average, increase mammography by 25 percentage points, increase breast cancer incidence by 16% five years after the OSPs implementation, and reduce breast cancer mortality by about 10% ten years after.

### Evaluation of the severity of screened colorectal cancer in the context of the health crisis linked to COVID19 in Ile-de-France region

KOÏVOGUI A., ABIHSERA G., LE TRONG T., *et al.*

2023

**Revue d'Épidémiologie et de Santé Publique 71(5): 102124.**

https://doi.org/10.1016/j.respe.2023.102124

Après l'annonce de la pandémie de Covid-19 en mars 2020, le programme de dépistage du cancer colorectal (CCR) a été suspendu dans plusieurs pays. Comparativement aux lésions cancéreuses détectées précédemment (2017 à 2019), l'étude évalue la gravité des CCR détectés en 2020 en Île-de-France, région la plus touchée par la première vague de la pandémie. L'étude descriptive et étiologique a inclus tous les tests immunochimiques fécaux (TIF) de dépistage réalisés entre janvier 2017 et décembre 2020 par des personnes d'Île-de-France, âgées de 50–74 ans. La proportion de coloscopies réalisées dans le délai d'un mois (2017 : 9,1 % de 11 529 coloscopies ; 2018 : 8,5 % de 13 346 ; 2019 : 5,7 % de 7 881 ; 2020 : 6,7 % de 11 040 ; p < 0,001) et le taux de détection de la colosco-

pie (respectivement : 65,2 % ; 64,1 % ; 62,4 % ; 60,8 % ; p < 0,001) étaient significativement différents entre les campagnes. La proportion de CRC de niveau-4 (4,8 % en 2017 (653 CCR) ; 7,6 % en 2018 (674 CCR) ; 4,6 % en 2019 (330 CCR) et 4,7 % en 2020 (404 CCR) ; p < 0,29) n'était pas significativement différente entre les campagnes. La probabilité d'avoir un CCR de gravité élevée était inversement proportionnelle au délai d'accès à la coloscopie mais non liée à l'année de la campagne. Comparativement aux patients ayant réalisé une coloscopie dans le mois, l'odds était significativement réduit de 60 % pour les coloscopies réalisées après 7 mois (adjusted Odds-Ratio : 0,4 [0,3 ; 0,6] ; p < 0,0001). Conclusions : En France, les indicateurs évalués étaient dégradés avant la première vague de ovid-19. Le délai d'accès et son allongement induit par la pandémie de Covid-19 n'avaient pas d'impact sur la gravité des CCR, probablement à cause d'une démarche de discrimination priorisant les patients ayant des symptômes apparents.

# Prévision – Evaluation

## *Prevision - Evaluation*

### The Future of HSR Program Evaluation: A European Perspective

SIRVEN N. ET MOUSQUÈS J.

2023

**European Journal of Public Health 33(Supplement_2).**

https://doi.org/10.1093/eurpub/ckad160.052

There is a long tradition of program evaluation in public health, due to the influence of medical approaches and the development of evidence-based medicine. Health services research have thus provided substantial evidence and built itself partially on the evaluation of organizational innovations over time in various international healthcare settings. What is new here? What is the future of HSR from an evaluation perspective? Since the turn of the century, two main shifts in the resources and methods available to public health researchers could provide a significant leap for HSR research in Europe, and in France especially. First, more data are being produced and made available to researchers. Most healthcare systems in Europe have implemented DRGs and for doing so, information systems have been developed incidentally. This led to the routine production of data initially used for payment schemes, that are now increasingly being used for research. Although this is similar to what happened in the US, the main difference with European healthcare systems lies in the generalized approach of the welfare system to the whole population. Second, evaluation methods recently evolved towards the framework of what is known as "realist evaluation" based on the causal analysis of programs or public policies while incorporating contextual effects and a theoretical perspective to explain rather than merely measure the effect - or lack thereof. To conclude, we shall argue that the future of HSR program evaluation may bring together researchers, health professionals and policymakers to discuss, explore, experiment and implement innovative actions in healthcare to address the challenges to come.

### Valuing Life over the Life Cycle

ST-AMOUR P.

2024

**Journal of Health Economics 93: 102842.**

https://doi.org/10.1016/j.jhealeco.2023.102842

Adjusting the valuation of life along the (i) person-specific (age, health, wealth) and (ii) mortality risk-specific (beneficial or detrimental, temporary or permanent changes) dimensions is relevant in prioritizing healthcare interventions. These adjustments are provided by solving a life cycle model of consumption, leisure and health choices and the associated Hicksian variations for mortality changes. The calibrated model yields plausible Values of Life Year between 154K$ and 200K$ and Values of Statistical Life close to 6.0M$. The willingness to pay (WTP) and to accept (WTA) compensation are equal and symmetric for one-shot beneficial and detrimental changes in mortality risk. However, permanent, and expected longevity changes are both associated with larger willingness for gains, relative to losses, and larger WTA than WTP. Ageing lowers

both variations via falling resources and health, lower marginal continuation utility of living and decreasing longevity returns of changes in mortality.

# Psychiatrie

# *Psychiatry*

### Exemple de coconstruction d'un programme d'empowerment en faveur de la santé des personnes vivant avec des troubles psychiques

GUILLERMET É., MEUNIER-BEILLARD N., COSTA M., *et al.*

2023

**Santé Publique 35(3): 261-270.**

https://www.cairn.info/revue-sante-publique-2023-3-page-261.htm

Au sein de la population présentant des troubles psychiques sévères et persistants, on observe une surreprésentation des facteurs de risque et des pathologies cardiovasculaires. Une personne chez qui un diagnostic de schizophrénie ou de troubles bipolaires a été porté aurait deux à trois fois plus de risque de mourir d'une maladie cardiovasculaire que la population générale. Dans le cadre du projet « Collaboration patient-soignant pour une meilleure prise en charge des troubles cardiovasculaires des patients souffrant de troubles psychiques au long cours » (COPsyCAT), un programme d'empowerment a été coconstruit pour réduire ces inégalités de santé. La prise en compte de l'expérience et des besoins des patients, de leurs aidants et des professionnels de santé est au cœur de chacune des étapes méthodologiques suivies pour la création du programme. Cet article décrit concrètement les étapes grâce auxquelles le programme d'empowerment COPsyCAT a été conçu, en coconstruction par les chercheurs de l'étude, les usagers et associations d'usagers et les professionnels de santé à partir de leurs savoirs expérientiels. La faisabilité du programme et l'appropriation des outils en situation réelle va être prochainement évaluée. La mesure de l'efficacité du programme sur le risque cardiovasculaire viendra dans un second temps.

### Association Between Immigrant Concentration and Mental Health Service Utilization in the United States over Time: A Geospatial Big Data Analysis

JING F., LI Z., QIAO S., *et al.*

2023

**Health & Place 83: 103055.**

https://doi.org/10.1016/j.healthplace.2023.103055

Immigrants (foreign-born United States [US] citizens) generally have lower utilization of mental health services compared with US-born counterparts, but extant studies have not investigated the disparities in mental health service utilization within immigrant population nationwide over time. Leveraging mobile phone-based visitation data, we estimated the average mental health utilization in contiguous US census tracts in 2019, 2020, and 2021 by employing two novel outcomes: mental health service visits and visit-to-need ratio (i.e., visits per depression diagnosis). We then investigated the tract-level association between immigration concentration and mental health service utilization outcomes using mixed-effects linear regression models that accounted for spatial lag effects, time effects, and covariates. This study reveals spatial and temporal disparities in mental health service visits and visit-to-need ratio among different levels of immigrant concentration across the US, both before and during the pandemic. Tracts with higher concentrations of Latin American immigrants showed significantly lower mental health service utilization visits and visit-to-need ratio, particularly in the US West. Tracts with Asian and European immigrant concentrations experienced a more significant decline in mental health service utilization visits and visit-to-need ratio from 2019 to 2020 than those with Latin American concentrations. Meanwhile, in 2021, tracts with Latin American concentrations had the least recovery in mental health service utilization visits. The study highlights the potential of geospatial big data for mental health research and informs public health interventions.

### French Mental Health Care System: Analysis of Care Utilisation Patterns and the Case For a Stepped Care Approach

KOVESS-MASFETY V., RABATÉ L., CABY D., *et al.*

2023

**Health Policy 138: 104945.**

https://doi.org/10.1016/j.healthpol.2023.104945

In France, spending on mental health and psychiatric care, in proportion to GDP, is close to the EU average. However, there are complaints that the French system is overwhelmed and potentially underfunded. Objective : To describe the utilisation of psychiatric and mental health care in different settings to consider the appropriateness of care provision and resource allocation. Methods : For the year 2018, several national databases on the use of all type of psychiatric care provision (full and part-time hospitalisations, private and public, public ambulatory care, private office-based psychiatrists) were cross-tabulated with diagnosis categories for different age groups and illness severity in order to assess the use of resources and evaluate the appropriateness of resource allocation. Results : A sizable proportion of patients with mild and moderate mental disorders are treated in psychiatric care whilst there is insufficient continuity of care for patients with severe disorders, who are not adequately followed up after discharge from hospitals. This contributes to increase the rate of re-hospitalisations, the use of emergency departments, and longer stays in hospitals. Conclusion : The several components of the French mental health care system are used inappropriately, not only in geographical terms but also in terms of service use. We argue that strengthening the access to affordable psychotherapy and the implementation of a stepped-care approach could contribute to solve this issue.

### Communication in Refugee and Migrant Mental Healthcare: A Systematic Rapid Review on the Needs, Barriers and Strategies of Seekers and Providers of Mental Health Services

KRYSTALLIDOU D., TEMIZÖZ Ö., WANG F., *et al.*

2023

**Health Policy: 104949.**

https://doi.org/10.1016/j.healthpol.2023.104949

Migrants and refugees may not access mental health services due to linguistic and cultural discordance between them and health and social care professionals (HSCPs). The aim of this review is to identify the communication needs and barriers experienced by third-country nationals (TCNs), their carers, and HSCPs, as well as the strategies they use and their preferences when accessing/providing mental health services and language barriers are present. Methods : We undertook a rapid systematic review of the literature (01/01/2011 – 09/03/2022) on seeking and/or providing mental health services in linguistically discordant settings. Quality appraisal was performed, data was extracted, and evidence was reviewed and synthesised qualitatively. Results : 58/5,650 papers met the inclusion criteria. Both TCNs (and their carers) and HSCPs experience difficulties when seeking or providing mental health services and language barriers are present. TCNs and HSCPs prefer linguistically and culturally concordant provision of mental health services but professional interpreters are often required. However, their use is not always preferred, nor is it without problems. Conclusions : Language barriers impede TCNs' access to mental health services. Improving language support options and cultural competency in mental health services is crucial to ensure that individuals from diverse linguistic and cultural backgrounds can access and/or provide high-quality mental health services.

### Isolation and Mechanical Restraint in Psychiatry

LACAMBRE M., PECHILLON E. ET FOVET T.

2023

**Rev Infirm 72(292): 16-19.**

https://doi.org/10.1016/j.revinf.2023.05.003

Since 2016, there has been a succession of legal texts aimed at framing the use of seclusion and mechanical restraint in psychiatric services. These legal evolutions are not without consequence on the practice of caregivers. We propose here a practical summary of this issue.

### La santé mentale au prisme des transformations du travail

LHUILIER D.

2023

**Études vembre(11): 43-55.**

https://www.cairn.info/revue-etudes-2023-11-page-43.htm

Entre l'idéal du bien-être au travail et la stigmatisation de la fragilité psychique, la place du travail et de ses

effets sur la santé mentale paraît bien s'effacer. Reste la récurrence des formes d'expression de la « souffrance au travail » : surcharge, sous-emploi, individualisation... Cette récurrence témoigne de la montée du mal-être au travail et des nouvelles pathologies qui l'accompagnent.

### Association of Mental Disorders with Costs of Somatic Admissions in France

MICHEL M., HARIZ A. J. ET CHEVREUL K.

2023

**Encephale 49(5): 453-459.**

https://doi.org/10.1016/j.encep.2022.04.003

Mentally ill patients have worse health outcomes when they suffer from somatic conditions compared to other patients. The objective of this study was to assess the association of mental illness with hospital inpatient costs for somatic reasons. METHODS: All adult inpatient stays for somatic reasons in acute care hospitals between 2009 and 2013 were included using French exhaustive hospital discharge databases. Total inpatient costs were calculated from the all-payer perspective and compared in patients with and without a mental disorder. Only patients who had been admitted at least once for a mental disorder (either full-time or part-time) were considered to be mentally ill in this study. Generalized linear models with and without interaction terms studied the factors associated with hospital inpatient costs. RESULTS: 17,728,424 patients corresponding to 37,458,810 admissions were included. 1,163,972 patients (6.57%) were identified as having a mental illness. A previous full-time or part-time admission for a mental disorder significantly increased hospital inpatient costs (+32.64%, 95%CI = 1.3243-1.3284). Interaction terms found an increased impact of mental disorders on costs in patients with low socio-economic status, as well as in men, patients aged between 45 and 60, and patients with a cardiovascular disease or diabetes. CONCLUSION: Mentally ill patients have higher hospital costs than non-mentally ill patients. Improving curative and preventive treatments in those patients could improve their health and decrease the burden on healthcare systems.

## Soins de santé primaires

## *Primary Health Care*

### Satisfaction with Primary Health Care in Ukraine in 2016–2020: A Difference-In-Differences Analysis on Repeated Cross-Sectional Data

ANUFRIYEVA V., PAVLOVA M., CHERNYSH, T., *et al.*

2023

**Health Policy 137: 104916.**

https://doi.org/10.1016/j.healthpol.2023.104916

The aim of this study is to examine the general satisfaction with primary health care services in Ukraine among service users and nonusers before and after the implementation of the capitation reform in 2017–2020. Data from a repeated cross-sectional household survey 'Health Index. Ukraine' in 2016–2020 were used. The survey had a sample size of over 10 000 participants per survey round. Effects were estimated using difference-in-differences methods based on matched samples. Our findings show that in general, respondents are 'rather satisfied' with the services of district/family doctors and pediatricians. Satisfaction with family doctors comprised 72.1% (users) and 69.2% (nonusers) in 2016; and 75.3% and 71.9% in 2020. For pediatrician services, these shares were 73.6% (users) and 71.1% (nonusers) in 2016; 74.7% and 70.2% in 2020. Our study also revealed an increase in satisfaction with the district/family doctor over time. However, this does not seem to be due to the reform. The results for pediatrician services were mixed. Why satisfaction with primary care is fairly high and slightly increasing over time is unclear. However, we offer several possible explanations, such as low expectations of primary health care, subjective perception of quality of health care services, improved access and affordability, and general improvements in primary health care settings not directly linked to the reform.

### Mieux connaître le profil des infirmières titulaires d'un doctorat en sciences ou doctorantes exerçant en France : une étude descriptive quantitative

CARTRON E., QUINDROIT P., BENTZ S., *et al.*

2023

**Recherche en soins infirmiers 153(2): 60-68.**

https://www.cairn.info/revue-recherche-en-soins-infirmiers-2023-2-page-60.htm

En 2009, l'Association de recherche en soins infirmiers avait recensé 54 infirmières titulaires d'un doctorat et doctorantes. Parmi les intérêts récents de s'engager dans des cursus académiques figure la création, en 2019, de la section 92 « sciences infirmières » au Conseil national des universités, rendant possible en France l'accès au corps d'enseignants-chercheurs à des infirmières. L'objectif de cette étude est d'actualiser et compléter les données de 2009 en identifiant les grades, les domaines d'activité, les disciplines des infirmières titulaires d'un doctorat ou doctorantes. Une étude quantitative descriptive a été réalisée par un questionnaire en ligne, entre le 01/12/2021 et le 22/03/2022.Résultats : 147 participants, exerçant en France, ont été inclus, dont 75 infirmières titulaires d'un doctorat et 72 doctorantes. La majorité des répondants étaient des femmes, avaient un grade d'encadrement et exerçaient une activité professionnelle dans le domaine de la formation. Le plus grand nombre de doctorats a été obtenu en sciences de l'éducation ; cette discipline est moins représentée chez les doctorantes. Cette étude montre une évolution des caractéristiques des infirmières doctorantes et des disciplines des doctorats obtenus ou en cours, une valorisation du diplôme notamment en recherche mais un faible accès aux fonctions académiques.

### Physician Responses to Medicare Reimbursement Rates

DEVLIN A. M. ET MCCORMACK G.

2023

**Journal of Health Economics 92: 102816.**

https://doi.org/10.1016/j.jhealeco.2023.102816

This paper investigates how office-based physicians respond to Medicare reimbursement changes. Using variation from an Affordable Care Act policy that increased reimbursements for office-based care in four states, we use a triple difference analysis, comparing physicians with higher and lower reimbursement changes in treated states to similar physicians in untreated states. We find two mechanisms through which physicians respond. First, the reimbursement change affected integration—physicians with larger increases in office-based reimbursement were less likely to vertically integrate with hospitals and more likely to continue providing office-based care than physicians with smaller reimbursement increases. Second, we find some evidence that physicians who continued practicing in an office setting increased the volume of services provided.

### L'exercice du métier de sage-femme libérale dans une organisation pluridisciplinaire : quels effets sur les coopérations interprofessionnelles ?

DOUGUET F. ET VILBROD A.

2019

**La Revue Sage-Femme 18(2): 68-73.**

https://doi.org/10.1016/j.sagf.2019.02.001

Les professionnels de santé indépendants sont incités à se regrouper et à coopérer au sein d'organisations pluridisciplinaires pour faciliter l'accès aux soins et améliorer leur qualité. Cet article étudie les pratiques de collaboration des sages-femmes avec les autres professionnels rassemblés dans ces structures. La méthodologie employée repose sur l'analyse de contenu d'un corpus de 21 entretiens semi-directifs réalisés avec des sages-femmes libérales exerçant dans des maisons de santé ou pôles de santé pluridisciplinaires à l'échelle d'une région française (la Bretagne). Les résultats rendent compte de l'existence de 4 configurations de relations interprofessionnelles et soulignent la relative faiblesse des pratiques de coopération des sages-femmes avec les autres acteurs de santé dans ces contextes. Les sages-femmes libérales tendent à conserver un mode d'exercice monoprofessionnel et éprouvent des difficultés à trouver leur place dans ces structures.

### Bien-être des médecins généralistes. État des lieux de leurs conditions d'exercice et de prise en charge de leur santé

VALENTE G., GALAM E., *et al.*

2023

**Médecine 19(8): 377-382.**

https://doi.org/10.1684/med.2023.920

Prendre en compte la santé des soignants est un axe

de la certification périodique. Au-delà de son bénéfice propre, le bien-être des médecins généralistes est important pour la pérennité et la qualité du système de soins. Ce travail s'intéresse à des composantes spécifiques de leur qualité de vie : leurs conditions de travail et leur façon de se soigner.

### Physicians As Shock Absorbers: The System of Structural Factors Driving Burnout and Dissatisfaction in Medicine

JENKINS T. M.

2023

**Social Science & Medicine 337: 116311.**

https://doi.org/10.1016/j.socscimed.2023.116311

American physicians disproportionately suffer from burnout. Despite calls for systemic solutions, however, few studies have actually examined how 'the system' works—i.e. how structural factors intersect in real-time as a system to shape wellbeing. I borrow a systems theoretical approach, which explicitly recognizes the dynamic relationships and interdependencies between different actors and factors in healthcare, to examine how structural factors work together to shape physicians' wellbeing. Drawing on an eight-month ethnography in a pediatrics clinic, I show how respondents experienced pressures from multiple structural levels: societal (including broader social inequality and changing doctor-patient relationships); organizational (centralized decision-making, economic pressures, and unresponsive leadership); and professional (specialty cultures and unhealthy norms). I find that individual physicians effectively served as shock absorbers, routinely absorbing countless, interconnected structural demands ("shocks") and converting them into competent medical care, at significant cost to their mental health. In so doing, I intervene in sociological debates about the broader fate of the medical profession and conclude that if medicine remains resilient against threats to its dominance, it may well be at the expense of individual physicians' mental wellbeing.

### Modèles de partage des tâches impliquant les kinésithérapeutes pour la prise en charge des troubles musculosquelettiques en soins primaires : une revue narrative

KECHICHIAN A., IMBERT F. ET PINSAULT N.

2023

**Santé Publique 35(3): 271-284.**

https://www.cairn.info/revue-sante-publique-2023-3-page-271.htm

L'engorgement des services de soins primaires et l'augmentation de la demande de soins conduisent à des difficultés croissantes d'accès aux soins de premier recours pour les patients souffrant de troubles musculosquelettiques. Pour y faire face, plusieurs modèles de partage de tâches entre les professionnels de santé sont mis en place. Dans la littérature, différentes notions sont employées pour décrire ces modèles. En France, ces expérimentations peuvent prendre la forme de « protocoles de coopération » établis entre les médecins généralistes et les kinésithérapeutes. L'objectif de cette revue narrative vise à définir les notions employées pour décrire les modèles de partage de tâches impliquant les kinésithérapeutes dans la prise en charge des troubles musculosquelettiques à l'international, puis à décrire ces modèles et leur impact pour aboutir à des perspectives d'évolution des expérimentations françaises. Les notions de « délégation », de « transfert », de « substitution », de « supplémentation » et de « pratique avancée » sont employées dans la littérature. À la différence des termes « délégation » et « transfert », une distinction claire est retrouvée entre la substitution et la supplémentation. La pratique avancée en kinésithérapie est quant à elle, définie et reconnue à l'international. Elle permettrait d'améliorer l'accès et la qualité des soins, sans augmentation des coûts. En France, deux protocoles nationaux de coopération entre les médecins généralistes et les kinésithérapeutes existent pour les troubles musculo-squelettiques. En tenant compte des freins à leur déploiement rencontrés sur le terrain, ces modèles gagneraient à être repensés en s'inspirant du cadre international de la pratique avancée en kinésithérapie.

### The Impact of Collaborative Organisational Models and General Practice Size on Patient Safety and Quality of Care in the English National Health Service: A Systematic Review

KOVACEVIC L., NAIK R., LUGO-PALACIOS D. G., *et al.*

2023

**Health Policy 138: 104940.**

https://doi.org/10.1016/j.healthpol.2023.104940

Collaborative primary care has become an increasingly popular strategy to manage existing pressures on general practice. In England, the recent changes taking place in the primary care sector have included the formation of collaborative organisational models and a steady increase in practice size. The aim of this review was to summarise the available evidence on the impact of collaborative models and general practice size on patient safety and quality of care in England. We searched for quantitative and qualitative studies on the topic published between January 2010 and July 2023. The quality of articles was assessed using the Newcastle-Ottawa Scale and the Critical Appraisal Skills Programme checklist. We screened 6533 abstracts, with full-text screening performed on 76 records. A total of 29 articles were included in the review. 19 met the inclusion criteria following full-text screening, with seven identified through reverse citation searching and three through expert consultation. All studies were found to be of moderate or high quality. A predominantly positive impact on service delivery measures and patient-level outcomes was identified. Meanwhile, the evidence on the effect on pay-for-performance outcomes and hospital admissions is mixed, with continuity of care and access identified as a concern. While this review is limited to evidence from England, the findings provide insights for all health systems undergoing a transition towards collaborative primary care.

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

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

2023

**Revue économique 74(3): 441-470.**

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

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

### Exploring Job and Workplace Factors Associated with Nurse Retention in the Irish Healthcare System

O'DONOGHUE C.

2023

**European Journal of Public Health 33(Supplement_2).**

https://doi.org/10.1093/eurpub/ckad160.058

The Covid-19 crisis put unprecedented pressures on nurses both globally and in Ireland. This has led to concerns that a 'great resignation' could take place. Prior to the Covid-19 pandemic, significant numbers of Irish nurses migrated for better pay and working conditions. Understanding the factors involved in retaining nurse professionals and supporting them to remain in the Irish health system is thus critical to creating a fully functioning health system and maintaining and improving population health. A secondary data analysis was carried out with two HSE 'Your Opinion Counts' surveys from 2016 and 2018. The surveys examined staff opinions and experiences on a range of issues, including job satisfaction and workplace culture. Descriptive statistics and association tests were run to examine which factors were the most associated with intention to stay within the HSE. The study also assessed the changes over time (2016 versus 2018) on intention to stay and by nurse subcategory. These data were then compared with actual turnover data for nurses over the ovid-19 era. Preliminary results indicate that public health nurses and nurse specialists were the nurse cadres most likely to intend to remain working within the HSE. Furthermore, staff nurses and midwives had

greater intention to stay in 2018 compared with 2016. Feeling valued and recognised at work was among the most associated factors related to intention to stay. Changing workplace cultures to more supportive environments where staff feel valued and recognised may increase staff retention. Policy makers should invest in understanding mechanisms and interventions that can change workplace cultures to increase staff retention.

### Recruiting the Next Generation of Rural Healthcare Practitioners: The Impact of an Online Mentoring Program on Career and Educational Goals in Rural Youth

OSHIRO J., WISENER K., NASH A. L., *et al.*

2023

**Rural Remote Health 23(3): 8216.**

There is increasing recognition that encouraging and supporting rural youth to pursue healthcare careers could be a promising strategy for addressing shortages of rural healthcare practitioners. Although rural students in health science programs often return to their home communities to practice, they continue to be underrepresented in these programs. Geographic isolation and small community sizes create barriers to entry for rural students, including a lack of educational and outreach services and a smaller pool of role models with experience in pursuing health science careers. Online mentoring has the potential to overcome these barriers by connecting rural youth with experienced role models from outside their communities; therefore, we tested whether this type of intervention could be used to increase interest in and guide rural youth towards rural healthcare careers. From 2016 to 2020, our intervention, Rural eMentoring BC, matched 364 youth in rural British Columbia to near-peer mentors enrolled in health science programs. Through an online platform, dyads discussed career and educational options and pathways through a semistructured curriculum consisting of eight units. After completing the career exploration unit, 63 students (out of the 103 who completed the unit) indicated that they were interested in healthcare careers, compared to 37 before. However, students' attitudes towards post-secondary education and finding allies did not change after completing those units, nor did their opinion of working rurally (although there was no unit dedicated to this topic). This study suggests that online mentoring can direct rural youths' career interests toward, and provide a refreshing approach to imparting information about, healthcare professions. Although its longitudinal impacts need to be studied, the changes in attitudes and gains in knowledge observed while participating in this program put these students on the right track for eventually transitioning to health science programs. Arming rural youth with the knowledge and motivation to pursue healthcare careers through near-peer mentorship could be a unique strategy for increasing rural student representation in health science programs, and ultimately the number of rural healthcare professionals.

### The Impact of Integrated Care on Health Care Utilization and Costs in a Socially Deprived Urban Area in Germany: A Difference-In-Differences Approach Within an Event-Study Framework

RESS V. ET WILD E.-M.

2023

**Health Economics(Ahead of print).**

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https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4771

We investigated the impact of an integrated care initiative in a socially deprived urban area in Germany. Using administrative data, we empirically assessed the causal effect of its two sub-interventions, which differed by the extent to which their instruments targeted the supply and demand side of healthcare provision. We addressed confounding using propensity score matching via the Super Learner machine learning algorithm. For our baseline model, we used a two-way fixed-effects difference-in-differences approach to identify causal effects. We then employed difference-in-differences analyses within an event-study framework to explore the heterogeneity of treatment effects over time, allowing us to disentangle the effects of the sub-interventions and improve causal interpretation and generalizability. The initiative led to a significant increase in hospital and emergency admissions and non-hospital outpatient visits, as well as inpatient, non-hospital outpatient, and total costs. Increased utilization may indicate that the intervention improved access to care or identified unmet need.

### The Impact of Primary Care Practice Structural Capabilities on Nurse Practitioner Burnout, Job Satisfaction, and Intent to Leave

SCHLAK A., POGHOSYAN L., ROSA W. E., *et al.*

2023

**Medical Care 61(12): 882-889.**

https://doi.org/10.1097/mlr.0000000000001931

Lack of structure for care delivery (ie, structural capabilities) has been linked to lower quality of care and negative patient outcomes. However, little research examines the relationship between practice structural capabilities and nurse practitioner (NP) job outcomes. Objectives: We investigated the association between structural capabilities and primary care NP job outcomes (ie, burnout, job dissatisfaction, and intent to leave). Research Design: Secondary analysis of 2018-2019 cross-sectional data. Subjects: A total of 1110 NPs across 1002 primary care practices in 6 states. We estimated linear probability models to assess the association between structural capabilities and NP job outcomes, controlling for NP work environment, demographics, and practice features.: Primary care NPs report lower burnout, job dissatisfaction, and intent to leave when working in practices with greater structural capabilities for care delivery. These findings suggest that efforts to improve structural capabilities not only facilitate effective care delivery and benefit patients but they also support NPs and strengthen their workforce participation. Practice leaders should further invest in structural capabilities to improve primary care provider job outcomes.

### Integrated Care in a Beveridge System: Experiences From England and Denmark

TSIACHRISTAS A., VRANGBÆK K., GONGORA-SALAZAR P., *et al.*

2023

**Health Economics, Policy and Law 18(4): 345-361.**

https://doi.org/10.1017/S1744133123000166

Health systems internationally face demands to deliver care that is better coordinated and integrated. The health system financing and delivery model may go some, but not all the way in explaining health system fragmentation. In this paper, we consider the road to care integration in two countries with Beveridge style health systems, England and Denmark, that are both ranked as highly Integrated systems in Toth's health integration index. We use the SELFIE framework to compare the policies and reforms that have affected care integration over the past 30 years in the two countries. The countries both started their reform path by reforming to introduce choice and competition, but did so in different ways that set them on different pathways. Nevertheless, after two decades, the countries ended the period with largely similar structures that emphasised the creation of a cross-sectoral governance structure. In the relatively centralised England, by introducing decentralised Integrated Care Systems, and in the relatively decentralised Denmark with a centralising element in the form of new Health Clusters.

### 'Nurses Are Seen As General Cargo, Not the Smart TVs You Ship Carefully': The Politics of Nurse Staffing in England, Spain, Sweden, and the Netherlands

WALLENBURG I., FRIEBEL R., WINBLAD U., *et al.*

2023

**Health Economics, Policy and Law 18(4): 411-425.**

https://doi.org/10.1017/S1744133123000178

Nurse workforce shortages put healthcare systems under pressure, moving the nursing profession into the core of healthcare policymaking. In this paper, we shift the focus from workforce policy to workforce politics and highlight the political role of nurses in healthcare systems in England, Spain, Sweden, and the Netherlands. Using a comparative discursive institutionalist approach, we study how nurses are organised and represented in these four countries. We show how nurse politics plays out at the levels of representation, working conditions, career building, and by breaking with the public healthcare system. Although there are differences between the countries – with nurses in England and Spain under more pressure than in the Netherlands and Sweden – nurses are often not represented in policy discourses; not just because of institutional ignorance but also because of fragmentation of the profession itself. This institutional ignorance and lack of collective representation, we argue, requires attention to foster the role and position of nurses in contemporary healthcare systems.

### Small Money, Big Change: The Distributional Impact of Differentiated Doctor's Visit Fee on Healthcare Utilization

WANG T., WEN K., GAO Q., *et al.*

2023

**Social Science & Medicine 339: 116355.**

https://doi.org/10.1016/j.socscimed.2023.116355

A prominent issue in China's healthcare sector is the overcrowding of high-tier hospitals, whereas low-tier hospitals and community health centers are severely underutilized. This study aims to examine whether doctor's visit fee and copay differentiated by the level of healthcare providers can change the distribution of outpatient visits across different levels of healthcare providers. By leveraging the exogeneity of the policy change implemented in a megacity in China in 2017, we apply a parametric discontinuity regression model to study the causal impact of differentiated pricing on patients' health-seeking behavior, using a large-scale insurance claim database. We find that the reform of differentiated doctor's visit fee schedule effectively increases the proportion of visits to primary care facilities among all outpatient visits. This effect is driven by a decline in visits to the highest-tier hospitals and an increase in visits to community healthcare centers. Furthermore, the policy effects are more pronounced among the elderly and people with chronic diseases. Our results suggest that shifting the focus of pricing policies from coinsurance to copays while continuing to improve the capacity of primary care facilities is an effective way to facilitate triaging patients into different levels of care without triggering moral hazard.

# Systèmes de santé

# *Health Systems*

### Les raisons de la crise du système de soins français analysées sous un angle éthique

2023

**Revue Prescrire 43(480): 785-786.**

Fin 2022, le Comité consultatif national d'éthique (CCNE) a publié un avis sur les raisons de la crise du système de santé français et en particulier sur celle de l(hôpital public. Il u est décrit un système qui privilégie le traitement des maladies au détriment de la préservation de la santé, une valorisation des actes techniques au détriment des relations humaines et de la réflexion des soignants. Un tel système de soins est générateur de souffrance pour les soignants et pour les patients.

### Accès aux actes et consultations de second recours en région Centre-Val de Loire

DE FONTGALLAND C., LECOURIEUX S., MÉNORET F., *et al.*

2023

**Santé Publique 35(3): 235-250.**

https://www.cairn.info/revue-sante-publique-2023-3-page-235.htm

En région Centre- Val de Loire, l'offre de soins de second recours se caractérise par une démographie déficitaire et par de fortes inégalités territoriales, entraînant d'importantes difficultés d'accès aux soins. L'étude a été menée à l'échelle des communautés professionnelles territoriales de santé (CPTS) maillant la région, cadre idéal pour concrétiser des actions de santé publique. Le but de cette étude était d'objectiver ces difficultés et leur géographie, sur la base du calcul de l'indice comparatif de consommation (ICC), afin de mesurer les écarts entre la consommation attendue et la consommation observée, et de quantifier le nombre de médecins nécessaires pour répondre aux besoins de la population, et qui sont donc actuellement « manquants ». On observe un sous- recours aux soins de spécialité, notamment une inadéquation entre les besoins et l'offre de soins sur les lieux de vie, ainsi que

de fortes inégalités territoriales, avec des différences marquées entre le recours libéral et le recours aux actes et consultations externes en secteur hospitalier. La région connaîtrait un déficit de 25 % de médecins spécialistes libéraux pour répondre aux besoins de sa population. L'accessibilité aux soins ne se résume pas à la proximité des soignants ni à leur densité, la proximité de zones d'activité étant un facteur associé à un meilleur recours aux soins. Cette étude permet d'identifier des zones d'action prioritaire par spécialité, pour renforcer l'accès au second recours et construire une plus juste répartition de l'offre, notamment par le déploiement de stages d'internes et l'organisation coordonnée et territoriale des médecins spécialistes hors médecine générale.

### ‘Accident and Emergency’? Exploring the Reasons For Increased Privatisation in England's NHS

GOODAIR B.

2023

**Health Policy 138: 104941.**

https://doi.org/10.1016/j.healthpol.2023.104941

England's NHS is experiencing rising privatisation as services are increasingly being delivered by private healthcare providers. This has led to concerns about the supposed benefit of this process on healthcare quality but the reasons for the increase – and whether processes prioritise quality – are not well understood. In-depth semi-structured interviews with 20 people involved in the commissioning process, sampled from 3 commissioning sites (regional health boards) are thematically analysed. Four key themes of reasons for outsourcing were identified: unmet need; the “choice agenda”; appetite for change amongst key individuals working at the commissioning body; and the impact of financial pressures. The study concludes that the experience of commissioners navigating the provision of healthcare with worsening social determinants of health and financial austerity means that decisions to use private providers based on anticipated quality are sometimes but not always possible - sometimes they constitute ‘accidents’, sometimes ‘emergencies’.

### The ‘Health Workforce Crisis’ and ‘The Medical Manpower Problem’: New Term, Old Problems

HERRICK C.

2023

**Health & Place 84: 103132.**

https://doi.org/10.1016/j.healthplace.2023.103132

The recent, but overdue, publication of the NHS Long Term Workforce Plan marks a welcome investment in the future sustainability of the service. The Plan includes a near doubling of medical and nursing school places, a proposed shortening of medical degrees, growth in ‘new roles’ including associates and apprentices, reduced overseas recruitment of staff and efforts to boost productivity and retention. While the plan was greeted with enthusiasm by many, criticisms were also numerous. This short opinion piece does not aim to add to the critique, but instead presents an argument for why, in trying to understand the persistence of the ‘health workforce crisis’ across the world, we might usefully think back seven decades to international efforts to address the ‘medical manpower problem’. Here, the manpower concept offers a hugely useful heuristic to think through the contours of time, space and resources that characterise(d) efforts to forecast and anticipate future health needs and, therefore, staff and resourcing. Geographers, I argue, should have far more to say about these conceptual continuities in modes and means of problematisation, as well as their consequences.

### How to Further Develop Quality Competition in the German Healthcare System? Results of a Delphi Expert Study

NEGELE D., LAUERER M., NAGEL E., *et al.*

2023

**Health Policy 138: 104937.**

https://doi.org/10.1016/j.healthpol.2023.104937

Many international healthcare systems use quality competition to improve the quality of care. The corresponding instruments include quality measurement, public reporting, selective contracting, and pay for performance. The German healthcare system clearly shows that the possibilities are often limited in the status quo. Therefore, a need for practicable and evidence-based proposals are necessary to further the development of quality competition. Methods: We conducted a national analysis and an international comparison (Switzerland, Netherlands and USA) as a

pre-study to derive recommendations. On this basis, we designed a Delphi study with a consensus objective. Experts from relevant stakeholder groups in the German healthcare system were selected using purposive sampling for this study. Results: The experts saw potential for quality improvement in the further development of quality competition. Quality measurement and public reporting were rated as empowering tools. There was mostly disagreement on whether quality competition should be further developed in a more regulatory or entrepreneur-based manner. However, there was a clear consensus that further development must be coordinated between the stakeholders, step-by-step and scientifically supported. In addition, the impulse should be supported by a legislatively introduced reform. Conclusions: Finally, these empirically based recommendations highlight the need for a coordinated coexistence of a top-down and a bottom-up approach. The developed blueprint proposal serves as an impetus for practical considerations of implementation.

### Organization of Cancer Specialists in US Physician Practices and Health Systems

NGUYEN C. A., BEAULIEU N. D., WRIGHT A. A., *et al.*

2023

**Journal of Clinical Oncology 41(26): 4226-4235.**

https://ascopubs.org/doi/abs/10.1200/JCO.23.00626

The purpose of this study is to describe the supply of cancer specialists, the organization of cancer care within versus outside of health systems, and the distance to multispecialty cancer centers. Using the 2018 Health Systems and Provider Database from the National Bureau of Economic Research and 2018 Medicare data, we identified 46,341 unique physicians providing cancer care. We stratified physicians by discipline (adult/pediatric medical oncologists, radiation oncologists, surgical/gynecologic oncologists, other surgeons performing cancer surgeries, or palliative care physicians), system type (National Cancer Institute [NCI] Cancer Center system, non-NCI academic system, nonacademic system, or nonsystem/independent practice), practice size, and composition (single disciplinary oncology, multidisciplinary oncology, or multispecialty). We computed the density of cancer specialists by county and calculated distances to the nearest NCI Cancer Center. This paper concludes that although many cancer specialists practiced in multispecialty health systems, many also worked in smaller-sized independent practices where most patients were treated. Access to cancer specialists and cancer centers was limited in many areas, particularly in rural and low-income areas.

### Building on Value-Based Health Care: Towards a Health System Perspective

SMITH P. C., SAGAN A., SICILIANI L., *et al.*

2023

**Health Policy 138: 104918.**

https://doi.org/10.1016/j.healthpol.2023.104918

A variety of methodologies have been developed to help health systems increase the 'value' created from their available resources. The urgency of creating value is heightened by population ageing, growth in people with complex morbidities, technology advancements, and increased citizen expectations. This study develops a policy framework that seeks to reconcile the various approaches towards value-based policies in health systems. The distinctive contribution is that we focus on the value created by the health system as a whole, including health promotion, thus moving from value-based health care towards a value-based health system perspective. We define health system value to be the contribution of the health system to societal wellbeing. We adopt a framework of five dimensions of value, embracing health improvement, health care responsiveness, financial protection, efficiency and equity, which we map onto a society's aggregate wellbeing. Actors within the health system make different contributions to value, and we argue that their perspectives can be aligned with a unifying concept of health system value. We provide examples of policy levers and highlight key actors and how they can promote certain aspects of health system value. We discuss advantages of value-based approach based on the notion of wellbeing and some practical obstacles to its implementation.

### Comment intégrer un patient partenaire dans une équipe de soins ?

TOURNIAIRE N., LESEUR J., ROY A., *et al.*

2023

**Santé Publique 35(3): 285-295.**

https://www.cairn.info/revue-sante-publique-2023-3-page-285.htm

Il n'est plus rare aujourd'hui de rencontrer des patients

ayant la connaissance et l'expérience d'un parcours de soins, intégrer une équipe de professionnels de santé afin d'améliorer la qualité et la pertinence du parcours de soins de leurs pairs. But de l'étude : L'objectif de cet article est de proposer, aux institutions et à tout acteur de la santé qui envisagent d'intégrer un patient partenaire (PP) dans une équipe de professionnels de santé, des réponses méthodologiques pratiques et des questions structurantes pouvant soutenir leur expérimentation. Résultats : Les résultats issus d'une recherche-action (R-A) menée au sein d'un centre de lutte contre le cancer permettent à la fois de fournir un cadre méthodologique de coconstruction et d'apporter des réponses aux questions soulevées par les acteurs au cours de cette expérimentation : comment l'équipe et le PP se sont-ils organisés pour mettre en œuvre la mission de pair-accompagnant ? Quelles évaluations du projet mettre en place ? Comment chacun trouve-t-il sa place dans le projet ? Et finalement, quelles sont les modalités opérationnelles, les limites et leviers de l'intégration du patient partenaire dans l'équipe ? Nous proposons dans la partie discussion un modèle de l'expérimentation issu de la R-A mettant en exergue les drivers principaux ainsi que les interventions qui les nourrissent. Conclusions : Enfin, nous partageons une série de questions structurantes issues du travail de coconstruction des acteurs, qui nous a permis d'établir notre plan d'action pour l'intégration d'une PP dans l'équipe de soins au CLCC de Rennes (35), et qui nous semble suffisamment généralisable pour être testée et utilisée par d'autres équipes et dans d'autres contextes.

### Barriers and Facilitators of Meaningful Patient Participation at the Collective Level in Healthcare Organizations: A Systematic Review

WESTERINK H. J., OIRBANS T., GARVELINK M. M., *et al.*

2023

**Health Policy 138: 104946.**

https://doi.org/10.1016/j.healthpol.2023.104946

Collective patient participation, such as patient participation in policy making, has become increasingly important to achieve high-quality care. However, there is little knowledge on how to let patients participate in a meaningful manner at this level. The aim of this systematic literature review was to provide an overview of barriers, facilitators, and associated impact of collective patient participation. Methods PubMed and EMBASE were searched until May 2023 for studies that evaluated collective patient participation. Study characteristics, methods for patient participation, barriers and facilitators, and impact (if measured) of patient participation were extracted from the articles. Results We included 59 articles. Identified barriers and facilitators of collective patient participation were grouped into five categories: (1) preconditions for patient participation, (2) strategy for patient participation, (3) preparation of patients and staff for patient participation, (4) support for patients and staff during patient participation, and (5) evaluation of patient participation. Impact of patient participation was reported in 34 included studies at three levels: quality of care and research, the team and organization, and the participants themselves. Only three studies reported quantitative outcomes. Conclusion Interestingly, similar challenges were experienced during a period of twenty years, indicating that little progress has been made in structuring patient participation. Our overview of barriers and facilitators will therefore help to improve and structure collective patient participation.

### What Steps Can Improve and Promote Investment in the Health and Care Workforce in Europe?

WILLIAMS G.

2023

**European Journal of Public Health 33(Supplement_2).**

https://doi.org/10.1093/eurpub/ckad160.060

Recent experiences from Ireland and elsewhere have shown the urgent need for countries and international actors to prioritize investment in the health and care workforce (HCWF) and ensure funding is used well. This research, based on a European Observatory on Health Systems and Policies policy brief, explores: i) areas for strategic investments in the HCWF; and ii) how greater funding from domestic and international sources can be secured. A scoping review of English-language peer reviewed and grey literature was conducted across databases and online repositories including PubMed, Scopus, Web of Science, Google Scholar, WHO data collections. The literature search focused on two areas: 1) areas for strategic investments in the organization, training, deployment and management of the HCWF; 2) actions that can help scale-up investment from domestic and international financing sources. Strategic investments to effectively enhance the sustainability of the HCWF can be grouped into

strategies that aim to: 1) increase the quantity, quality and diversity of available HCWs through education investments; 2) reskill and optimize use of the HCWF through investments in preventative and primary care, skill mix reforms and digital technologies; 3) improve employment and retention through labour market interventions and protecting, supporting and managing the HCWF. Ministries of Health must be able to share the measurable benefits of workforce development to secure greater investment, which requires: evidence on the socioeconomic benefits of HCWF investments; strong leadership and capacity; improved intersectoral governance processes; and more efficient and transparent health sector budget cycle processes.Education, employment and retention of HCWs needs to be a priority in public expenditure to increase supply, protect the existing workforce and plan ahead to address future challenges.

# Travail et santé

# Occupational Health

### Le travail de santé des chômeurs : une approche qualitative

LLHUILIER B., GELPE D., WASER A.M.

2023

**Sciences sociales et santé 41(3): 5-28.**

https://doi.org/10.1684/sss.2023.0253

Coping with a health problem during unemployment is determined by both work and health trajectories, and by the <i>health work</i> achieved during unemployment. The notion of health work defines a factual and subjective activity deployed in family, social and personal life in order to recover psychological, physical and social well-being, or to define new well-being norms. Our qualitative research, lead with unemployed people, has consisted in in-depth interviews and peer exchange-groups over several months in order to explore the various forms of health work, as well as the factors that encourage it or make its realization difficult. We attempt to grasp the mechanisms of health work: its purpose and evolving effects on health, its different meanings, as well as the health/work relationship that determines the representation of the future and the psychological and social conditions that lead to building of a professional project.

### Sick at Work and Future Sickness Absence - a Prospective Study of Two Measures of Sickness Presence

HANSEN C. D., DALGAARD L., WINDING T. N., *et al.*

2023

**European Journal of Public Health 33(Supplement_2).**

https://doi.org/10.1093/eurpub/ckad160.134

Sickness presence (SP), or going to work despite being ill, is a common way of practicing sickness absence (SA). However, its consequences for long-term SA are poorly understood, and there is no consensus on how to measure SP. This study aims to examine the consequences of SP on long-term sickness absence (>14 days) using two different measures. Data from a Danish public human service organization were analyzed, with approximately 2400 employees answering questionnaires in November 2019, yielding a response rate of 50%. Information on SA, work environment, self-reported health, SP episodes, and sociodemographic information were included in negative binomial regression models. The outcome variable was prospective episodes of SA (>14 days) taken from the SA register of the organization. Two different ways of measuring SP were used: a traditional measure of overall SP frequency and a measure of going to work with specific symptoms (fever, cold, headache, musculoskeletal pain).Participants who reported SP frequency of more than 10 times during the last 6 months had a two-fold risk of long-term SA (IRR: 2.19 (95%CI 1.09-4.58)) in the follow-up period. This risk remained significant even after adjusting for work environment factors, sociodemographic factors, self-rated health, and spells of

sickness absence in the previous year. Going to work with fever (IR: 1.43) or cold (IR: 1.48) was also associated with long-term SA in the follow-up period. SP may negatively impact employees' health status and increase long-term sickness absence. Health professionals should be aware of the negative consequences of focusing solely on reducing short-term sickness absence especially if they inadvertently encourage employees to substitute sickness presence for sickness absence. Going to work despite having ill health is common but may have adverse health consequences and lead to long-term sickness absence. Focusing narrowly on reducing short-term sickness absence might be a bad idea for public health. Employees might feel encouraged to go ill to work which could increase future sick leave.

### Economic Layoffs and Mental Health: Evidence From French Register-Survey Data

LE CLAINCHE C. ET LENGAGNE P.

2023

**Revue d'économie politique 133(3): 367-407.**

https://www.cairn.info/revue-d-economie-politique-2023-3-page-367.htm

Cet article examine le lien entre les licenciements économiques et la santé mentale des employés. Nous évaluons l'effet d'un plan de licenciement économique sur la santé mentale des salariés en emploi permanent non licenciés restant dans l'entreprise, dans un marché du travail dual. Nous nous appuyons sur une enquête française couplée aux données de l'assurance maladie pour suivre la consommation individuelle avant et après l'événement. Nous appliquons une méthode de différence de différences avec un appariement exact. Les estimations indiquent une augmentation significative, après un plan de licenciements économiques, de la consommation de médicaments psychotropes des employés survivants, par rapport à ceux non concernés par un plan de licenciement. Les résultats suggèrent également un effet négatif des licenciements économiques sur la santé mentale subjective des employés, mesurée par le Mental Health Index (MHI). Des résultats complémentaires suggèrent que l'ampleur de ces effets est importante mais apparaît plus modérée que celle des effets d'autres événements, tels qu'avoir été confronté à des difficultés financières ou à un confinement dans le passé, vécus par les salariés.

## Vieillissement

## *Aging*

### Does Informal Care Delay Nursing Home Entry? Evidence From Dutch Linked Survey and Administrative Data

BERGEOT J. ET TENAND M.

2023

**Journal of Health Economics 92: 102831.**

https://doi.org/10.1016/j.jhealeco.2023.102831

We assess whether informal care receipt affects the probability of transitioning to a nursing home. Available evidence derives from the US, where nursing home stays are often temporary. Exploiting linked survey and administrative data from the Netherlands, we use the gender mix of children to retrieve exogenous variation in informal care receipt. We find that informal care increases the chance of an admission within a three-year period for individuals with severe functional limitations, and increases the costs incurred on formal home care. For individuals with mild limitations, informal care substantially decreases total care costs, whereas its effect on nursing home admission is unclear. Further, informal care results in lower post-

acute care use and hospital care costs, and does not increase mortality. Promoting informal care cannot be expected to systematically result in lower institutionalization rate and care costs, but it may nonetheless induce health benefits for its recipients.

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

BIGORNE A., BOGGIAN L. ET TUBEUF S.

2023

**Revue économique 74(3): 373-397.**

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

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

### Effects of the Bio-Psycho-Social Frailty Dimensions on Healthcare Utilisation Among Elderly in Europe: A Cross-Country Longitudinal Analysis

CALCIOLARI S. ET LUINI C.

2023

**Social Science & Medicine 339: 116352.**

https://doi.org/10.1016/j.socscimed.2023.116352

Frailty represents an emerging challenge and has major implications for clinical practice, public health, and the sustainability of health systems. It is a geriatric condition, related to but distinct from disability and multimorbidity and characterized by a diminished physiological reserve of multiple organs. Despite limited consensus and evidence, it has been argued that cognitive and social aspects influence the condition. Therefore, we aim to provide evidence on the importance of taking a broader approach in defining frailty, by investigating the role of its physical, social, and psychological subdomains to predict healthcare utilisation in elderly Europeans. The study is based on the Survey of Health, Ageing and Retirement in Europe (SHARE), and uses 185,169 total observations from 12 European countries included in wave 4, 5, 6, and 8. The analysis investigates the influence of the physical frailty index (a proxy of the Frailty Phenotype definition), psychological and social frailty indexes (built to proxy the Tilburg Frailty Index) on the likelihood of hospitalisation and the number of doctor visits. We addressed missing values due to item non-response with fully conditional specification multivariate imputation and exploited the longitudinal structure of the data to control for time-fixed unobserved characteristics. In addition, our two multivariate models included regressors to correct for demand side factors (health status, socio-economic status, and behavioral risk) as well as for country-specific characteristics. Physical and psychological frailty positively influence the likelihood of hospitalisation (OR = 1.90 and OR = 1.31, respectively) and the number of doctor visits (IRR = 1.30 and IRR = 1.07), while social frailty reduces the two types of health services utilisation (OR = 0.53 and IRR = 0.90). The three frailty dimensions are relevant risk stratification factors in elderly Europeans, and health policies should focus more on the psycho-social aspects of this condition, as a strategy to both contain expenditures and avoid potential healthcare inequalities.

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

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

2023

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

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

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

### Improving Frail Care—Is There a Role For the Geriatrician in Elective Waiting Lists?

JAMES K., SOPPITT D., DAVIES E., *et al.*

2023

**Age and Ageing 52(Supplement_3).**

https://doi.org/10.1093/ageing/afad156.033

The perfect storm of an ageing population and recent pandemic has hugely impacted waiting lists. There is evidence for frailty assessment at point of referral as per the traditional Peri-Operative Care of Older People undergoing Surgery (POPS) model however our concern was for all those patients already on lengthy waiting lists. We obtained funding via the Bevan commission to look at whether a geriatrician had a role in reviewing need for surgery, intervening in medical issues and the best way to select the patients who would benefit. We chose the cholecystectomy list to start as the 'least frail'. We contacted all patients completing a modified CRANE (Comprehensive Risk Assessment and Needs Evaluation) questionnaire and frailty scoring. We offered a clinic appointment to any patient with a CFS (Clinical Frailty Score) over 4 or who triggered for frailty. Primary outcome was patients removed from the list, secondary outcomes included cost savings through avoiding further outpatient tests and consults, diagnoses made and patient feedback collected. Over 20% of patients were removed from the waiting list with a cost saving of around £250,000. 54 patients were offered clinic appointments, over 25 tests were ordered minimising delays in pre-operative assessment and diagnoses including dementia and hyponatraemia were made. Patient feedback was excellent. They felt there was an improvement in the health and social care needs being met following an outpatient appointment and raised the importance of good communication whilst waiting a procedure. The HFRS (Hospital Frailty Risk Score) showed the greatest specificity in selecting patients for clinic while the CRANE questionnaire was more sensitive. Clearly geriatricians have a huge role to play in perioperative medicine. We have suggested a modified POPS model with a six monthly CFS score and CRANE questionnaire to identify patients who are becoming frailer while waiting. The project shows cost savings and decreased waits but more importantly improvement in patient care and satisfaction.

### Pratiques et besoins de soins bucco-dentaires en EHPAD : évaluation des soignants et des patients

MAITRE Y., COLLET S., DENIS F., *et al.*

2023

**Santé Publique 35(HS1): 77-82.**

https://www.cairn.info/revue-sante-publique-2023-HS1-page-77.htm

Le maintien d'une bonne santé orale en EHPAD se heurte au manque de soignants, de surcroît souvent insuffisamment formés, ce qui impacte la qualité de vie des patients. L'objectif était d'évaluer les pratiques des soignants et les besoins en soins oraux des patients objectifs et ressentis en EHPAD. Une enquête transversale a été réalisée du 15 septembre au 24 novembre 2021 dans 3 EHPADs de Mayenne. Un auto-questionnaire a été utilisé pour identifier les pratiques de soins et les besoins de formation des soignants. Les besoins de soins et la qualité de vie en lien avec la santé orale des patients ont été évalués par un seul chirurgien-dentiste à partir de la grille OHAT et du questionnaire GOHAI. Les évaluations ont concerné 30,8 % des soignants ainsi que 40,0 % et 36,2 % des patients pour l'OHAT et le GOHAI. Les examens de la cavité orale et des prothèses dentaires étaient systématiquement réalisés par respectivement 4.9 % et 24,4 % des soignants. Les soins de bouche n'étaient jamais réalisés par 50,0 % des infirmiers. Un besoin de formation pratique était exprimé par 75,6 % des soignants. Les scores GOHAI et OHAT moyens étaient de 56,17 ± 5,69 et 6,01 ± 2,42. Ces scores étaient significativement corrélés (rho = -0,34 ; p = 0.002). Les actions de prévention orale dans les EHPADs sont nécessaires pour maintenir la qualité de vie des résidents. Des efforts doivent être consentis pour la formation des soignants et la simplification du parcours de soins bucco-dentaires des patients.

### Rates of Hospital-Based Care Among Older Adults in the Community and Residential Care Facilities: A Repeated Cross-Sectional Study

MANIS D. R., KATZ P., LANE N. E., *et al.*

2023

**Journal of the American Medical Directors Association 24(9): 1341-1348.**

https://doi.org/10.1016/j.jamda.2023.06.024

This study examines annual rates of emergency department (ED) visits, hospital admissions, and alternate levels of care (ALC) days (ie, the number of days that an

older adult remained in hospital when they could not be safely discharged to an appropriate setting in their community) among older adults.

### Delaying and Reversing Frailty: A Systematic Review of Primary Care Interventions

TRAVERS J., ROMERO-ORTUNO R., BAILEY J., *et al.*

2018

**Age and Ageing 47(suppl_5): v1-v12.**

https://doi.org/10.1093/ageing/afy141.17

Frailty is a fast growing medical and societal challenge given our ageing population and advances in life expectancy. Routine frailty screening is now recommended in primary-care internationally. However, there is a lack of evidence on the most effective and practical interventions once frailty has been identified. We conducted a systematic review of primary-care interventions for frailty and mapped their effectiveness and ease of implementation. Methods: We searched PubMed, CINAHL, the Cochrane Library and PEDro up to September 2017 for English language RCTs or cohort studies on primary-care interventions for frailty. Selected studies were analysed for frailty screening method, type of intervention and outcomes. Outcomes were scored for effectiveness in terms of impact on frailty status or frailty criteria and scored for ease of implementation in terms of human resource, marginal cost and time requirements.

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