

AN ACTOR-CENTERED POLICY PROCESS STUDY PERSPECTIVE: THE CASE OF PRIMARY CARE REFORMS IN WESTERN EUROPE

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A French (P. Hassenteufel/FX Schweyer)-German (T. Gerlinger/R. Reiter) research team co-financed by the ANR and the DFG

A comparison between 4 different healthcare systems (National Health Service/Health Insurance ; centralized/decentralized) : **England, Sweden, France, Germany**

A mix of **qualitative methods** (interviews of the different stakeholders and systematic public documents analysis) combining **case studies at national and regional levels** (France : Bretagne and Rhône-Alpes/Germany : Mecklenburg-Vorpommern and Westfalen-Lippe) in order to understand the **policies tackling the issue of territorial inequalities in access to primary care**

policy studies perspective focused on policy actors (their strategies in relation with their resources, representations and purposes, so as the interactions between them)

Key differences with Health Service Research

Different research question: we try to explain policy changes (more than the impact of medical practice)

Different disciplinary background: political science and sociology (more than clinical epidemiology and health economics)

Different level of analysis: healthcare systems (more than delivery systems)

Different focus of analysis: policy problem framing, policy choice and policy outputs (more than policy outcomes)

at we have analyzed yet (and some preliminary findings)

Differences in the framing of the issue of medically underserved territories

Different interactions in the policy instrument choice process

Changes in the organization of primary care (role of actors promoting change)

The territorialization of primary care policies (at different levels)

A diverging convergence process in primary care organization

1. The framing of the issue of medically underserved territories

similar shift from the perception of an over supply of physicians to the concern of local shortage of physicians in **Germany** (*Ärztemangel*) and **France** (*Déserts médicaux*) in the early 2000's: a key issue on the health policy agenda

in **England** a long term perception of an overall shortage of general practitioners and other health professionals (core issue of waiting times), territorial dimensions more focused on variations in quality, political debate: market reforms/increased public funding

in **Sweden** the more recent comeback of the issue of territorial inequalities (before: waiting times) as a consequence of the 2010 market reform: privatization of primary health care centers (politicization)

role of 3 kinds of actors: provider's associations, political actors (local and national) and experts (debate on the measurement of territorial inequalities in access to primary care)

Different interactions in the **policy instrument choice process**

in France and Germany: conflicts between the State and the medical profession explain the adoption of two kinds of instruments (limited instrumental change)

Financial incentives : extra payment, new contracts, specific rules ...
rather than constraints, i.e. settlement restriction in over-served areas

Regulation of Medical Education and Careers: raising the number of medical students, strengthening primary care in medical training, raising physician's retirement's age

in England and Sweden a more politicized debate concerning market reforms

The issue of territorial inequalities as a window of opportunity for **change** **in the organization of primary care**

Dimensions of change

cooperative health structures: Multi-professional health centers (MSP) in France, Medical provision centers (MVZ) in Germany, Health centers and walk-in centers in England, New model of rural medicine in Sweden (*Glesbydsmedicin*)

Expanding the role of other health professionals: especially nurses (also pharmacists), Introduction of new health professions (consultant therapist in England, clinical nurse in France,)

Enhanced coordination between outpatient care, hospitals and social services

Development of new way of working and service delivery: telecare, online-consultation, Electronic prescriptions...

The role of actors promoting change : medical entrepreneurs (case of the FFMPS in France), State experts

4. The territorialization of primary care policies

France: key role of the (State led) Regional Health Agencies in France (created in 2009)

Germany the reinforcement of the regional actors (2011 and 2013 acts): Regional Physician's Unions (KV), Regional Sickness Funds associations, Länder

Sweden : key role of the counties (with territorial political differences : South/North, urban/rural)

England: creation of new local structures in relation to market reforms (Clinical Commissioning Groups) and more recently local experimentations to increase coordination (in the NHS and between NHS and community services: vanguard sites)

diverging convergence process (Levi-Faure/Jordana 2005) in primary care organization

Path-dependency of national healthcare systems and actors: the selection and definition of policy problems and most elements of the policy strategies pursued reflect established institutional structures of the respective healthcare systems and depend on the established relations between policy actors

Indications of a certain convergence of the four healthcare systems towards more *decentralized regulation* and *local coordination* of services and health professions (use of similar policy instruments), partly blurring the difference between NHS and HIS healthcare systems

Thank you for your attention!

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