



The recommendations from the benchmark study

Lise Rochaix and Raphaël Beaufret

Hospinnomics has been assigned a dual goal of developing academic research that is policy-oriented and contributing to more economically sound decision-making processes at AP-HP and more widely in the health care sector. Whether this can be achieved, and more importantly how best to achieve this dual goal is therefore the main focus of the feasibility study carried out before setting up the chair. The responses of 50 senior researchers in health economics (with experience in advising decision-makers) have been analysed in a report (available on the chair website). Recommendations have been drawn from this material and have been taken into account in the setting up of the new research entity, regarding its' focus, governance and organization.

A number of recommendations address **the strategic positioning of the chair**. There is a consensus among respondents that the chair should neither become a HTs (Health Technology Assessment) or a hospital management centre. Rather, the chair should develop innovative evaluation methods and become a reference centre, useful to those in charge of intervention evaluations (be it HTAs, public health interventions, organisational changes or more generally, health care policies), with a wider lens than just hospital care, to include integrated care pathways. The chair should facilitate access to high quality and original data and become the portal for data access (1). To meet the dual goal, an important asset is developing a strong link with an economic research entity with an international reputation. A stepwise inclusion of additional partners, including from the private sector, is advisable, under strict rules for extensive publication and active conflicts of interest management. The danger identified here is to slowly become a consultancy firm rather than an applied research centre.

(1) This is in line with recommendation 6 of the Pierre-Cyrille Hautcoeur report on the future of economics in universities, requested by the French Ministry of Education and Research and released June 5th, 2014. The proposal is to strengthen research entities which contribute towards making data accessible to a large number of researchers and to encourage administrations and public entities to give access to their own data, through these research entities, while ensuring they follow access rules that are compatible with private life issues. Proposal 7 of the same report stresses the need to compel public organisations to publish the results of public policy evaluations carried out through tenders and to encourage the replication of these evaluations.

The second set of recommendations deals with **governance and organisation**. What is advisable is to explicitly build the duality of objectives in the architecture of the chair. Interactive governance is recommended, with mutual commitments by the two founding partners to measure the achievement of the objectives and the return on investment for each party. The recruitment and affiliation policy should favour researchers for whom what matters is to have an impact on decision-making and, in this particular area, on the life of people. If needed, financial incentives could be used for the production of policy-oriented research, although respondents do not all agree on the need for such incentives. The debate will be followed up during the launch event on September 29th, 2014.

Four recommendations deal more specifically with **the programme definition and the choice of research topics**. First, topics should relate to measurement and evaluation issues, as they are central to both researchers and decision-makers. Regarding methods, econometric analyses, in particular RDD, ex post pseudo-experiments and simulations are useful tools to document ex ante the impact of decisions. Using mixed data sets from both clinical and administrative sources is an important lever in the production of original and multidisciplinary research. Finally, adopting a comparative approach between countries sheds useful light on reform processes, such as the introduction of competition in health care.

Two alternative strategies can be adopted to define the work programme: either start from topics that are sufficiently close to those of affiliated researchers in order to secure their participation, or identify topics that constitute priorities for decision-makers. To achieve the dual goal, what matters is to ensure that the intersection is as large as possible. Adopting the first strategy implies that the research will produce deliverables that will be useful to decision-makers. For the second strategy, it is important that the topics chosen will lend themselves to further empirical or theoretical developments, leading to academic publications. Respondents clearly indicated that while the intersection is usually non-void, some of the applied research carried out on topics chosen by decision-makers never reach the standards of academic publications. This has to be recognised upfront and these issues have to be discussed at the time of co-construction of the research programme by the two main partners. A final suggestion is to ensure that a reserve capacity of up to 25% is available for short-term research requested by AP-HP to document specific decisions.

Respondents to the benchmark study have identified a number of **innovative areas and promising research topics** that are susceptible to foster future collaborations.

On hospital services, priority is given to efficiency and quality measurement, to the analysis of expenditure growth determinants and to the measure of the rate of return on public investment. The definition of efficiency indicators taking into account possible downward quality and accessibility adjustments is also seen as a priority for the implementation of optimal payment schemes. Analyses on the optimal size of hospitals and on the expected benefits of mergers are also useful, provided one accounts for possible complementarity and substitution relationships between hospitals. Rather than simply seeking short term cost-containment at hospital level, what matters is to analyse the productivity gains that could be derived from reorganisations and new investments, and on how to redistribute these gains with health care professionals. A broad perspective should be adopted to integrate health care services before the hospital episode or after discharge, in order to define

incentives to avoid unnecessary hospitalizations or avoidable readmissions. Recent research on Medicare in the US (2) relates to badly handled post discharge care and on bundling with post discharge.

More generally, respondents have suggested working on incentive mechanisms for the adoption of healthy life styles, the definition of prevention policies and the reduction of risky behaviours, particularly for teenagers (alcohol, addictive substances, abuse of social networks). Other topics of interest include research on optimal payment schemes, to be conducted with decision-makers, as well as analyses of health human resources.

(2) D. Clay Ackerly and D. Grabowski, 'Post-Acute Care Reform – Beyond the ACA', NEJM, Feb. 20, 2014. Randall P. Ellis & Denzil G. Fiebig & Meliyanni Johar & Glenn Jones & Elizabeth Savage, 2013. "Explaining Health Care Expenditure Variation: Large-Sample Evidence Using Linked Survey And Health Administrative Data," Health Economics, John Wiley & Sons, Ltd., vol. 22(9), pages 1093-1110, 09