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**Title: Geographic Variation in Potentially Avoidable Hospitalizations in France: current evidence and forthcoming works.**

Potentially avoidable hospitalizations (PAH) or admissions for ambulatory care sensitive conditions (ACSCs) are studied as an indirect measure of access to primary care and of the interface between primary and secondary care. Understanding the determinants of these hospitalizations can help improve the quality, efficiency, and equity of health care delivery.

France has higher rates of PAH than most other countries and two works were recently conducted at the national level.

In the first one (Mercier et al., Health Affairs 2015, the disparities in potentially avoidable hospitalizations in France in 2012 were assessed. Increased potentially avoidable hospitalizations were associated with higher mortality, lower density of acute care beds and ambulatory care nurses, lower median income, and lower education levels.

In the second one (Weeks et al., Eur J of Health Econ 2015), the highest ACSC admission rates in 2009 and 2010 generally occurred in the young and the old, but rates varied across French regions. Over the 2-year period, rates of most categories of ACSCs increased; higher ACSC admission rates were associated with lower incomes and a higher supply of hospital beds. The local supply of general practitioners was inversely associated with rates of chronic and total ACSC admission rates, but this relationship disappeared after adjusting for patients' use of general practitioners in neighbouring departments.

These two studies unveiled considerable variation in the rate of potentially avoidable hospitalizations in spite of France's mandatory, publicly funded health insurance system. In addition to epidemiological and socio-demographic factors, they suggest that primary care organization plays a role in geographic disparities in potentially avoidable hospitalizations. However they suffer several limitations, including the lack of data about primary care utilization and the risk of ecological bias. In order to overcome these limitations, two projects are currently ongoing.

The first one will be conducted in the Languedoc-Roussillon region in France using 2014 data. Real-world data on geographic access to and actual utilization of primary care will be included in the model (i.e., general practitioner (GP) access and visits, ambulatory care nurses access and visits). In addition, the effect of primary care coordination at the GP and nurses levels will be assessed and a spatial regression model will be implemented.

The second one is aimed at analysing PAH in diabetes patients at the individual level, using outpatient and inpatient claims data in France, 2014 (SNIIRAM). A case-control design will allow assessing the respective role of demographic, socio-economic and primary-care related factors at the patient level.

To conclude, we believe that further research should be conducted in this topic and that policy makers should consider routinely measuring PAH in France.