

AFEP IIPE Conference - Call for papers - Special session

Envisioning the health care system of the future. The contribution of Political Economy

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This session falls within the field of theme2 “*envisioning the economy of today and tomorrow: multidisciplinary perspectives*” of the general call for papers of the AFEP IIPE international Conference. The topic is reported into the scope of Health Political Economy. Economists and other researchers in the social sciences are invited to submit papers that question the future of health care systems embedded in a capitalist economy.

Envisioning our health care systems tomorrow requires considering health as a *total social fact*. The health sector is a privileged field to challenge mainstream economics based on the hypothesis of a strictly rational agents who maximize their utility under uncertainty.

Panel Presentation

While budgetary control takes precedence over the missions of the Welfare State, we notice an extension of the rules of market coordination to sectors that previously responded to public or associative logics. In France, this "commoditization" (Batifoulier, Domin & Gadreau, 2007) is leading to a - targeted - withdrawal of public health insurance in favour of private insurers whose role with providers and place in the coverage of health expenditure are changing. The growing influence of private insurers is part of a financialisation whose stakes, modalities and potential impacts differ from one country to another and must be analysed.

As policyholders choose the quality of their complementary coverage according to their resources rather than their needs (Batifoulier, 2018), inequalities are widening. Thus we have to analyse the different forms of inequalities (economic, geographical, social) that develop in health, and their accumulation, in particular among vulnerable populations.

Health professionals are in turn affected by intensified work, increased control, payment for performance (which is still to be defined), while their patients are increasingly complex and dependent. This tension generates brown-out, absenteeism and the development of occupational diseases among hospital workers or other health professionals.

Moreover, in the same way that capitalism developed a new network-based form of organization (Boltanski & Chiapello, 1999), the health care system is faced with a growing but confusing call for coordination. In Public Health Policy, coordination can be defined as the pooling of resources but also as the effective organization of individual interventions, or the collective management of patients (Robelet, Serré, Bourgueil, 2005). This coordination can theoretically lead to increased competition, just as it can promote a productive organization based on the pooling and pursuit of a collective objective of quality of service provided (Buttard, Gadreau, 2008). The case of telemedicine is indicative of this ambiguity.

Then concretely: how to mobilize care providers to coordinate their actions? Some studies highlight the limited impact of financial incentives on care providers behaviours (Da Silva, 2013), and the negative effects of injunctions to cooperate. How else to promote coordination in health systems? The position statement of professionals and their representatives, the balance of power existing at different levels of the health system, the legal evolution of each other's competences, are also decisive elements to be taken into consideration.

BATIFOULIER P. [2018], « Réformes de la santé : une diversité de privatisations », *L'Économie politique*, 80(4), p. 50-61.

BATIFOULIER P., DOMIN J-P., GADREAU M. [2007], « La gouvernance de l'assurance maladie au risque d'un État social marchand », *Économie appliquée*, 60 (1), p.101-126.

BOLTANSKI L., CHIAPELLO E. (1999), *Le nouvel esprit du capitalisme*, Paris, Gallimard.

BUTTARD A., GADREAU M. [2008], « La coordination dans les réseaux de santé : entre logiques gestionnaires et dynamiques professionnelles », *Sociologie santé*, 29, p. 101-122.

DA SILVA N. [2013], « Faut-il intéresser les médecins pour les motiver ? Une analyse critique du paiement à la performance médicale », *Revue du MAUSS*, 41, p. 93-108.

ROBELET M., SERRE M., BOURGUEIL Y. [2005], « La coordination dans les réseaux de santé : entre logiques gestionnaires et dynamiques professionnelles », *Revue française des affaires sociales*, 59(1), p. 231-260.

Planning

Deadline for proposals: March 15, 2019 (about one page with a title and 5 keywords)

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Notifications of accepted proposals: Avril 1, 2019