CONFERENCE

Spreading medical deserts: which role for healthcare payers?

#AIMBrussels2019
Welcome and opening

Christian Zahn
AIM President
Challenges in access to healthcare: medical deserts across the EU.

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Challenges in access to healthcare: medical deserts

Brussels, 13 November 2019
Katarzyna Ptak Bufkens
SANTE DDG1.B.1: Performance of national health systems
CHALLENGES
Self-reported unmet needs for medical examination by main reason (%, 2017 data unless indicated otherwise)

Source: ESTAT (EU-SILC)
Challenges in access to healthcare

Unmet medical needs vary across countries and income groups

% reporting unmet medical needs

- High income
- Total population
- Low income

Countries listed from top to bottom: Estonia, Greece, Latvia, Romania, Finland, Slovenia, Poland, United Kingdom, Iceland, Ireland, Slovakia, Portugal, Belgium, Bulgaria, Italy, EU, Croatia, Cyprus, Lithuania, Sweden, Norway, Denmark, Hungary, France, Czechia, Luxembourg, Austria, Germany, Malta, Spain, Netherlands.
Out-of-pocket payment varies, but is often driven by medicine spending

Challenges in access to healthcare
Regional variation in density of physicians (per 1,000 inhabitants), 2013 (TL2): country average and min-max range

Source: OECD Regions at a Glance 2016 - © OECD 2016
Challenges in access to healthcare

Regional variation in hospital bed rate (per 10 000 inhabitants), 2013 (TL2): country average and min-max range

Source: OECD Regions at a Glance 2016 - © OECD 2016
Challenges in access to healthcare

Regional variation in density of nurses and midwives (per 100K inhabitants), 2013 (NUTS2) Min-Max range

Source: ESTAT
Challenges in access to healthcare

Source: ESTAT (2015 data for 24 MS: EL, CZ, PT and PL missing)
Challenges in access to healthcare

Medical doctors: new graduates versus qualifications recognized in other EEA MS (+Switzerland)
2008-2015

Source: ESTAT health graduates "medical doctors, DG GROW database on recognized professions "doctors of medicine"
More than half of the Member States record health system accessibility problems for rural areas and peripheral populations.
Challenges in access to healthcare

Digital divide in healthcare: Commission 2019 annual Digital Economy and Society Index

- Making an appointment with a practitioner via a website (percentage of internet users)
"Access is a multi-dimensional issue. Barriers to access can be found at the level of individuals, health service providers and the health system. Access is also affected by public policy beyond the health system – especially fiscal policy, but also social protection, education, employment, transport and regional development policy."

Expert Panel Opinion on access to healthcare, 2016.
**Challenge**: no sub-indicators available to measure the range of services covered or variation in coverage between different groups according to personal characteristics, including clinical profiles.
Challenge: data does not capture huge variation within Member States

- No measures showing the regional distribution of financial resources and their alignment to needs.
- No robust and comparable data on availability at a time that suits the population (e.g. availability of out-of-hours services, home visits or mobile phone contact with providers).
- Limited data on equipment of facilities and availability at regional and local level. Available regional level statistics not based on epidemiologically meaningful geographic entities. No measures of transport of patients to health facilities or health care workers to patients.
- No data on some professional groups, such as specialist therapists, laboratory workers and health promotion or public health specialists. No data on quality of health workforce or working conditions.
POLICY RESPONSE
EU agenda for effective, accessible and resilient health systems

- **Strengthening effectiveness**
  - Health systems performance assessment
  - Patient safety and quality of care
  - Integration of care

- **Increasing accessibility**
  - A fit-for-purpose health workforce
  - Access to innovative medicines
  - Optimal implementation of 2011 Directive on cross-border healthcare

- **Improving resilience**
  - Health technology assessment (HTA)
  - Information for better governance
  - eHealth, mHealth
PRINCIPLE 16: Everyone has the right to timely access to affordable, preventive and curative health care of good quality.
European Semester

Triggering reforms to improve the performance of healthcare systems: INTERCONNECTED DIMENSIONS OF ACCESS, EFFECTIVENESS AND SUSTAINABILITY

Examples of how the Semester addresses challenges of medical deserts

CSR recitals:
- Regional disparities in the provision of healthcare: IT, HU, RO, BG, LV
- Shortages in healthcare workers: BE, PL, HU, RO, LV, SK
- Underdeveloped eHealth infrastructure or/and low access to or use of eHealth services: SI, DE, CY, MT, AT

Country reports:
- Unequal access to care for citizens in different regions inside a MS (BE, HR, EE, FR, HU, IT, LT, PL, PT, RO, SK, SI, ES, SE)
- Uneven territorial distribution of health workers (often with an urban-rural divide) (AT, BG, CZ, EE, FR, DE, HU, LV, LT, PT, SK, SI, SE)

Primary care: recurring issue in the Semester
Expert Panel opinion on Benchmarking Access to Healthcare (2018): provides a self-assessment tool to identify gaps in access to healthcare also at subnational level.

Joint Action on Health Inequalities (on-going): contributes to the development of policies to tackle health inequalities at national, regional and local level.

Forthcoming in November 2019: testing a new approach to measuring access to healthcare: taking into account personal and clinical characteristics of patients; task-shifting.
Expert Panel opinion on Task Shifting: provides insight into factors of effective task-shifting

SEPEN (Support for the Health Workforce Planning and Forecasting Expert Network): following the end of the Joint Action on healthcare workforce planning and forecasting in 2016, the Commission launched in September 2017 an action to facilitate the exchange of expertise and provision of tailored-made support to MSs.

European funding: ESF, ERDF (e-solutions, skills, adaptation of healthcare systems), Interreg programmes (many examples of solutions to medical deserts in cross-border areas).
Thank you!
Panel Debate

Fighting against drought – how to create oases in the desert?

Moderator: Dr. Loïc Etienne, President of the Medical Intelligence Service, France

Panel:

• Séverine Salgado, FNMF Health Director, France
• Vivika Tamra, Chief Specialist of PR & Health Promotion dpt, EHIF, Estonia
• Dr. Elisa Torrenegra, Director of Gestarsalud, Colombia
• Evariste Somda, President of the Board, MAADO, Burkina Faso
• Katarzyna Ptak-Bufkens, Policy Officer, DG SANTE, European Commission
Closing remarks

Sibylle Reichert
AIM Director