



AIM Healthcare and
social benefits
for all

CONFERENCE

Spreading medical deserts:
which role for healthcare payers?



#AIMBrussels2019



#AIMBrussels2019

Welcome and opening

Christian Zahn

AIM President





#AIMBrussels2019

Challenges in access to healthcare: medical deserts across the EU.

Katarzyna Ptak-Bufkens

Policy Officer

DG SANTE, European Commission





Challenges in access to healthcare: medical deserts

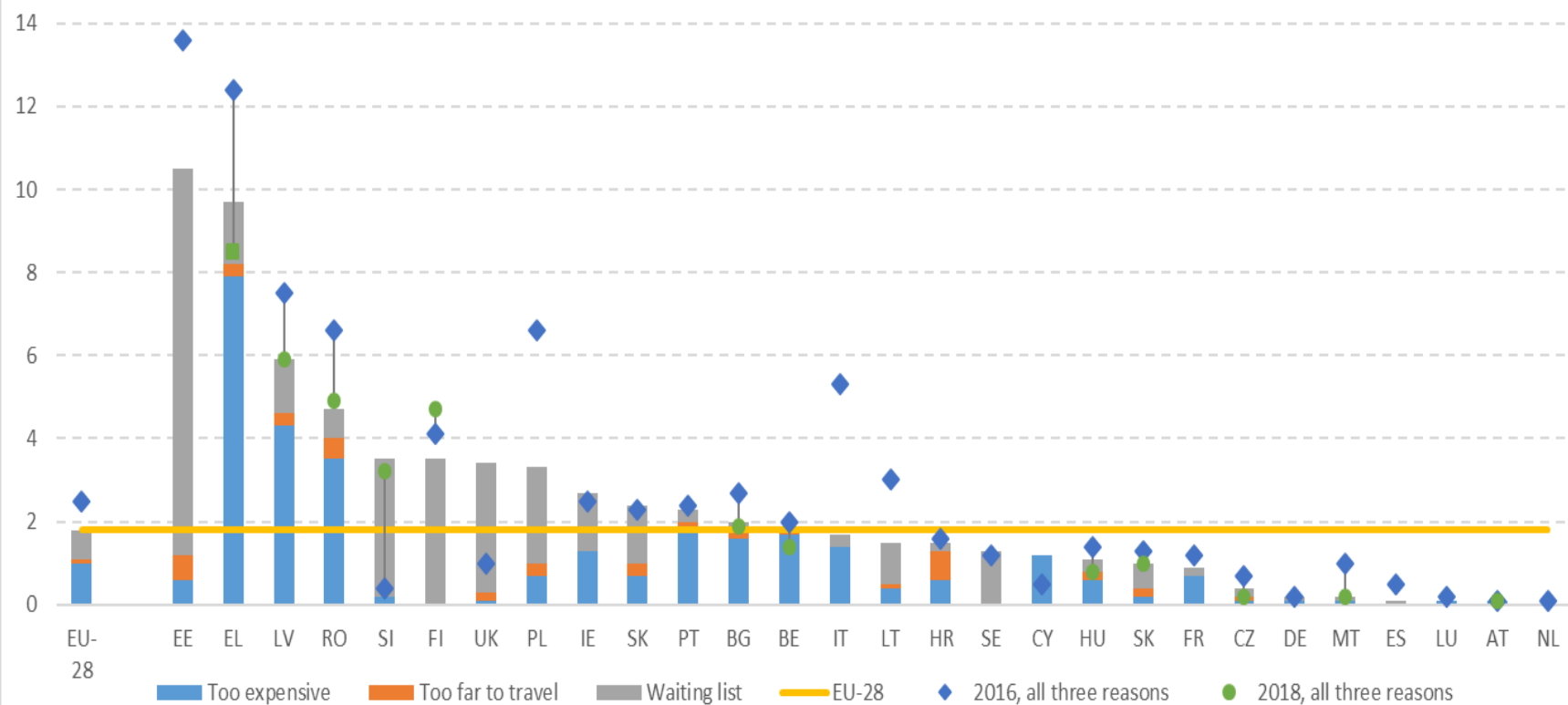
Brussels, 13 November 2019

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)

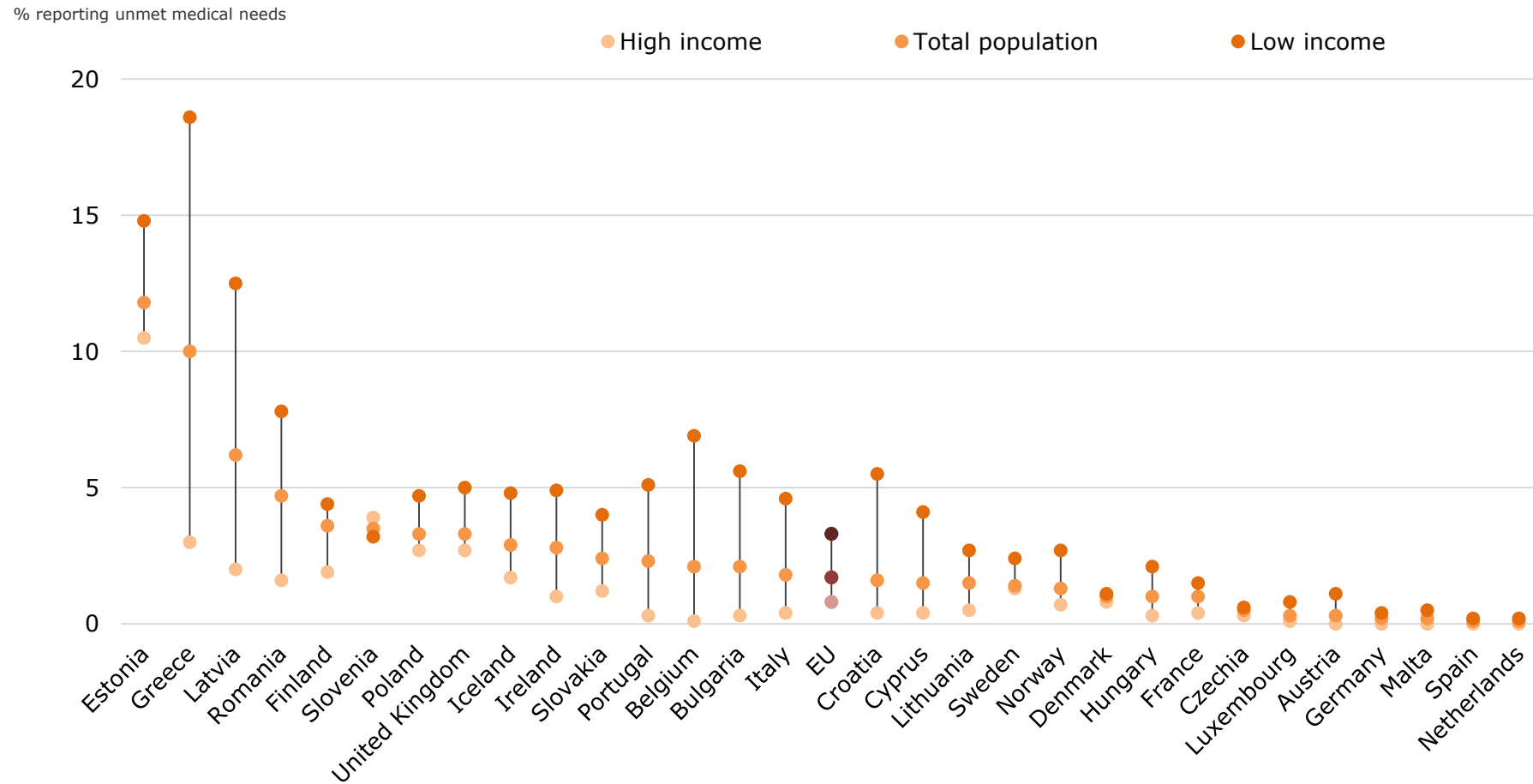


Source: *ESTAT (EU-SILC)*

Challenges in access to healthcare



Unmet medical needs vary across countries and income groups

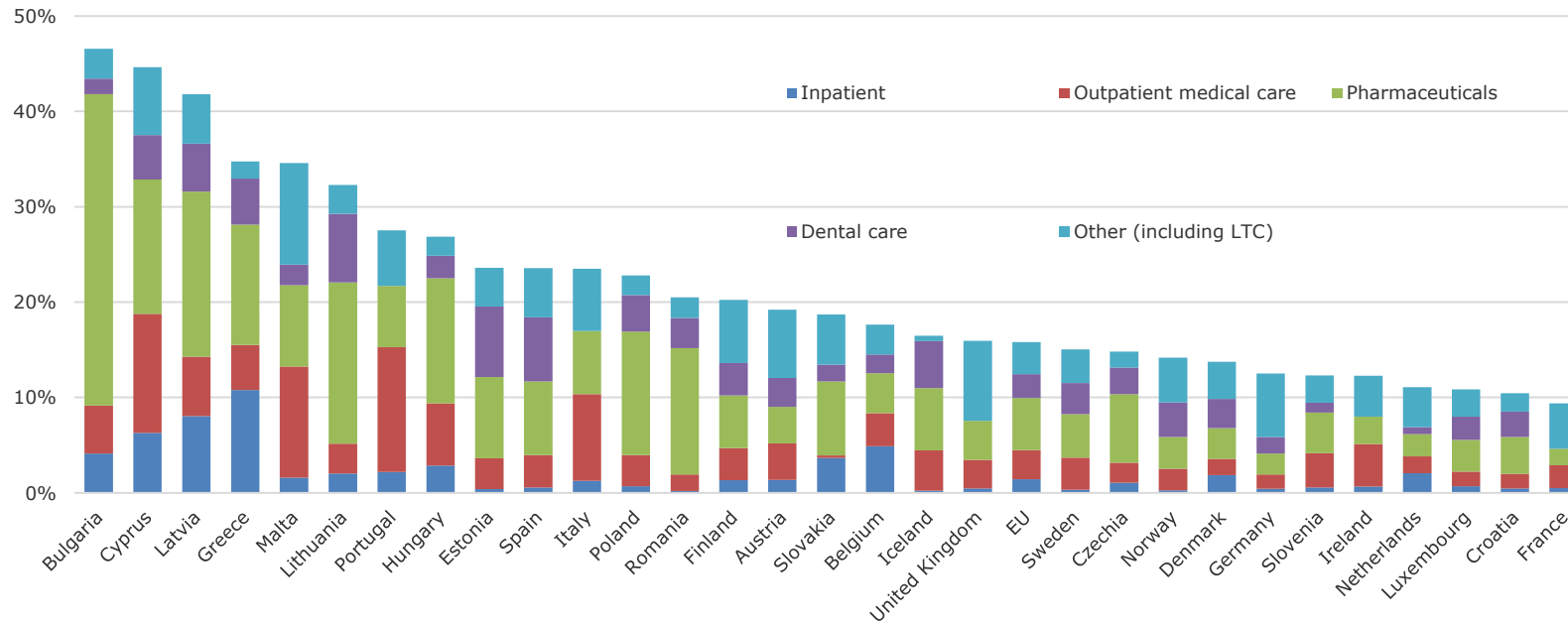


Challenges in access to healthcare

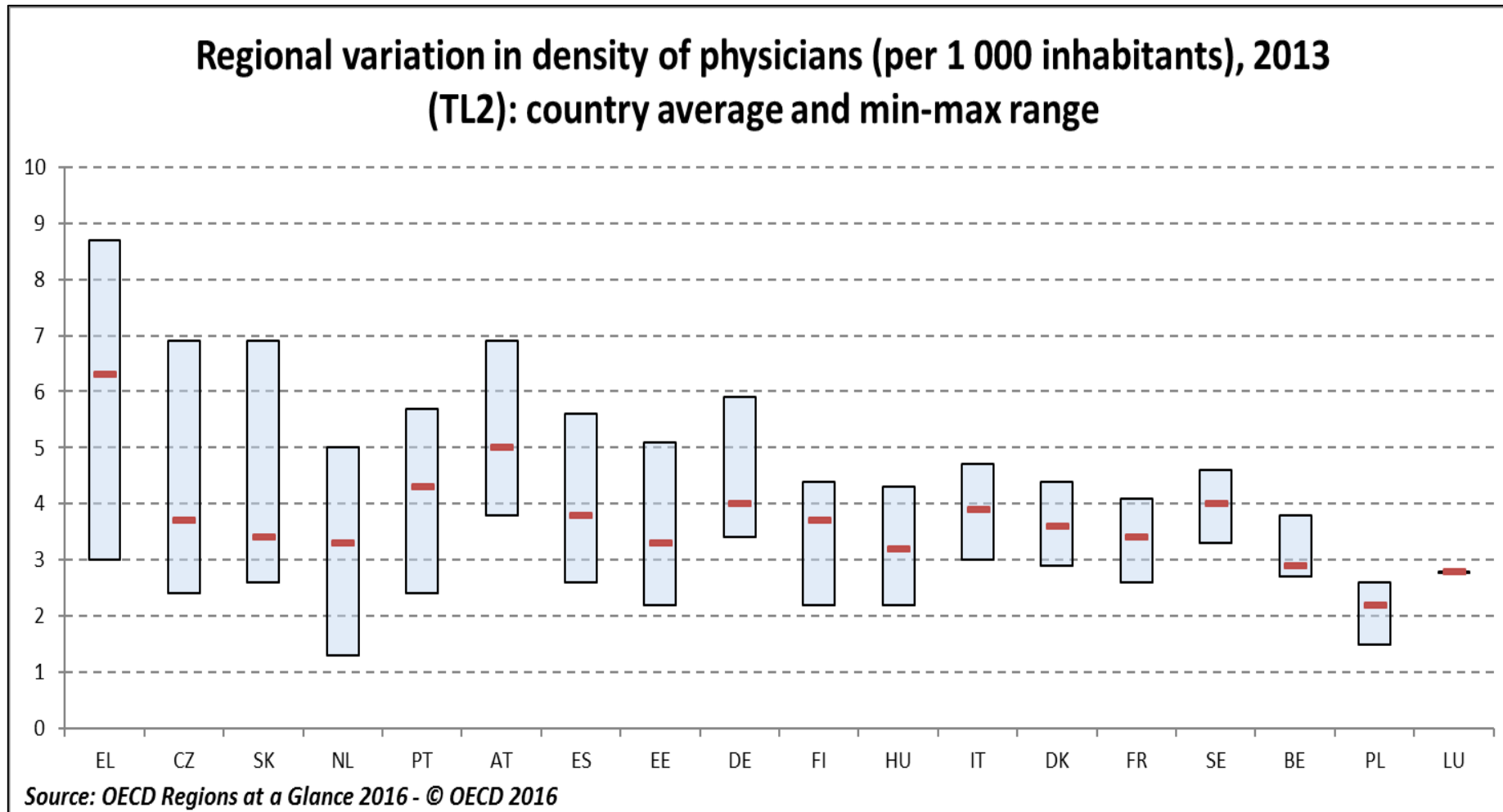


Out-of-pocket payment varies, but is often driven by medicine spending

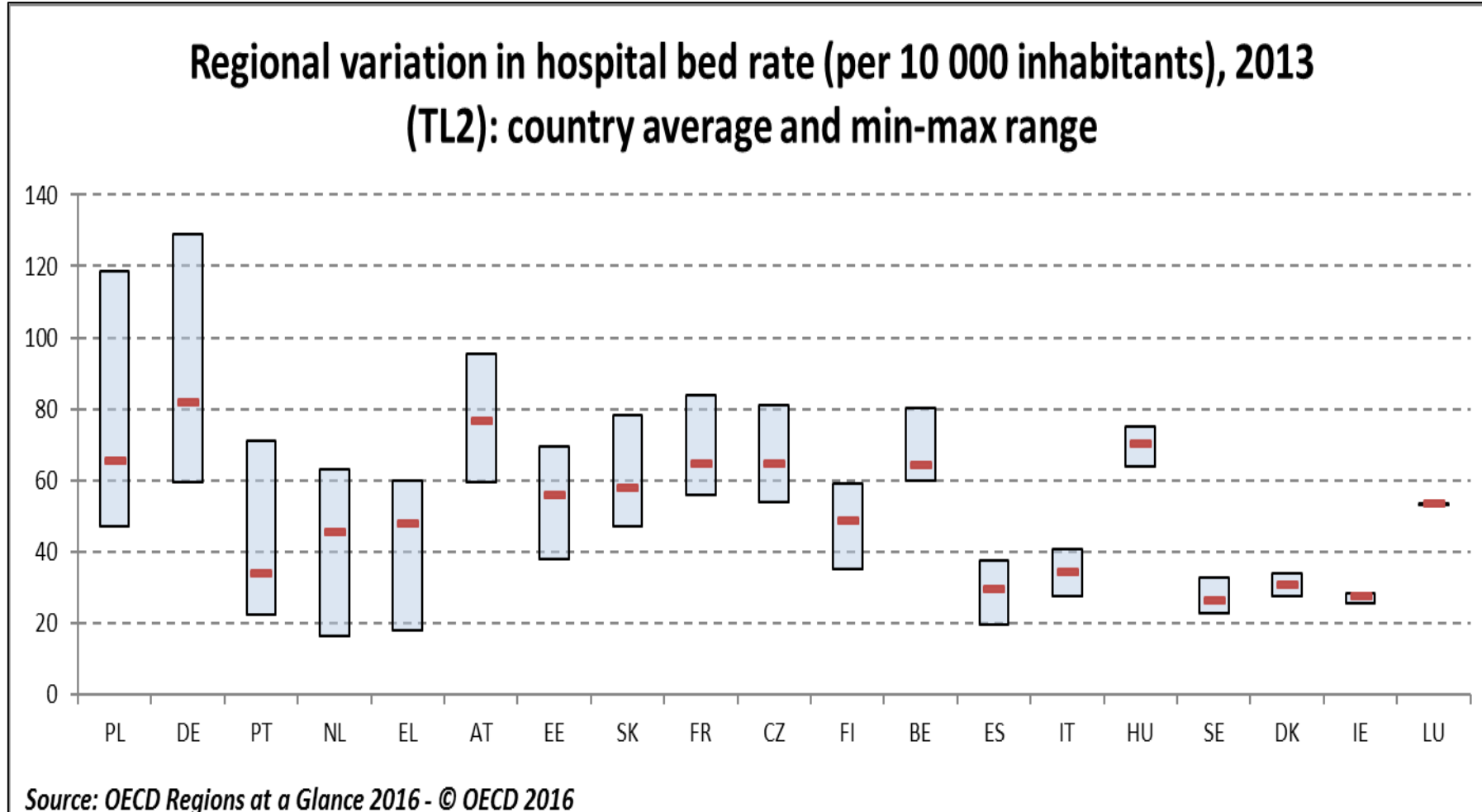
% of out-of-pocket payment



Challenges in access to healthcare



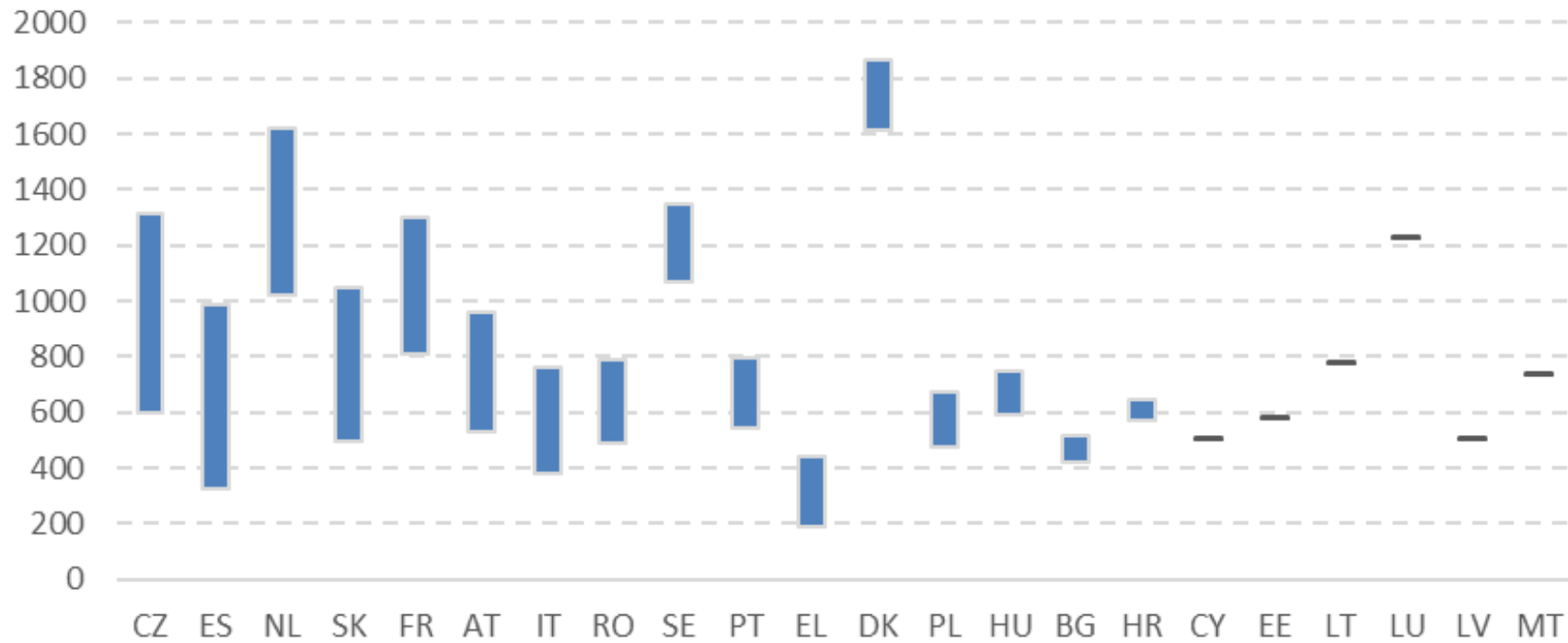
Challenges in access to healthcare



Challenges in access to healthcare

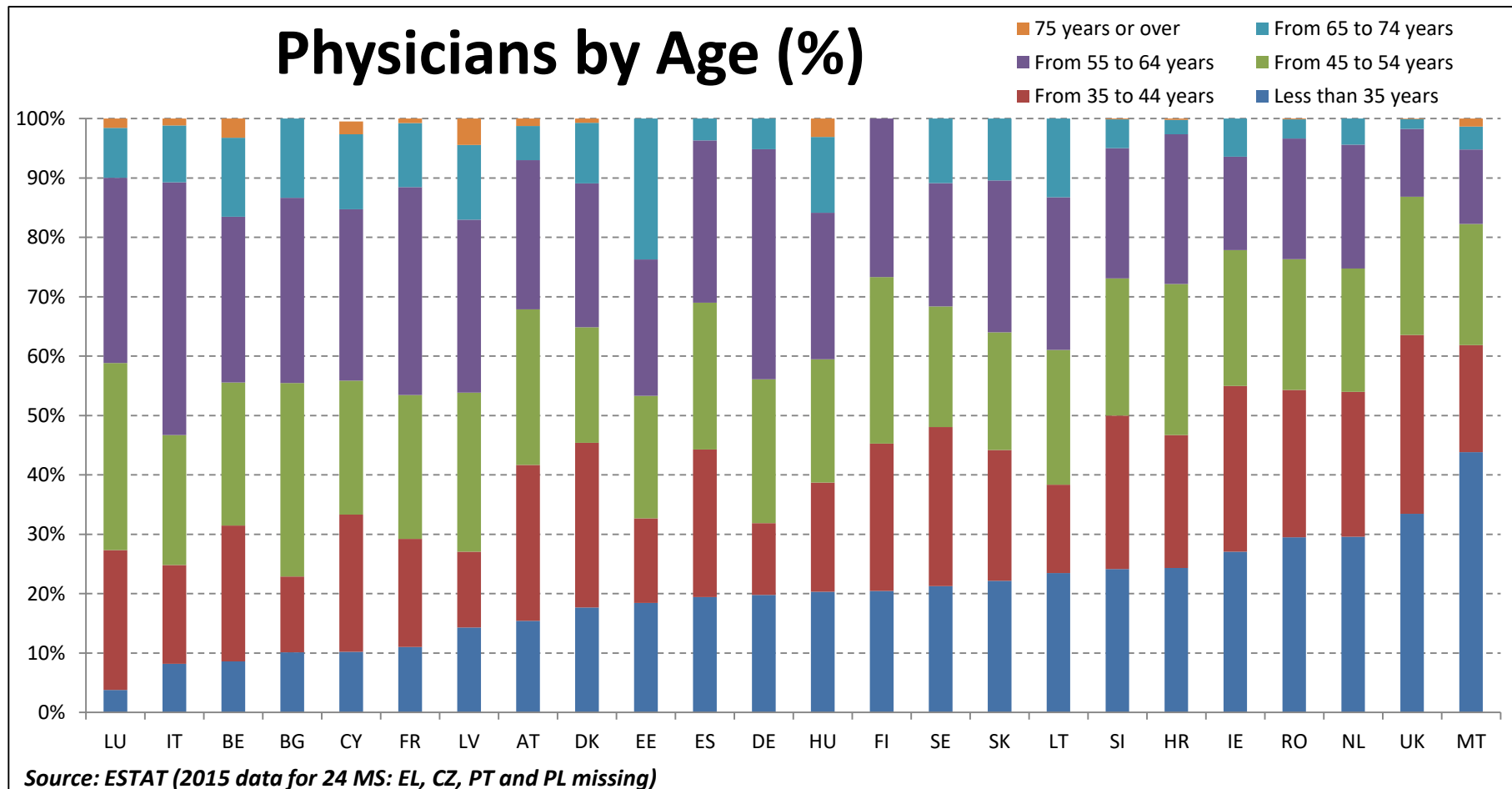


Regional variation in density of nurses and midwives
(per 100K inhabitants), 2013 (NUTS2) Min-Max range



Source: ESTAT

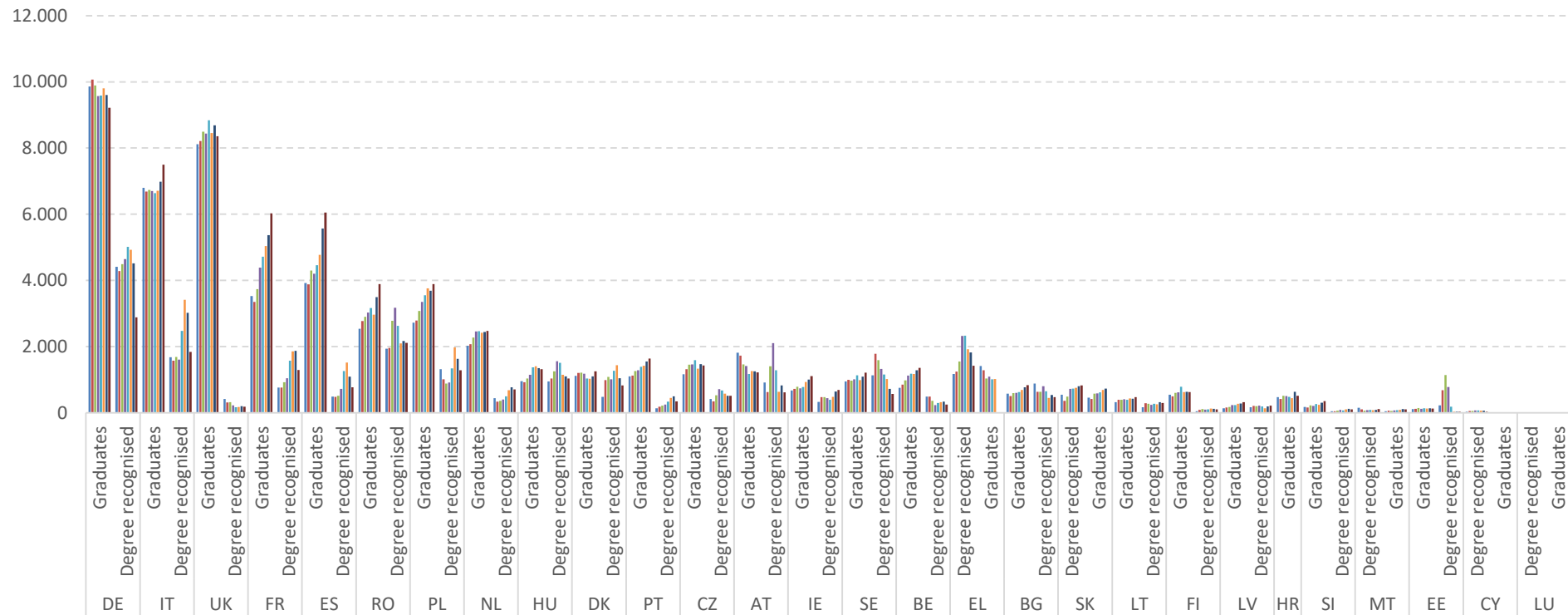
Challenges in access to healthcare



Challenges in access to healthcare



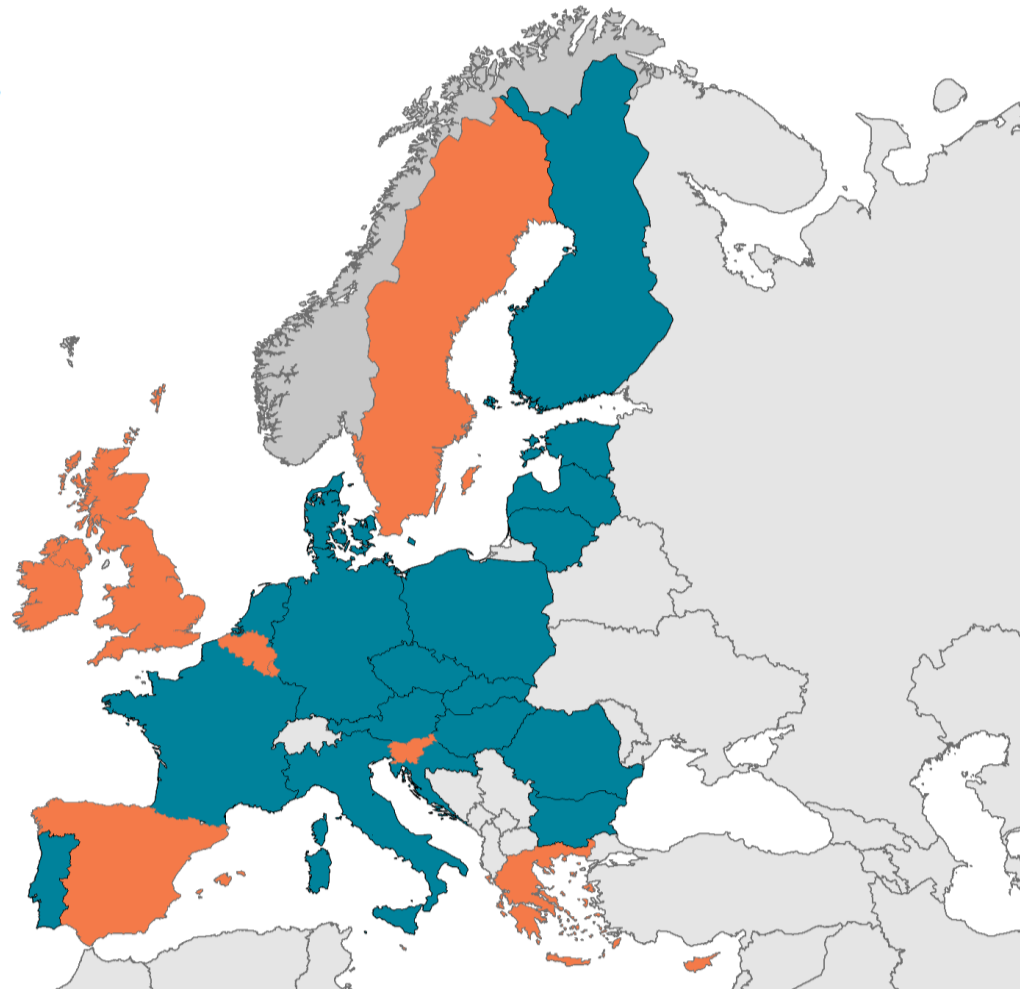
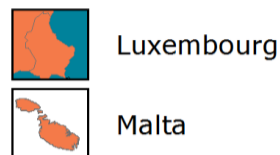
Medical doctors: new graduates versus qualifications recognized in other EEA MS (+Switzerland)
2008-2015



Source: ESTAT health graduates "medical doctores, 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

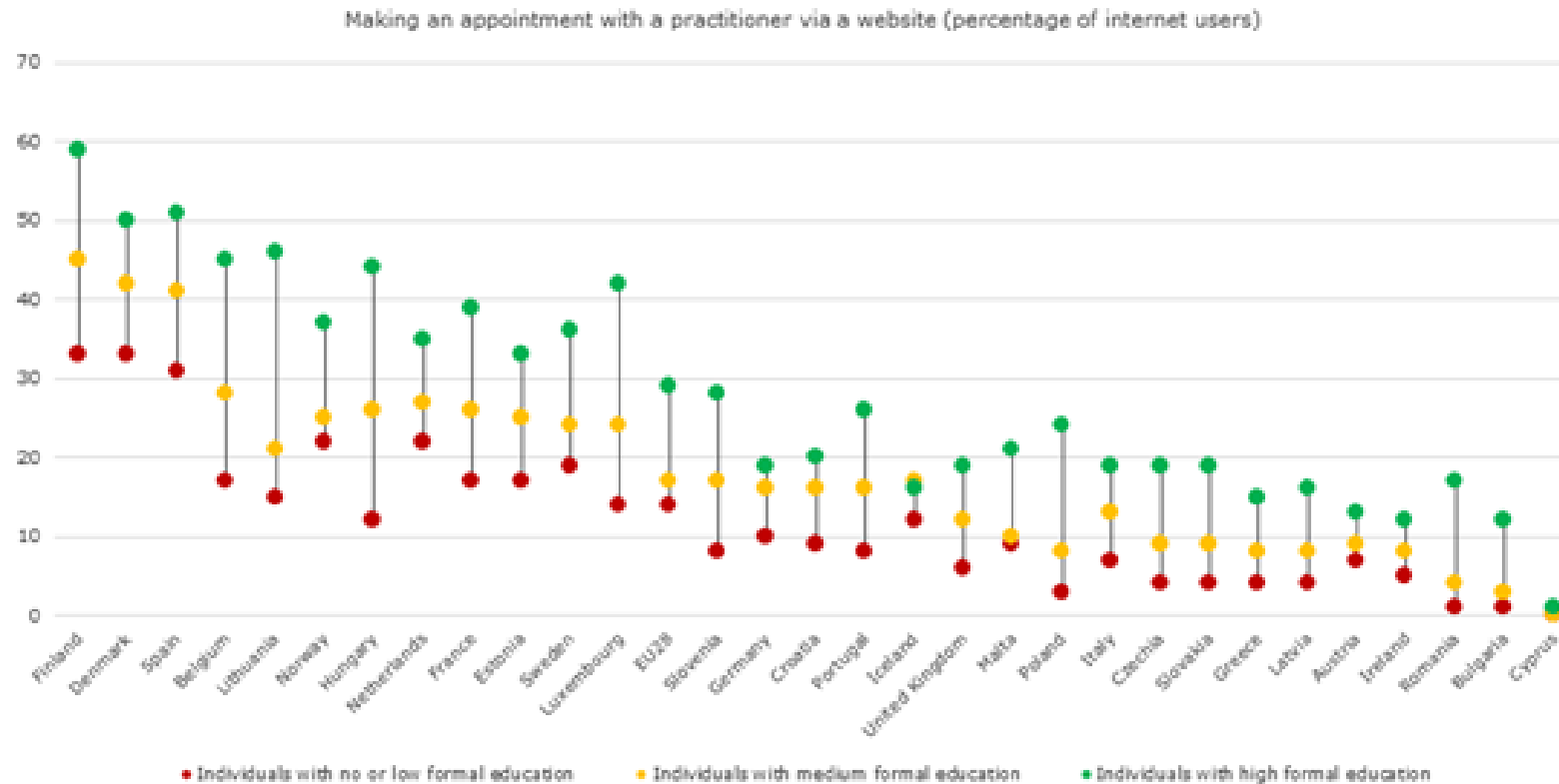
- Access to care problems in rural areas
- No access to care problems in rural areas

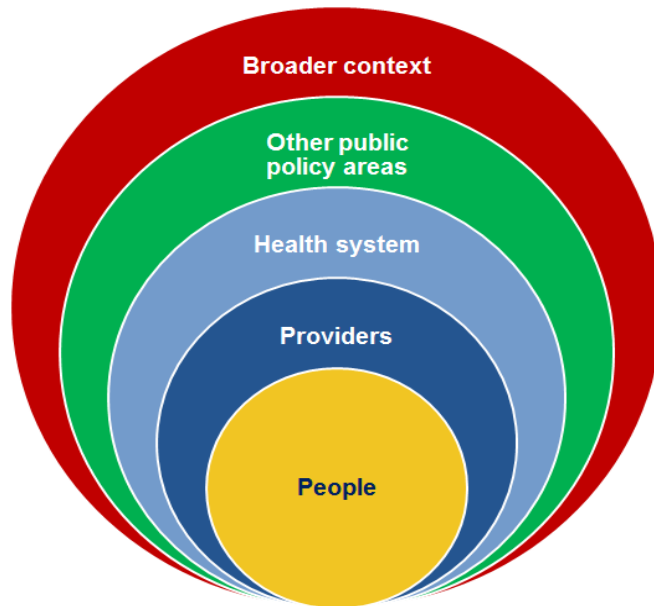


Challenges in access to healthcare



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





"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

Policy principles



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



Equal opportunities and
access to the labour
market



Fair working conditions



Social protection and
inclusion



PRINCIPLE 16: *Everyone
has the right to **timely** access
to **affordable**, preventive and
curative health care of **good
quality***



Health care

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:

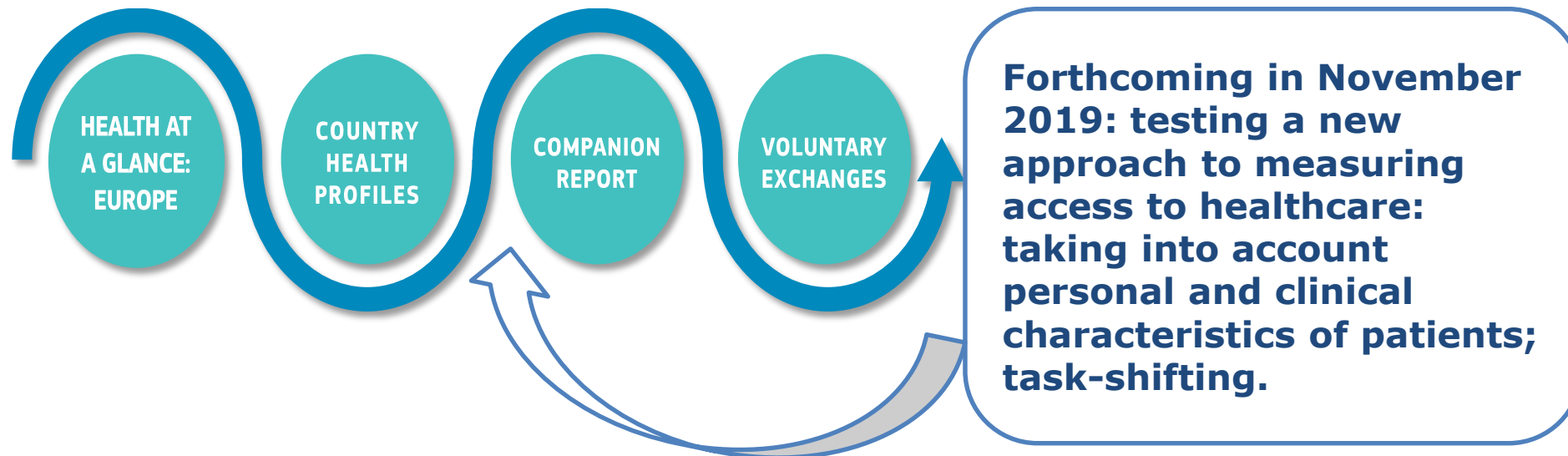
- unequal access to care for citizens in different regions inside a MS (BE, HR, EE, FR, HU, IT, LT, PL, PT, RO, SK, SI, ES, SE)
- uneven territorial distribution of health workers (often with a urban-rural divide) (AT, BG, CZ, EE, FR, DE, HU, LV, LT, PT, SK, SI, SE)

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.



Knowledge- building and financial support



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



#AIMBrussels2019

Closing remarks

Sibylle Reichert

AIM Director

