European Commission

Medical deserts from the EU perspective

OASES conference: making medical deserts bloom

10 December 2021

Katarzyna Ptak-Bufkens, SANTE B1 Performance of national health systems

Health and Food Safety

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Challenges: medical deserts

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Eurobarometer survey 2020

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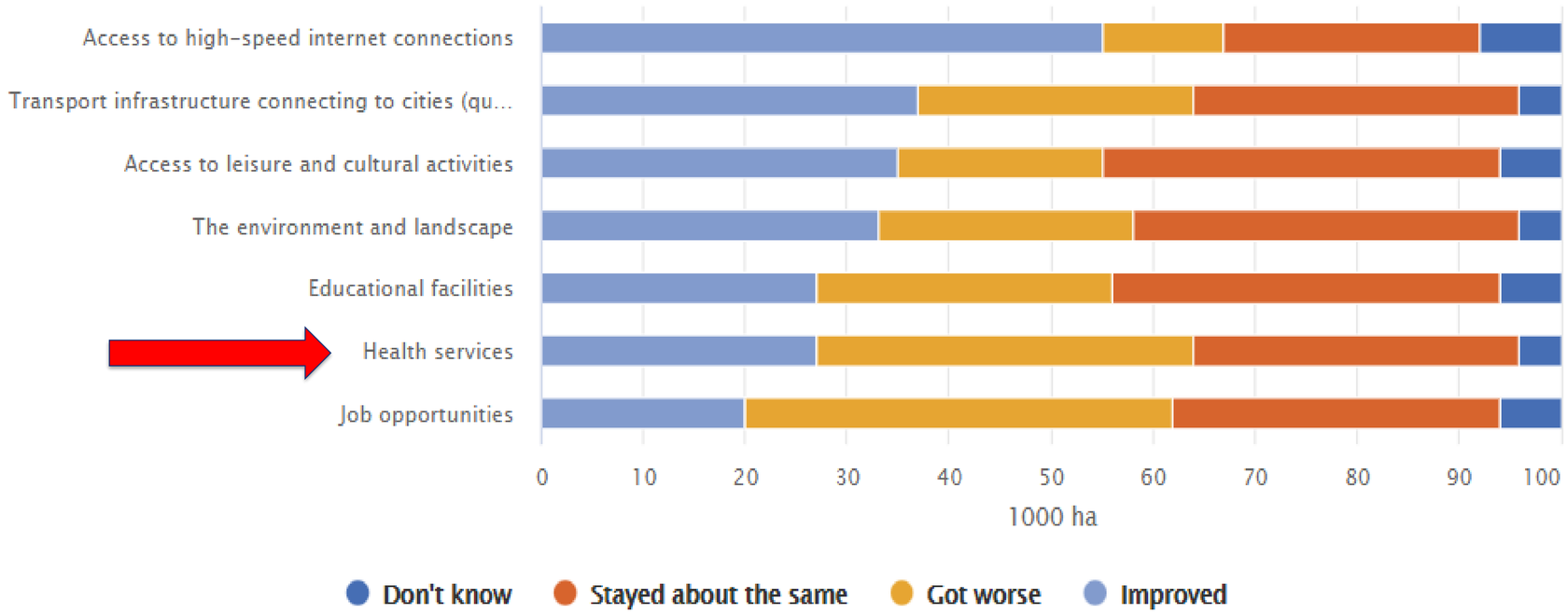
Eurobarometer survey: EU agriculture and the CAP, 2020

Compared with ten years ago, would you say things have improved, got worse or stayed about the same in rural areas in (EU COUNTRY) when it comes to...?



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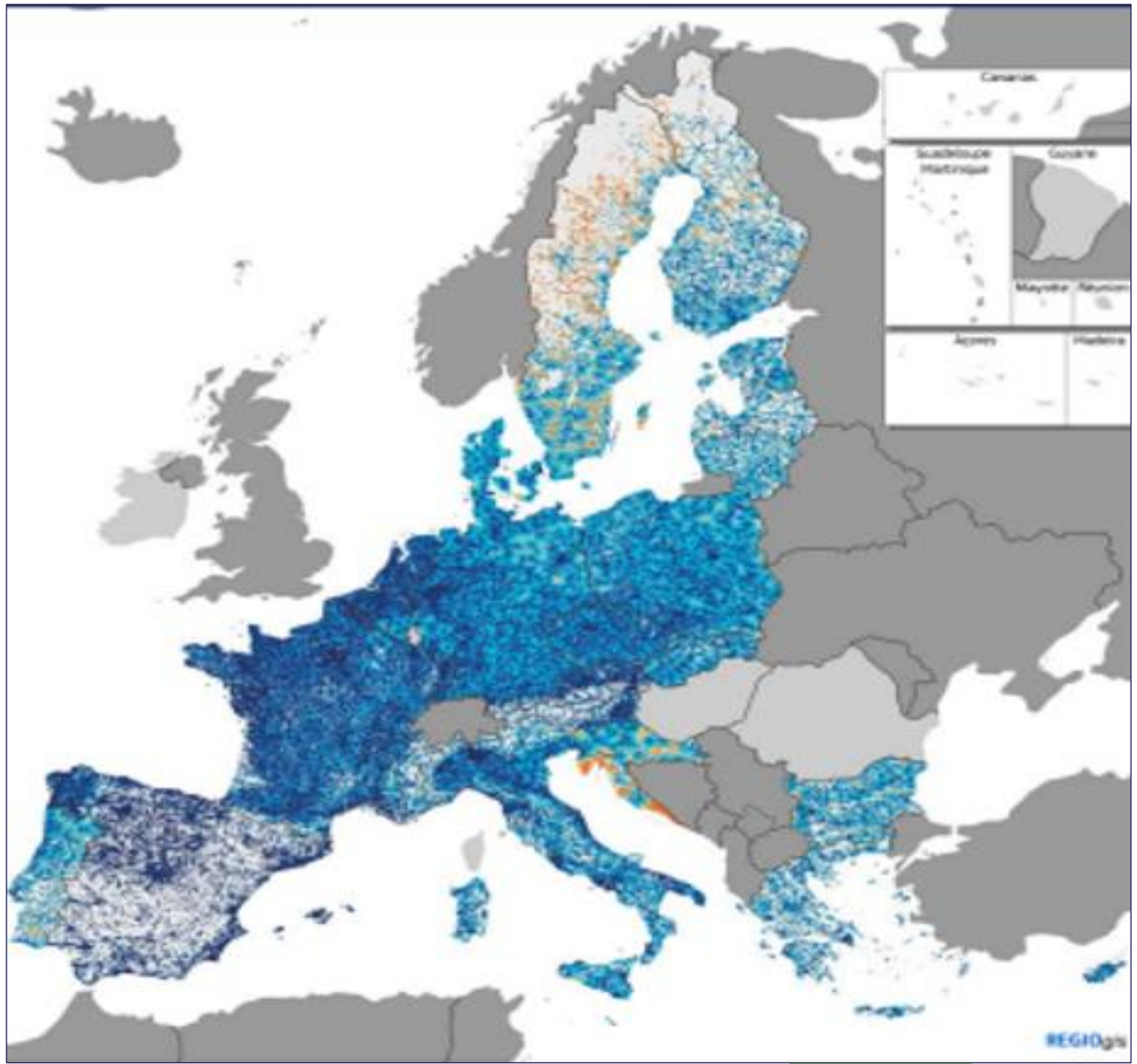
Overall, how would you rate the following in rural areas in (OUR COUNTRY)?

Health services (%)

	Very good	Fairly good	Fairly bad	Very bad	Don't know	Total 'Good'	Total 'Bad'
EU27	11	40	35	10	4	51	45
BE	31	50	15	2	2	81	17
BG	2	16	40	36	6	18	76
CZ	17	43	27	9	4	60	36
DK	15	41	33	7	4	56	40
DE	12	46	33	7	2	58	40
EE	4	36	49	11	0	40	60
IE	10	44	38	8	0	54	46
EL	3	22	53	16	6	25	69
ES	10	36	44	8	2	46	52
FR	8	36	37	14	5	44	51
HR	7	38	41	13	1	45	54
IT	10	44	30	8	8	54	38
CY	15	45	26	6	8	60	32
LV	5	26	48	17	4	31	65
LT	4	21	45	24	6	25	69
LU	34	49	15	2	0	83	17
HU	11	33	38	16	2	44	54
MT	26	40	26	2	6	66	28
NL	25	57	14	1	3	82	15
AT	18	52	25	4	1	70	29
PL	9	44	31	9	7	53	40
PT	1	29	42	18	10	30	60
RO	13	29	36	19	3	42	55
SI	15	45	29	9	2	60	38
SK	4	45	40	8	3	49	48
FI	8	50	37	5	0	58	42
SE	14	47	34	5	0	61	39

Driving time to the nearest healthcare facility, Eurostat 2020



Driving time to the nearest health care facility

Minutes

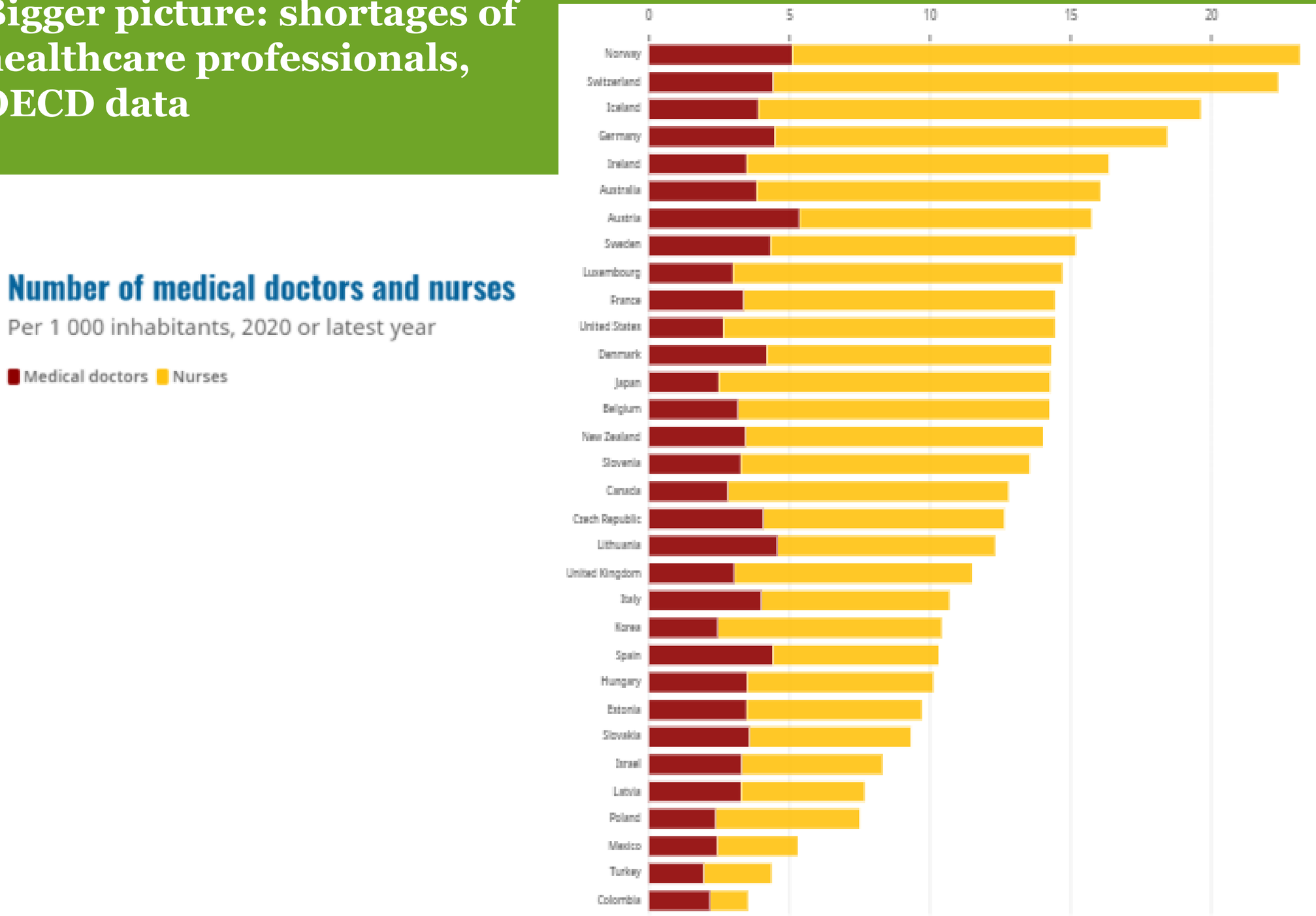
- < 5
- 5 - 10
- 10 - 20
- 20 - 30
- 30 - 40
- > 40
- Unpopulated
- No Data

Sources:
Eurostat, based on official national data sources

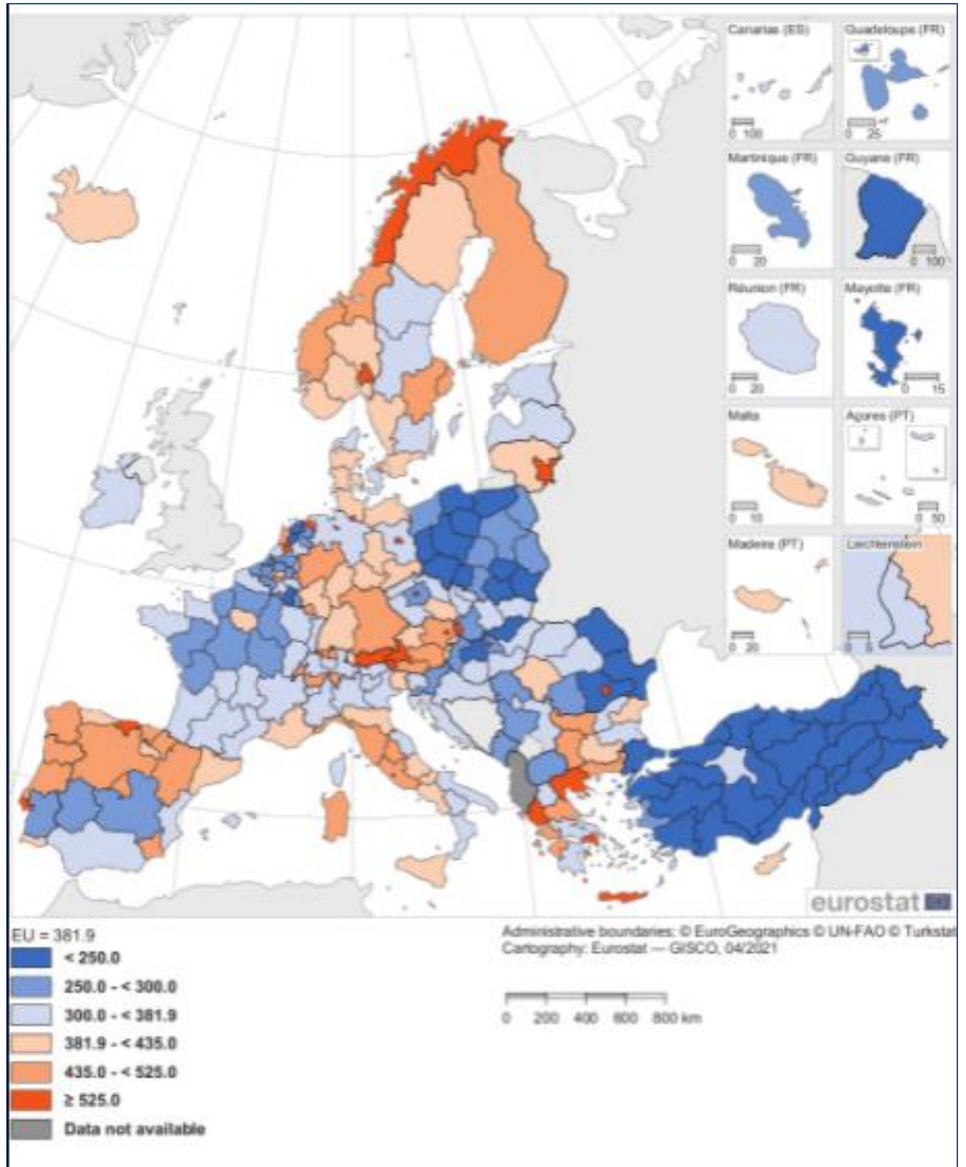
0 500 km

© EuroGeographics Association for the administrative boundaries

Bigger picture: shortages of healthcare professionals, OECD data



Doctors per 100 000 population by regions, Eurostat



Active physicians rate by type of regions, OECD regional statistics 2020 (active physicians per 1000 inhabitants)

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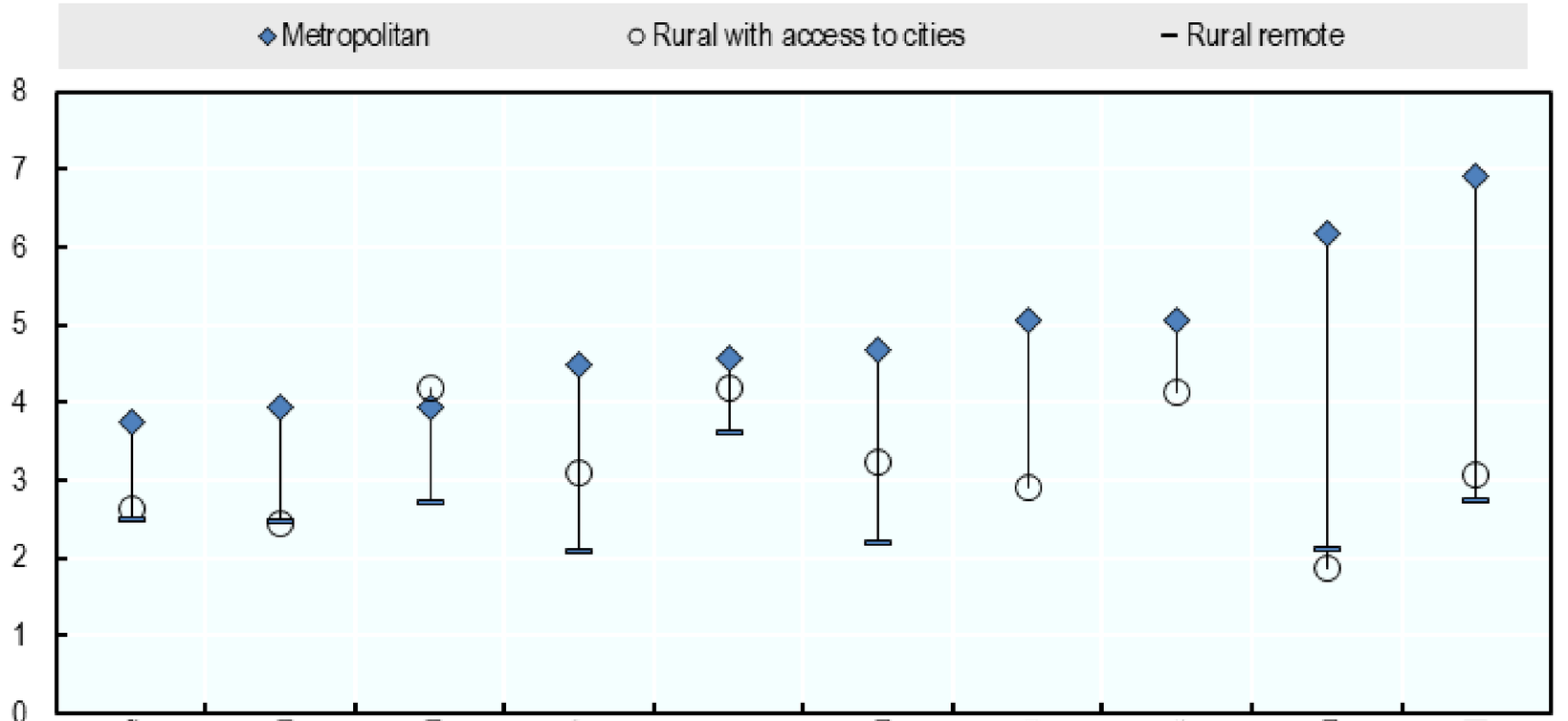

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Gap in active physicians rate between metropolitan and rural regions, OECD regional statistics 2020

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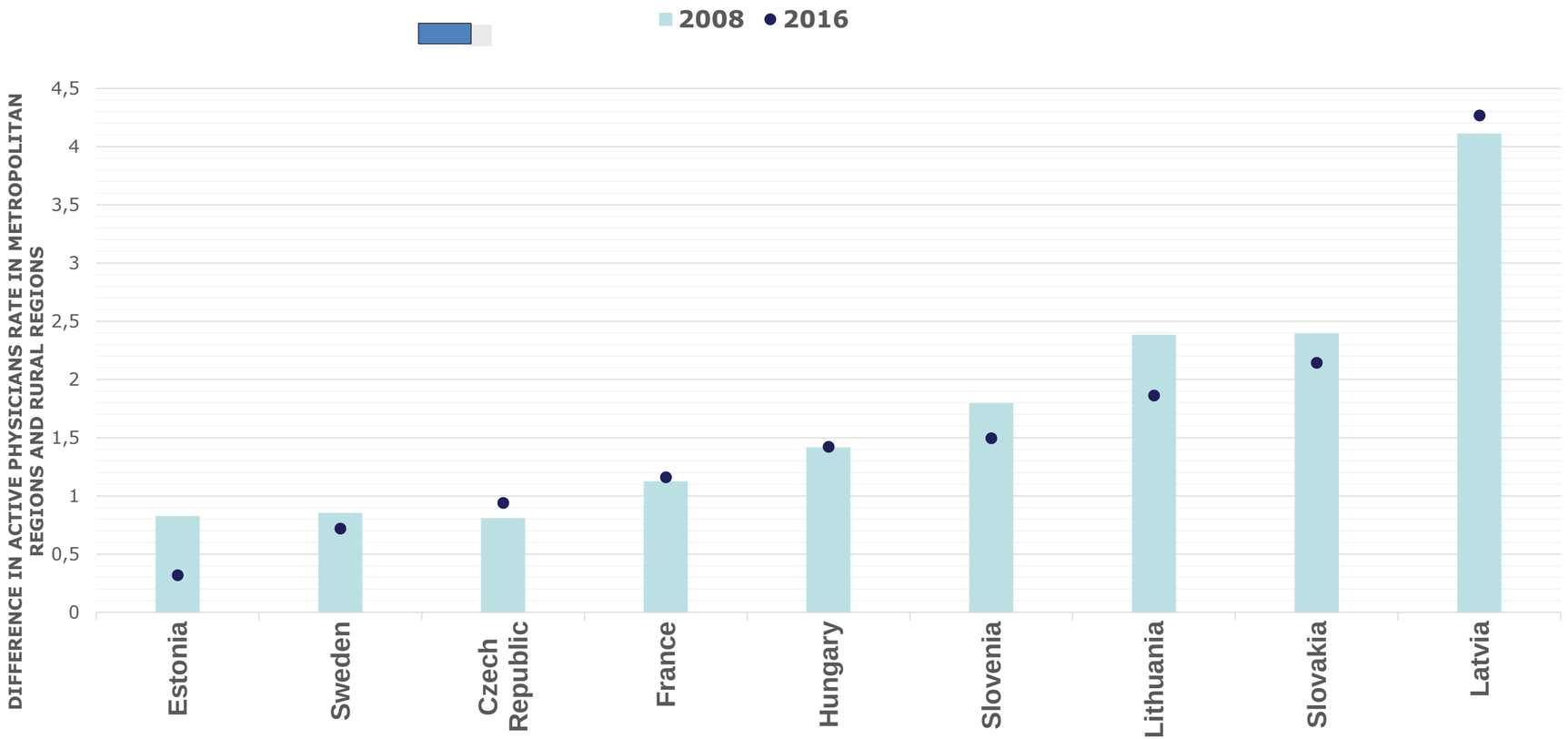

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Hospital bed rates by type of region, OECD regional statistics 2020 (number of hospital beds by 1000 inhabitants)

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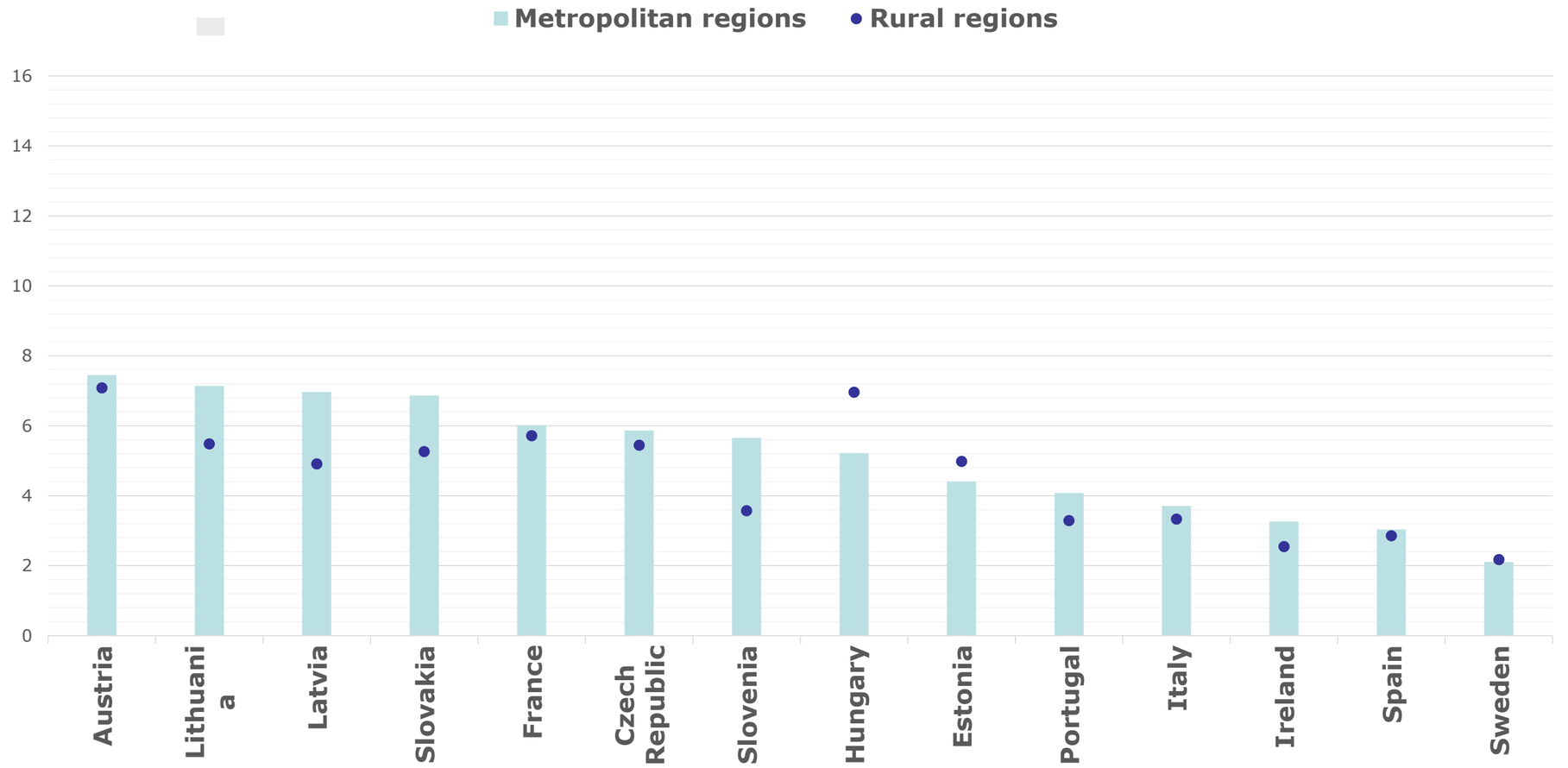

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Medical deserts in European policies

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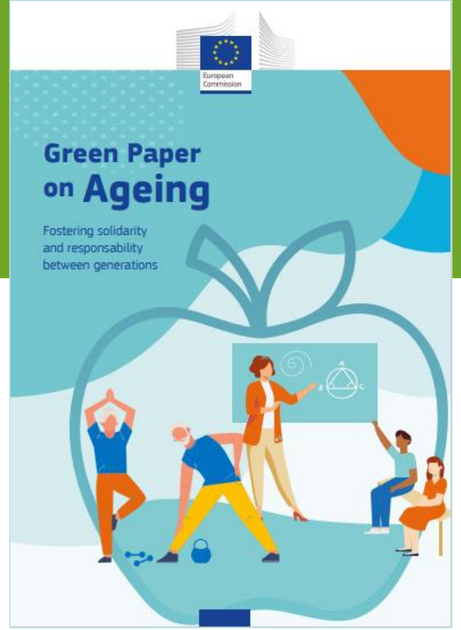
Green Paper on Ageing (27 January 2021)

European Commission



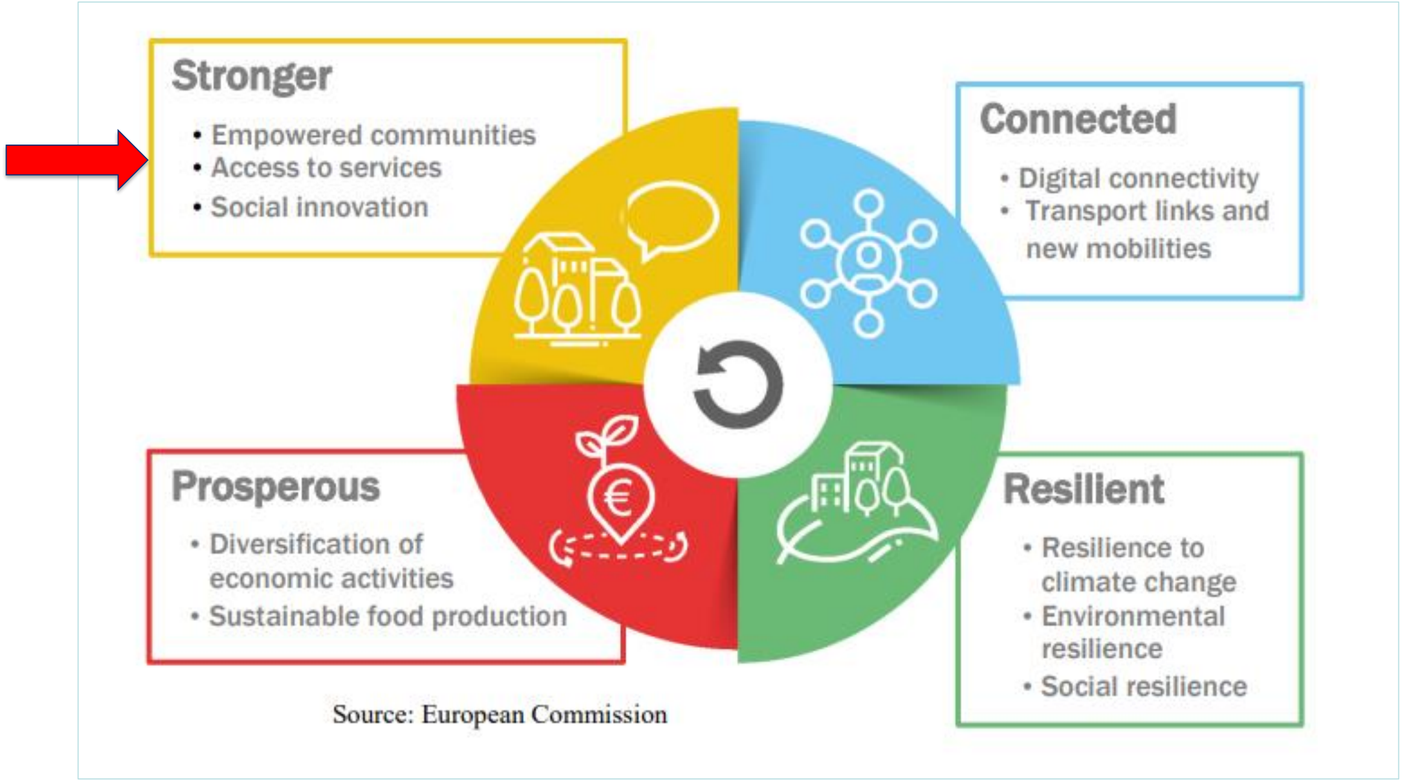
With people living longer lives nowadays, the demand for **healthcare** and **long-term care** in the EU is increasing. Ensuring access, affordability, and quality as well as adequate workforce will be a common challenge.

5.3. Territorial differences in access to care and services

Although most EU countries have achieved universal coverage for a core set of health services, the range of services and the degree of cost-sharing vary significantly across countries. Effective access to care can be restricted for financial reasons, staff shortages, long waiting times and excessive distance to travel to the closest health care facility. Some Member States record problems in **access to healthcare** in rural and peripheral areas. These areas are known as 'medical deserts'[39]. Regional disparities in access to healthcare have gained a new momentum during the COVID-19 pandemic. This is equally relevant for access to long-term care services and infrastructure.

A long-term vision for EU rural areas by 2040 (30 June 2021)

European Commission



Source: European Commission

Rural areas observatory (forthcoming): access to healthcare

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EUROPEAN COMMISSION

Brussels, 30.6.2021
COM(2021) 345 final

COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS

A long-term Vision for the EU's Rural Areas - Towards stronger, connected, resilient and prosperous rural areas by 2040

{SWD(2021) 166 final} - {SWD(2021) 167 final}

30 June 2021 – Long-term vision for rural areas: for stronger, connected, resilient, prosperous EU rural areas

The European Commission has put forward a long-term vision for the EU's rural areas, an initiative creating a new momentum for rural areas, which are home to 30% of the EU's population, building on the new opportunities created by EU's green and digital transitions and on the lessons learnt from COVID 19.Rural areas across the EU are often affected by population decline and at the same time population in rural areas is older than in urban areas and very much feels like being left behind. This is why this communication is anchored in the democracy and demography portfolio: to present a vision that brings different policies together for the benefit of rural areas.

Based on wide consultations with citizens and other actors in rural areas, with this communication, the Commission is putting forward a **Rural Pact** and a **Rural Action Plan**, which aim to make our rural areas stronger, more connected, resilient and more prosperous.

Towards complementary tools to measure access to healthcare

European Commission

3 March 2021

Principle 16 Access to healthcare:

"The Commission will propose new tools to better measure barriers and gaps in access to healthcare (2021-2022)".

14 April 2021

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2022-2023

Follow-up:

- Redistributive impact of health benefits (experimental project with Eurostat)

- Action under the 2021 EU4Health work programme: financial protection, affordability of healthcare

HSPA report: approaches to measure gaps in access to healthcare in medical deserts

European Commission

Austria	**Analysis of access in rural areas, and of geographical barriers to get access to some specialists and treatments (e.g. an analysis of per capita availability of public and private providers is possible for each region).**
Czech Republic	Maximum travel time, maps of coverage of medical professionals, taking also into account people living in border and remote regions.
Estonia	The analysis of regional disparities in access included in the World Bank study: The State of Health Care Integration.
Finland	The analysis of problems of people living far from emergency services in the north of Finland.
Hungary	On the basis of documentation from the National Health Insurance Fund it is possible to show differences and trends in the utilisation of health services focusing on people living in areas according to zip codes and their classifications.
Ireland	Reporting is broken down by region which is further sub-divided into individual hospitals or Health Care Area (in the Acute Hospital area there are 7 Hospitals Groups and data is provided on each Hospital Group, e.g. % of people waiting less than 52 weeks for first access to Outpatient Department services). Within each Hospital Group, while the number of individual hospitals can vary, data for each hospital is provided on a monthly basis.
Lithuania	Regional disparities analysed for access to primary, emergency healthcare services, waiting times to the specialized health care services, mental health care services, as well as participation in the cancer screening programs by people living in the remote areas.
Norway	While underserved areas not identified as such, it is possible to identify municipalities, health districts and city districts in the biggest cities and health districts with different population characteristics can be compared.
Sweden	Regional disparities analysed in annual regional comparisons.
England	Targeted monitoring, including regional disparities possible. The GP Patient Survey provides information on access to GPs at the individual practice level, as well as by region, local authority area and deprivation decile of local authority area. The deprivation level of a Local Authority area is calculated using seven domains (income, employment, health and disability, education and skills training, crime, barriers to housing and services and living environment). These are then ranked and grouped by deciles.

HSPA report: patient vignettes

Example: stroke patient vignette

Services	Bulgaria[a]	Germany	Estonia	France[a]	Lithuania[a]	Netherlands[a]	Poland	Portugal[a]	Slovakia	UK (England)[a]
Ambulance transfer to hospital	**Regional disparities** in ambulance response times.	Ambulance response times vary between 8 and 17 mins.		90% of cases with ambulance response time ≤15 mins.	Possibly, long time for transport from rural areas.	Emergency response time <45 mins from call to arrival at hospital for >99%.		EMS have fast-track protocol for stroke.		90% of cases with ambulance response time <15mins.
Imaging				guidelines recommend MRI evaluation, which is not universally available.			Lack of 24h availability in some hospitals, leading to delay in diagnosis.			Weekend availability sometimes lower.
Thrombolysis (IVT)	Covered but not available in all hospitals, 1% of patients receive IVT.	**Regional differences**: 13.3-17.9% receive IVT.	18% received IVT in 2018, **no evidence of regional disp.**	9.2% of patients receive IVT.	5.6% of patients received IVT in 2016.	20.6% of patients receive IVT.	6.5% of patients receive IVT (De Sousa et al. 2019), some stroke units do not perform thrombolysis.	8.3% of patients receive IVT. Small hospitals do not have 24hr stroke teams.	43 stroke centres provide IVT; 22.4% of patients in these centres receive IVT	11.7% received IVT.
Thrombectomy (EVT)	Available only in Sofia and Varna, 0.1% of patients receive EVT.	**Regional differences**: 4.4-7.4% receive EVT.	2% received EVT.	5.3% receive EVT; 37 hospitals are performing EVT.	2.2% receive EVT in 2016.	4.6% of patients receive EVT.	18 facilities perform EVT, 1.5% of patients received EVT in 2019 [own calculations], referral rates from local stroke units vary by region.	EVT only available in 4 city areas, 4.6% of patients receive EVT.	10 facilities in country, regional disparities. 9.9% of patients receive EVT in these facilities	0.5% receive EVT. Weekend medical and surgical cover lower.
Stroke unit treatment	Most hospitals treat stroke patients but not on stroke units. 1.0 stroke units/1000 strokes.	60-80% of patients treated on SU (depending on **region**); 1.7 stroke units/1000 strokes.	82% treated on stroke unit in 2018; 1.1 stroke units/1000 strokes.	43% of patients were treated on stroke units in 2014; there are 1.6 stroke units/1000 strokes.	Density of stroke units is rather low (0.6/1000 strokes).	Density of stroke units is high in the Netherlands (3.6/1000 strokes).	71% treated on stroke unit; 1.7 stroke units/1000 strokes.	1.4 stroke units/1000 strokes. Small hospitals do not have 24hr stroke teams.	Early rehab at stroke units is insufficient; 2.2 stroke units/1000 strokes.[a]	84% of patients spend >90% of stay on stroke unit; <60% arrive on stroke unit within 4 hours of arrival at hospital. 2.3 stroke units/1000 strokes. Possible distance issues in rural areas.
Inpatient rehabilitation	Only early rehabilitation (up to 10 days) covered, availability of services limited.	Some waiting lists for neuro rehab.	Covered but access is difficult.	Problems reported only for ambulatory rehabilitation.	No problems reported.	Cost-sharing may apply for non-contracted rehabilitation facilities and for 20 ambulatory sessions.	Limited reimbursement from NHIF, insufficient public beds, available mostly in private facilities.	Often time lag before rehab. Patients have to pay user-charges for private rehab facilities covered by NHS.	Only one public facility; most rehabilitation is paid out-of-pocket.	Availability of rehabilitation beds very low compared to other countries. Most patients do not receive 4 weeks rehab.

[a] Reported proportions for IVT, EVT, and stroke units/1000 are based on Aguiar de Sousa et al. 2019, data are for 2016.

Service covered, no lack of availability, standard user-charges.	Service covered but some problems with availability of service and/or important user-charges.	Substantial problems with availability of services or services are often paid out-of-pocket.	Service not covered or usually unavailable and/or almost always paid out-of-pocket.

European Semester 2020 CSRs

	CSRs	CSR recitals
Bulgaria	Resilience of the health system; ensure a balanced geographical distribution of health workers; accessibility	(…)uneven **geographical distribution** of health workers, proper access to health workers and their services should be ensured over the whole territory(…)
Croatia	Resilience of the health system, promote balanced geographical distribution of health workers and facilities	(…)unmet medical needs due to **distance** are amongst the highest in the Union; a more balanced **geographical distribution** of health workers and facilities would allow easier access to health services(..)
Czechia	Resilience of the health system; Shortages of health professionals	(…)there are substantial **regional differences** in life expectancy, partly determined by socio-economic and behavioural factors; **regional disparities** persist as regards the distribution of health care resources and personnel(…)
Estonia	Resilience of the health system; Shortages of health professionals; accessibility	(…)**uneven access** to primary care(…)
Finland	Resilience of the health system; accessibility	The current system of health services delivered by various providers has led to an **uneven density** of health workers across the country(…)
France	Resilience of the health system,strengthen the resilience of the health system by ensuring a balanced distribution of health workers	Challenges are aggravated by persisting **regional disparities**. For instance, despite the share of practising doctors being around the Union average, about 18% of France's population lives in areas where access to a general practitioner is limited.
Hungary	Resilience of the health system, Shortages of health professionals	(…)**regional disparities** in the distribution of health personnel continue hindering access to care in some areas and for some vulnerable groups(…)

European Semester 2020 CSRs

	CSRs	CSR recitals
Ireland	Resilience of the health system; accessibility	Challenges regarding recruitment and retention had led to shortages in nursing workforce in **certain regions** and hospitals.
Lithuania	Resilience of the health system; Shortages of health professionals; accessibility	The COVID- 19 crisis is also exposing health inequalities related to workforce shortages and **geographical mismatches** between services and needs.
Poland	Resilience of the health system; accessibility	(…)the **distribution** of the healthcare workforce is **uneven** across the country(…)
Portugal	Resilience of the health system,	(…)improve universal access, including **outside urban areas** and in the outermost regions of Madeira and the Azores(…)
Romania	Resilience of the health system; Shortages of health professionals; accessibility	(…)the pandemic further exposed **regional disparities**; improving the coverage and accessibility of health services to all citizens, also in **non-urban areas**(…)
Slovakia	Resilience of the health system; Shortages of health professionals	(…)effective policies could reduce **geographic disparities** in the availability of doctors and ensure access to care for the entire population(…)
Spain	Resilience of the health system	There are **regional disparities** in terms of spending, physical resources and staff, and the coordination between different levels of government is not always effective.
Sweden	Resilience of the health system; Shortages of health professionals	(…)timely and **geographically balanced** healthcare(…)

Recovery and Resilience Facility

European Commission

- Centrepiece of the Next Generation EU recovery instrument; total budget: € 723.8 billion
- Entry into force: February 2021; operational until end of 2026
- Access to the RRF based on national plans drawn up by Member States
- Health resilience is among the 6 main pillars of the RRF
- Recovery and Resilience Plans (RRPs) should allocate at least 20% of their budget to the digital transition: potential linkages to eHealth.
- RRPs should address the EU semester's country-specific recommendations (CSRs). In 2020 all 27 Member States received CSRs on health.

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Recovery and Resilience Facility: examples of reforms and investments in adopted RRPs

European Commission

	RRP reforms and investments
Austria	Strenghten primary care (low threshold decentralised access, especially in rural areas); establishment of a network of community nurses.
Czechia	Center for Cardiovascular and Transplant Medicine in the South Moravian region.
Estonia	Increasing capacities of the emergency system to provide care in peripherial areas (helicopters); the reform of the reimbursement scheme to incentivise provision of services in remote areas.
Spain	Investments in high-tech equipment in regions to address disparities in access to healthcare; programmes of promotion of physical activity in rural areas; healthcare workforce reform promoting as one of the objectives better distribution of medical professionals accross regions.
Finland	Increasing access to healthcare through support to innovative and remote care model; implementation of a care guarantee through digital solutions.
France	Investments in the territorial dimension of healthcare according to regional needs.
Croatia	Improve access to pharmacies in remote and rural areas through mobile pharmacies; improving access to cardiologist care in remote and rural areas through digitalisation of cardiology services; mobile primary outpatient system in rural and remote areas; specialist training to address shortages of specialists in underserved areass.

Recovery and Resilience Facility: examples of reforms and investments in adopted RRPs

European Commission

	RRP reforms and investments
Italy	Territorial health network; community health houses; improving access to care at home, community hospitals and telemedicine.
Lithuania	Improving access to home care and comunity-based care; optimising the hospital network.
Luxembourg	Improving access to healthcare through telemedicine.
Latvia	Investments improving availaility of out-patient and inpatient services.
Portugal	Investments in primary care; mobile health units to ensure access to healthcare in lower population density areas.
Romania	Investments in primary care and community centres in rural and marginalised areas; telemedicine solutions to improve access to specialised care in rural and small utown areas; mobile medical caravans.
Slovenia	Training of professionals for mobile palliative care teams.
Slovakia	Support to new outpatient care units in deprived areas; optimising the hospital network.

European Semester 2019 Country reports /Annex 4 on investment priorities for cohesion funds

European Commission

	Annex 4 to 2019 country reports
Bulgaria	increase access to health services, in particular primary care, including through infrastructure and digital health solutions; support the re-skilling and upskilling of social and health-care workers and their **territorial mobility**
Czechia	strengthen and improve access to primary care particularly for **vulnerable groups**
Estonia	improve **equal access** to affordable and good-quality social services, long-term care and healthcare
Greece	increase **equal access** to eHealth services to promote e-inclusion, notably for vulnerable groups; invest in the primary health care systems (local primary health care units and similar), in information and communication technologies for health purposes that emerge from the business plan on health, tele-medicine, and interoperability of related systems
Spain	strengthen primary care and integrated care, including through investments in infrastructure and ehealth, in particular in **regions lagging behind** and with a view to reducing health inequalities
France	in the **outermost regions**, contribute to building new and improving existing health infrastructures, moving away from a hospital-centred model to more outpatient, primary and community-based care
Croatia	tackle **geographical obstacles** in access to healthcare and address gaps in healthcare infrastructure and shortages in workforce, based on mapping of needs

European Semester 2019 Country reports /Annex 4 on investment priorities for cohesion funds

European Commission

	Annex 4 to 2019 country reports
Italy	enhance high quality, accessible and affordable social services and their infrastructure, including housing, childcare, healthcare and long-term care, taking into account **regional disparities** and the **rural/urban divide**, also in access to innovative technologies and new care models
Latvia	ensure **equal access** to affordable, accessible and good quality social services and healthcare
Lithuania	improve **equal access** to affordable and good quality healthcare and long term care
Hungary	foster access to affordable healthcare, reducing inequalities, especially in **disadvantaged districts**
Poland	foster **equal access** to affordable healthcare services, particularly for vulnerable groups, strengthening primary care, integration of care, health promotion, disease prevention and digital health solutions
Portugal	undertake infrastrcture investments in health with a view of **reducing inequalities**
Romania	support the upskilling of social, health-care and long-term care workers and tackle **territorial disparities**
Slovenia	tackle **geographical disparities** in access to healthcare, with a focus on the socioeconomically deprived
Slovakia	address shortages in the number of medical occupations, taking **regional disparities** into account

New Joint Action: healthcare workforce planning (kick -off in 2022) – support policies to respond to the demand for skills

European Commission

HS-g-15.1.1 **Health workforce to meet health challenges – forecasting and planning for workforce in the healthcare sector**; **EU4Health grant: EUR 7 million**

Scope & Activities:

- Build capacity in effective forecasting and planning for health workforce - close the divide between Member States;
- Develop knowledge on datasets needed for more comprehensive health workforce planning;
- Support MS and professional organisations to address common challenges, to use improved tools and methodologies;
- Twinning, mentoring or 'clustering', joint workshops, technical assistance, learning or training courses.

Expected impact:

- Better use of tools for health workforce planning and its integration into financing models and organisation of health services, taking into account lessons learnt from the COVID-19.

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Thank you for your attention

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