



ROUTE-HWF

A Roadmap OUT of
mEdical deserts into
supportive Health
WorkForce initiatives and
policies

Presentation for the
OASES conference on
December 10, 2021

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Nivel

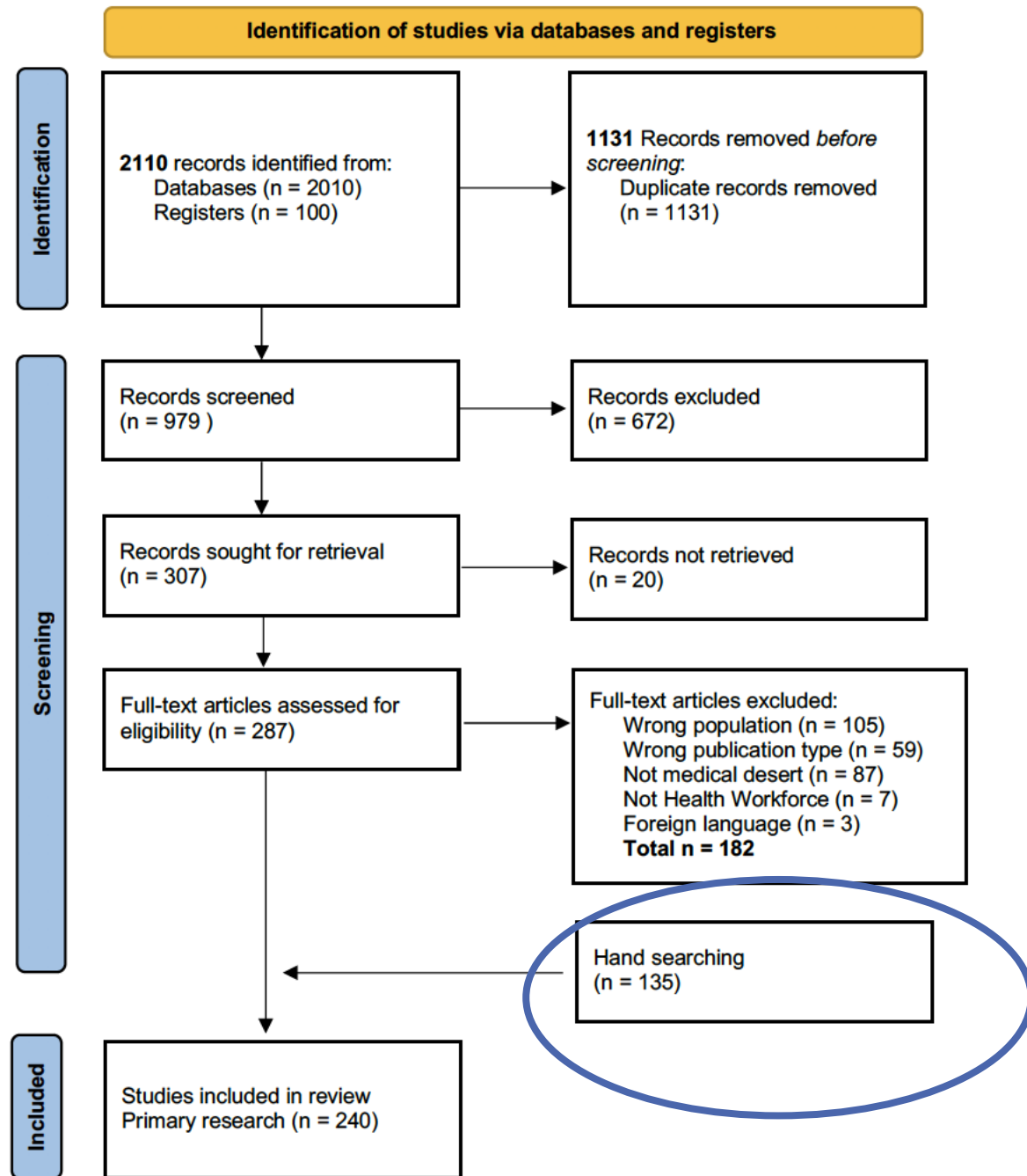


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Factors of 'desertification': what do we know?

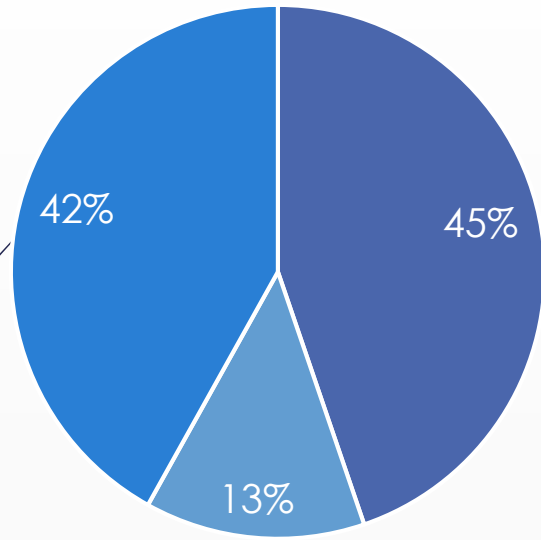
- ▶ Results of our literature review
- ▶ What do we know, what do we don't know
- ▶ Next steps

Our literature review: Study flowchart



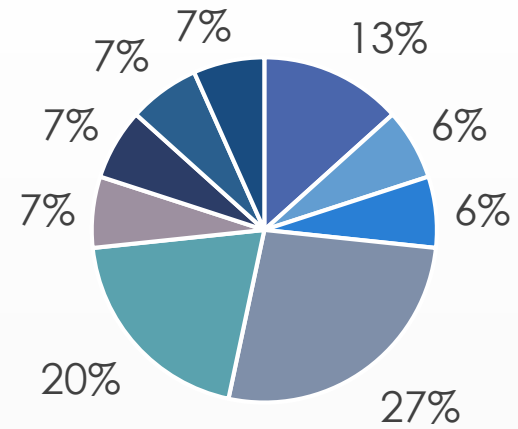
Characteristics of studies

Continent



■ North America ■ Europe ■ Australia & New Zealand

Europe

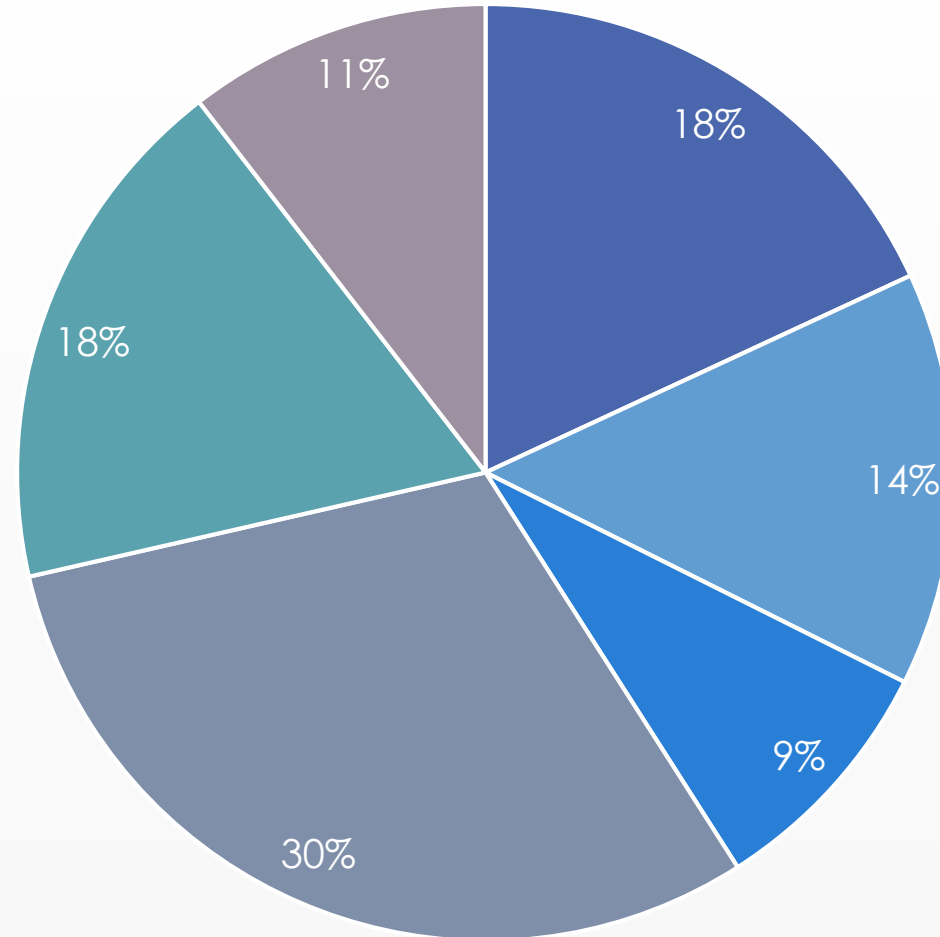


■ Switzerland ■ France ■ UK
 ■ Germany ■ Greece ■ Romania
 ■ Netherlands ■ Bulgaria ■ Poland

92% quantitative studies, 6% qualitative, 2% mixed methods

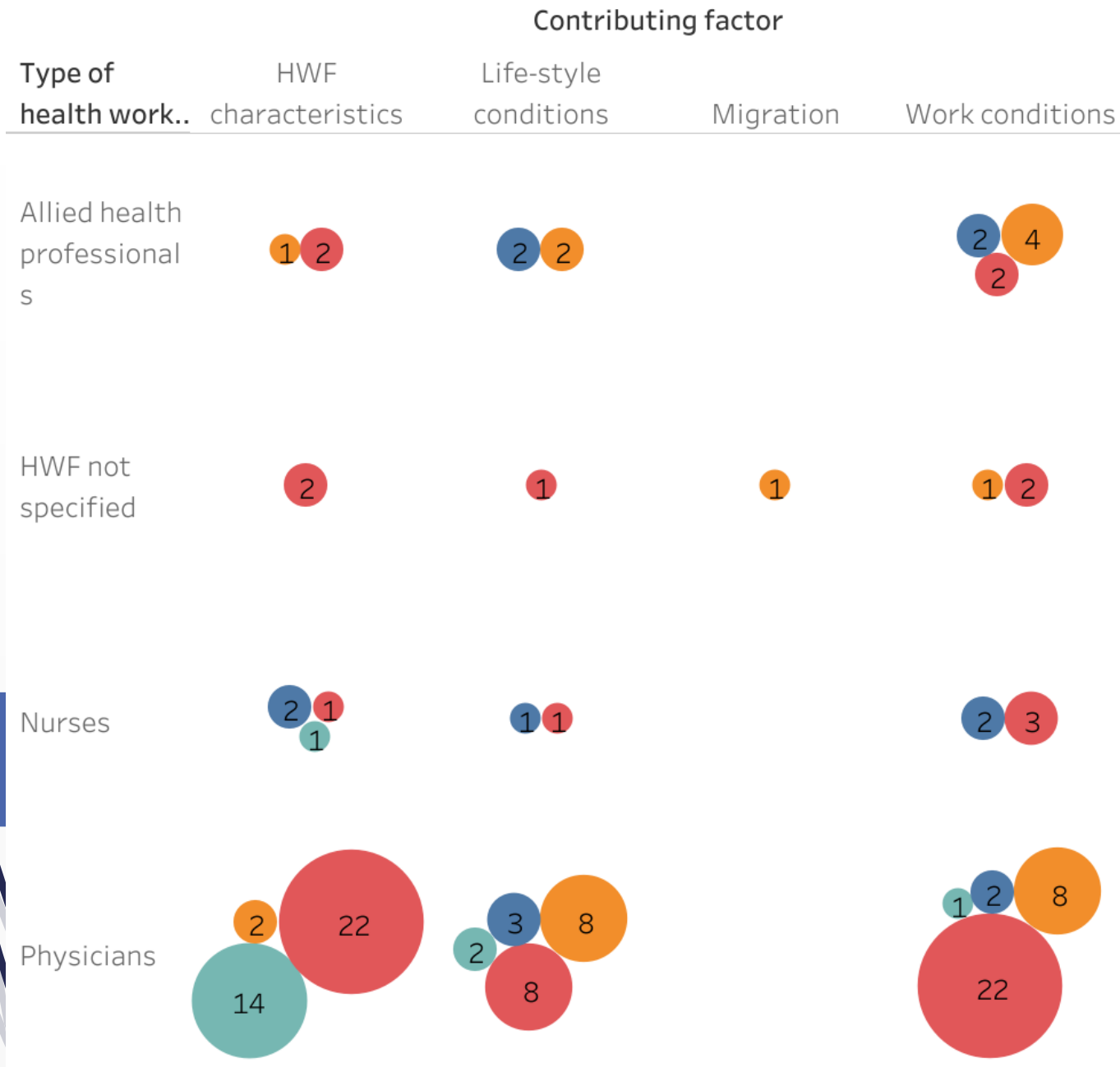
Occupations included in the studies

- General practitioners
- Physicians
- Nurses
- Other health care providers / not specified
- Students
- Institutes



Factors contributing to medical deserts, by type of profession

1. Medical students' intention to settle in rural / underserved areas
2. Physicians to work in destinations in rural / underserved areas
3. General practitioners to work in destinations in rural / underserved areas
4. Other health professionals' to work in rural / underserved areas

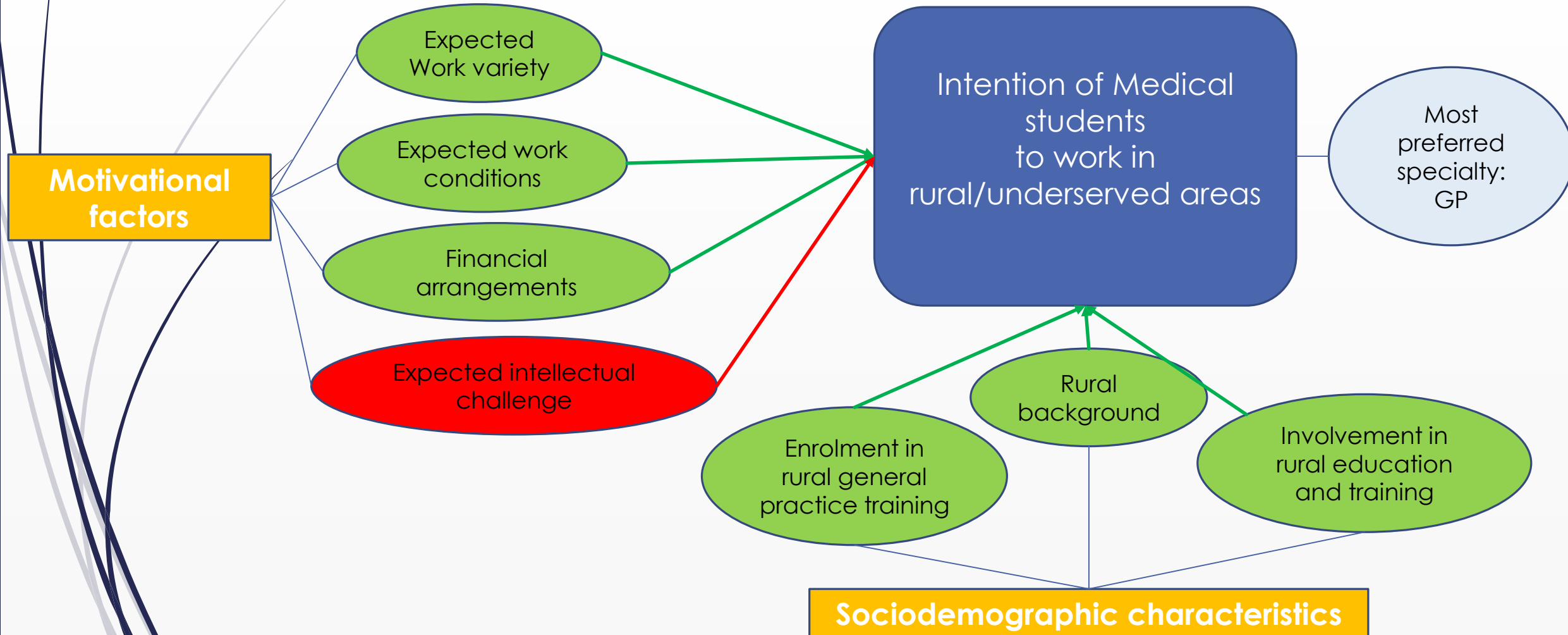


Study design

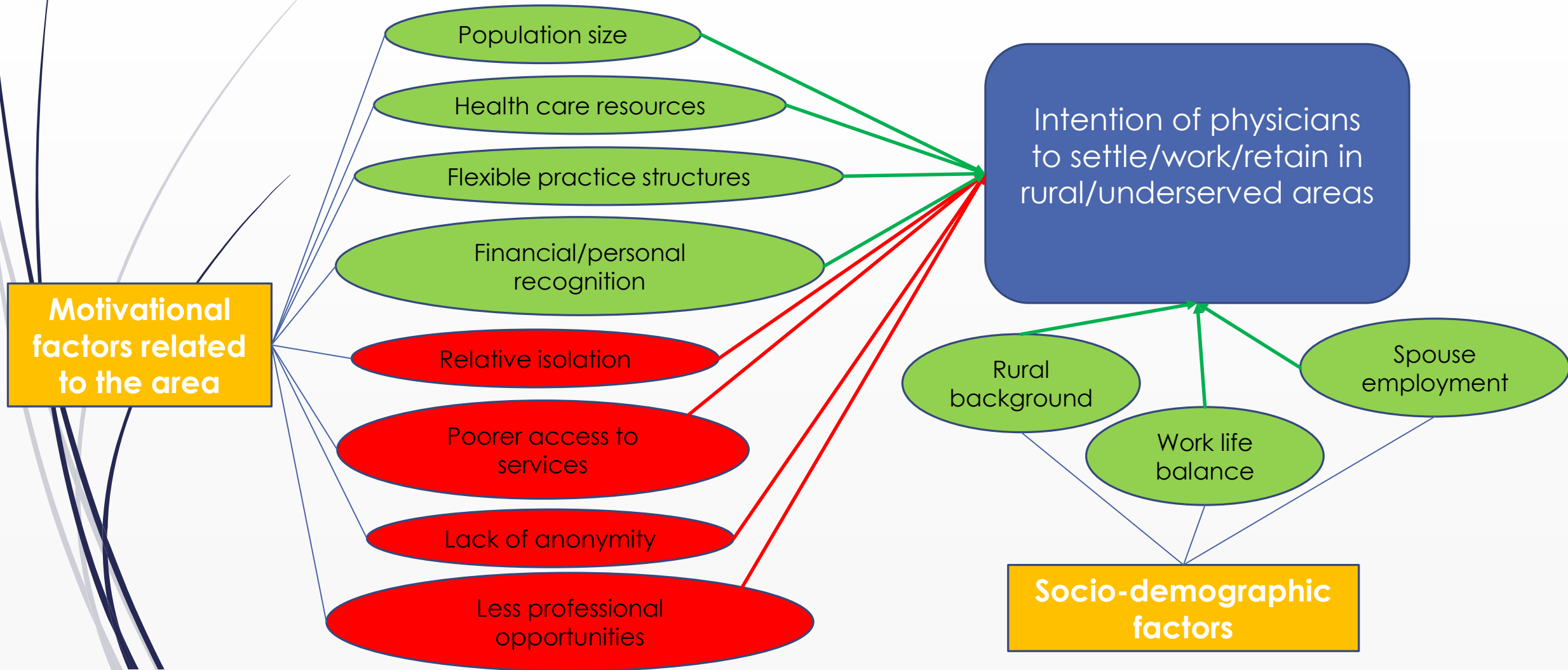
- Mixed-methods
- Observational, qualitative
- Observational, quantitative (cross-sectional)
- Observational, quantitative (longitudinal)
- Quasi-experiental
- Quasi-experimental

N = 113 studies assessed contributing or associated factors to medical deserts

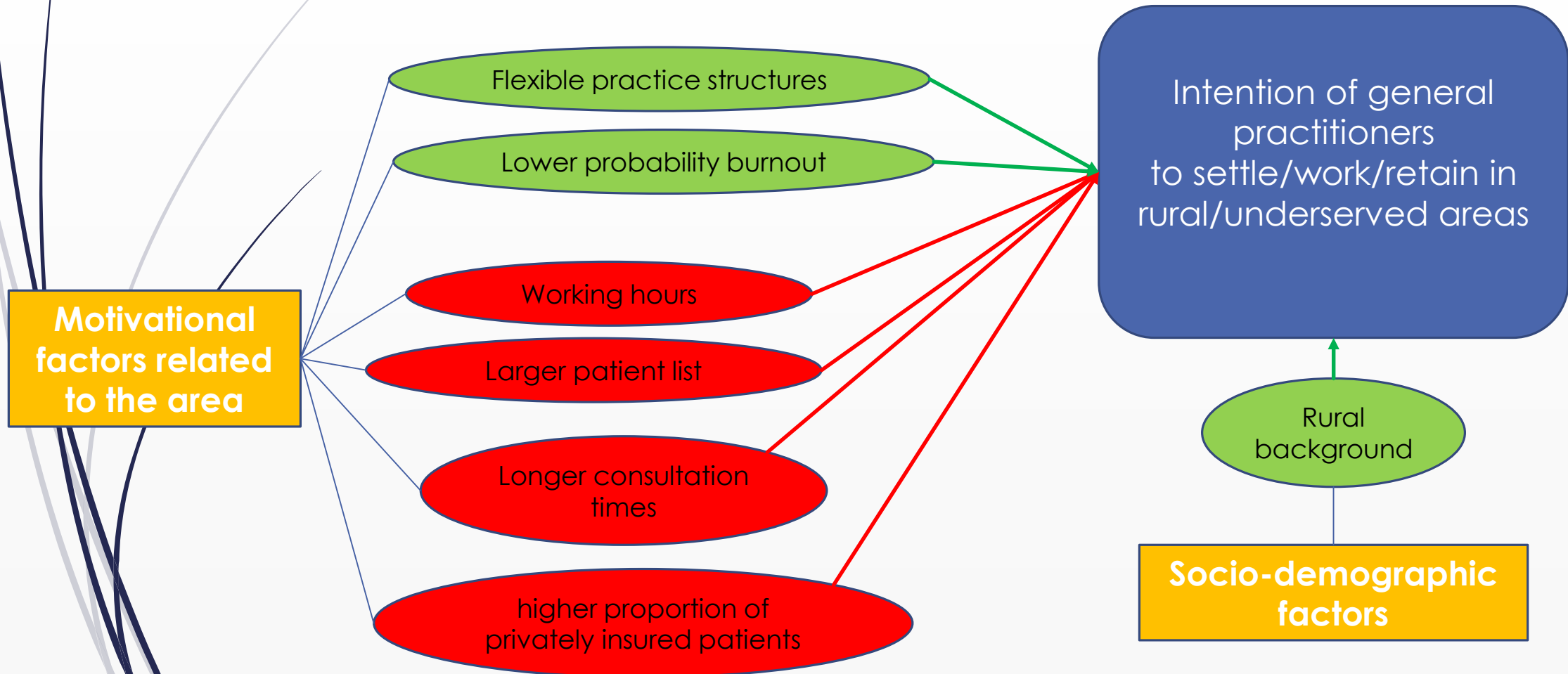
1: Factors that **facilitate** or **hamper** medical students' intention of selection of rural / underserved areas



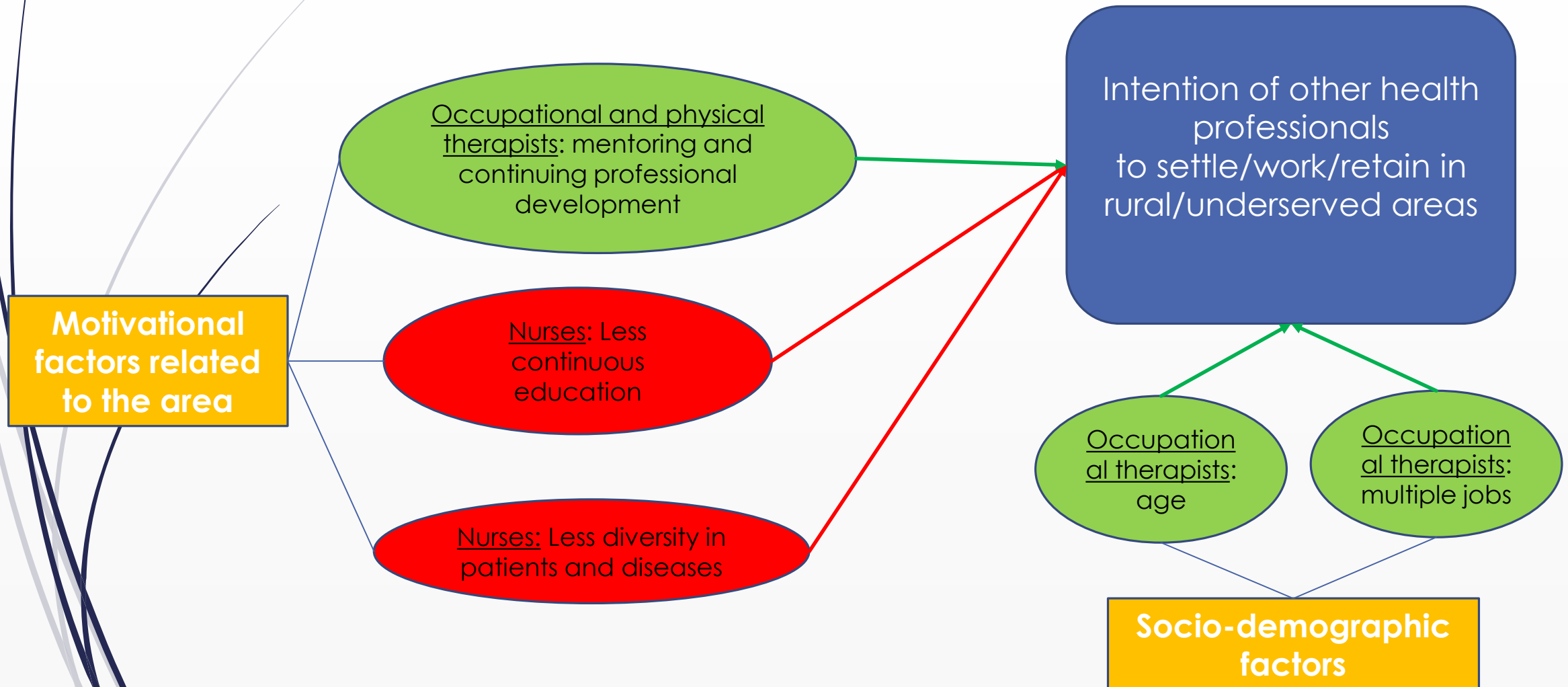
2: Factors that facilitate or hamper physicians' selection of destinations in rural / underserved areas



3: Factors that **facilitate** or **hamper** general practitioners' selection of destinations in rural / underserved areas



4: Factors that **facilitate** or **hamp**er other health professionals' selection of destinations in rural / underserved areas

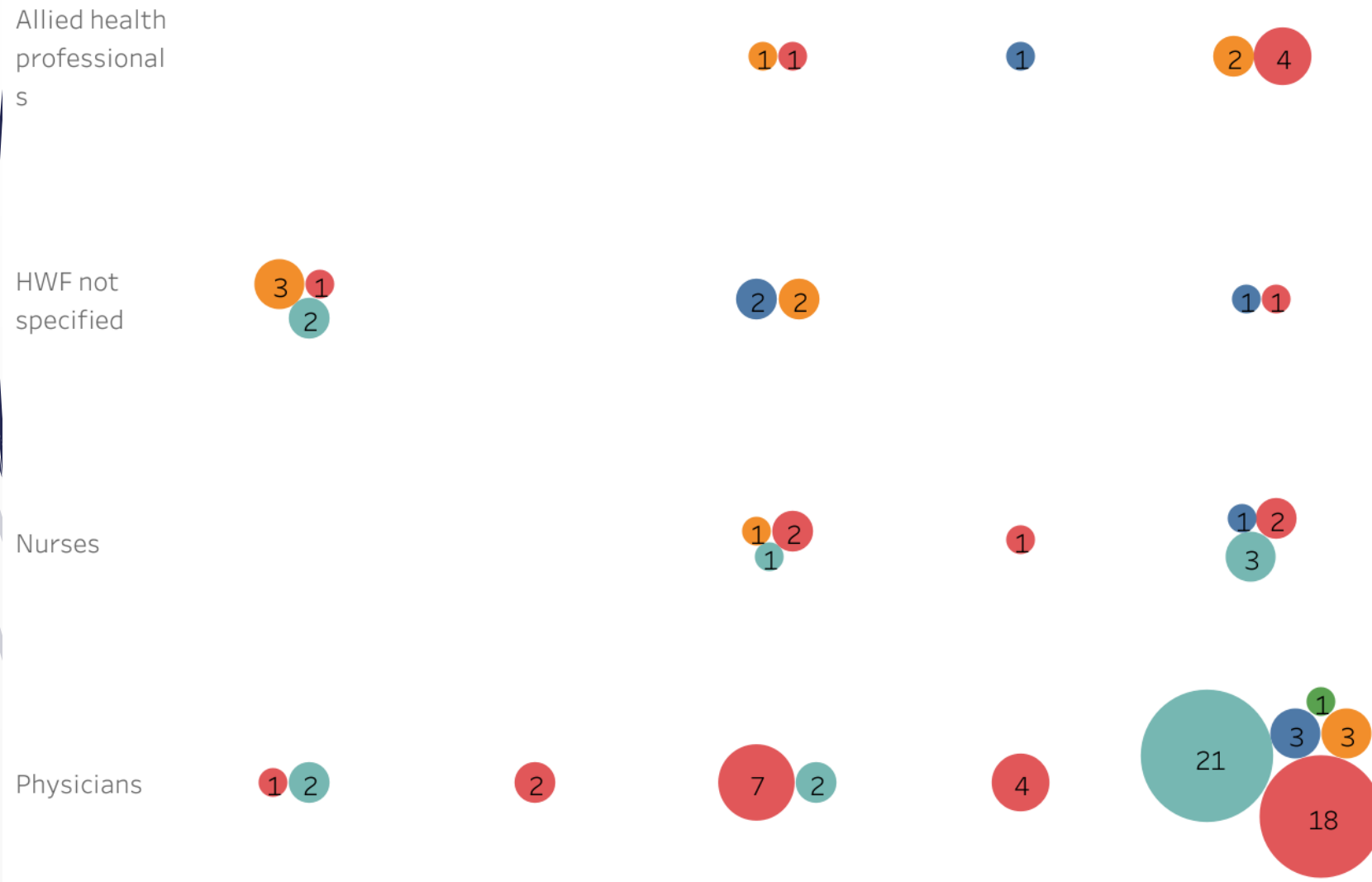


If these factors determine desertification, what approaches are taken to mitigate or eliminate them?

- ▶ Again, approaches by profession:
 1. Medical students
 2. General practitioners
 3. Other health professionals

Type of health work..	Approach				
	Innovative models of care	Planning & monitoring HWF d..	Postgraduate training	Support & Infrastructure	Undergraduate Training

- Study design**
- Mixed-methods
 - Observational, qualitative
 - Observational, quantitative (cross-sectional)
 - Observational, quantitative (longitudinal)
 - Quasi-experiental



N = 96 studies assessed approaches to mitigate or eliminate to medical deserts

Approaches to motivate medical students into rural / underserved areas

- ▶ Rural 'immersion' (unknown makes unloved)
- ▶ Rural clinical training and support program
- ▶ Rural clerkship or externship
- ▶ Rural rotations
- ▶ Locating training institutes outside of large urban areas
- ▶ Promote rural practice

Approaches to motivate general practitioners into rural / underserved areas

- ▶ Planning and monitoring the distribution for GP training posts
- ▶ Incentives for recruitment and retention
- ▶ Better remuneration for consultations
- ▶ Improved after-hours and on-call arrangements
- ▶ Better education and professional support activity
- ▶ Improved availability of allied health professional services
- ▶ Better locum availability
- ▶ Capital funding to improve practice infrastructure/enable GPs to set up practice' ranked in between

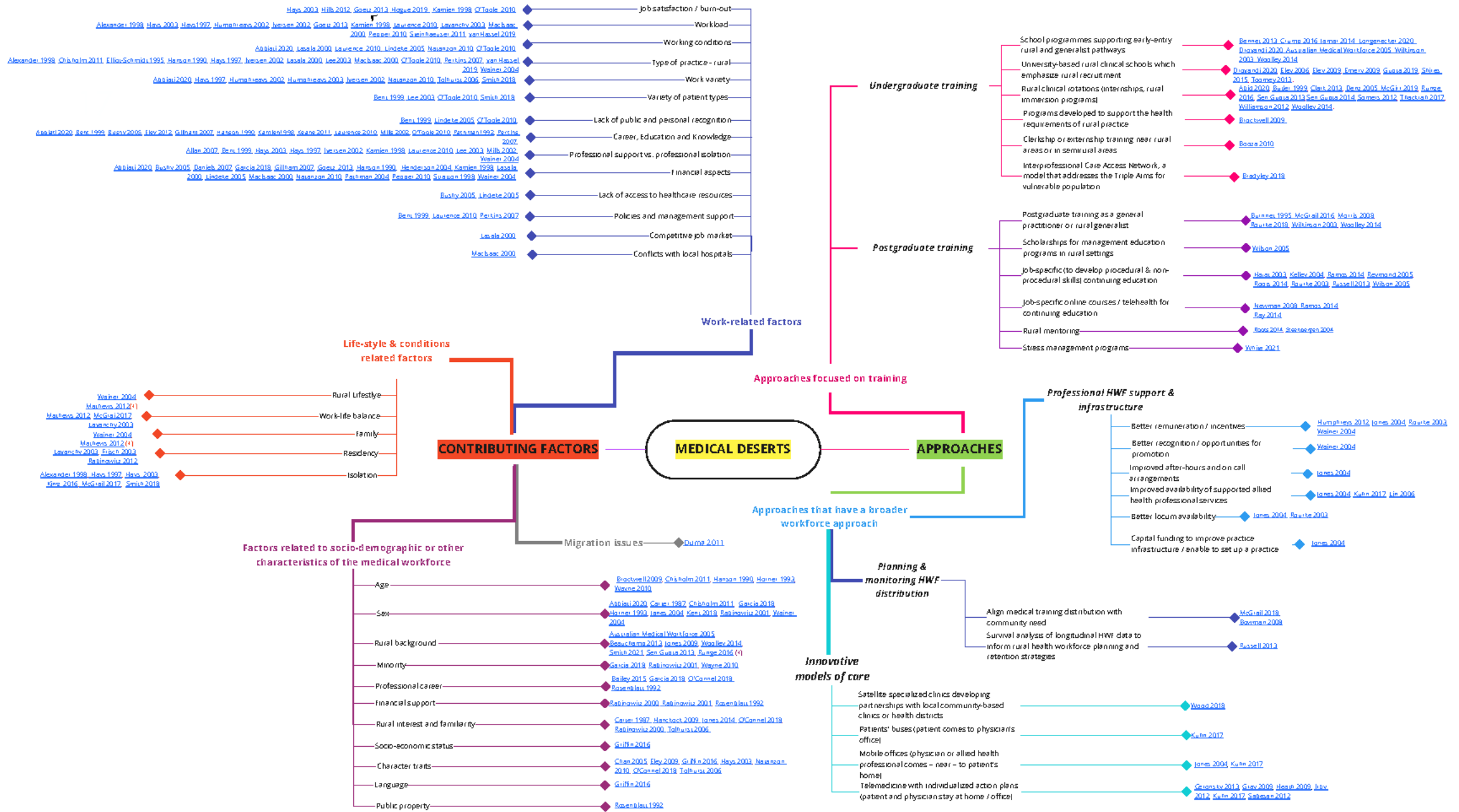
Approaches to motivate other health professionals into rural / underserved areas

Nurses:

- ▶ Sufficient autonomy in jobs (i.e. independence, initiative, and freedom in daily work activities)
- ▶ Continuing education

Other health professionals:

- ▶ A worksite intervention program
- ▶ A program based on community-based partnerships
- ▶ Competent practices in emerging models of care
- ▶ Monitoring allied health workforce turnover and retention
- ▶ Improve continuing education
- ▶ Video conferencing (e.g. confidence to deliver quality palliative care)



So far, we have insights into the 'single factors' for desertification ...

- ▶ BUT: how do these factors relate?
 - ▶ E.g.: how do the motivational factors interact with the socio-demographic factors?
 - ▶ E.g.: how do the motivational and socio-demographic factors interact with the different occupations?
- ▶ BUT: how context sensitive are these factors?
 - ▶ Do these factors differ by health care system (NHS, Social Security Insurance, Privately funded)?
 - ▶ Do these factors differ by health care service (public health, primary care, specialized care, mental health)?
 - ▶ Do these factors differ by type of medical desert (mountain, island, post-economic, small-area socioeconomic deprivation)?

Next steps of the ROUTE-HWF project w.r.t. desertification and beyond

- ▶ Further analysis of the (135+) literature studies
 - ▶ Factors in the studies seem to differ by occupation ...
 - ▶ But do also differ by country and sector?
 - ▶ Meta analysis of the literature review results
- ▶ A country survey is currently pending set out in all EU-member states
 - ▶ This will provide data for quantitative and qualitative analyses
- ▶ Finally: develop an Explanatory framework and a 'ROUTE out of medical deserts'



ROUTE-HWF

A Roadmap OUT of mEdical deserts into supportive Health WorkForce initiatives and policies

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