OASES

Promoting evidence-based reforms on medical deserts

D6.1. Framework for pilot studies

30/11/2021

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Lead author	Marius Ungureanu (BBU)
Contributors	Monica Brînzac (BBU), Sergiu Otgon (NPHA), Răzvan Chereches (BBU), Cătălin Baba (BBU), Liliana Buzdugan (NPHA)
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1. Executive summary

The OASES project will implement pilot studies to mitigate medical deserts in the seven consortium countries (Cyprus, Finland, France, Hungary, Italy, Republic of Moldova, and Romania). This document presents the framework to be followed in the implementation of the pilot studies. The objectives of the pilot studies framework are as follows:

- To guide the implementation of the OASES pilot studies;
- To centralize the relevant knowledge that serves and lays the ground for the pilot studies;
- To equip the interested and involved parties with the necessary information to replicate the OASES pilot studies.

The OASES framework is considering and basing its ground on already validated frameworks and approaches, such as the Health Labour Market approach framework[1], the Health Labour Market Analysis Guidebook[2], Practical steps for undertaking a Health Labour Market Analysis[2], Factors influencing the Health Labour Market Analysis[2], Joint Action on Health Workforce Planning and Forecasting - Forces shaping and challenging the sustainability of the health labour market[3], From theory to practice in the health labour market[3].

The pilot studies undertake the form of a consensus-building exercise, the Delphi modified methodology, consisting of several rounds of online disseminated questionnaires and virtual or in-person meeting(s) per country with the relevant stakeholders.

The results obtained from the consensus-building exercise will be translated from a local/regional level to the national level after the implementation of the pilot studies.

[1] Sousa, A., Scheffler, R. M., Nyoni, J., & Boerma, T. (2013). A comprehensive health labour market framework for universal health coverage. Bulletin of the World Health Organization, 91(11), 892. https://doi.org/10.2471/BLT.13.118927

[2] World Health Organization. (2021). *Health labour market analysis guidebook*.

[3] Joint Action on Health Workforce Planning and Forecasting. (2016). Final Guide of the Joint Action on Health Workforce Planning and Forecasting D08-HWF Planning and Forecasting Guide. www.healthworkforce.eu

2. Objectives

The objectives of the present framework are as follows:

- To guide the implementation of the OASES pilot studies;
- To centralize the relevant knowledge that serves and lays the ground for the pilot studies;
- To equip the interested and involved parties with the necessary information to replicate the OASES pilot studies.

The objectives of the pilot studies are as follows:

- To create a national overview of medical deserts in the seven consortium countries (Cyprus, Finland, France, Hungary, Italy, Republic of Moldova, and Romania) involved in the project;
- To assess and characterize medical desert in the seven countries (at national and/or regional level) and the mitigation strategies in place and/or planned;
- To facilitate consensus regarding mitigation strategies targeting medical deserts among stakeholders in each of the seven countries;
- To provide evidence-based recommendations to mitigate medical deserts in the seven countries in the consortium.

3. Theoretical approaches

Already validated frameworks will be used in the design of the pilot studies, linking health workforce, health services and universal health coverage (UHC), such as the World Health Organization's health labour market (HLM) approach.

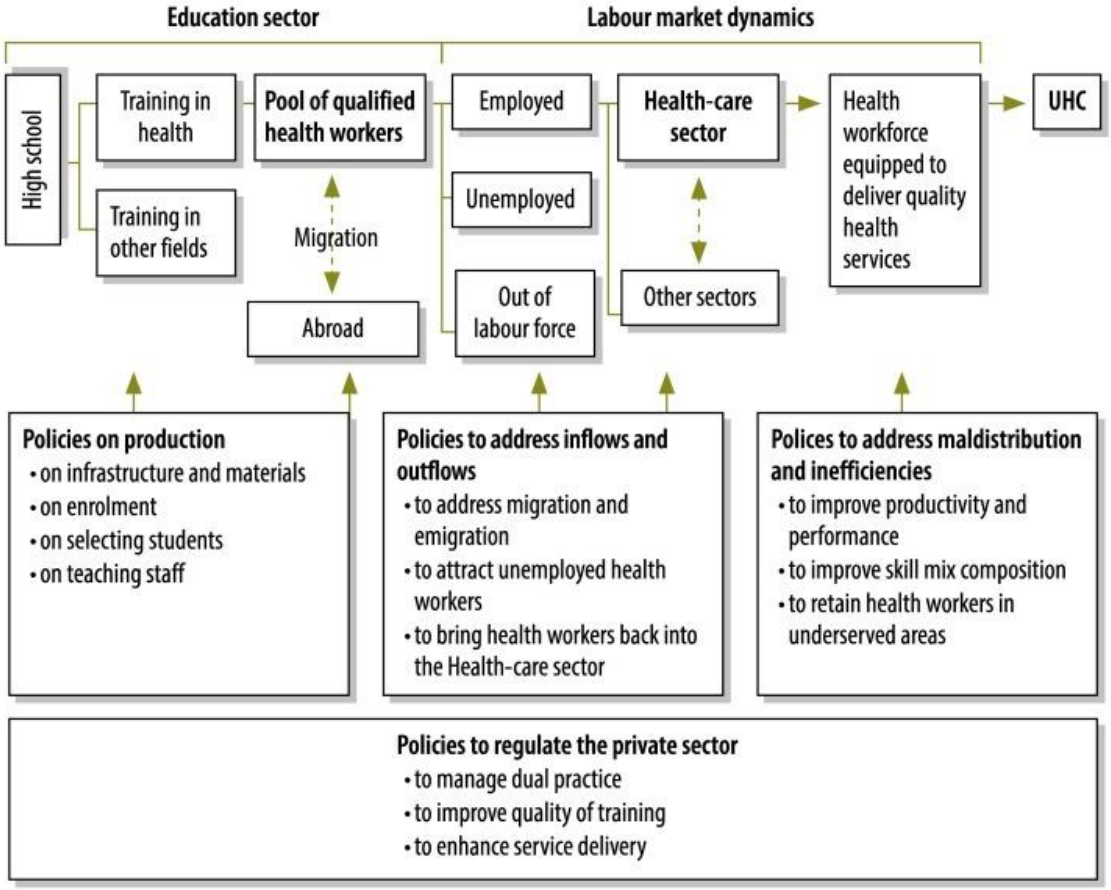

Fig. 1. The Health Labour Market approach (Sousa et al., 2013)

Based on each site indicators and national context, the main areas tackled will be the Education sector and the Labour Market Dynamics with its congruent “Policies on production”, “Policies to address inflows and outflows” and “Policies to address maldistribution and inefficiencies”. Additionally, the framework will touch upon the “Policies to regulate the private sector” (Sousa et al., 2013). Careful planning and finetuning of the education sector and the dynamics of the labour market will ensure a well-working health system, able to satisfy the medical needs of its people. Using the elements presented in the Health Labour Market Approach framework will guarantee Universal Health Coverage of the health system.

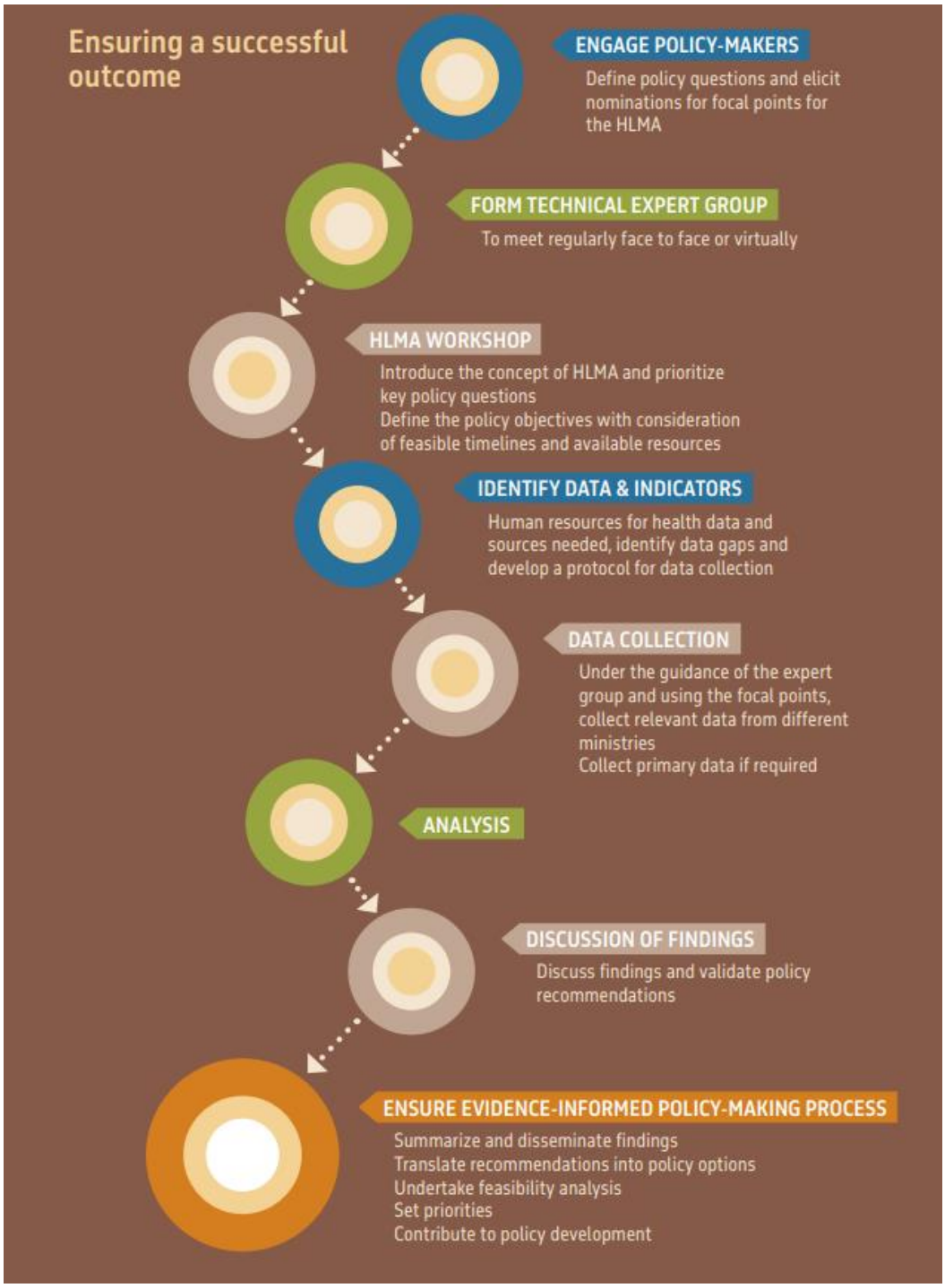

Fig. 2. Practical steps for undertaking a Health Labour Market Analysis (World Health Organization, 2021)

As suggested in the Health Labour Market Analysis Guidebook, the framework of the OASES pilot studies follow a similar methodology and order of steps – the Delphi modified methodology.

In the proposed approach, after identifying the stakeholders and policymakers we will create a working group, collect data through which we will identify data and indicators, we will analyse the findings, discuss them and formulate sound, data-informed recommendations.

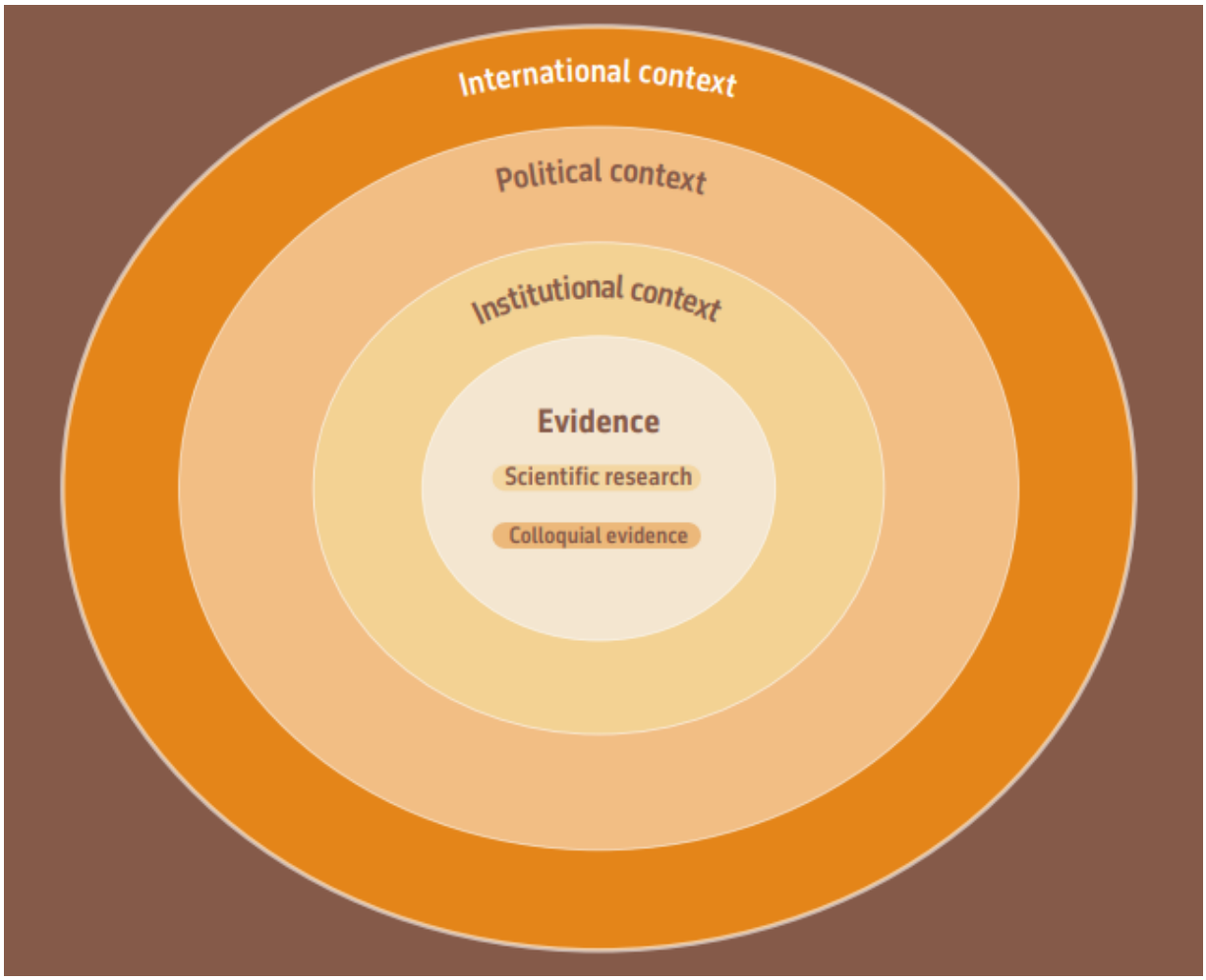

Fig. 3. Factors influencing the Health Labour Market Analysis-informed decision-making process (World Health Organization, 2021)

This process will be incremental, based on the need that evidence obtained through scientific research is at the core of the decision-making process.
Additionally, in the process of uncovering the medical deserts and the mitigation strategies appropriate for each site, we will explore the forces shaping the health labour market, as previously identified by the Joint Action on Health Workforce Planning and Forecasting.

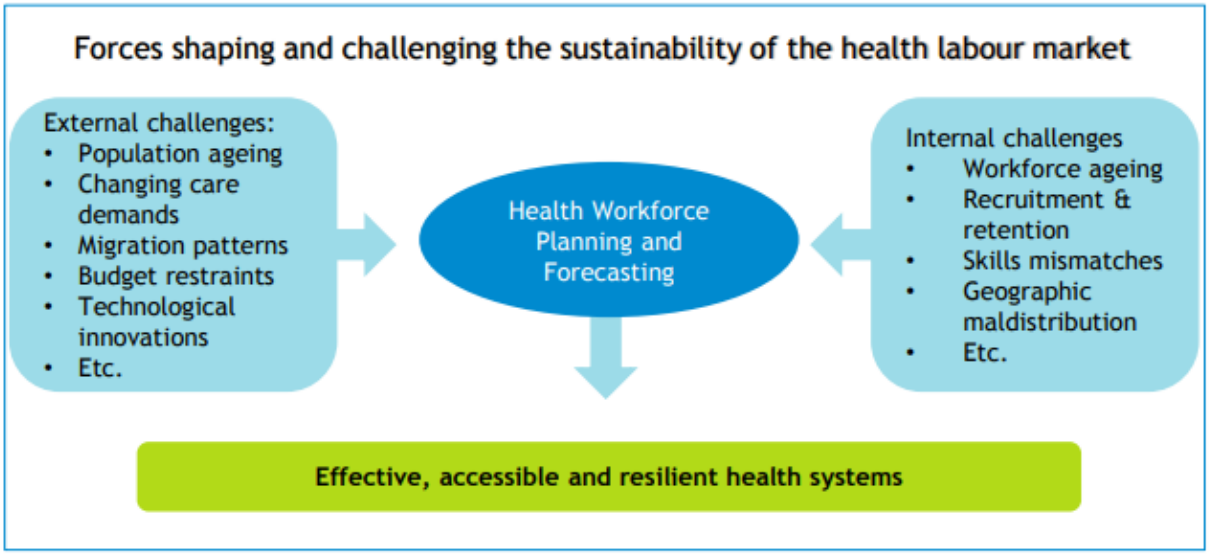

Fig. 4. Forces shaping and challenging the sustainability of the health labour market (Joint Action on Health Workforce Planning and Forecasting, 2016)

Practices developed in different EU Countries reveals that it is essential for planners to trigger and manage an improvement cycle. The theory must be easy to put into practice and to be understood, communication is a must, each actor ought to be aware of its responsibility, the decisions must be taken on the sound ground and constant evaluation is to be ensured.

As per the Joint Action on Health Workforce Planning and Forecasting recommends:

- "Develop different strategies to shape the right needed workforce (retention, retirement,flexibility, financial mechanisms, etc).
- Communicate goals, targets and tools available to reach them.
- Monitor continuously the HWF situation, keeping stakeholders informed on the progress and changes to adjust and intervene with corrective actions.
- Evaluate periodically the planning capacity of the system.
- Communicate reached results and on that base, set the new goals" (Joint Action on Health Workforce Planning and Forecasting, 2016).

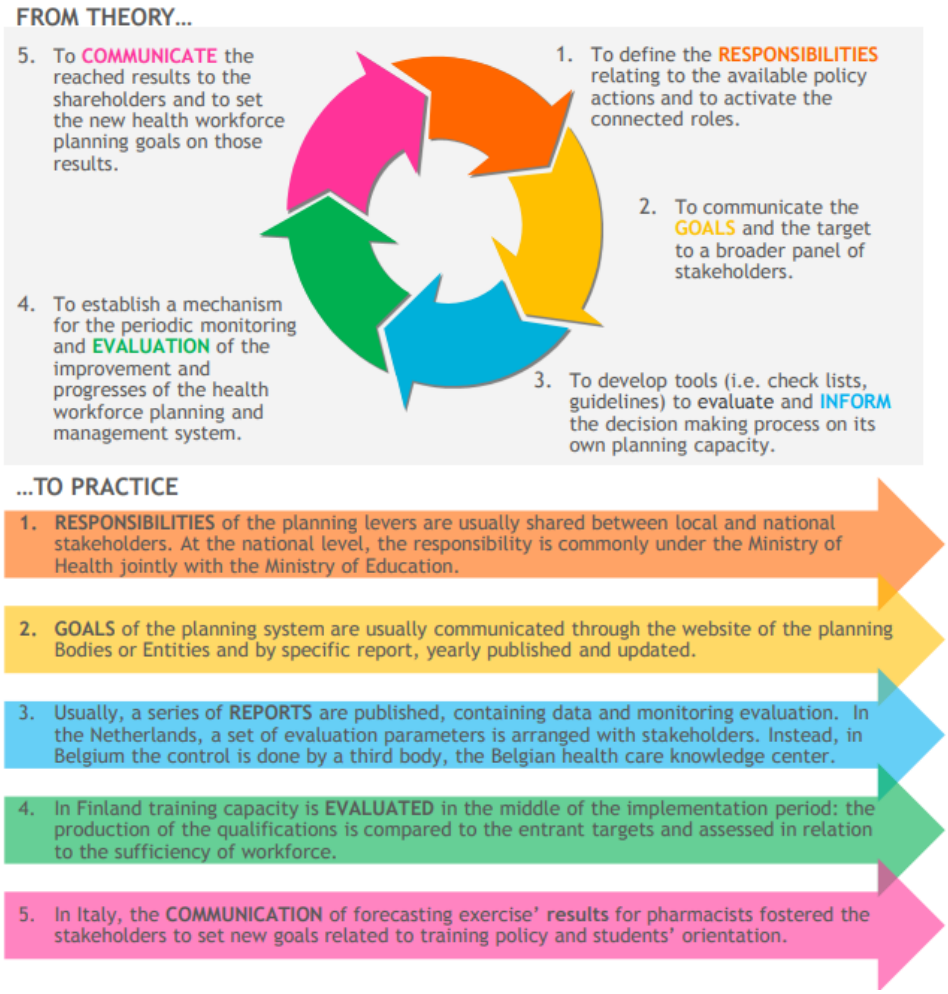

Fig. 5. From theory to practice in the health labour market

(Joint Action on Health Workforce Planning and Forecasting, 2016)

4. The Delphi modified method

The Delphi method is a tool to ''structure and organize group communication'' (Powell, 2003) and represents one of the approaches used in the development of evidence-informed policies, including health policies (Hasson et al., 2000; Tudisca et al., 2018).

The classical Delphi method is a participatory research method using a combination of qualitative and quantitative data analysis (Somerville, 2008; Trevelyan & Robinson, 2015), designed to:

- extract high quality and elaborated collective knowledge from a group of stakeholders and/or experts in studying a complex system (Gupta & Clarke, 1996; Adriana Valente, Castellani, Larsen, & Aro, 2015) and
- build consensus based on the collected information (Vakil, 2011).

This process implies several iterations of questionnaires - distributed via post or, more recently, web – named also “rounds”, with controlled feedback directed to the expert panel in between (Powell, 2003), to assist panellists in the gradual formation of a considered opinion in the light of the group responses (Okoli & Pawlowski, 2004).
The Modified Delphi implies a combination of the traditional online questionnaires, that ensure the anonymity of the participants, with face-to-face round(s) as one or more phases of the process (Devenish et al., 2012; Vakil, 2011).
The selected approach presented in this framework consists of several rounds of online questionnaires that will uncover the medical desert in each country, previously implemented mitigation strategies and future recommendations of policies and mitigation strategies, and one online/in-person meeting to go more into depth in the topic. The questionnaires will be sent until consensus is reached.

5. Design and roll-out of the consensus-building exercises

For this purpose, each country will identify the stakeholders relevant for the discussion on medical deserts. The mapping of the stakeholders shall be done using the snowball technique. Each pilot study leader should identify the stakeholder/s relevant to medical deserts and will ask for another person that would be important to include in the consensus-building exercise. If that person accepts, another referral should be asked from him/her. If they deny participating, the previous person that accepted to participate should be asked for a new recommendation. This process should be carried until saturation is reached and no new stakeholders are named, with no minimum or maximum number of stakeholders to be involved. The stakeholders should be pooled both from local/regional level – from the implementation site – and from national level – to offer the wider picture and aid the translation of the results from particular to general.

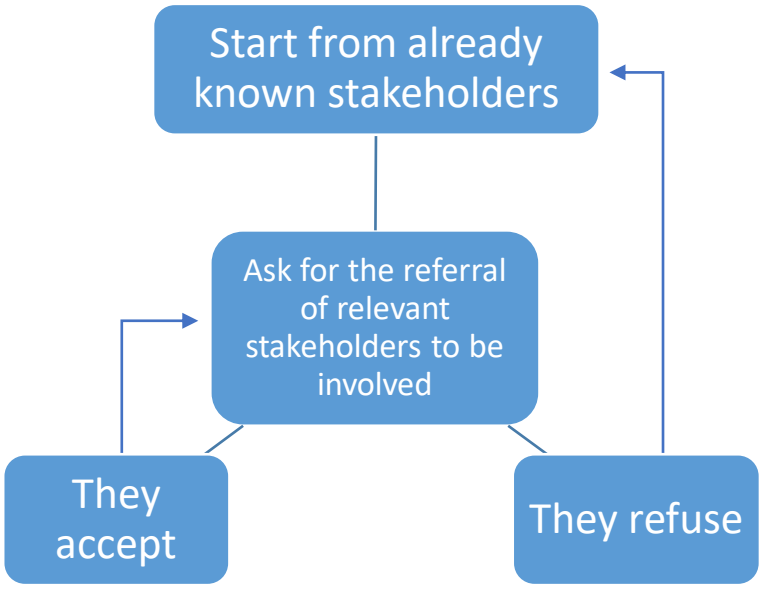

Fig. 6. Flowchart of stakeholders mapping

If no relevant stakeholders are known to the pilot study leader, the Policy Board[4] member will be consulted for a recommendation.

After all stakeholders are mapped, they will receive a comprehensive description of medical deserts based on the work done by Work Package 5 - Analysis and sustainability and the indicators that qualify an area as a medical desert based on the work of Work Package 4 - Methodology.

From this point onwards, the consensus-building methodology will be applied (where *consensus* is defined as an agreement of 80% of each national sample). Using the Delphi modified methodology, stakeholders will receive consequent rounds of questionnaires in which they will have to decide upon what are the medical desert areas in their countries, what were the policies implemented in the past, what would be the best approach/es to mitigating them and what would be the best applicable policies in the future. The Delphi

[4] The Policy Board (PB) is an external board composed by representatives of Ministries of Health and other competent authorities of the EU Member States and other European countries involved in the project. The role of the PB is to give input to sustainability plans from the focus of policy, and the definition of core messages to support evidence-based policy making with respect to sustainability of OASES results. The PB will have a key role in guaranteeing the sustainability of the project and the impact after the end of the project. The PB, established and coordinated by the WP1 Leader with the support of the WP2, WP5 and WP6, will meet at least 3 times during the lifespan of the project, ideally once a year.

methodology has been used in other European projects, such as *Pilot Study Experiences in Belgium Using Horizon Scanning* and the Delphi Method as *Part of a National Review of the General Practitioner Workforce*, which used a framework similar to the one proposed in this framework.

After a quantitative consensus is reached, one or more meeting(s) per country will be organized to further develop the above-mentioned topics (what are the medical desert areas in their countries, what were the policies implemented in the past, what would be the best approach/es to mitigating them and what would be the best applicable policies in the future) and what were the previous mitigation methodologies that were used in order to mitigate the medical desert.

Work Package (WP) 6 is the leader and the final responsible for the successful implementation of pilot studies and all partners will be involved. Each partner in the OASES project will be responsible for mapping the relevant stakeholders, disseminating the questionnaire (developed by WP6 and agreed upon by the consortium members), translating it into their national language (if needed) and organizing the meeting with all the identified stakeholders.

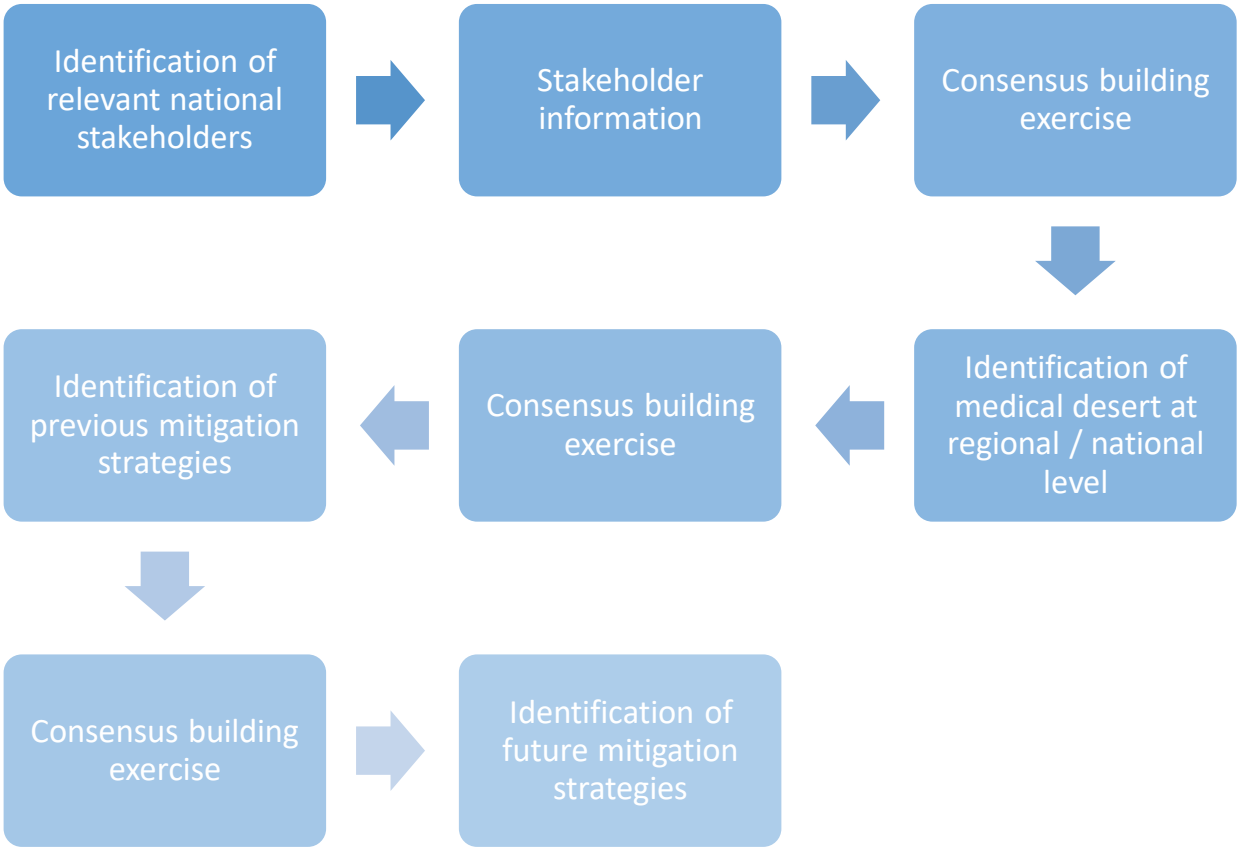

Fig. 7. Flowchart of the pilot studies

The pilot studies will include the following steps:

a) **Identification of national relevant stakeholders;**

Each country involved in the OASES project will identify the relevant stakeholders in relation to medical deserts based on involvement in research, policy-and decision-making.

The tasks of the stakeholders are as follows:

- To answer the questionnaire;
- To participate in the meeting;
- To recommend other important stakeholders, if the case;
- To validate the mitigation strategies and recommendations.

The stakeholders involved in the consensus-building exercise can coincide with, but should not be limited to, the OASES Policy Board members.

The engagement of the policymakers should be done via email or phone, by each partner, and if needed, it may be handled by WP6 for English-speaking stakeholders.

b) Stakeholder information;

WP6 will send a document in English containing a comprehensive description of medical deserts based on the work already done by WP5 and the indicators that qualify an area as a medical desert based on the work of WP4.

c) Consensus building exercise;

The consensus-building exercise is built based on the Delphi modified methodology. It will comprise several questionnaires and a final meeting. The stakeholders will receive multiple rounds of questionnaires in which they will have to decide upon what are the medical desert areas in their countries, what were the policies implemented in the past, what would be the best approach/es to mitigating them and what would be the best applicable policies. The questionnaires will be sent until consensus is reached.

Consensus is defined as an agreement of 80% of each national sample.

d) Identification of medical desert at regional/national level;

Using the questionnaire from the consensus-building exercise, at least one medical desert area will be identified per country. The medical desert identified by stakeholders will be compared with the medical deserts identified by WP 4. In case it does not match, with the permission of stakeholders we will opt for the WP 4 identified medical desert.

e) Identification of previous mitigation strategies;

Using the questionnaire from the consensus-building exercise, the mitigation strategies implemented prior to the OASES project will be identified and mapped.

f) Identification of future mitigation strategies.

Based on the literature review done by WP5, medical deserts identified, the past mitigation strategies and stakeholders' feedback, evidence-based recommendations will be developed for each country by WP6.

After the identification of mitigation strategies, we will validate them within WP6 to be feasible, sustainable and efficient for each country based on the existing literature and the expertise of the team. After the first round of internal validation, the mitigation strategies will be validated in the consortium and after the seal of approval from the consortium is received, the proposal for mitigation strategies and policies will be sent to the Policy Board for a final round of validation.

6. Pilot study site indicators

The OASES consensus-building exercises will be based on:

- The list of medical desert stakeholders;
- The demographic evolution of the health workforce;
- The mobility of the health workforce;
- Waiting times and the financial aspect of health care;
- The list of previously implemented mitigation strategies, policies and programs.

In the end, the OASES consensus-building exercises will provide:

- The national consensus among the stakeholders;
- Policy recommendations;
- Mitigation strategies for each medical desert identified in the consortium countries.

7. Translation of results

The results of the consensus-building exercise will be translated from the level of the identified medical desert at the local or regional level to national policy recommendations, taking into consideration the results obtained from the Work Package 4 and Work Package 5 as well.

The said translation will be done based on the characteristics of the implementation site in terms of demographics of the health workforce, geographic and socio-economic characteristics and particularities of the area and of the results of the survey conducted

under Work Package 4, which will inform Deliverable 6.2., as well. Policy recommendations specific for areas with those characteristics will be written, not being specific to a country, but to the specificities of the implementation site.

Additionally, based on already given input of the Policy Board and of the stakeholders involved in the consensus-building, and of the findings from the pilot sites, recommendations applicable at the national level will be made.

Both sets of recommendations will be validated within the consortium and with the stakeholders involved in the Policy Board.

8. Resources

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