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OASES

Promoting evidence-based reforms on medical deserts

Introduction of the results of OASES
pilot studies

Table of Contents

1. Overview of the pilot studies
2. Cyprus
3. Finland
4. France
5. Hungary
6. Italy
7. Republic of Moldova
8. Romania
9. Recommendations to mitigate the medical deserts
10. Conclusions

1. Pilot Studies

- Objectives:
 - To create an overview of medical deserts in the seven countries 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.
- A consensus-building exercise carried out through the Delphi modified methodology (online questionnaires and virtual or in-person meetings)

1. Pilot Studies

| Country | Cyprus | Finland | France | Hungary | Italy | Republic of Moldova | Romania |
|-----------------------------|----------|----------|------------------------|----------|----------|---------------------|----------------------|
| Implementation level | National | National | National BFC region | National | National | National | North-West Region |

2. Cyprus

- Two survey rounds, one qualitative consensus meeting
- Faces challenges in accessing specialized medical care, particularly in emergency services, defined as medical deserts
- Potential strategies include telehealth, community health programs, and healthcare professional training

2. Cyprus

- Addressing medical deserts in Cyprus requires a multifaceted approach that considers both the immediate challenges and possible solutions. Raised awareness and lessons that can be learned from comparing national cases should serve as foundation for future initiatives aimed at ensuring equitable and comprehensive healthcare services for all.

3. Finland

- three surveys, one qualitative consensus meeting
- “areas where it is difficult for the population to access services or there is a lack of competent health personnel in the area”.
- geographic prevalence of medical deserts is twofold; medical deserts are prevalent both in the areas of large cities and in remote areas or areas with scattered population

3. Finland

- National Level:
 - Securing sufficient funding for the training of health and social care professionals
 - Streamlining labour immigration and utilizing it more than currently
 - More flexible staffing levels (the ratio between the staff and the patients)
- Organizational Level:
 - Focusing the work of professionals on tasks that match their education and skills
 - Reconsidering the division of work between professionals and job descriptions
 - Promoting service availability with digital, take-home and mobile services

4. France

- “absence of an explicit global project for primary care, but also absence of a population-based and territorial organization of ambulatory care”
- National level
 - Education
 - Increase the number of GPs practicing
 - Targeting areas for policy support and improve the geographical distribution of health workers:
 - Zoning and financial incentives for GPs and nurses
 - Reorganize primary care delivery:
 - Improve working conditions
 - Scope and roles of professionals
 - E-Health
 - Territorial organization

4. France

- Local level:
 - the persistent challenge of attracting and retaining physicians, particularly General Practitioners (GPs)
 - challenge of healthcare delivery imbalances, specifically between the supply and demand for healthcare services
 - local policies

5. Hungary

- Two survey rounds and one qualitative consensus meeting.
- “areas where the access to healthcare services is limited based on a variety of factors such as the age of general practitioners, shortage of human resources, unequal access to care, the number of vacant primary care practices, reduced office hours in the replaced practices, the distance to the care providers, the low number of GPs Clusters, and the disadvantaged status of the settlements”.

5. Hungary

- Solving the human resource problems and improving the quality and the efficiency of primary care are difficult tasks for both the policy makers and the stakeholders as well. However, a number of initiatives, programmes, financial subsidies and regulations were implemented with the aim to handle these problems. By all means, it seems to us based on the pilot results, that time is needed for these actions to succeed and make oases in the deserts.

6. Italy

- Three surveys and one qualitative consensus meeting
- “Contexts in which there are critical issues in the dialectic between health needs, demand and supply”

| | AVAILABILITY | QUALITY | ACCESSIBILITY |
|---|---|--|--|
| TERRITORY (supply in a given area) | <p>Presence</p> <p>(Are there health services/professionals? What are their characteristics?)</p> | <p>Performance</p> <p>(Do they achieve adequate levels of quality in the production function?)</p> | <p>Usability</p> <p>(Are they easy to reach/use for a wide range of patients?)</p> |
| POPULATION (supply in relation to health demand) | <p>Coverage</p> <p>(Are they tailored to what is needed?)</p> | <p>Protection</p> <p>(Do they ensure health protection to the resident population?)</p> | <p>Equity</p> <p>(Do they guarantee equality in access to treatment and outcomes?)</p> |

6. Italy

- The concept of medical desert appears to be a synthesis of a number of issues relating to availability, quality and accessibility of healthcare services in a given territory. The phenomenon therefore calls for an effort of systematisation.
- As far as mitigating actions are concerned, there seems to be a need for policies dealing with medical desertification in a more targeted and visible way. In this respect, some ongoing policy developments appear to be promising, and worth being closely monitored and assessed.

7. Republic of Moldova

- Two surveys and one qualitative consensus meeting
- “Medical desert is a distinct geographical area where there is no health worker available to offer health and care services to the population”

7. Republic of Moldova

- Existing indicators were insufficient to designate specific geographical areas as medical deserts
- Significant salary gaps compared to other European union countries were driving medical personnel to seek opportunities abroad

7. Republic of Moldova

- Overall, medical deserts are always a matter of not only medical but also social aspects. The population from rural and remote areas requires not only medical care, but more of a health and care approach from the authorities, especially for the elderly population. A multidisciplinary approach should become mandatory in medical desert areas: health professionals should combine their efforts with social workers in order to provide a comprehensive health and care model of health services to the population.

8. Romania

- Two surveys and one qualitative consensus meeting
- "Medical deserts refer to several situations or areas where people have difficulty accessing care (e.g., long waiting times, insufficient human resources, difficulties registering on the doctor's list or long distances to the hospital)"

8. Romania

- Future efforts necessitate active involvement from both healthcare providers and policymakers. Additionally, the journey to address medical deserts is ongoing, but the development and implementation of policies in a targeted way should be taken into consideration.
- Addressing medical deserts in Romania demands a strategy that takes into account all the potential solutions for mitigation highlighted, together with raising awareness and fostering a collaborative approach, involving stakeholders in the decision-making processes.

9. Recommendations to mitigate medical deserts

1. Increasing the number of Practicing Doctors
2. Expanding Scope and Roles of Professionals
3. Financial Incentives
4. Reorganizing Primary Care Delivery
5. National Measures
6. Utilizing E-Health

10. Conclusions:

- Concluding our exploration, the pilot studies recognized the inherent complexity of mitigating medical deserts, acknowledged the challenging terrain policymakers and stakeholders navigate and highlighted ongoing initiatives, programs, financial supports, and regulations in motion.
- Time is a crucial element in the equation; success and transformation of deserted areas into well-served regions demand a patient and persistent commitment to the cause. In essence, the narrative woven through these studies emphasizes not just the challenges, but the resilience and adaptability required to script a transformative healthcare future.

Thank you!

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