INCREASING ACCESS TO HEALTH SERVICES IN OECD RURAL REGIONS

Improving Health Information Systems for Health Equity

December 15 2021

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OECD
BETTER POLICIES FOR BETTER LIVES

Rural Policy – Well Being Framework

	Old Paradigm	New Rural Paradigm (2006)	Rural Policy 3.0
Objectives	Equalization and a focus on farm income	**Competitiveness** of rural areas and expanding **opportunities**	Increase rural competitiveness and productivity in order to enhance the social, economic and environmental **well-being of rural areas**
Key target sectors	Sector based	**Holistic** approach to include various sectors of rural economies	**Low density economies** with a focus on comparative and absolute advantages
Main tools	Subsidies for firms	**Investments**	**Integrated investments** and delivery of services that are adapted to the needs of rural areas and benefit from potential complementarities
Key actors	National governments, farmers' organisations	**Multilevel-governance**—horizontal and vertical coordination	Encourage vertical and horizontal coordination among governments (**rural-urban and rural-rural partnerships**) and bring new stakeholders into decision making (indigenous people, third sector, firms)
Approach	Top down	**Bottom-up**	**Building capacity at the local level** to encourage participation and bottom up development

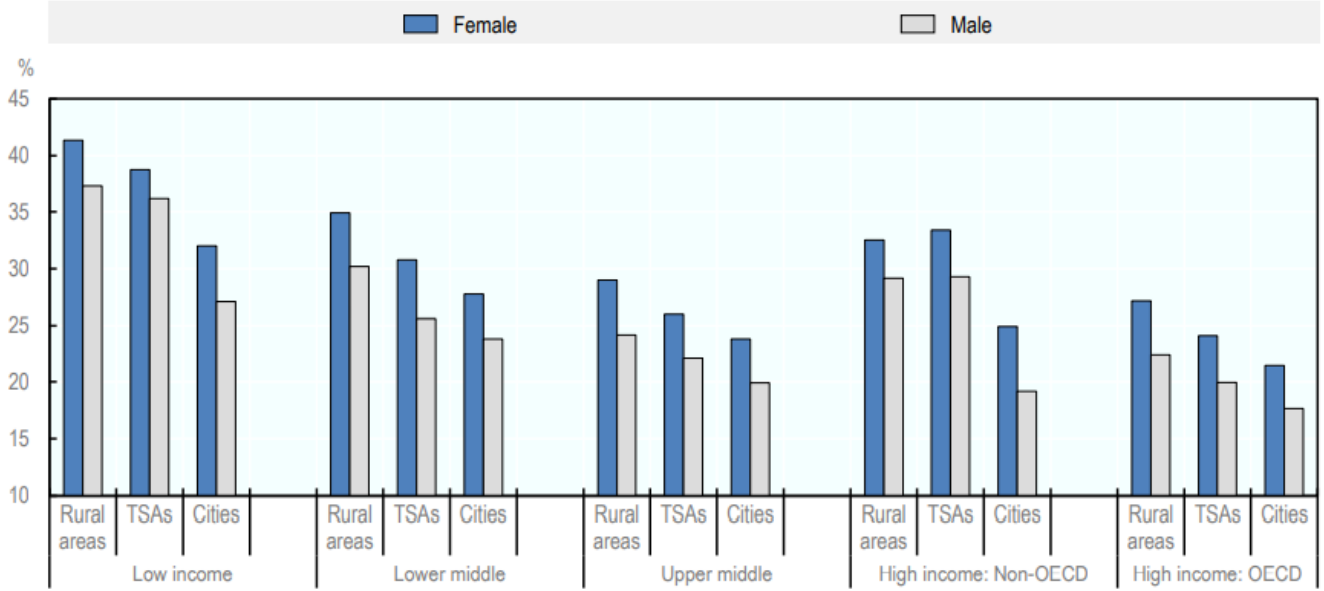
Health Access – unequal across OECD regions

- In many OECD countries the institutional organisation for the provision of health care is a shared responsibility of central and subnational governments

- Health services and doctors are distributed unequally across different regions in most OECD countries

- This causes concern about how to ensure access to health everywhere and foster better health outcomes.

Share of residents who report having significant health problems

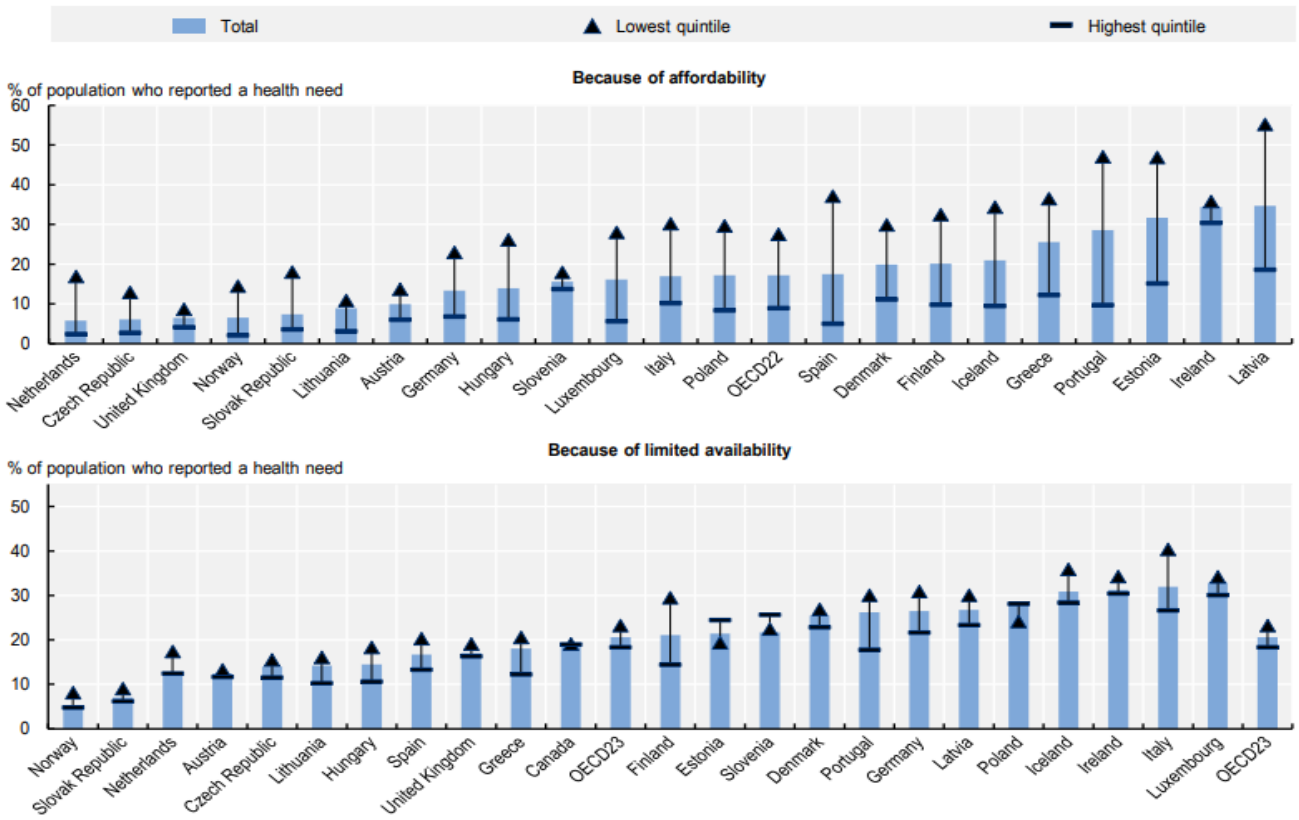


Note: Share of residents who report having significant health problems. TSAs denote towns and semi-dense areas.
Source: Based on Gallup (2017[14]), *Gallup World Poll, 2016-17*, https://www.gallup.com/analytics/232838/world-poll.aspx; elaborated by EC and OECD, 2019.

Factors that impact access to healthcare in rural regions

- The factors that determine the level of access to health care service are often more complex in rural and remote communities. External factors such as
  - workforce supply,
  - the cost associated with delivering services to isolated areas, and
  - the availability of infrastructure and equipment.
  - Additionally, the use of services by consumers is also an important determinant

Factors that impact access



ource: OECD (2019[31]), *Health at a Glance 2019: OECD Indicators*, https://dx.doi.org/10.1787/4dd50c09-en; OECD (2019[38]), *Health Statistics 020 (database)*, http://www.oecd.org/health/health-data.htm.

Factors that impact access to healthcare in rural regions

- On average, people in rural areas in France, Germany and the United States have a much lower access to hospitals
- High costs of treatment can hinder access to care, or cause financial hardship when using health services.
- Difficulty in accessing health services, in particular medical specialists, grows with increasing distance from major cities.
- Difficulty in accessing health care in remote areas extends to acute health care

Factors contributing to pressure on rural health systems: lower Life expectancy

Cause of death	Non-metropolitan areas	Metropolitan areas
Heart disease	193.5	161.7
Cancer	176.2	158.3
Unintentional injury	54.3	38.2
Chronic lower respiratory disease	54.3	38.0
Stroke	41.5	35.4

- the opioids crisis with its strong rural component has also played a large role in life expectancy slowdowns in the US, Canada, Estonia and Sweden
- Mortality rates from major diseases are higher in rural areas of the US, where rural residents are more likely to die from heart disease, cancer unintentional injury, chronic lower respiratory disease and stroke than non-rural residents.

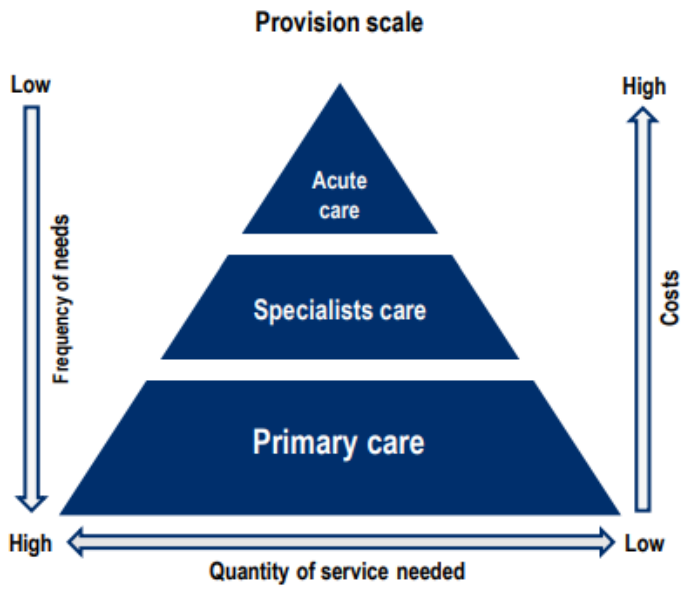
Factors contributing to pressure on rural health systems: Ageing population

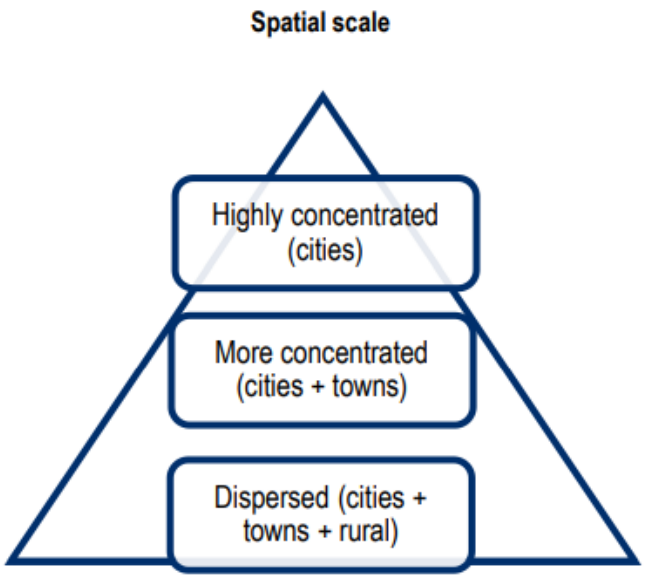
- much of the ageing of the population will take place outside of cities.
- With older people often experiencing multiple chronic conditions, this suggests the need for health care will grow. Some of this need will be in areas with insufficient services to meet the demand for health care associated with ageing.
- Along with rising health needs come rising health care costs. A study of health costs per age showed that patients aged 50 and over costs 4 to 5 times patients in their late teens.

Rural Health System considerations

- The challenge then, is to design, deliver and support rural and remote health services using more flexible, innovative, and locally appropriate solutions, without compromising the quality and safety of care.
- The central objective of any health system is to improve the health and well-being of the population, in line with the concept of universal health coverage .
- Three major criteria for determining health performance are quality, access and cost

Three main components in the health system





Care Provision Levels

Level	Providers	Objectives	Quality measure examples	Other performance notes
Primary care	General practitioner, nurses, pharmacists	Health promotion, disease prevention, health maintenance, counselling, patient education, diagnosis and treatment of acute and chronic illnesses	Appropriateness of drugs (antibiotics, opioids) prescribed, avoidable hospital admission rates (chronic obstructive pulmonary disease [COPD], asthma, and other chronic conditions), immunisation and screening rates	Lowest cost care, easiest to access, closest to people's needs and expectations
Specialist care	Specialist doctors (dermatologist, urologist, oncologist)	Complementary disease management requiring organ- or condition-specific expertise about their diagnosis, treatment and prognosis	Cancer survival rates (shared responsibility with primary and acute care)	Higher cost, access depends on system (some require and/or encourage referral)
Acute care	Hospital care, specialised teams	Treat the patients in need of most specific in-hospital expertise and urgent care including life-threatening issues such as heart attacks	Stroke, heart attack survival rates	Highest cost, access can vary with system arrangements (mostly on referral)

Innovative approaches for sustainable rural health care provision

- Exploit the networks to expand and co-ordinate rural care e.g. clinical networks, hub and spoke models,
- Addressing workforce shortages e.g. foreign recruitment, education reforms, financial incentives for rural service, incentivizing new entrants …
- Increase access in rural area the teleservices and mobile services
- Digital technology can potentiate the effect of networks by increasing scope and diversity. But digital skill and connectivity gaps need to be resolved to decrease current inequalities

Innovative approaches for sustainable rural health care provision

- Multi-strategies for workforce retention and attraction work better than single policies
- Internet access gaps are context specific and require careful consideration of multiple policy options
- Funding and legislation that align with rural needs for reorganising provision and closing gaps are key
- Great need for coordination across communities, providers, and horizontal and vertical levels of government

Thank you

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