AIM Healthcare and social benefits for all

European Commission Consultation on its Long-Term Vision for Rural Areas
AIM Statement on Medical Deserts

Our recommendations :

Towards the establishment of more integrated and collaborative care models

- AIM calls on the European Commission to encourage the establishment of more integrated and collaborative care models through its European Semester process and through the below mentioned Action Plan for the EU healthcare and long-term care workforce.

Healthcare concerns, data privacy, ethics and literacy at the centre of innovative developments which are truly at the service of healthcare

- AIM invites the European Commission to take healthcare concerns, data privacy and ethics into account in its discussions around the use of AI in healthcare and the exchange of healthcare data. We also call on the EC to encourage the development of innovative tools for care delivery and to involve healthcare payers and patients in the process.
- AIM encourages the European Commission and Member States to ensure that both the general population (especially older generations) and healthcare professionals acquire the necessary skills to properly use innovative tools and make the most of innovation is key. In the same vein, rising the levels of health literacy of individuals in order to achieve higher levels of empowerment is essential.

A new Action Plan for the EU Health and LTC workforce

- AIM calls on the European Commission to adopt a new Action Plan for the EU Health and LTC workforce which includes special attention to tackle shortages in rural areas.

A strong European Health Union and greater cross-border collaboration

- AIM calls on the European Commission and on neighbouring Member States to improve cross-border collaboration so as to ensure citizens' access to timely and qualitative healthcare and long-term care services and to involve both local and national authorities in the implementation of any solution. AIM also underlines the need to properly inform citizens on their rights.
- AIM encourages the European Commission to put its Funding Instruments, its EU4Health programme but also its Rural Development Programme at the service of the improvement of accessibility to healthcare and long-term care services in rural areas and to the development and implementation of concrete solutions.

The mutual model, the key to guaranteeing equitable access

- AIM calls on the European Commission to recognise mutuals as an essential partner in the fight against health inequities and more particularly against medical deserts.

Medical Deserts: the growing care demand in rural areas unmet by a shrinking offer

As highlighted by the European Commission in its "Report on the Impact of Demographic Change", rural areas and their populations may differ greatly across the European Union and within Member States themselves. The socio-economic status of their inhabitant vary depending on their proximity to urban areas. However, despite those many differences, rural areas are often characterised by low income and rapidly declining populations. While those populations are rapidly ageing and facing the general increase in chronic diseases, shortages of general practitioners[1] but also of specialised and emergency care persist and become a growing issue, leading to the emergence of "Medical Deserts".

In many regions, younger generations moved away and are no longer available to take care of dependant people. Healthcare professionals prefer to settle in urban areas for financial reasons but also looking for better working conditions (see below). Consequently, the demand for both long-term care and healthcare is expected to steeply rise and become more and more challenging to answer. Big geographical distances combined to the fact that elderly people are less mobile and that few public transport is available further reinforce the problem of access. Access to healthcare services then involves a higher degree in organisation and personal cost (e.g. taking time off work, bus fares or gas prices), which makes people more likely to ignore symptoms or skip screening programmes or health checks unless there is an urgency, which in turn has an impact on their overall health.

People in rural areas should have equal access to health and long-term care

Health is a fundamental right and ensuring access to quality and affordable care an obligation of all Member States. Access to health and long-term care are also principles of the European Pillar of Social Rights and are key elements in the implementation of the Sustainable Development Goals. People who live in rural areas sometimes pay the same amount of money for their healthcare or long-term care as do people in urban areas, yet, the benefits they gain from that, are significantly fewer. By allowing medical deserts to exist in our countries we allow people, who live in affected areas, to be treated as less equal. In order to guarantee those rights in urban areas, AIM highlights the following challenges.

Towards the establishment of more integrated and collaborative care models

Better coordination between healthcare professionals is part of the solution to medical deserts. In countries like France or Germany, multi- professional medical centres aim to improve access to care in under-medicalised territories, develop outpatient telemedicine, and facilitate the coordination of health professionals in the management of chronic pathologies. In France for example, in peri-urban areas, areas with medical centres attract young doctors and allow a rebalancing of the care offer. In the rural areas far from the cities, they have a positive attractiveness mitigating the decrease of supply.[2] Medical centres thus allow for better coordinated care around patients on the one hand and for maintaining the supply of care in territories with less access to care on the other.

The transfer of competences between professionals has also constituted a solution in some cases. Still in France for example, higher rates of flu vaccination coverage in rural areas were achieved by allowing pharmacists to vaccinate. Cooperation protocols also allowed orthoptists of the country to participate in the care of patients followed by ophthalmologists.

[1] European Commission Report on the Impact of Demographic Change, p. 18
[2] FNMF, Accès territorial aux Soins, p. 7.

We call on the European Commission to encourage the establishment of more integrated and collaborative care models through its European Semester process and through the below mentioned Action Plan for the EU healthcare and long-term care workforce.

The answer to problems of access to health and long-term care services relies on that greater collaboration and sharing of competences and tasks between professionals combined to a greater and better use of innovation.

Healthcare concerns, data privacy, ethics and literacy at the centre of innovative developments which are truly at the service of healthcare

eHealth and telemedicine can be part of the solution. They can contribute to bring care to remote areas, allow for care to happen at home if wished, improve efficiency and to support carers in their tasks. However, to be able to rely on innovation, problems of infrastructure need to be solved and the digital divide must be bridged.

Most rural areas lack a stable and fast internet connection. As the European Commission highlights in its report, the next generation broadband access can help bridge the urban-rural divide in the digital area. Yet, its development should not happen at the expense of the health and wellbeing of inhabitants. Healthcare concerns but also data privacy and ethics must remain at the centre in the development of those infrastructures and of innovative tools and technologies.

We invite the European Commission to take them into account in its discussions around the use of AI in healthcare and the exchange of healthcare data. We also call on the EC to encourage the development of innovative tools for care delivery and to involve healthcare payers and patients in the process.

Another aspect which should be paid attention to is the digital divide. *We encourage the European Commission and Member States to ensure that both the general population (especially older generations) and healthcare professionals acquire the necessary skills to properly use innovative tools and make the most of innovation is key. In the same vein, rising the levels of health literacy of individuals in order to achieve higher levels of empowerment is essential.*

Presenting multiple advantages (easier access to specialized advice, improvement of the follow-up of chronic pathologies ...), technologies also have their limits and they will not allow for the treatment of all pathologies. They therefore need to be combined to the other key elements we highlight in our paper.

Such changes in the way healthcare professionals work and collaborate with each other but also the enhanced use of innovative tools to carry their tasks require both their skills and competences to be adapted as well as a rethinking of workforce planning.

A new Action Plan for the EU Health and LTC workforce

AIM calls on the European Commission to adopt a new Action Plan for the EU Health and LTC workforce which includes special attention to tackle shortages in rural areas.

Healthcare staff's expectations of a poorer work-life balance, lack of privacy, lower profitability, higher costs of establishment… the reasons why healthcare professionals prefer to establish in urban areas are varied. All those aspects need to be taken into account in the development of any strategy or plan to tackle the issue of staff shortages in medical deserts.

Guaranteeing access to health and long-term care services in rural areas depends on the development of integrated health workforce planning and forecasting, which takes into consideration the above-mentioned aspects, but also the adaptation of workforce skills to ageing populations. In order to motivate health workers and manage a more effective workforce, working conditions are an unneglectable aspect. Supportive working environments and a proper work-life balance are only some of the prerequisites which will allow to attract workforce. Incentive systems might also be an option.

A new EU Action Plan should contribute to discuss and tackle the many issues in which shortages find their roots. It should also ensure a proper integration and funding of workforce-related issues in the new EU4Health Programme and in other funding instruments (e.g. Horizon Europe). It should include the call for the establishment of an "EU Joint Action (JA) on forecasting health and LTC workforce needs for effective planning". The Joint Action could ensure better data collection across the EU and develop methodologies for better forecasting of workforce and skills needs. It could also allow the exchange of best practices on recruitment and retention measures in rural and remote areas.

A strong European Health Union and greater cross-border collaboration

If collaboration between healthcare professionals is key, collaboration across the European Union and between countries should also be fostered. On the one hand, rural areas sometimes lay in border areas and coordination in the delivery of care is then beneficial. It is also essential in order to guarantee access.

On the other hand, collaboration between healthcare professionals in the same spirit of the European Reference Networks can only be an added value. The dynamic of collaboration within these ERN's and lessons learned up to know, should allow the Commission to investigate whether this tool could be used on exchange on cancer or non-communicable diseases. With the proper technological support, experts are able to collaborate across Member states, contributing to tackle the issue of shortage of expertise in some regions and improving the quality of care. The ERN's should be re-examined in light of the fast expansion of telemedicine in Europe and the Commission should address challenges on reimbursement of healthcare professionals and the judicial framework in which the provision of services via this framework are conducted.

Rare diseases are -given the rarity of prevalence- a topic on which European cooperation is of clear added value, The EMRaDi project[3] conducted an innovative qualitative analysis on the needs of rare disease patients and formulated recommendations to further the professional cooperation on rare diseases in cross-border regions and at European level.[4]

Such cross-border collaboration should not limit itself to rare diseases. During the pandemic, some good examples of cross-border cooperation in healthcare demonstrated how cooperation and solidarity are of key importance in addressing a health pandemic.

AIM calls on the European Commission and on neighbouring Member States to improve cross-border collaboration so as to ensure citizens' access to timely and qualitative healthcare and long-term care services and to involve both local and national authorities in the implementation of any solution. AIM also underlines the need to properly inform citizens on their rights.

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[3] A European cross- border project on rare diseases to which Belgian health insurance mutuals participated.

[4] EMRaDi project - Euregio Meuse-Rhine Rare Diseases; via the INTERREG V-A Euregio Maas-Rijn-programma was conducted from 2016 untill march 2020. It concluded amongt others a final report with recommendations, a factsheet How to get EU actions on rare diseases (RD) closer to rd patients and their relatives? and a qualitative field analysis based on 104 interviews with patients, relatives and healthcare professionals on the existing patient pathways in the EMR.

AIM encourages the European Commission to put its Funding Instruments, its EU4Health programme but also its Rural Development Programme at the service of the improvement of accessibility to healthcare and long-term care services in rural areas and to the development and implementation of concrete solutions. The Rural Development Programme is key in making rural areas more attractive to younger generations and to contribute to their economic development. Ensuring access to essential services should be another of its core objectives.

The mutual model, the key to guaranteeing equitable access

The answer to tackling problems of access to essential services in rural areas mostly relies on solidarity. AIM agrees with the European Commission when it states that "the need for solidarity between generations is one of the driving forces of Europe's recovery."[5] Solidarity between generations, between urban and rural areas, between Member States, between all citizens.

Profit should never be the driving force of healthcare or long-term care delivery. In Germany, one of the reasons for the lack of doctors in rural areas is the distribution of privately insured citizens. These are more lucrative patients for doctors. Private insurance is reserved to the wealthiest. The European Union cannot tolerate for anyone to be left behind and treated as second class citizen.

The model of healthcare mutuals, based on solidarity and limited profitability is and will be key to a sustainable and inclusive recovery. It should be recognized as a best practice model for the provision of healthcare and long-term care coverage. Mutuals make no risk selection. They reinvert any benefit for the improvement of services and at the service of their members. They do not exclude anyone from coverage and enable all their members to access the same services.

AIM calls on the European Commission to recognise mutuals as an essential partner in the fight against health inequities and more particularly against medical deserts.

AIM Healthcare and social benefits for all

AIM is the umbrella organisation of health mutuals and health insurance funds in Europe and in the world. Through its 55 members from 28 countries, AIM provides health coverage to 240 million people in the world and 209 million in Europe through compulsory and/or complementary health insurance and managing health and social facilities. AIM strives to defend the access to healthcare for all through solidarity-based and non-for profit health insurance. Its mission is to provide a platform for members to exchange on common issues and to represent their interests and values in the European and international Institutions.

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[5] European Commission Report on the Impact of Demographic Change, p.4