



GEOGRAPHIC IMBALANCES IN DOCTOR SUPPLY

DATA, DRIVERS AND POLICY RESPONSES

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Main findings

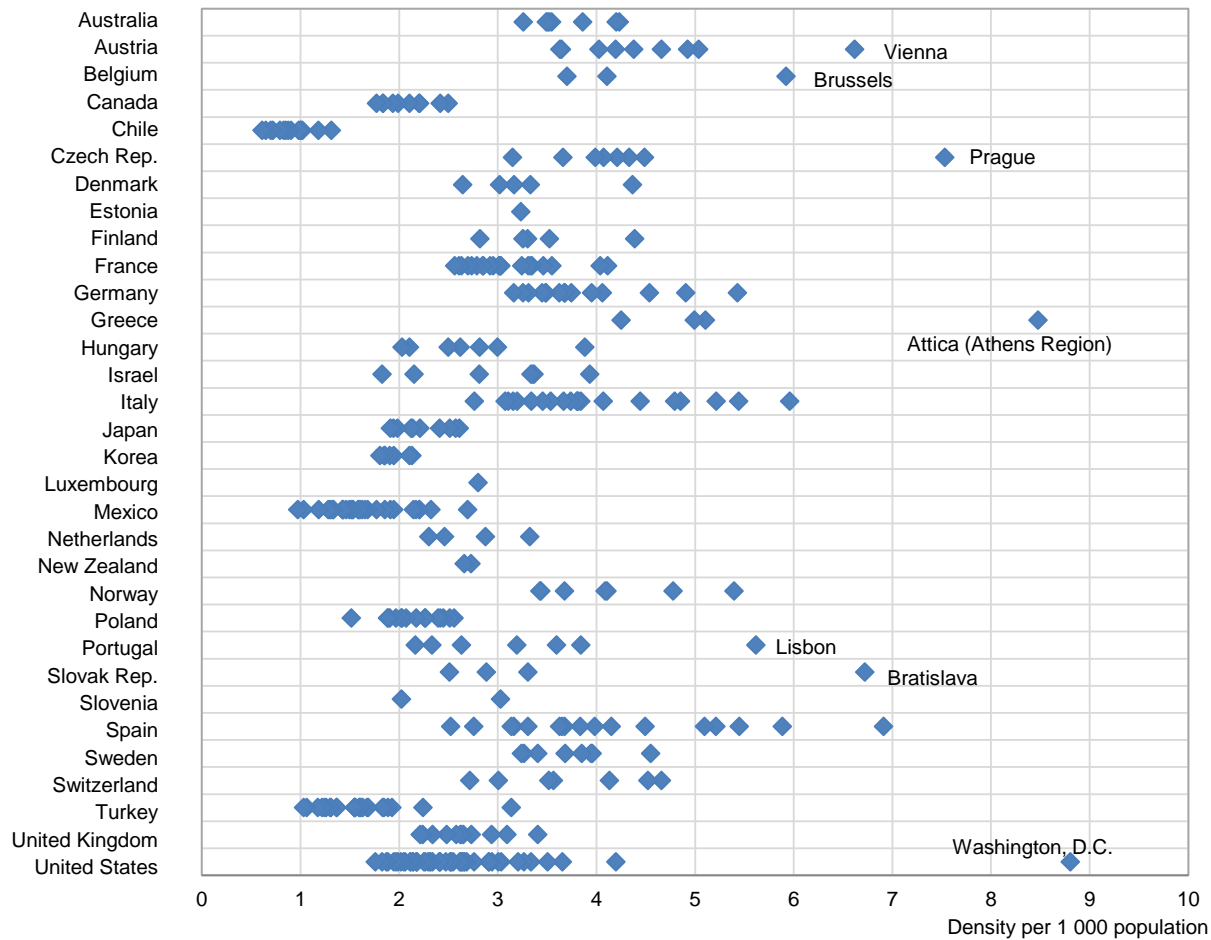
- Allocation of human resources across regions is the main HRH policy concern in OECD countries.
- Factors influencing location choice of doctors are rarely connected with policy development.
- Cost and impact data scarce and opaque, with few systematic evaluations.
- Countries should balance to balance policies aiming at future doctors with targeting those already in the system as well as service delivery innovation.
- Optimal policy mixes will differ across countries, depending on medical demography, population health, budget.



GEOGRAPHIC IMBALANCES IN PHYSICIAN SUPPLY

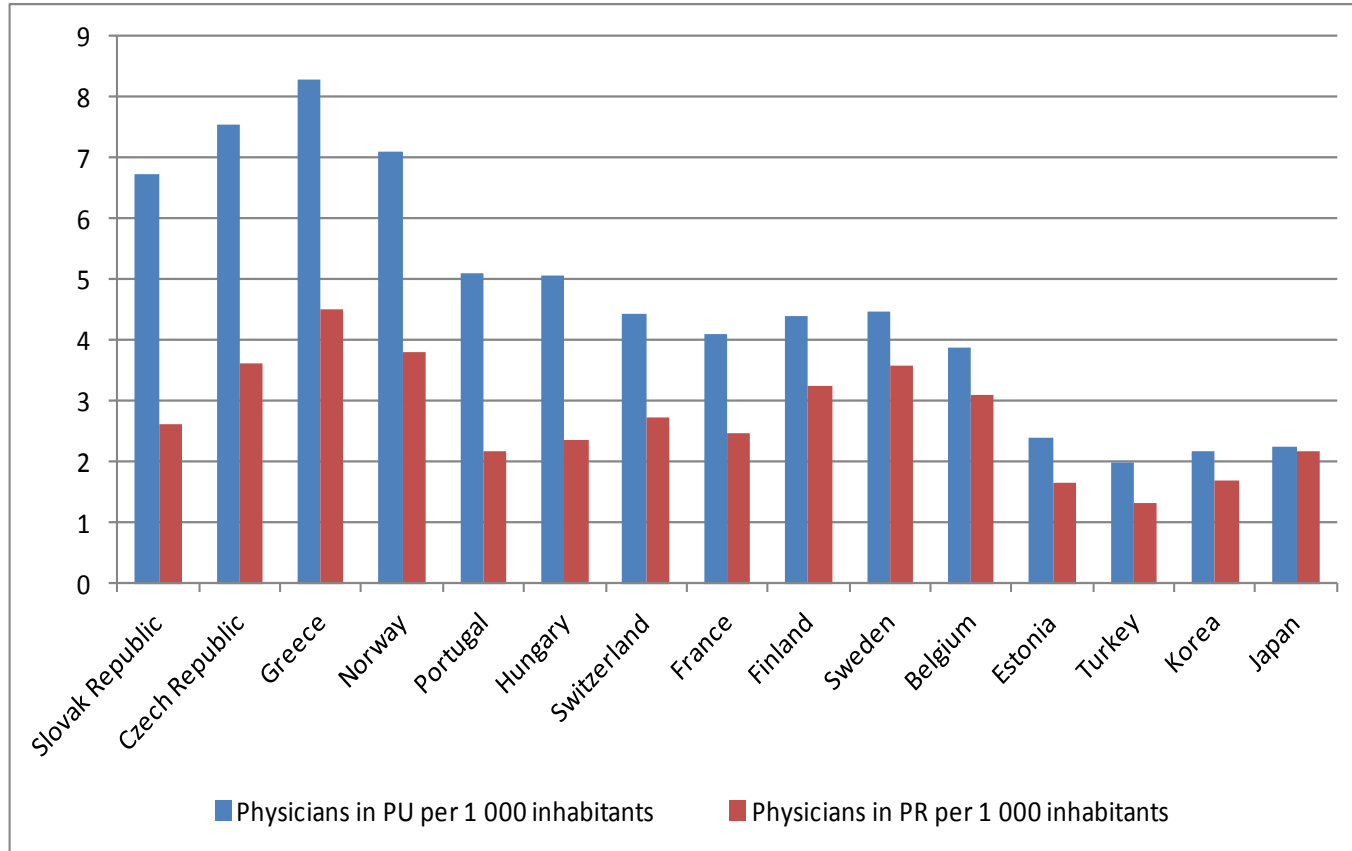


Disparities in physician density within OECD countries





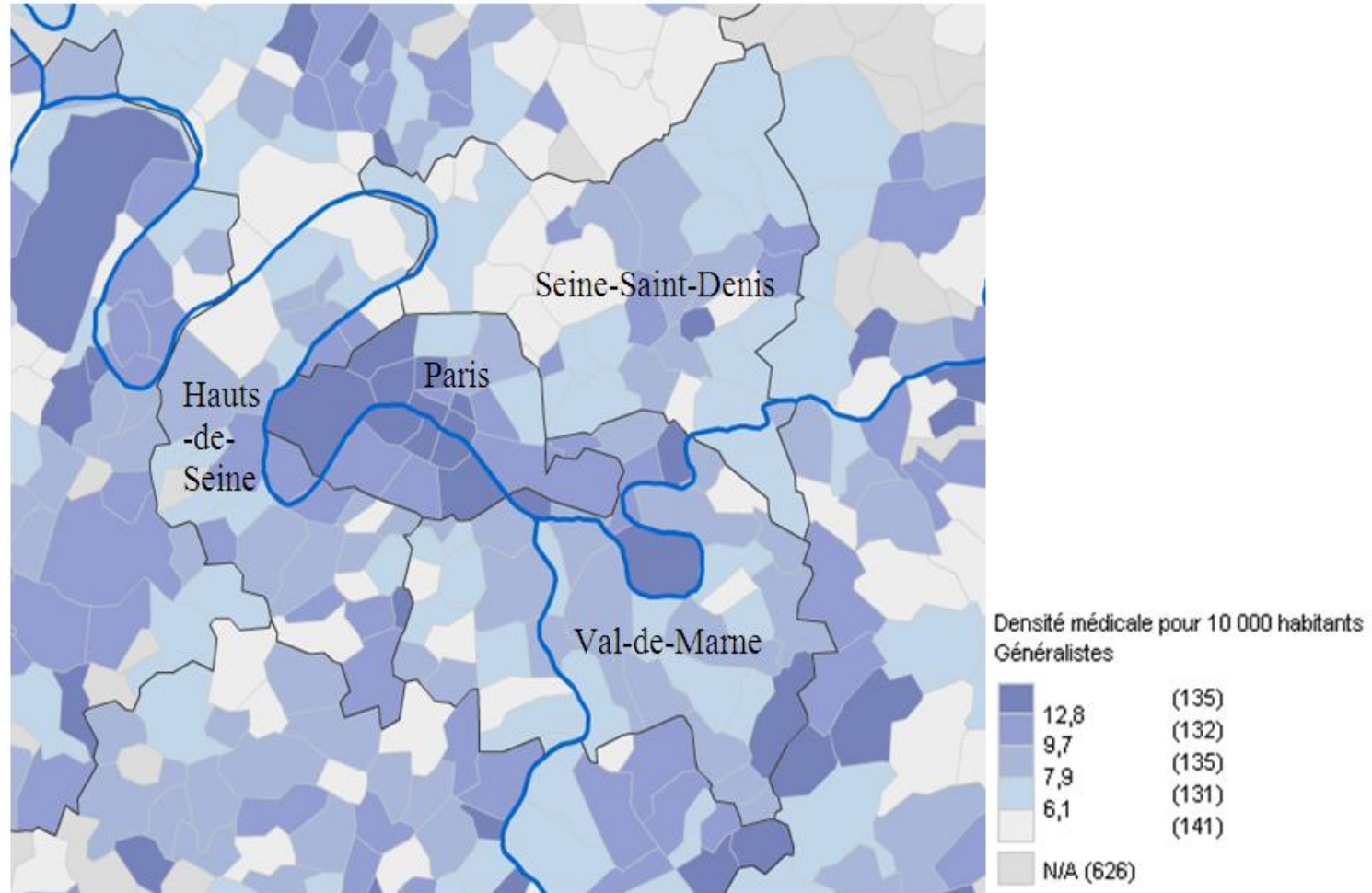
Urban-rural differences in physician density



Source: OECD (2013b forthcoming), Regions at a Glance 2013



Urban/sub-urban disparities in physician density: Example of Paris





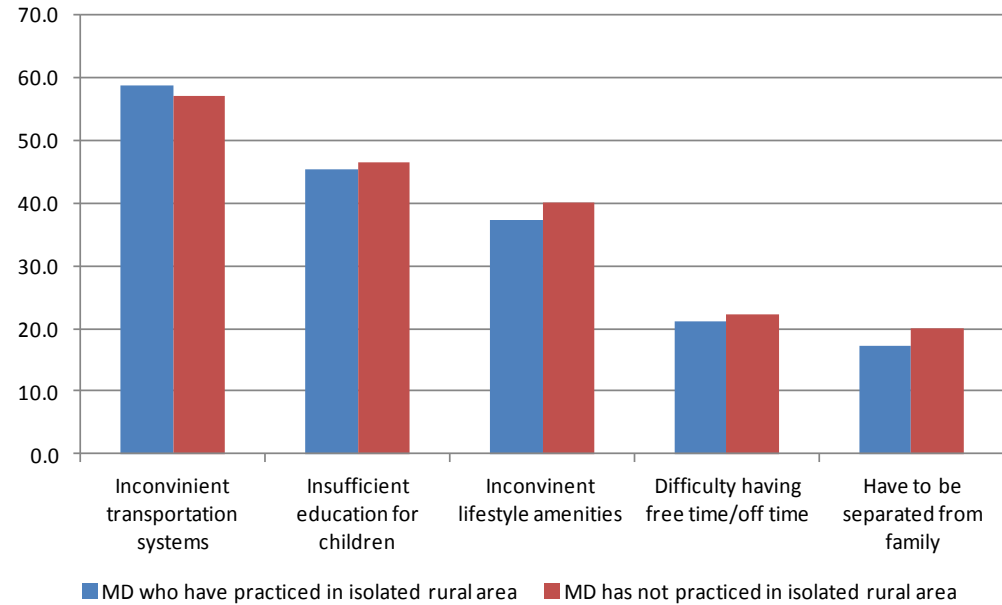
INFLUENCES ON LOCATION CHOICE OF DOCTORS



General environment

- Attractiveness of region varies
 - Availability of transport infrastructure
 - Careers for spouses
 - Leisure opportunities
 - Personal safety and security

Japan: Survey results (% answered, 3 choices per response)



Inoue, K (2010)



Mode of employment

- Salaried: vacancies determine options
- Self-employed: follow the business case
- Dual practice opportunities may render some regions more attractive than others

General Practitioners

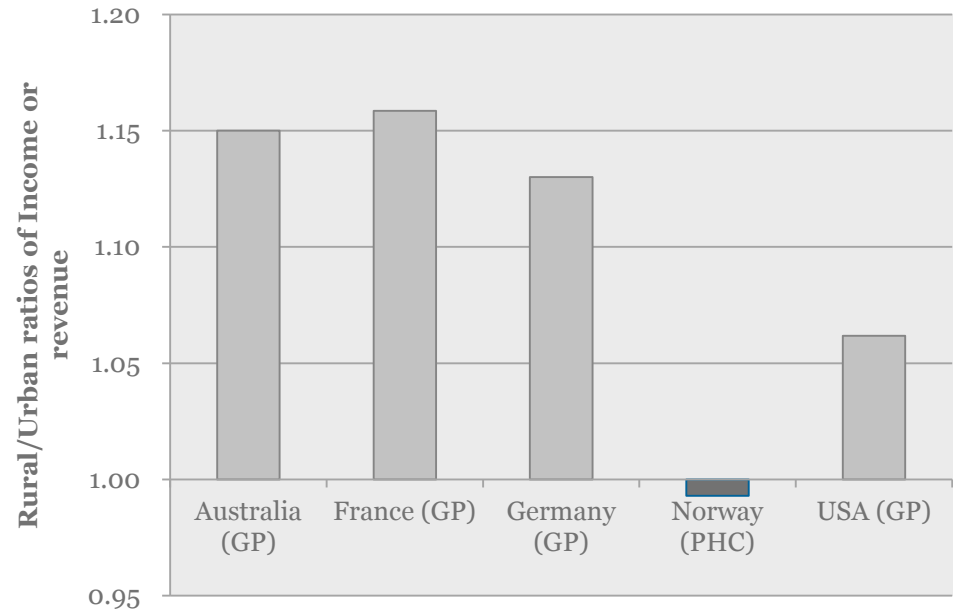
Self-employed	Privately employed	Publicly employed
Austria	Australia	Finland
Belgium	Poland	Israel
Canada	United States	Italy
Czech Republic		Portugal
Denmark		Slovenia
France		Spain
Germany		Sweden
Greece		
Ireland		
Korea		
Netherlands		
New Zealand		
Norway		
Switzerland		
United Kingdom		

Source: OECD Health System Characteristics Survey



Income potential

- Gross income higher in rural areas than in urban areas for GPs in several countries
- Perception remains that income limited



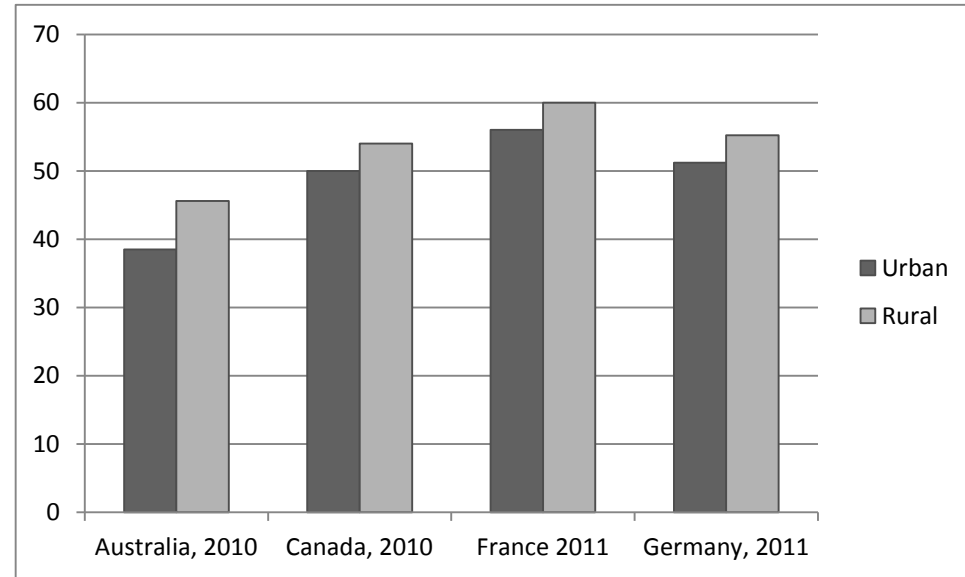
Sources

Australia: Chen et al (2010), France: DREES (2013, data provided to the OECD), Germany: von Stillfried (2012), Norway: Deloitte (2011), USA: Weeks and Wallace (2008)



Working conditions

- Longer working hours in rural areas than in urban regions
- Particular concern with on-call duties
- Perception “one doctor, on-call, all the time”



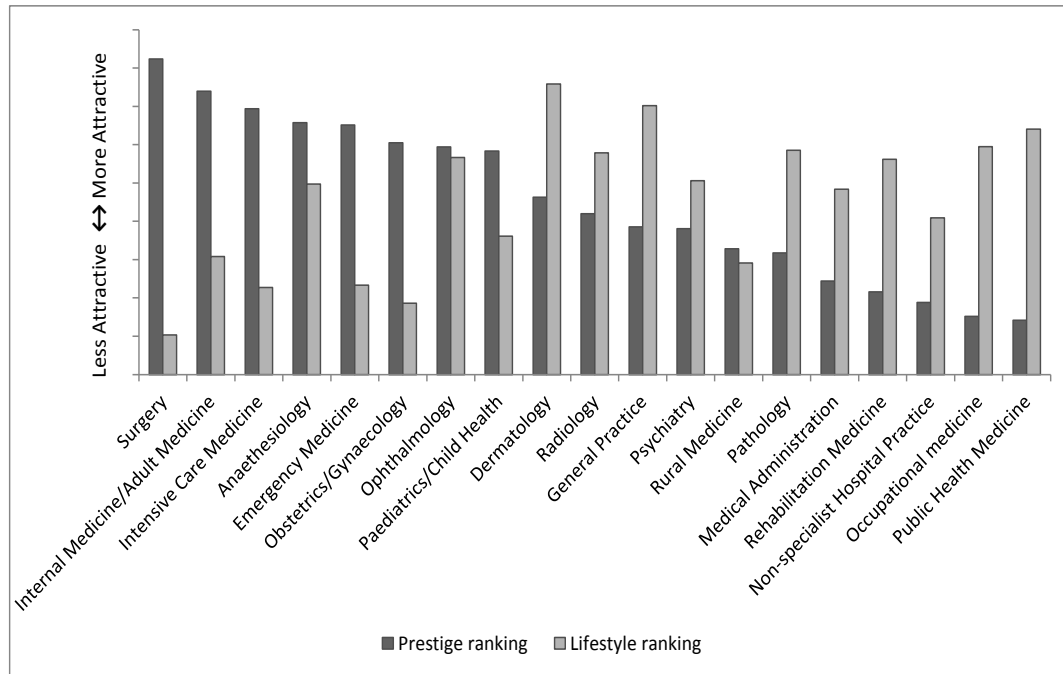
Sources :

Australia: McGrail et al (2011a), Canada: Buske (2012), France: Jakoubovitch et al (2012), Germany: Steinhäuser et al (2011),



Prestige and recognition

- Wide spectrum of perceived prestige, varies across countries
- Example for AUS demonstrates trade-off between lifestyle and prestige
- Rural medicine is the exception

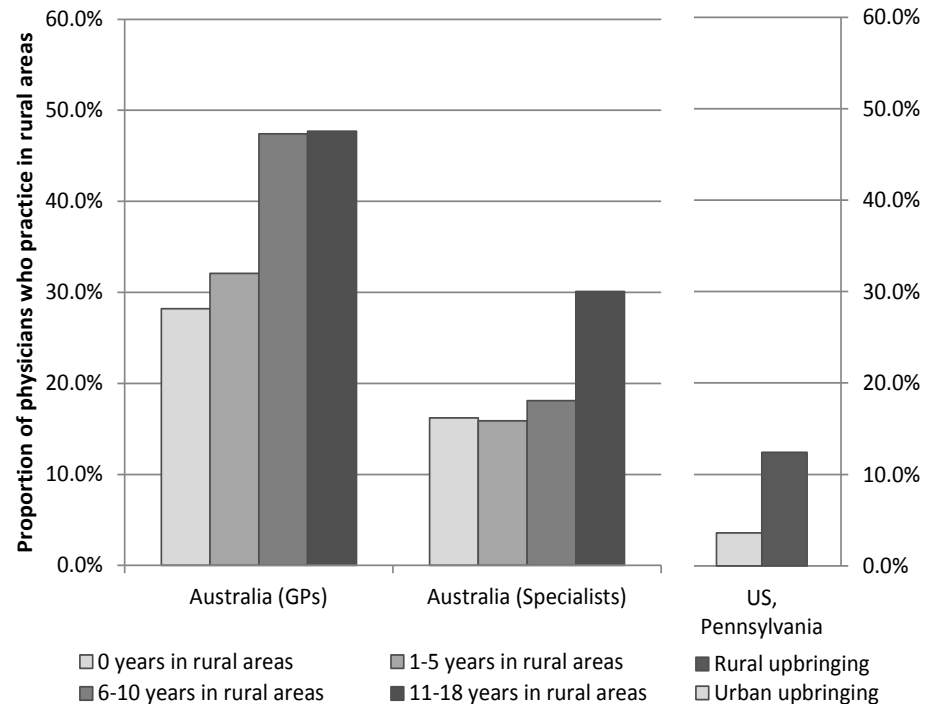


Source: Figure created by the authors, based on data presented in Creed et al (2010)



Origin and experience

- Origin strong predictor of location choice (AUS, USA)
- Expectation of practice found to be worse than reality (DEU)
- Generation and gender: women and younger doctors prefer teamwork, urban settings



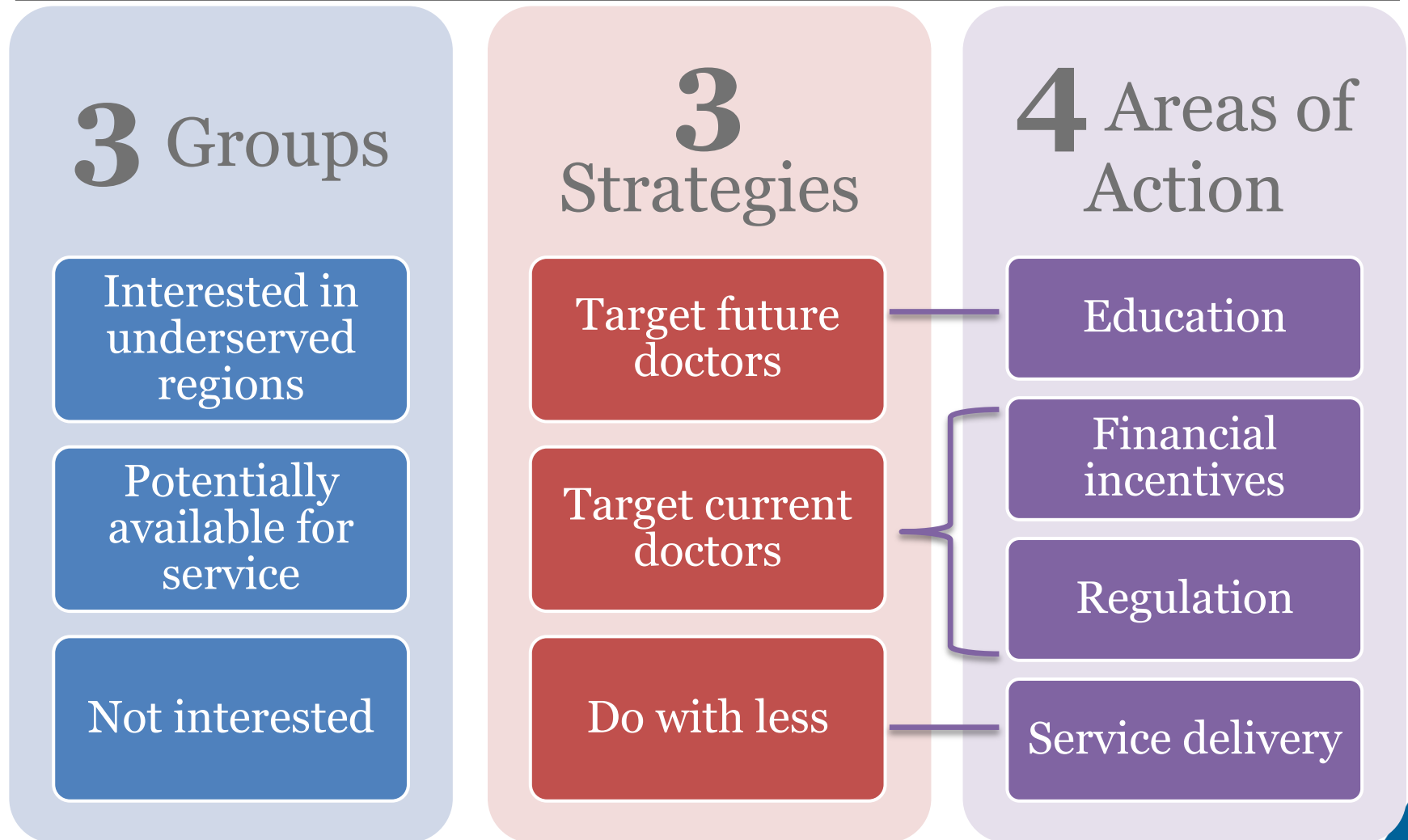
Sources: Australia: McGrail et al (2011b), USA: Rabinowitz et al (2001)



POLICY RESPONSES



Policy strategies and areas of action





Medical education policies

Precondition

- Control over access to education (initial and/or specialty training)

Policy focus

- Student selection
- Training infrastructure

Impact

- Promising in long term

Cost structure

- Student selection at little cost, but cultural/ administrative hurdles
- New training institutions require up-front funding

No limit to intake	Initial medical education intake limited	Initial medical education and specialist training intake limited
Czech Republic	Australia	Belgium
United States	Austria	Canada
	Finland	Denmark
	Germany	France
	Greece	Korea
	Ireland	Netherlands
	Israel	Poland
	Japan	Portugal
	New Zealand	Slovenia
	Norway	Spain
	Sweden	
	Switzerland	
	United Kingdom	

Source: OECD Health System Characteristics Survey



Financial incentives

Precondition

- Government (regulated) payment schedule

Policy focus

- Wage related (bonus) payments
- Non-wage (one-off/ in-kind) payments and benefits

Impact

- Effective in getting more money to doctors in underserved regions
- Little impact on location choice

Cost structure

- Depends on incentive structure

Incentives in place	No incentives
Australia	Austria
Belgium	Czech Republic
Canada	Iceland
Chile	Ireland
Denmark (Regions)	Italy
Finland	Japan
France	Luxembourg
Germany	Netherlands
Greece	Poland
Hungary	Spain
Israel	
Korea	
Mexico	
New Zealand	
Norway	
Portugal	
Slovenia	
Sweden	
Switzerland	
United States	
United Kingdom (England and Wales)	

Source: OECD Health System Characteristics Survey



Regulatory policies

Precondition

- Legal possibility to constrain location choice
- Control over access to reimbursement

Policy focus

- Legislation / De-facto limitation
- Return-of-service (IMG)

Impact

- Short-term improvement in numbers
- “Drop-off” at end of service period

Cost structure

- Little (administrative) cost

No restriction of choice of practice location	De facto limitation of choice of practice location	Restricted choice of practice location
Belgium	Austria	Canada (NB, Quebec)
Canada (except two provinces)	Czech Republic	Denmark
France	Finland	Germany
Greece	United Kingdom	Norway
Ireland		Slovenia
Israel		
Japan		
Korea		
Netherlands		
New Zealand		
Poland		
Portugal		
Spain		
Sweden		
Switzerland		
United States		

Source: OECD Health System Characteristics Survey



Service delivery reform

Precondition

- Accept “do with less” approach

Policy focus

- In system context: expanding roles, shifting tasks, telemedicine
- Fundamental reform: changing service delivery, funding, training

Impact

- Role expansion and group practices promising in long-term

Cost structure

- Varies widely depending on intervention

Prior experience or recent introduction or expansion of non-physician provider roles	No expansion or introduction of such roles
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Canada	Australia
Chile	Austria
Finland	Belgium
France	Czech Republic
Denmark	Germany
Ireland	Greece
Netherlands	Hungary
New Zealand	Iceland
Norway	Israel
Slovenia	Italy
Spain	Japan
Sweden	Korea
Switzerland	Luxembourg
United Kingdom	Mexico
United States	Poland
	Portugal

Source: OECD Health System Characteristics Survey



Impact potential and cost structure

Strategy	Area of action	Impact lag	Cost structure
Targeting future doctors	Medical education	Long-term	Moderate fixed upfront cost , moderate variable cost
Targeting current doctors	Financial incentives	Short to medium term	Significant variable cost
	Regulatory policies	Short term	Moderate variable (administrative) cost
Doing with less	Service delivery reform	Medium to long-term	Significant fixed (upfront) cost, moderate variable cost



More information

- Ono, T., M. Schoenstein, J. Buchan, “Geographic imbalances in physician supply and policy responses”, OECD Health Working Paper no.68, Paris: OECD Publishing

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