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Abstract submission

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2. Topic of the Panel

Equity in health and health care access.

3. Presentation format

Oral.

4. Title

HOW TO IDENTIFY THE DRIVERS OF PATIENT MOBILTY? CRITICAL REVIEW AND PROPOSAL FOR A DIAGNOSTIC MODEL

5. Background

Patient mobility is at the forefront of the debate on healthcare services provision in many countries in Europe. In tax-funded systems like Italy and Spain, policymakers have delegated at regional level the organization and –to some extent- the funding of the healthcare system. In the last 20 years, these countries registered relevant patient flows towards the regions with the highest levels in terms of socio-economic status and service quality (Fattore *et al*., 2014; Blázquez-Fernández *et al*., 2017). Mobility brings about some drawbacks. The private costs associated to mobility raise equity concerns (Fattore *et al.*, 2014). Moreover, excessive flows, associated to financial mechanisms informed by the principle “money follow patients”, can result in budget unbalance as well as unexploited economies of scale at regional level (Balia *et al*., 2017).

Academic contributions have so far provided several lists of factors determining patient mobility at regional or national level. However, there is still scarce elaboration on comprehensive, versatile, easy-to-use frameworks to support policymakers, especially when they need to identify solidly and rapidly the fundamental causes of patient outflows.

6. Objectives

This study aims for advancing the theoretical elaboration on mobility. It aims to **blend previous contributions into a new, concise diagnostic model for identifying the most relevant mobility drivers affecting equity of access to hospital services**. Therefore, the work aspires to inform policy interventions targeting anomalous patient flows within Beveridge-type health systems, like Italy.

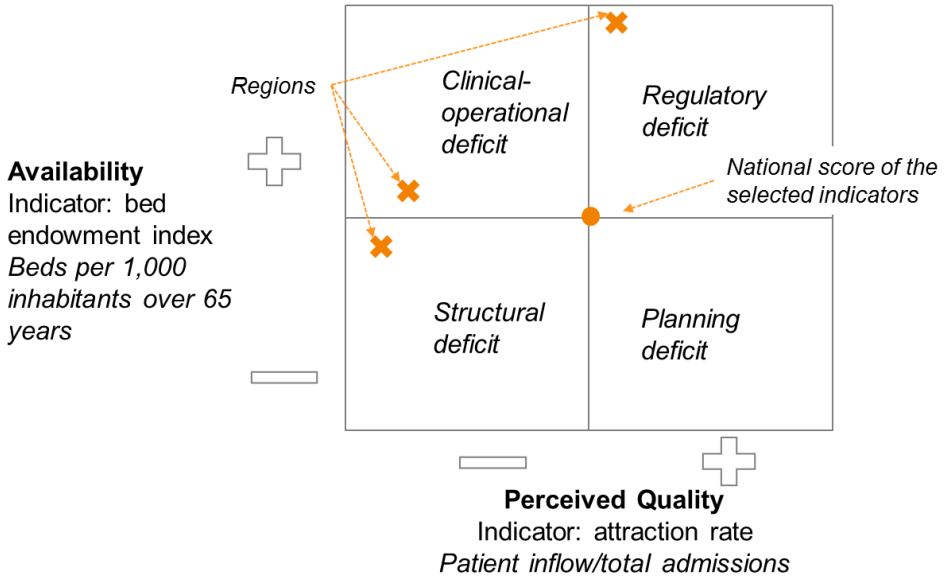
7. Methodology

In order to achieve its goals, this paper adopts a critical review approach. In medical and health-related fields, “Critical reviews present, analyse and synthesize material from diverse sources [...].Critical reviews typically result in hypothesis, or model, not an answer” (Grant & Booth, 2009, p. 93). Such a methodology appears consistent with a quite relevant, but heterogeneous, existing body of knowledge, needing conceptualization.
After outlining and rearranging the existing knowledge, the new model has been eventually validated by a selected panel of Italian policymakers, representing seven Italian regions with relevant flows of patient mobility, mostly in the South.

8. Main results

Figure 1 represents the model developed on the basis of the critical review. The two main mobility drivers – availability and perceived quality – are represented on the axes. Respectively, bed endowment index and attraction rate of non-resident patients are the indicators selected to measure such mobility drivers. Scores are calculated with reference to a single medical discipline. Regions with high patient outflows are placed in the diagram according to the scores of the two indicators. The national score, representing the benchmark of the model, coincides with the origin of the axis. The quarters represent combinations of mobility drivers, thereby indicating the deficits suffered by the regions. The description and the interpretation of the quarters can be summarized as follows.

Figure 1. Model representation



- **Clinical-operational deficits** interest regions with bed endowment index above the national scores, but attraction rate below national values. Residents and non-residents prefer to seek healthcare elsewhere: poor service quality (perceived or real) is the most likely cause of patient outflows.
- **Regulatory deficits** concern regions with bed endowment index and attraction rate above the national scores. Both availability and quality issues should be excluded. The most likely mobility driver is a combination of institutional causes (e.g. small size of the region) and distorted incentives (e.g. no limits concerning the hospitalization of non-resident patients).
- **Structural deficits** regard regions with bed endowment index and attraction rate below the national scores. The patient migration from these regions is therefore due to the combination of availability and quality issues.
- **Planning deficits** interest regions with bed endowment index below the national scores, but attraction rate above national values. At least in relative terms, there is a shortage of beds, associated with high inflows of non-resident patients, suggesting good service quality. Patient outflows are due to a combination of distorted incentives and availability issues.