

Abstract

Health systems globally are currently facing a number of negative trends, including uneven distribution of health services to the detriment of rural areas, aging physicians, as well as a lack of recruitment and retention of young physicians in rural areas. These problems are also observed in the Central European region. Although in many countries research and policy-making for rural health development has a long tradition, in the Czech Republic (CR) it is a very young concept (for example, the Working Group on Rural Medicine was established within the professional society of general practitioners only in November 2016).

This paper focuses on the primary care segment, where an even coverage of the territory by health service providers is crucial, specifically on the field of general practitioner medicine (GP). Its objectives correspond to the need for a comprehensive view of rural medicine, namely (1) defining the spatial distribution of GP practices, (2) identifying the differences between urban and rural GP practices, and (3) proposing measures for the development of rural medicine in the country.

Several datasets of the largest health insurance company in the Czech Republic (General Health Insurance Company of the Czech Republic – VZP ČR), which provides care to 5.9 million inhabitants of the CR (including 4.69 million adults), which represents almost 55 % of the population, were analysed. In the field of GP, it covers practically 100 % of practices. A proprietary model of the spatial distribution of practices was developed, based on the OECD typology and adapted to the conditions of primary care in the CR. By applying it to the general practice field, it was shown that non-urban practices provide more in-house care, their total healthcare costs are lower and they are better equipped. The age and gender structure of GPs also showed an urban-rural polarity that deepened to the detriment of rural practices during the period under study (2010-2019). The general recommendations for the development of rural medicine are mainly based on foreign experience and emphasize comprehensive measures involving multiple actors. The coordinating role of the health care organiser, in the Czech environment the Ministry of Health, is key.

In conclusion, it can be stated that rural medicine within the field of GP exists in the CR, has its own specificities and it is relevant to address it. At the same time, the validity of a number of trends present in other countries has been verified in the setting of the health system of the CR. This work could contribute to their contextualisation and thus immediate use in further research and practice.