



Mapping Health Services Access: National and Cross- Border Issues (HealthACCESS)

Reinhard Busse, Prof. Dr. med. MPH FFPH
for the HealthACCESS project partners



EUROPEAN COMMISSION
HEALTH & CONSUMER PROTECTION DIRECTORATE-GENERAL
Directorate G - Public Health, Luxembourg

PUBLIC HEALTH PROGRAMME

1. Subject area

Co-operation between Member States on health services

2. Aim

The project will map: 1. Access issues *within* 10 selected countries which either encourage or prohibit cross-border flows; 2. Structures, contracts and procedures established within these countries to ensure access to health services *between* countries.

CHARTER OF FUNDAMENTAL RIGHTS OF THE EUROPEAN UNION

(2000/C 364/01)

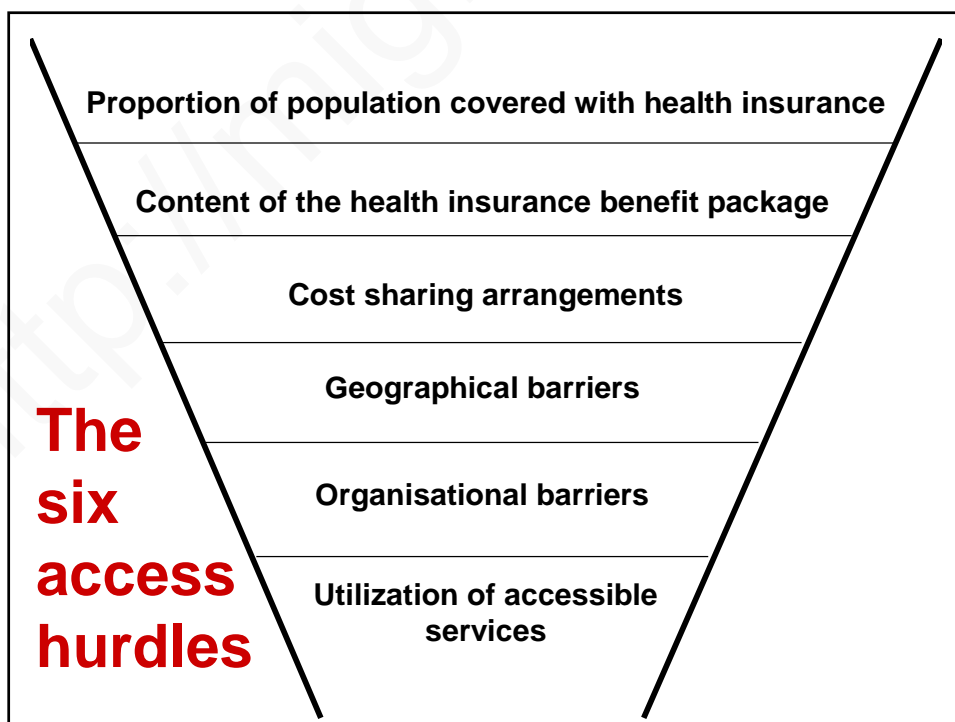
Article 35

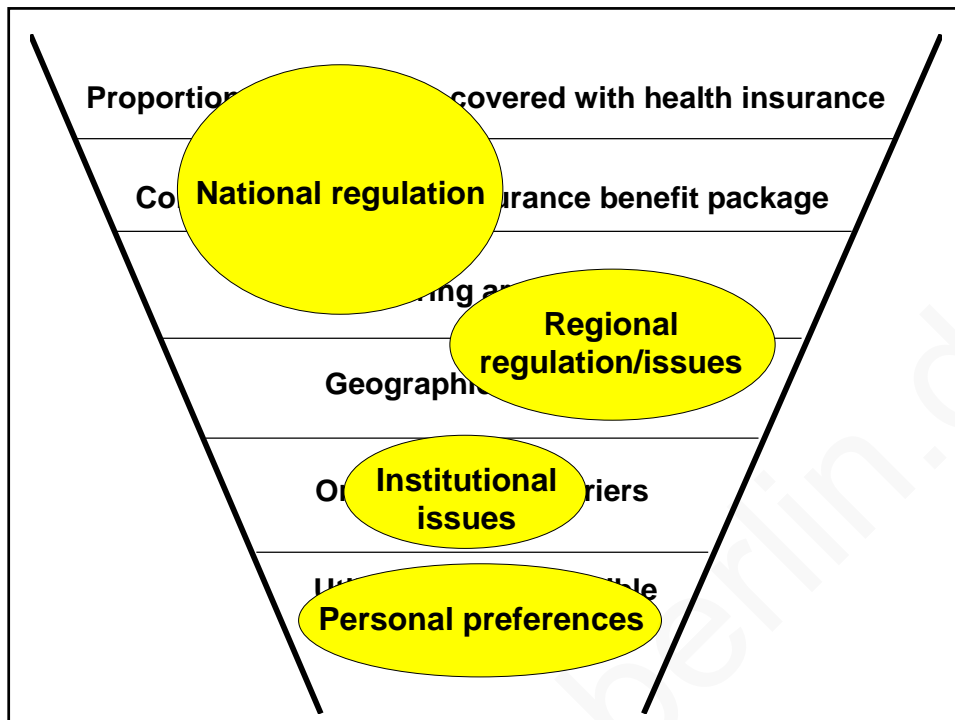
Health care

Everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.

Structure of the report

- Access to health care within countries
- European patient mobility in cross border arrangements and individually
 - Cross border arrangements
 - Individual patient mobility
 - European Centres of Reference
- Analysis
- Executive summary and policy recommendations





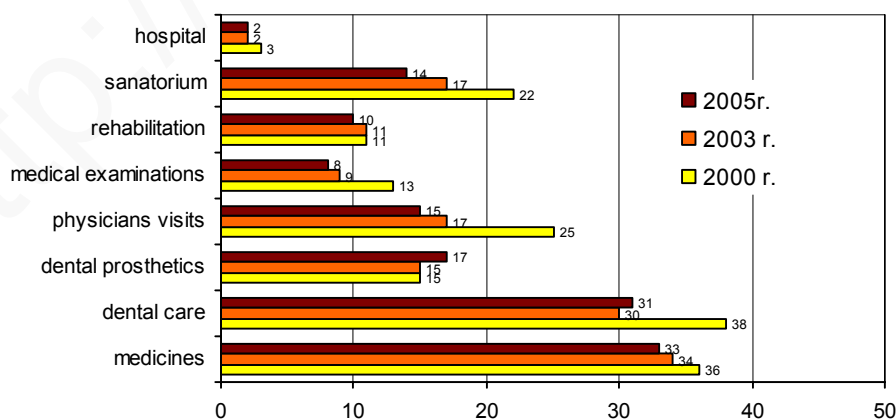
Hurdle 1: population coverage (who is covered?)

- Most of the countries examined legally have universal coverage – but even this will exclude, depending on the country, certain groups (such as refugees).
- Germany, Ireland and partly Austria rely on substitutive VHI to cover part of the population.
- In Austria 2.4% not covered, in Germany at least 0.3% (possibly 1.5%).

Hurdle 2: benefit basket (what is covered?)

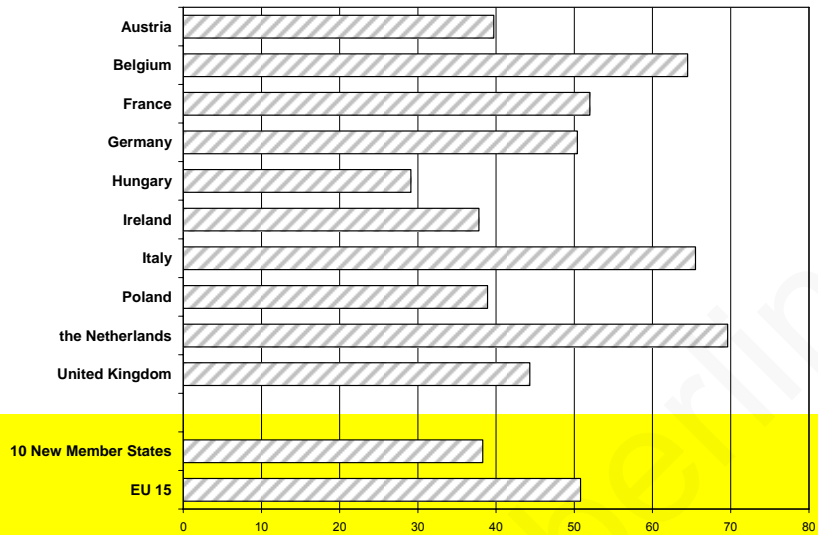
- While no major differences can be seen in regard to major sectors of health care (but probably in detail: taxonomy missing! ► HealthBASKET project), the growing explicitness of services covered may make benefit packages more diverse, and therefore create access problems which patients may wish to overcome through accessing health care abroad.

Hurdle 3: access problems due to financial difficulties in Poland 2000-05

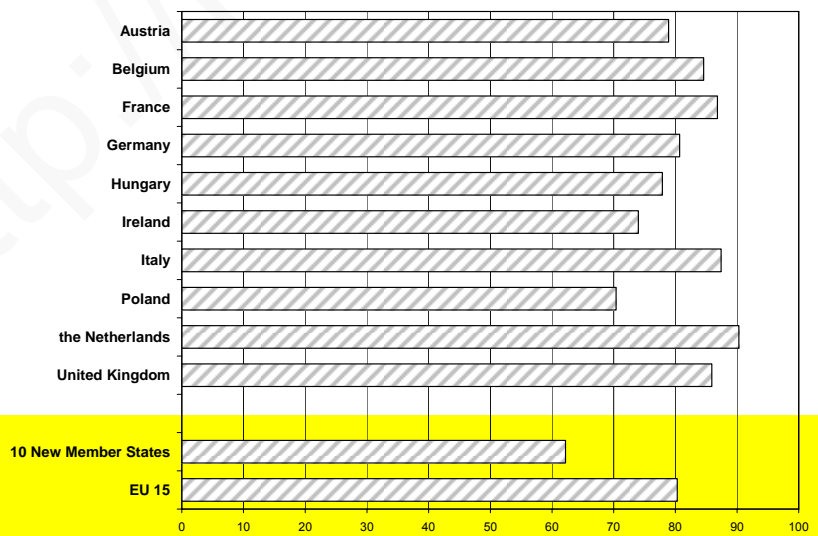


... very little data from other countries! % gospodarstw domowych

Hurdle 4: access to hospitals within 20 minutes (Eurobarometer I/2002)



Hurdle 4: access to GPs within 20 minutes (Eurobarometer I/2002)



Hurdle 4: regional variation in supply densities within countries

	Acute hospital beds per 100,000 inhabitants			active physicians per 100,000 inhabitants			GPs per 100,000 inhabitants			Nursing home beds per 100,000 inhabitants		
	Min	Max	Av.	Min	Max	Av.	Min	Max	Av.	Min	Max	Av.
Austria	564	1.171	834	-	-	-	87	169	142	-	-	-
Belgium	497	819	536	366 ^a	597 ^a	404 ^a	-	-	144	-	-	-
England	-	-	223 ¹	-	-	-	53	69	61 ²	-	-	-
France	343	488	390	256	426	340	137	194	166	-	-	-
Germany	518	860	627	317	548	368	49	60	52	744	1,161	864
Ireland	238 ^c	383 ^c	337 ^c	-	-	283 ^{d,e}	51 ^f	94 ^f	63 ^f	491 ^c	850 ^c	608 ^c
Italy	340	490	430	-	-	600 ³	62	108 ^d	95 ⁵	31 ⁶	994	294 ⁷
Poland	413	581	491	160	280	230	-	-	-	8	72	41
Hungary	445	975	-	225,1	424,5	284,9	47,6	55,0	50,4	-	-	-
the Netherlands	180 ^a	430 ^a	330 ^a	174 ^a	499 ^a	327 ^a	41 ^a	44 ^a	42 ^a	180 ^a	540 ^a	380 ^a

Source: Data provided by the country experts

Factor 2.4

Factor 2.9

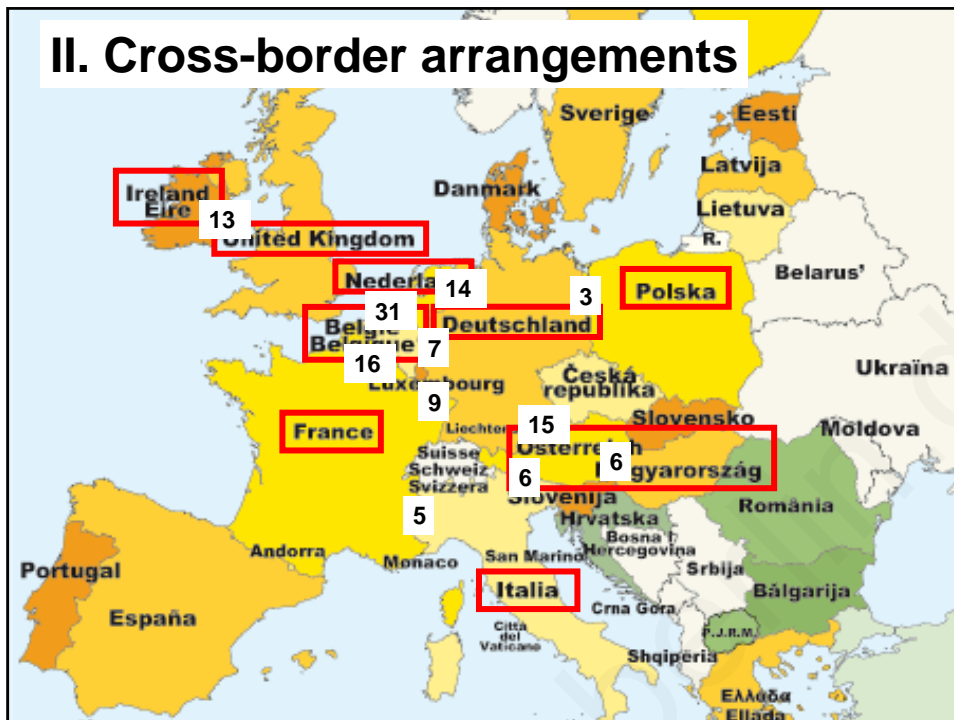
Factor 1.9

Factor 33

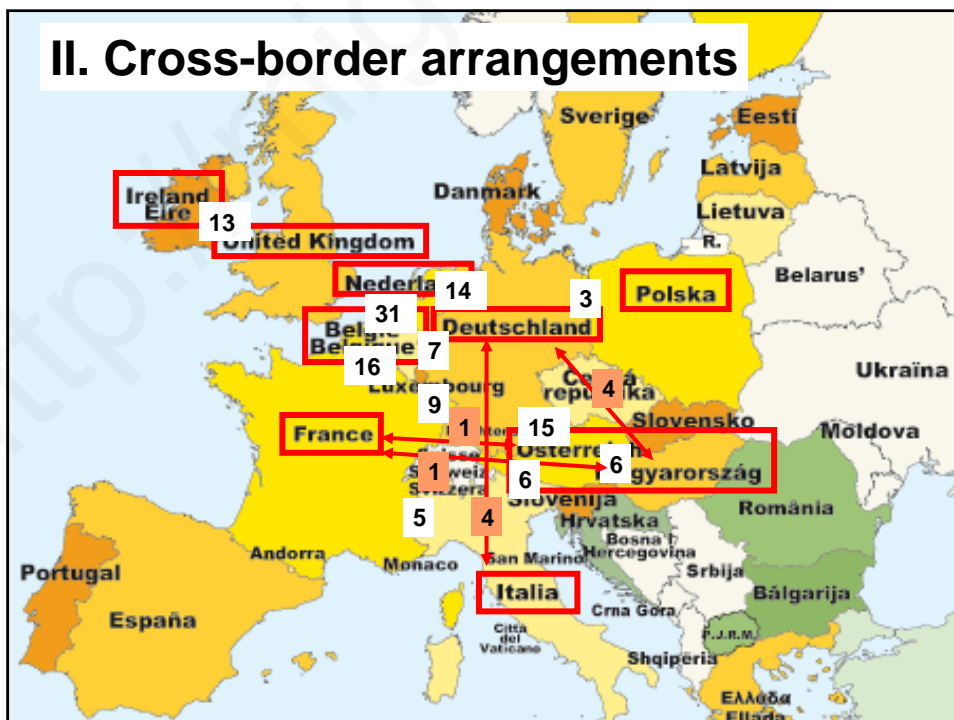
Hurdle 5: Organisational issues

- Among the most significant of this type of barrier are waiting lists. Waiting lists are a feature of the English, Irish, Italian, Polish and Dutch health care systems – although England and the Netherlands have been able to reduce their lists by, for example, increasing funding, restructuring provision (including sending patients abroad), and reforming reimbursement.

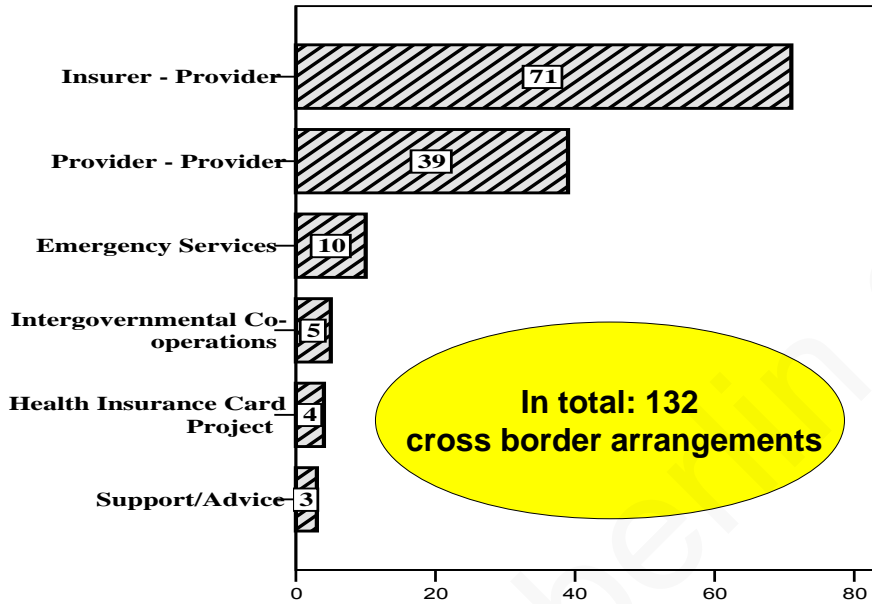
II. Cross-border arrangements



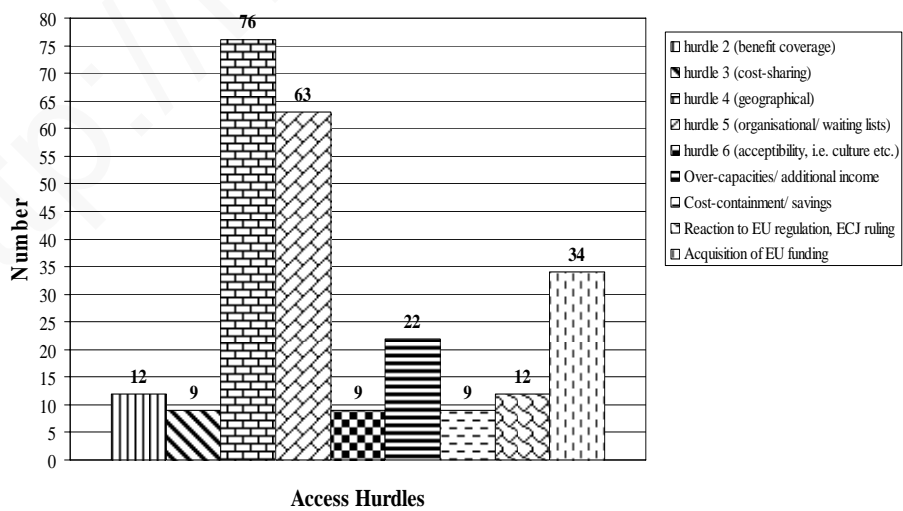
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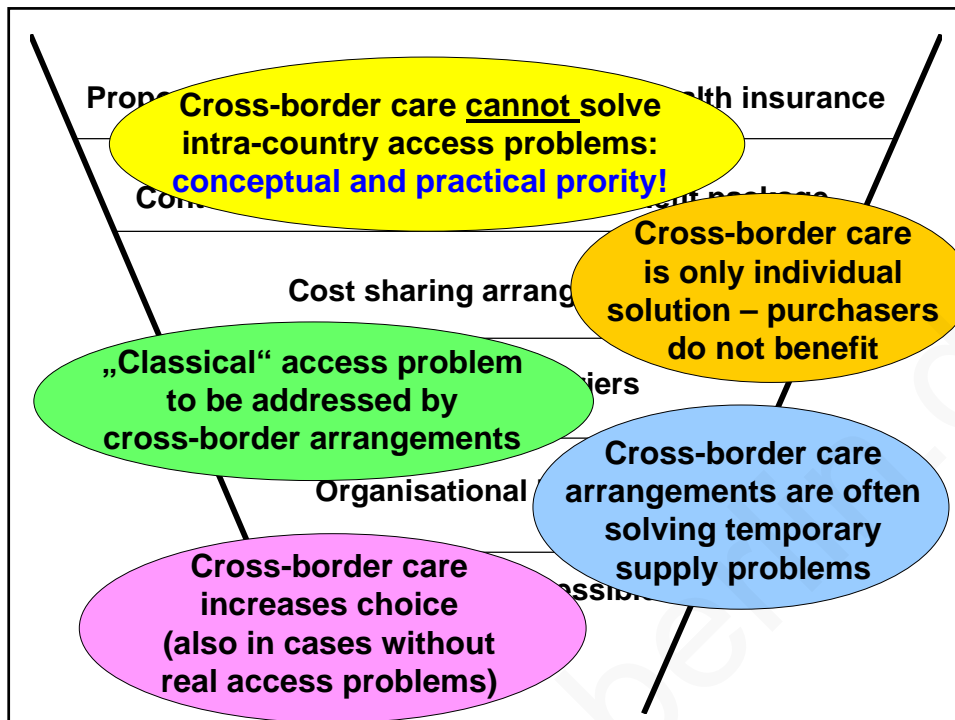


Types of cooperations (in absolute numbers)



Access Hurdles as Reasons for Cross Border Arrangements





Cross border arrangements and EU funding

- 20 of the 132 cross border arrangements co-financed by EU (Interreg programmes)
- most of these in the Euregios between the Netherlands, Germany, Belgium and France = area where cross border arrangements in relation to health care have a long tradition and are deeply institutionalized

Insurer/purchaser – provider

- **Insurer – provider**

- Netherlands – Belgium (mostly for inpatient treatment)
- Germany – various other countries (mostly for rehabilitative services)

- **Purchaser – Provider**

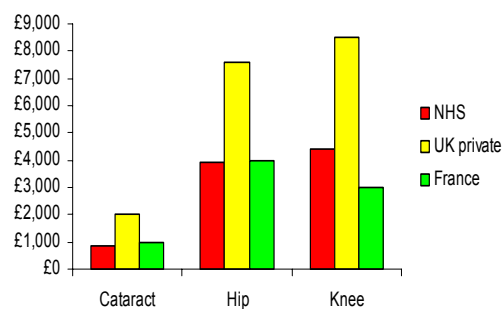
- Italy – France/Austria
- England – Belgium/France/Germany

The English Patient: *Much ado about nothing ?!*

623 patients in four years = 156 patients per year!



The first nine patients sent to France by the English NHS (not shown: the 40 journalists who accompanied them)



Patients sent to the continent (2002 – 2005)

“Sending” organisation	“Receiving” countries			TOTAL
	Germany	Belgium	France	
Portsmouth, Isle of White and East Hampshire HA PIWEH	26		1	27
West Sussex and East Surrey HA WSES	27		12	39
London Patient Choice		440		440
Heart Surgery Choice		21		21
East Kent Health Authority EKHA			96	96
TOTAL	53	461	109	623

Source: UK Report

Provider - Provider

- Arrangements relate essentially to the problem of geographical access – but also to overcapacities (on one side of the border)
- Providers located close to one another but on different sides of the border may find they are duplicating one another’s activity and that it would make economic sense, given the presence of open borders, to operate in a more complementary manner.

**An important example:
Universitätsklinikum Aachen (UKA) –
University Hospital Maastricht (azM)**

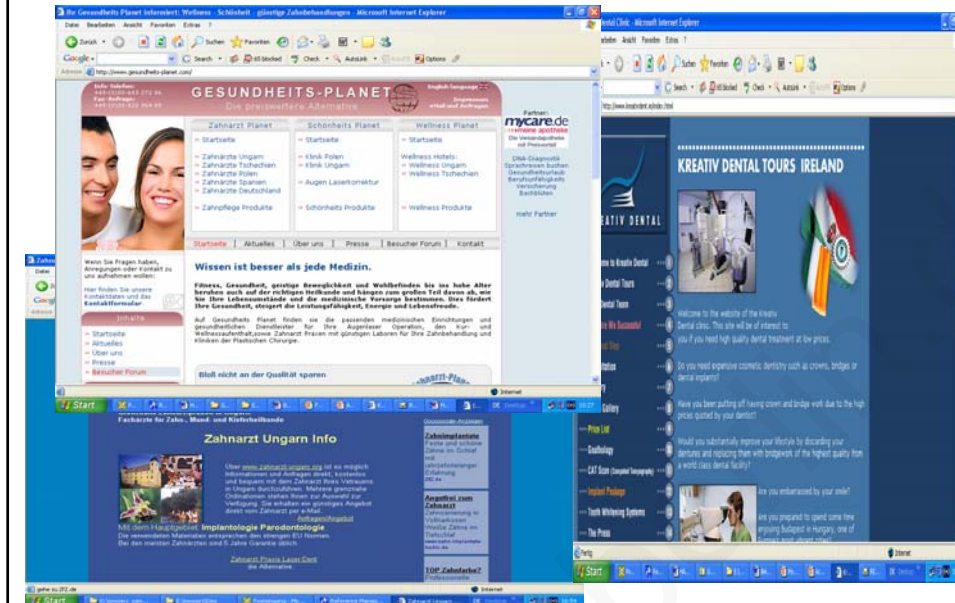
- Both hospitals are located at the respective borders of their countries
- Distance between both hospitals: 30 km
- Loose cooperation since 1995, formal alliance since 2004
- Overall in the year 2005 2,900 patients utilized cross border arrangements (i.e. not only within the formal arrangement)

**An example of fairly unarranged
cross border mobility: Dental care
between Austria and Hungary**

- In 2001 16 % of claims for remuneration are for treatment in Hungary, estimated the Viennese social insurance fund.
- Approx. between 150.000 and 200.000 cases of travelling to Hungary are related to dental care treatments.

(source: Austrian Report)

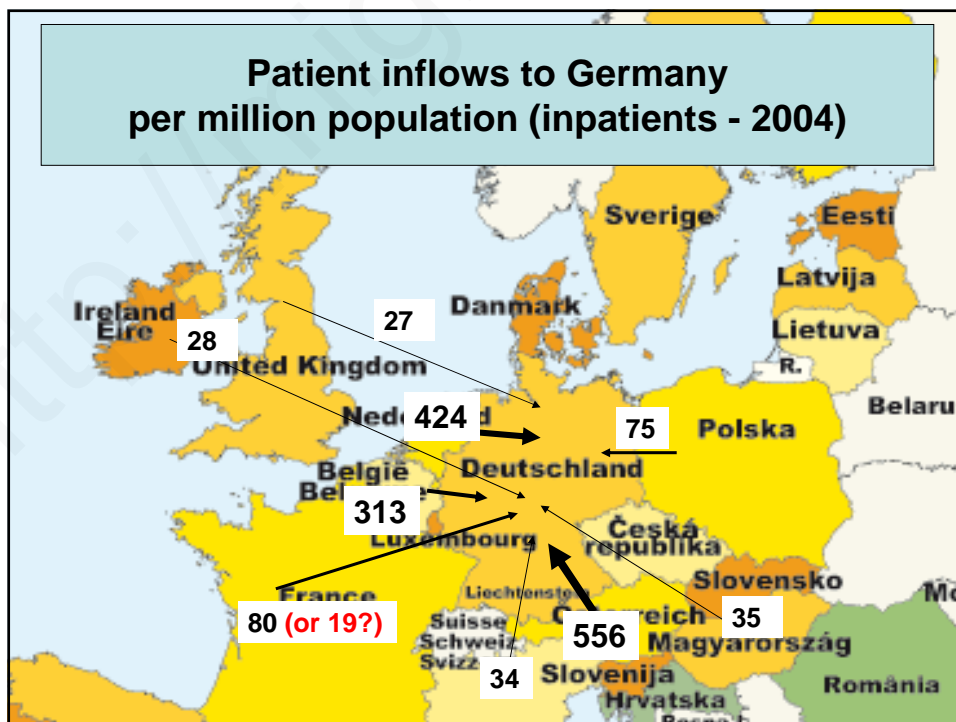
Patient Brokers as facilitators of cross border patient mobility (in particular in relation to dental care)



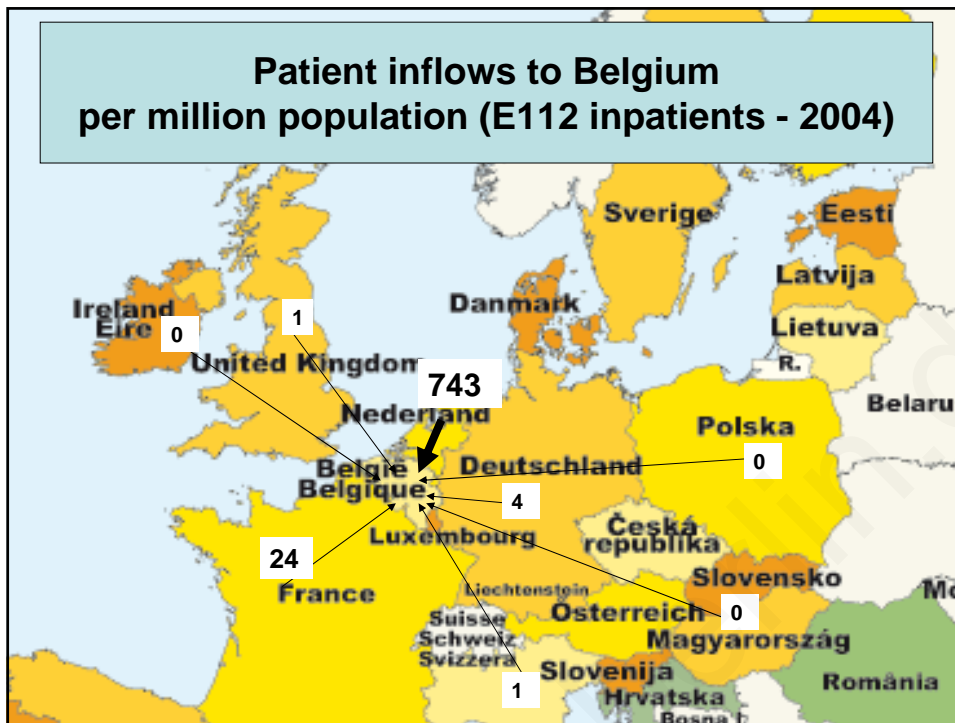
Overall tendencies of countries to export or import patients (referring to situation in 2006)

Export Patients	Neither - nor	Import Patients
Italy Ireland The Netherlands Austria	France Poland	Belgium Germany Hungary England (!)

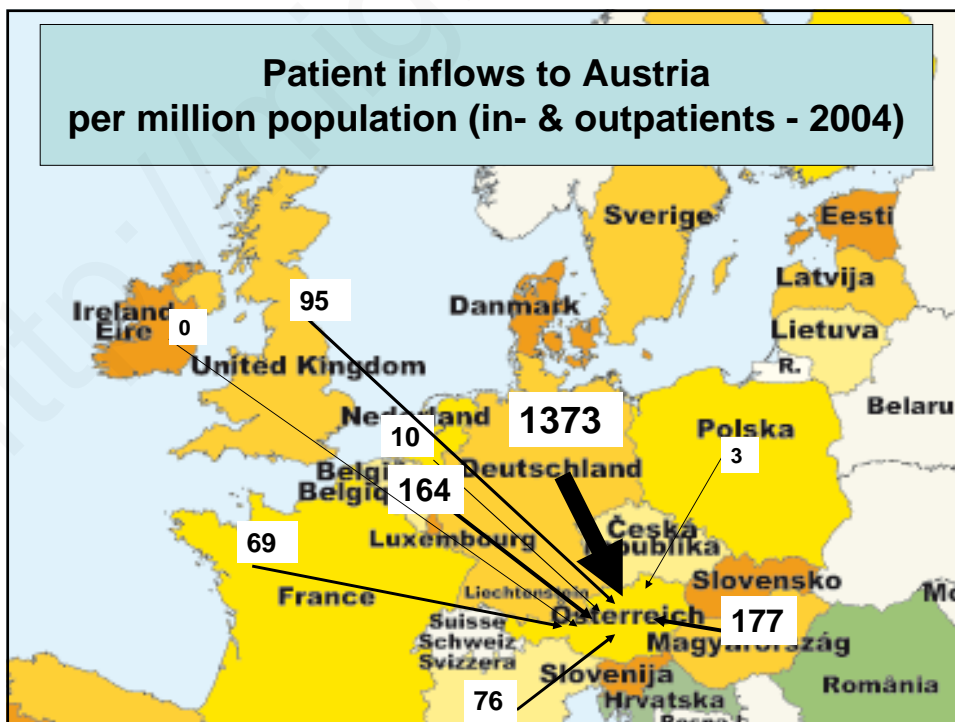
A patchwork of individual European patient mobility



**Patient inflows to Belgium
per million population (E112 inpatients - 2004)**



**Patient inflows to Austria
per million population (in- & outpatients - 2004)**



What do we know?

Trans-border care (here: expenditure for patients treated abroad in €/capita): negligible or under-counted?

Source: Palm et al. 2000

	1989	1993	1997	1998
Belgium	3.62	8.93	8.93	4.38
Denmark	-	0.16	0.83	0.63
France	0.79	1.87	1.21	1.05
Germany	1.77	1.83	2.08	2.21
Greece	0.95	2.51	2.68	3.15
Ireland	0.18	0.65	1.68	0.93
Italy	2.99	8.36	3.52	2.89
Luxembourg	58.01	149.55	135.29	116.00
Netherlands	1.95	0.26	1.98	2.85
Portugal	0.82	3.76	6.81	7.00
Spain	0.33	1.48	1.03	1.11
United Kingdom	0.33	1.61	1.92	0.36
Austria	-	-	0.48	1.87
Finland	-	-	0.49	0.52
Sweden	-	-	0.65	0.96
AVERAGE	1.31	2.95	2.37	1.99

What do we know? Figures from ministries vs. our data (for 2000/01)

	total invoice (€)	E112 persons	E111 persons
B	168 790 871	14 061	
DK	or 25 906 000?		2 401
E	20 559 825	3 156	133 958
F	297 200 000		435 856
I			1 022
IRL			1
L		4 101	250
NL			3 316
AT	5 160 000	1 000	or >100 000?
FIN	or >40 000 000?	9	11 483
SW	9 504 411		
UK (England)	8 720 428	871	

No data: D, GR, P

Commission staff working paper, July 2003

What do we know? Figures from ministries vs. our data (for 2000/01)

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AT	5 160 000	€5000 or	000 or >100 000?
FIN	or >40 000 000?	400/ case?	11 483
SW	9 504 411		
UK (England)	8 720 428	€10000/ case?	

No data: D, GR, P

Commission staff working paper, July 2003

What do we know? Figures from ministries vs. our data (for 2000/01)

	total invoice (€)	E112 persons	E111 persons
B	168 790 871	€12 000 or	
DK	or 25 906 000?	1850/ case?	01
<p>The HealthAccess project partners have come to the conclusion that this problem cannot be overcome by further research.</p> <p>Rather, it's now up to the policy-makers at the EU level to decide which data they need and to set up appropriate systems.</p>			
SW	9 504 411		
UK (England)	8 720 428	€10000/ case?	

No data: D, GR, P

Commission staff working paper, July 2003

European Centres of Reference (ECR)

- (... included in our contract, so we had to look into it ...)
- No standard definition but „mainly for rare diseases“ (and complex procedures)
- Apparently ECR are not embedded in formal arrangements
- Some countries (Ireland, Italy) seem to export patients for complex procedures (e.g. transplantations) or rare diseases under E112 = receiving institutions could be viewed as ECR

Analysis: Why such differences in cross-border arrangements?

- (Dis-) Similarity in system
- Contracting skills
- Common language/ culture/ tradition
- Incentives for actors
- Density of population in border areas
- Awareness of EU Interreg funding
- Differences in GDP/ reimbursement levels (e.g. German-Polish border)

Variety of arrangements

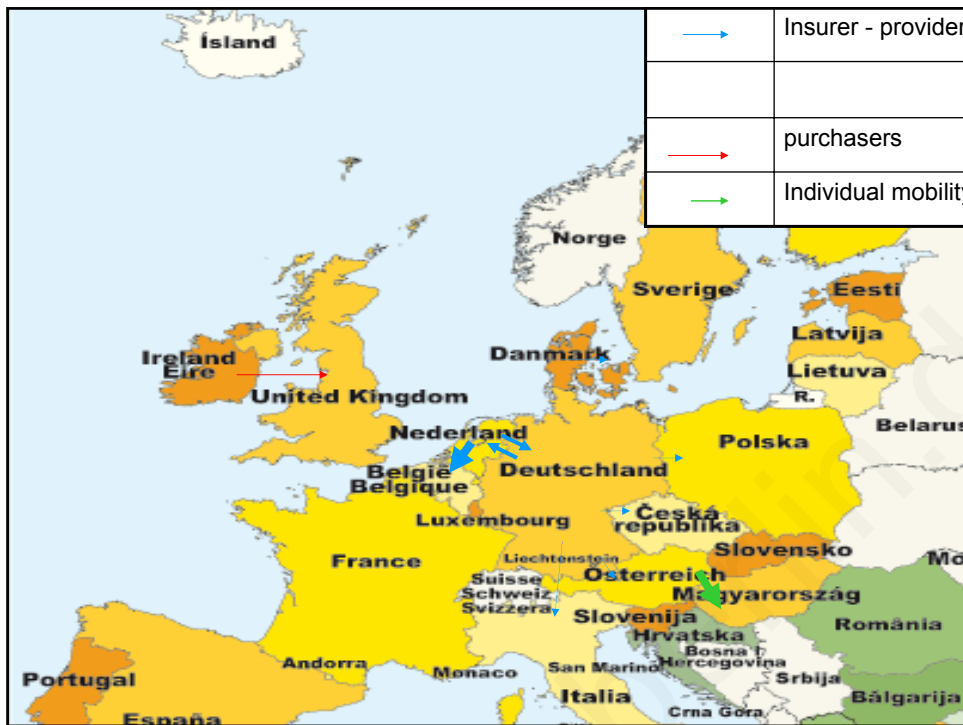
- border area emergency coordination arrangements
- arrangements among providers (typically, hospitals located in border areas)
- arrangements between insurers/purchasers (in one country) and providers (in another)
- administrative arrangements designed to facilitate access to care abroad, but not actually involving the purchase or provision of care

Important issues

- (a) incentive alignment,
- (b) the importance of stakeholder support,
- (c) the issue of the distribution of benefit and risk (including in relation to the country's wider health care system),
- (d) the potentially determinate role of the purely logistical dimension

Fundamental questions

- Do cross-border arrangements increase efficiency of provision?
- Do cross-border arrangements increase quality of provision?
- Do cross-border arrangements improve access, or succeed in addressing access problems?
- How are the benefits and risks of cross-border arrangements distributed?



Access problems in Poland (2001) – examples of paediatric care and specialist care

