

HoNCAB

Support creation of pilot network of hospitals related to payment of care for cross border patients

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Overview of the pilot network of hospitals related to payment of care for cross-border patients

Background

Project submission	May 2011
Project approval	October 2011
Start of the Project	1^o September 2012
End of the Project	31^o March 2016

General Objective

To obtain a better understanding of the financial and organizational requirements that may arise as a result of a patient receiving healthcare outside the Member State of affiliation

Specific Objective	Description
To set up a pilot network of hospitals	Setting up of mechanisms that allow for an efficient network functioning so that it can be sustained after project completion and progressively extend its membership to other hospitals across MS
To exchange information related to all aspects of costs and services	Creation of a web-based information system that can be utilised by the hospital network to collect the relevant required information
To obtain feedback from patients	Elaboration of a questionnaire that will be utilised to evaluate the patients' experiences
Compare tariffs	Analysis of grouping algorithms for a selected list of principally elective treatments
Investigate existing experiences of cross-border care	"Direct" cross-border healthcare and "Health Tourism"
Provide recommendations on Directive 2011/24/EU	The recommendations will be drawn up in two formats to reflect the different target audience

Associated partners participating in the project



Austria

Belgium

France

Germany

Greece

Italy

Hungary

Malta

Slovenia

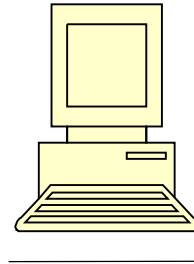
Members of the Network

- The Network is currently composed of **15 hospitals**, from **7 European countries**.

	Hospital	City	Country
1	KABEG Landeskrankenhaus Villach	Villach	Austria
2	Centre Hospitalier Universitaire de Grenoble	Grenoble	France
3	Centre Hospitalier Universitaire de Nice	Nice	France
4	Hospices Civils de Lyon	Lyon	France
5	General Hospital of Rhodes	Rhodes	Greece
6	Pándy Kálmán Hospital of Békés	Gyula	Hungary
7	St John's Hospital	Budapest	Hungary
8	Azienda Ospedaliera Ordine Mauriziano	Torino	Italy
9	Azienda Ospedaliera Universitaria Integrata	Verona	Italy
10	Azienda Ospedaliero-Universitaria "Santa Maria della Misericordia"	Udine	Italy
11	ASST Papa Giovanni XXIII	Bergamo	Italy
12	Ospedale Civile "Beata Vergine delle Grazie" di Latisana	Latisana	Italy
13	Azienda Ospedaliero-Universitaria Ospedali Riuniti	Trieste	Italy
14	Mater Dei Hospital	Msida	Malta
15	Splošna bolnišnica Izola	Izola	Slovenia

METHODS

SITE TRAINING ON
PROCEDURES AND DATA
COLLECTION



QUESTIONNAIRE I



discharge time



Three months
after discharge

QUESTIONNAIRE II
POST REIMBURSEMENT



WeBasedApplication
WBA

Patient distribution by Member State of treatment and Hospital

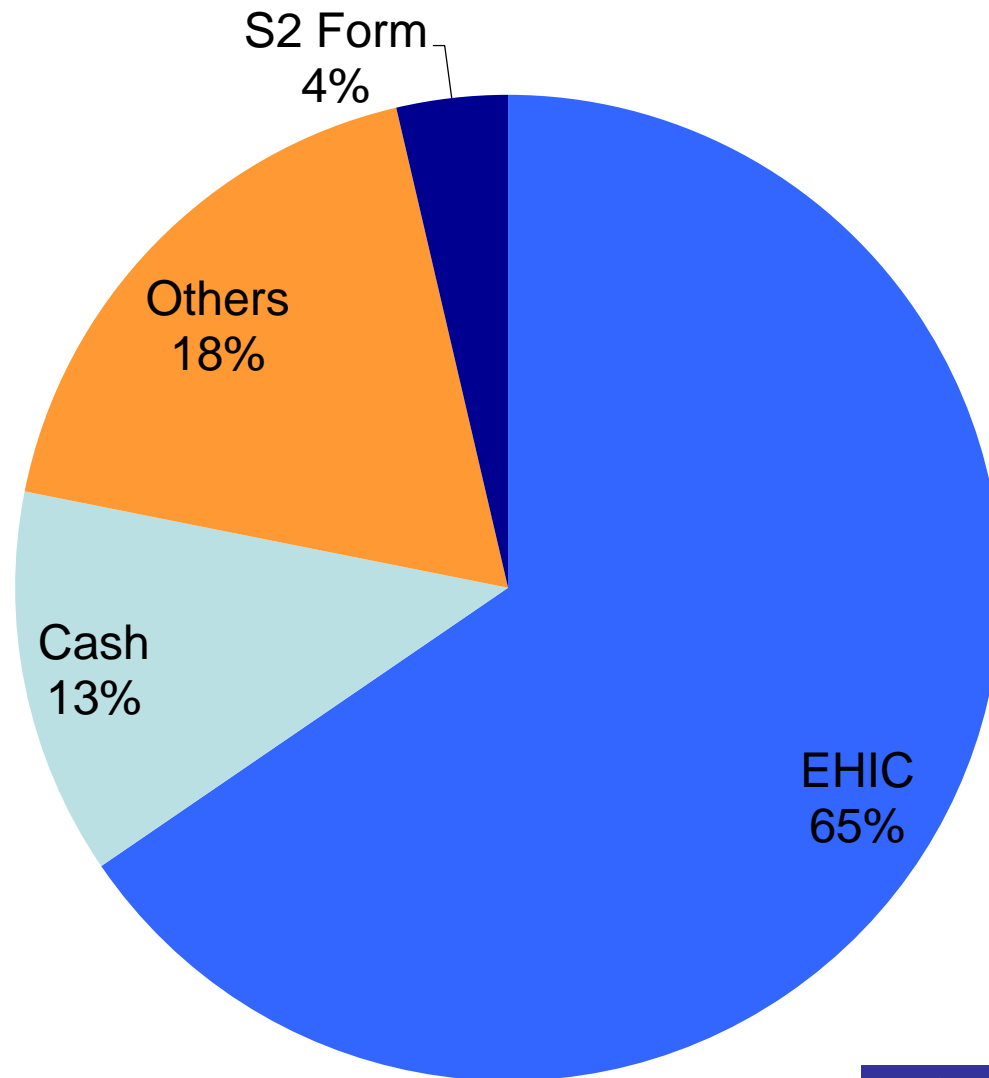
HOSPITAL NAMES and COUNTRY	Total
A.O. ORDINE MAURIZIANO DI TORINO (IT)	25
A.O.U. S. MARIA DELLA MISERICORDIA DI UDINE (IT)	22
A.O.U.OSPEDALI RIUNITI DI TRIESTE (IT)	12
A.O.U.I. DI VERONA (IT)	31
O. PAPA GIOVANNI XXIII DI BERGAMO (IT)	8
C.H.U. DE GRENOBLE (FR)	16
C.H.U. DE NICE (FR)	441
HOSPICE CIVIL DE LYON (FR)	8
P.KALMAN HOSPITAL OF BEKES COUNTY (HU)	97
ST JOHN'S HOSPITAL - BUDAPEST (HU)	7
LANDESKRANKENHAUS VILLACH (AT)	13
SPLOSNA BOLNISNICA IZOLA (SI)	6
Total	686



Clinical data	Public Ins.		Private Ins.		Cash	
	Unpl.	Plan.	Unpl.	Plan.	Unpl.	Plan.
ICD 10 Main Groups						
Certain infectious and parasitic diseases	10	3	1		1	
Codes for special purposes		1				
Diseases of the blood and blood-forming organs	5					
Diseases of the circulatory system	92	16	4	1	4	4
Diseases of the digestive system	46	5	4	1		1
Diseases of the ear and mastoid process	2	2			1	
Diseases of the eye and adnexa	4	4			2	2
Diseases of the genitourinary system	16	13	7	1	1	5
Diseases of the musculoskeletal system and connective tissue	5	7		3	1	2
Diseases of the nervous system	17	2				
Diseases of the respiratory system	20	5	1	1	2	2
Diseases of the skin and subcutaneous tissue	6	2			2	
Endocrine, nutritional and metabolic diseases	3		1			3
External causes of morbidity and mortality	2					
Factors influencing health status and contact with health services	3	8		1	2	14
Injury, poisoning and certain other consequences of external causes	122	9	5	1	13	2
Mental and behavioural disorders	5	5		1		
Neoplasms	16	11	1	1		10
Pregnancy, childbirth and the puerperium	58	4	1	1	2	8
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	17	13	2	1	2	1

WP4 – System for exchange of information

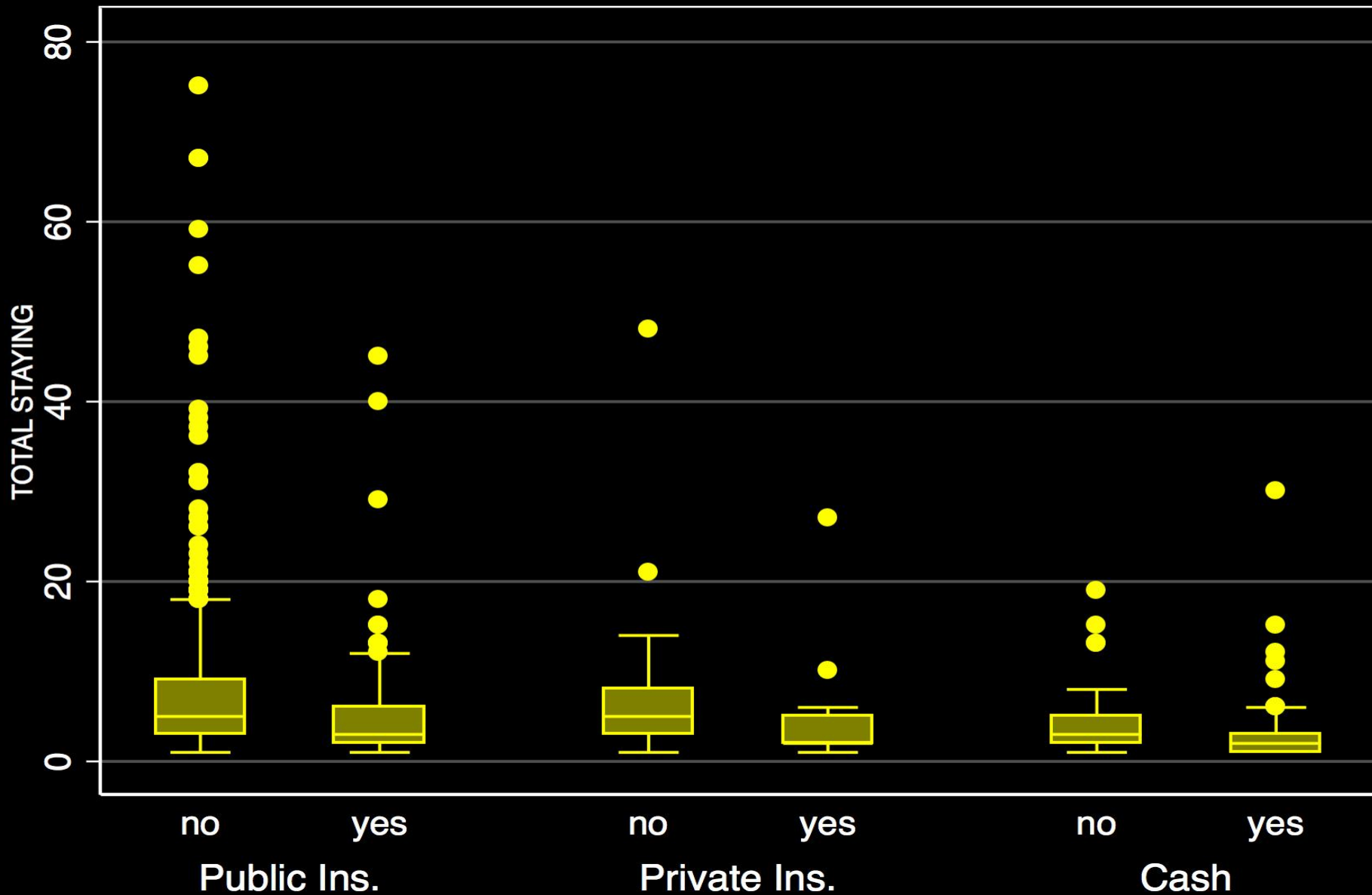
ENTITLEMENT TO ADMISSION



ENTITLEMENT TO ADMISSION and TREATMENT PLANNING

	Average total stay (days)	Average ICU stay (days)	Average waiting time (days)
Public In. covered - unplanned	7.8	6.3	
Public In. covered - planned	5.2	8.6	6.1
Private insurance - unplanned	7.1	2.8	
Private insurance - planned	5.1	2.0	
Cash - unplanned	4.2	1.0	
Cash - planned	3.4	2.7	0.6

Total Hospital Stay by admission type and treatment planning



Medical service charge by type of insurance and reimbursement claims

	Type of insurance	N	Total charge	Patient's copayment
Type of entitlement	mainly covered by Public insurance	559	9.160	252
	covered by private insurance	40	9.018	80
	paid by cash	87	4.028	4.028
	Total	686	8.500	721

WP4 – WP 5 data

Database merging

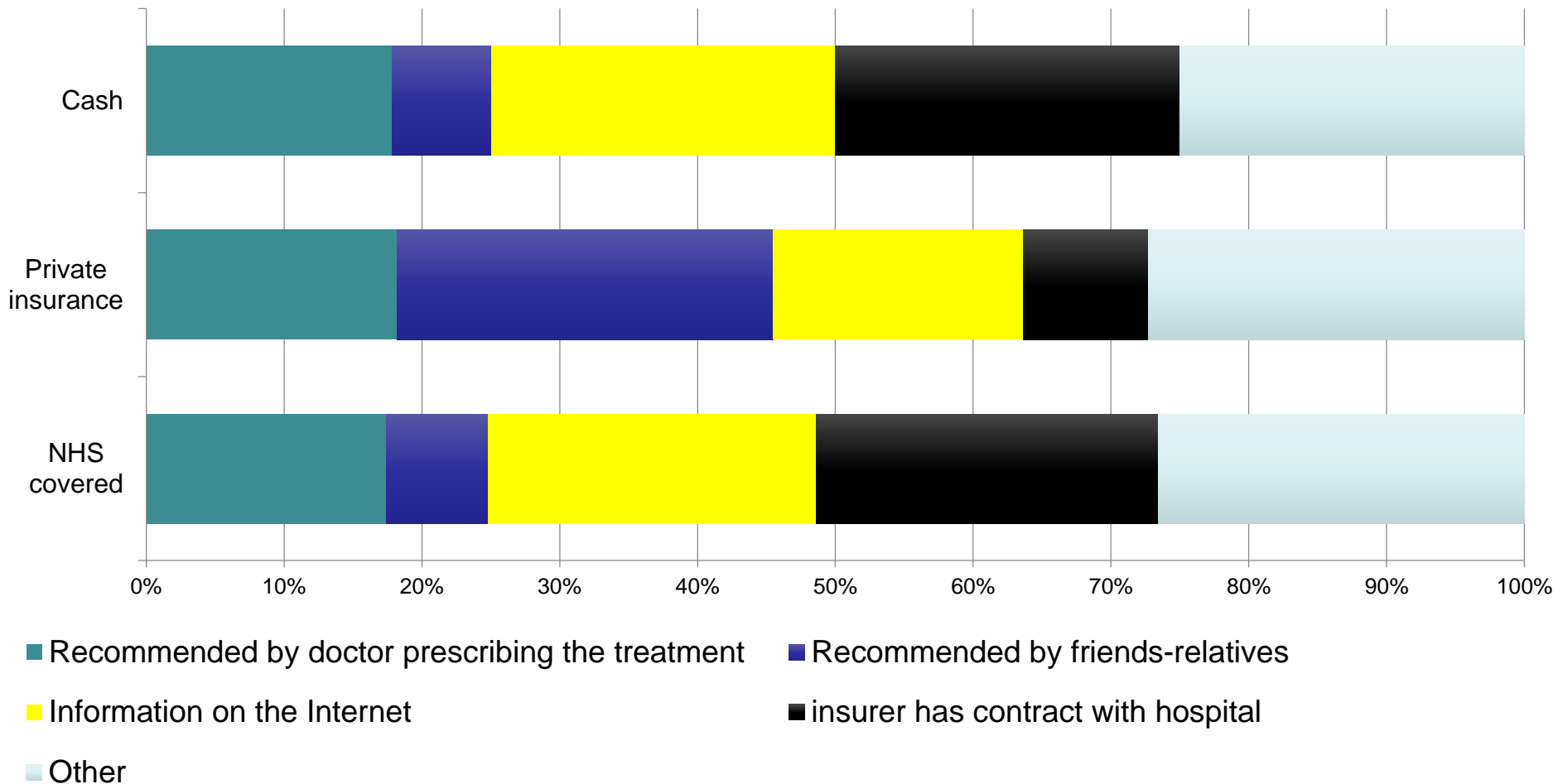
686 Case records

193 Questionnaires 1

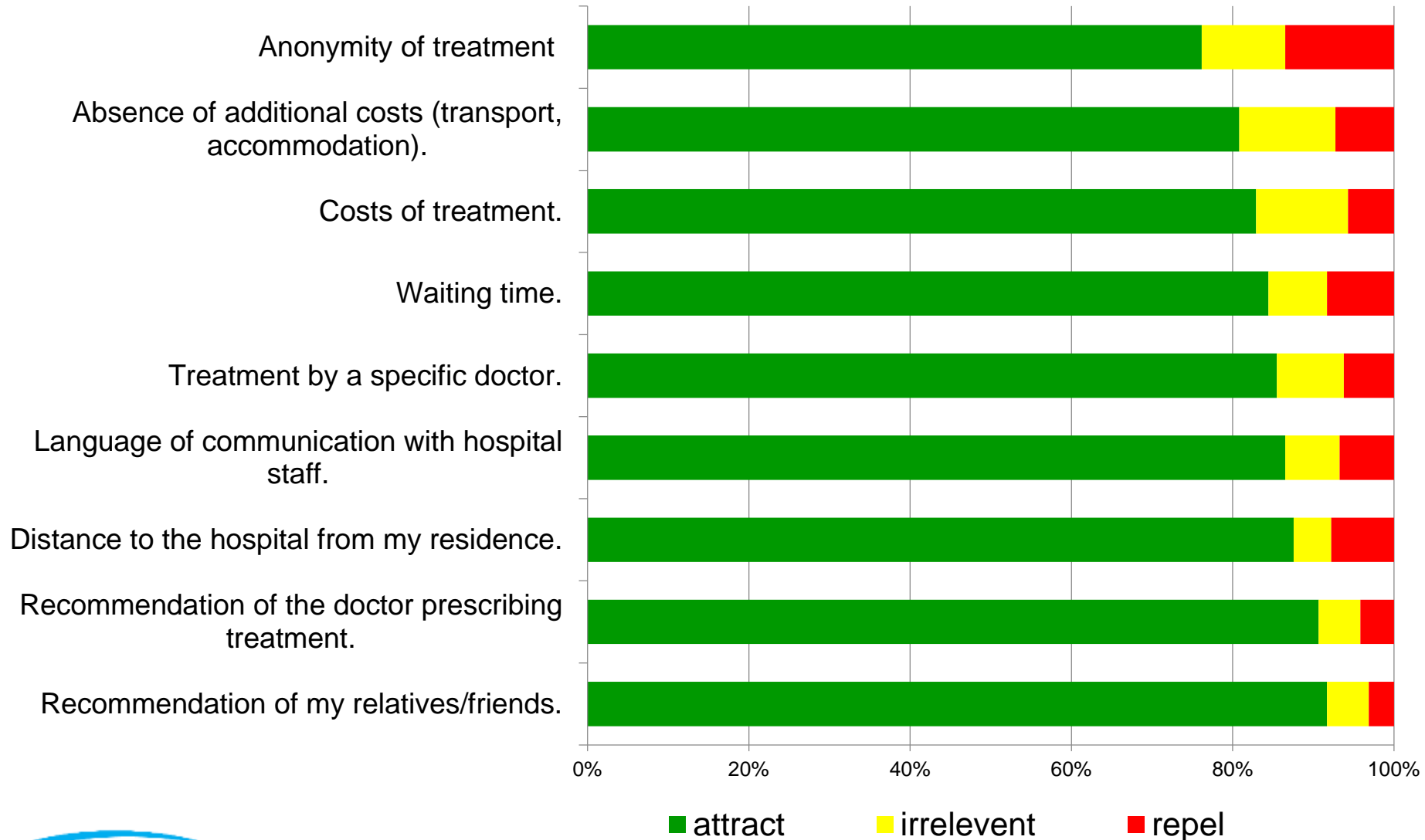
78.8%

WP4 – WP 5 data

Source of info on hospital selection



Factors influencing the decision to select the hospital of treatment

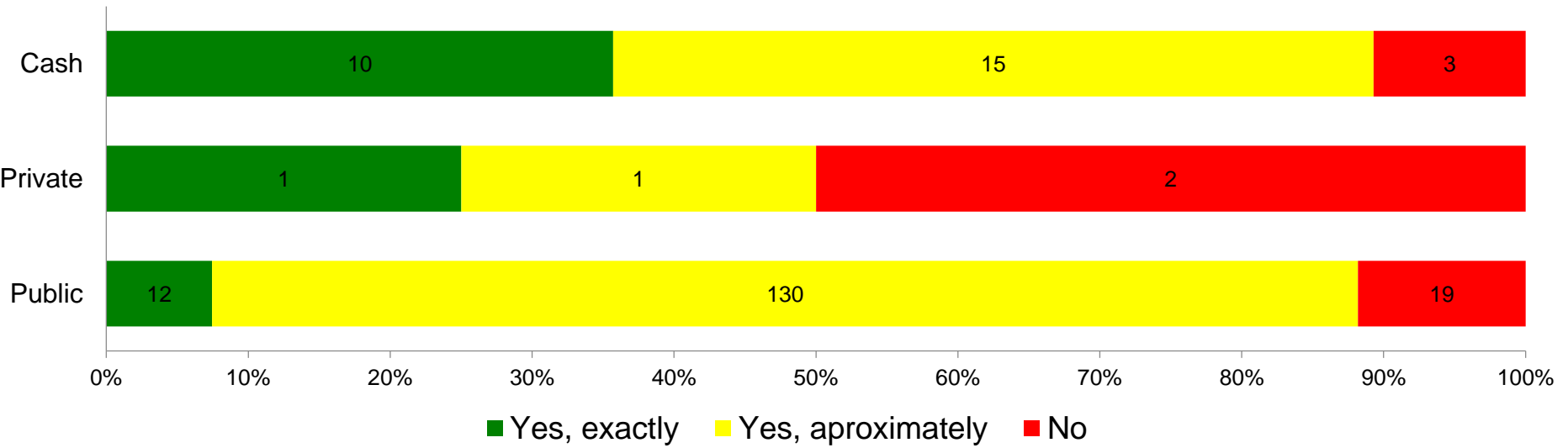


■ attract

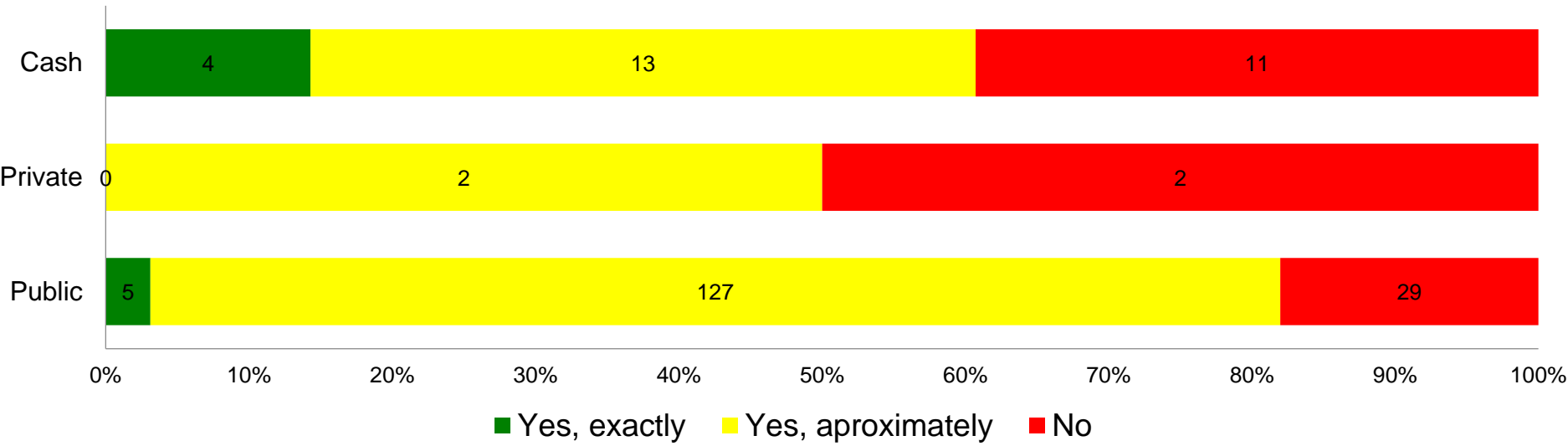
■ irrelevant

■ repel

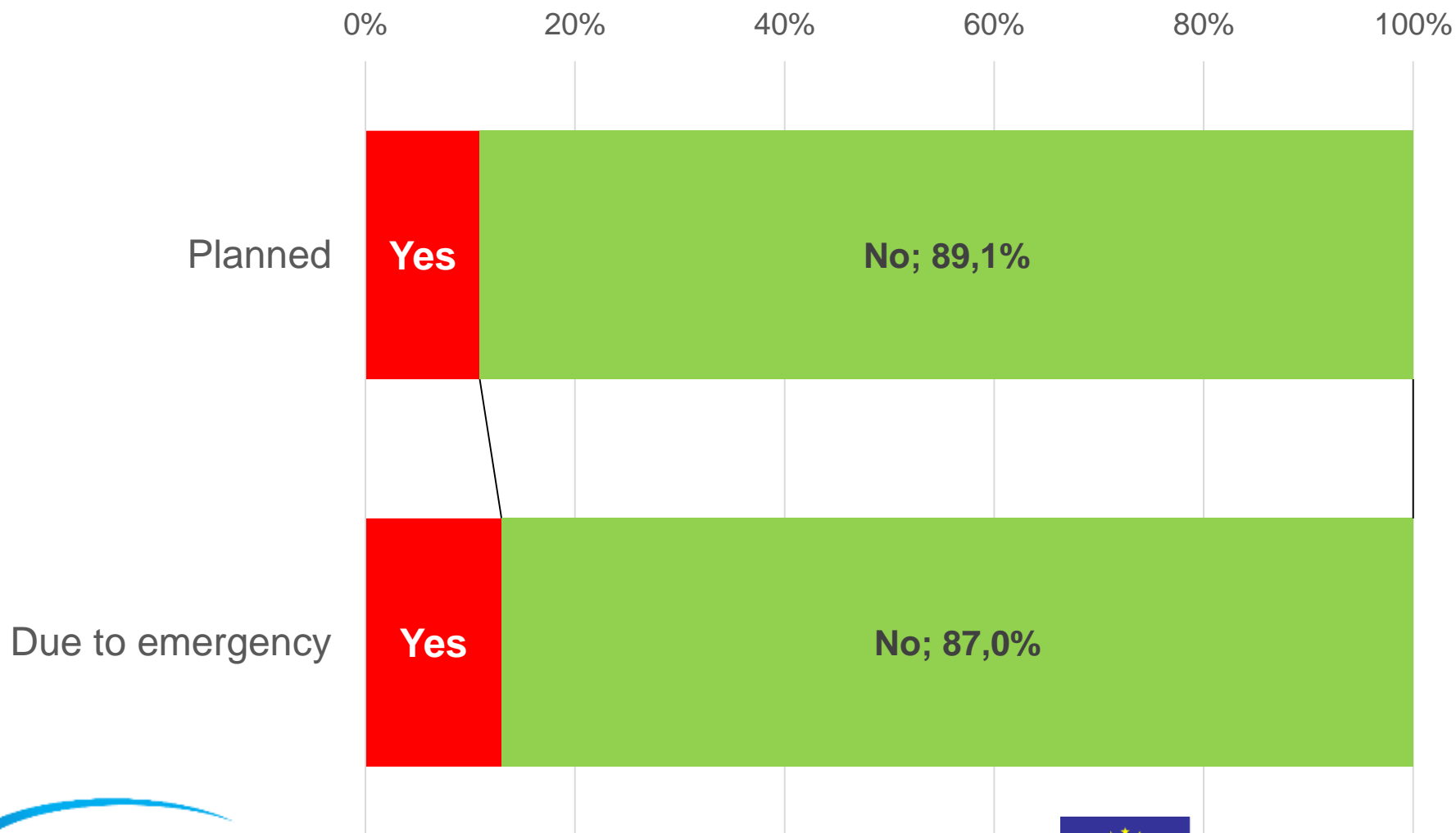
Agreement on price with hospital before treatment



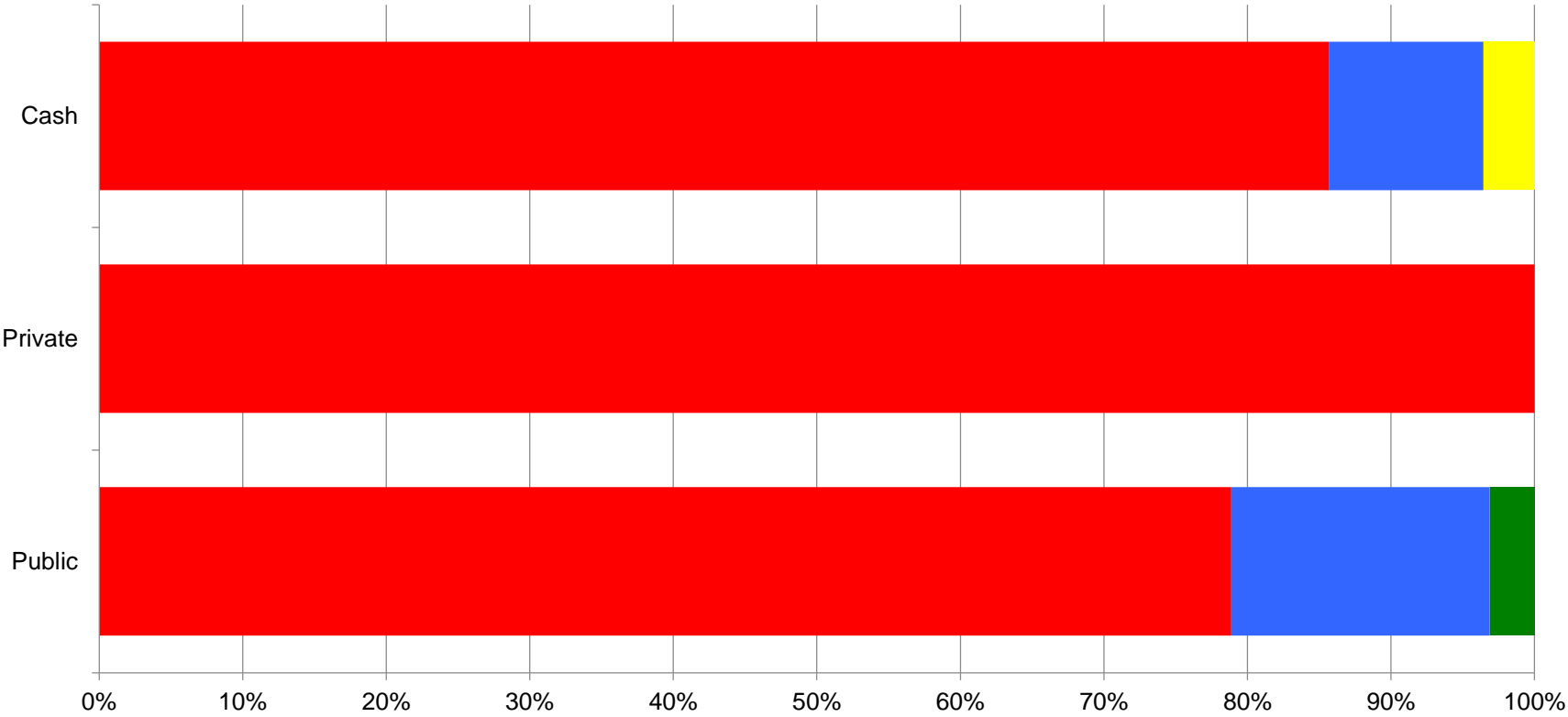
Agreement on reimbursement with your Social security/ Health insurance company before treatment



Difficulties due to language barriers



Self reported knowledge on the Directive



■ Never heard of ■ I've heard about it ■ I know about it ■ I know it well



Main challenges and limitations

- ICT differences between hospitals
- Different classification systems of disease and procedures (ICD9-ICD10)
- Unification of terminology due to different healthcare systems
- Linking databases (data collected in WP4 and both questionnaires WP5)
- Legal issues due to using personal data
- Follow-up response of patients
- Limited number of hospitals and the recent introduction of the cross-border Directive limit the meaning of our results

Conclusions and Recommendations:

- Few patients were aware of the Directive and its application;
- The use of EHIC seemed to prevail over the Directive as the instrument by means of which patients were seeking care outside their Member State of affiliation;
- Data exchange between hospitals is key for a better understanding of the numbers of cross-border patients (incl. those seeking care on the basis of the Directive);
- Cross border treatment should be the option for patients, where:
 - optimal treatment is not available in the Member State of affiliation
 - waiting time in the Member State of affiliation is too long.

HoNCAB

Thank you for your attention

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