

PATIENTS
WITHOUT BORDERS
CROSS-BORDER PATIENT
FLOWS IN THE BENELUX



COLOPHON

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POLICY SUMMARY

Why cross-border care?

Alongside the increasing flow of persons in the Benelux and the European Union, the theme of cross-border healthcare is also receiving more attention.

There are many benefits to cross-border cooperation in healthcare. For example, the available offer of medical care can be optimised, the offer of specialized care can be extended and in the border regions cooperation can result in better access to care. The possibility to go abroad could reduce or even prevent waiting lists. Treatments with an over and under capacity could be taken care of with this measure. Taking into account the increasing financial pressure on care systems, cross-border healthcare would make it possible to better distribute expensive infrastructure investments. Cross-border patient mobility can benefit patients, care providers, insurers and public authorities alike.

Furthermore, with new forms of cross-border care it is not always the patient crossing the border to receive care. More and more patients are being treated in their home country, as the care providers carry out treatment remotely (for example telemedicine), or the care providers cross the border to administer treatment (mobility of care providers). Treatment could also be outsourced abroad, for example in the context of highly specific medical testing.

However, this research is specifically focused on cross-border patient flows.

Why do people cross the border to receive healthcare?

The decision of patients to cross the border to receive medical care can be stimulated or slowed down. These considerations are affected by (i) the quality of care on either side of the border (effective quality or the perception thereof), (ii) the availability of care (for example whether a treatment is available and accessible in the home country), (iii) the proximity of the care provider (the geographical accessibility, the 'cultural' proximity, the language, familiarity with the host country and familiarity with the local health system) and (iv) the financial aspect (ignorance and uncertainty about the financial aspects of a treatment abroad can be a major inhibiting factor).

Why this research?

Benelux consultation on eHealth (2014) showed that there is insufficient insight into cross-border patient flows in the Benelux to account for improvements of the cross-border interoperability between eHealth services, as recommended in, among others, the Patient Directive (2011/24/EU).

Research approach

To date no comparable or complete data on cross-border patient flows between the Benelux countries or between other European countries is available at international data sources (e.g. Eurostat).

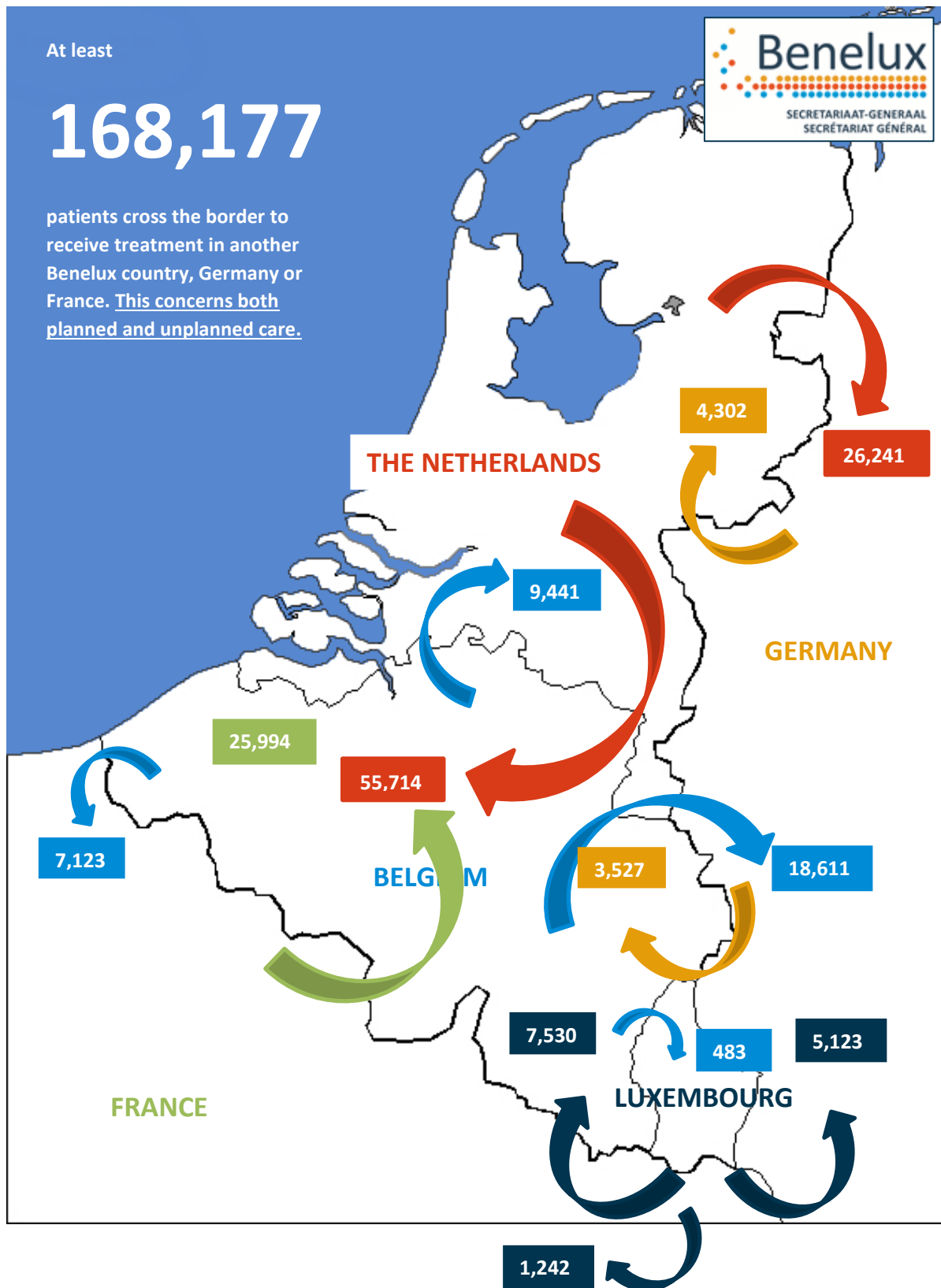
As a consequence the General Secretariat of the Benelux Union opted to collect and pool all relevant data in the Benelux countries in the present report.

Despite the impairment of the limited completeness and comparability of data in the Benelux countries, the General Secretariat of the Benelux Union has made a significant effort to provide a comprehensive and unique picture of the cross-border patient flows within the Benelux and with neighbouring countries France and Germany. This result was seen as a first by the experts involved in a Benelux workshop, as similar coherent work was not yet available. At the same time, it is appropriate to interpret the data carefully.

Bringing the data together for this research required disproportionate effort. Therefore it is of great importance for future policy development that in the countries and, if appropriate, at European level, transparent, harmonized and quality data on cross-border patient flows and their characteristics becomes available.

How many patients cross the border?

Based on these studies, the following overview can be given for the Benelux.



Patient flow from the Netherlands to Luxembourg = 566 patients
Patient flow from Luxembourg to the Netherlands = 19 patients
Patient flow from the Netherlands to France = 1,997 patients
Patient flow from France to the Netherlands = 264 patients

The map on the previous page provides an approximate joint overview of cross-border patient flows between the Benelux countries, France and Germany. This concerns both planned and unplanned care.

For the calculation of the flows on this map, the reader is referred to the report (Chapter 6 'Overview'). For further substantive interpretation, the reader is referred to the relevant chapters.

For a more detailed description of the origin and destination, the demographic characteristics and the care provided abroad, the reader is referred to the relevant chapters in the report.

The Benelux workshop 'Patients without borders? Cross-border patient flows in the Benelux' on 8 September 2015 showed that the perception of the cross-border patient flows is recognised by most experts from the Benelux countries. Before, only fragments of the total volume of cross-border patient flows were known. It is a first that different sources from several countries were successfully brought together in one comprehensive overview.

At the same time several experts argued that the actual number of patients crossing the border to receive treatment in another Benelux country, France or Germany is likely to be higher than the numbers given here, as the available data is not complete.

Expectations for the future

Most experts expect an increase of the total number of cross-border patients between the Benelux countries, France and Germany in the future. The implementation of the European Directive on cross-border healthcare (2011/24/EU) will possibly strengthen this effect. In general, an increase is expected for Belgium and Luxembourg. For the Netherlands stabilisation is also one of the possibilities, due to the health insurers' policies, which can strongly influence the patient flow.

Concerning specialized treatments, an increase of cross-border patients is expected. Well-informed and emancipated patients will probably look for the best price-quality ratio and the availability of a treatment, also on the other side of the border.

For the border regions it is stated that patients already take cross-border care for granted, due to the proximity and the existence of several cross-border projects in this field. It is difficult to predict whether this cross-border patient flow will grow or stabilise.

Experience has shown that it can take two to three years before new administrative procedures become embedded. After all actors have come to realize this knowledge, a huge increase in cross-border mobility can be observed. If new cooperation projects are established in the border regions, a further increase in the patient flows becomes likely.

Policy recommendations

The Benelux workshop revealed that the cooperation in cross-border care must be aimed at increasing the general accessibility and quality of the care provision. Lifting the barriers preventing cross-border care increases freedom of choice for patients and increases the accessibility of good quality care, possibly on the other side of the border.

The participants of the workshop considered that a significant group of patients is in need of cross-border care, in both planned and unplanned situations. The results of the research show a 'business case' supporting future policy investments, improving the accessibility and quality of cross-border healthcare.

Interoperability of eHealth platforms between the Benelux countries, enabling the sharing of medical data across borders - with protection of patients' privacy - was deemed appropriate by most experts.

Smooth and correct exchange of medical information of a patient has crucial consequences for the quality of both planned and unplanned cross-border care. During an emergency access to correct medical information is of vital importance. Sharing medical data can also have cost-saving benefits.

Moreover, there is a substantial need for qualitative provision of information among almost all stakeholders, including patients, care providers and insurance companies. Lack of information and knowledge concerning aspects such as the quality of care abroad, the availability of care or the financial aspect, may lead to the patient not receiving the most optimal care, which is nevertheless available.

Building on this research and the results from the Benelux workshop, the General Secretariat of the Benelux Union is making recommendations with the objective of guaranteeing the quality and accessibility of cross-border care within the Benelux, optimising the general accessibility and quality of the care provision by lifting barriers to cross-border care.

About care provision

1. The development of good cross-border cooperation in the field of healthcare between the Benelux countries positively influencing the accessibility, quality and costs of care provision.
2. The harmonization of the care provision for specialized treatments between the Benelux countries in view of the expected increase of cross-border patients looking for specialized care abroad and the financial pressure on national healthcare systems.
3. The expansion of existing and new collaborations in border regions, considering the significant share of cross-border patient flows due to geographical proximity and cultural affinities. In addition, a mapping of successful cross-border health collaborations and agreements mapping the future cooperation potential.

About patients' rights

4. An expansion of the information provision to patients about their rights (and obligations) concerning cross-border care. The Benelux countries can become leaders in the field of cross-border care within Europe by lifting several barriers to cross-border care, often caused by a lack of knowledge.

About patient data

5. Commitment to increasing safe cross-border sharing of patient data. eHealth platforms communicating with each other across borders will improve the quality and continuity of care. In this it is essential that the privacy of the patient is guaranteed by good data protection.

About fraud prevention

6. Commitment to sharing real-time insurance information will protect both care providers and care insurers against fraudulent practices. It is essential that the exchange of financial and insurance information happens at the same pace as the cross-border patient flows.

About policy support

7. Stimulating transparent, qualitative and comprehensive data collection which is accessible and comparable, to substantiate future policy interventions and thorough scientific research.