Infinite Health with Limitations

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Medienbetreuung:
Dr. Carmen Kiefer - Medienservice
Pressebüro Bad Gastein
Tel.: +43 6434 30250
Fax: +43 6434 30253
+43 6434 253566
Mobil: +43 676 344 9971
113162.437@compuserve.com
www.ehfg.org

The Development of a European Market of Health Care Services

"Unlimited access to services and offers beyond the border of a person's insurance country would cause severe problems for federal state policy, if the benefits of public providers have to be refunded", as Dr. Reinhard Busse from the European Observatory on Health Care Systems and one of the experts who discuss the topic "Integration of Health Aspects in other Policies and Sectors" states. The limitations within the EU Single European Market have not been abolished at all by now: Health Care Services can not be claimed in any EU-country the patient likes. Some fear and others hope for a rush of never experienced "patients'-tourism" within the EU resulting from recent sentences of the European Court of Justice: Dutch citizens were medically treated in an other EU-state, when the insurance companies refused to refund the costs of the treatment, they filed a suit and the lawsuit went up to the European Court of Justice.

One of the four freedoms within the European single market is the one of free market of services, therein medical actions are included. If insurance companies only refund the costs for medical treatment in a foreign country after having permitted it beforehand, this is an obstacle for the free trade of services. Patients are allowed to purchase goods and services cross-borders. At the same time there are reasons legitimating a limitation: First of all the design of Health care systems is a matter of the federal states. Apart from this, there is a need to preserve the financial balance of the systems, who guarantee social security and the maintenance of medical and clinical care accessible to all citizens. A waste of financial,

technical and human resources has to be opposed strongly. A permit before the treatment in an other state is therefore obligatory, but the preconditions have been revised:

- The treatment has to be sufficiently tested and acknowledged by international medicine.
- The treatment can only be denied if the patient can attain the equal or equally effective treatment in time at an institution with a contracted agreement.

Austria is the unique exception, although the senior consultant of the social security company decides, whether a patient is allowed to claim medical treatment in a foreign country free of charge, if a patient is treated without a previous permit he can at least reckon with a percentage refund. Up to now, the stream of patients within the EU has been insignificant and the expenses of the 12 EU-states for health care services in other member states not system-endangering: i.e. in 1993 there were 1,103 million Euro expended therefore – these are 0,13% of the total expenses of the EU-Health systems per EU-citizen, so less than 4 Euro per capita. In Austria 67 million ATS have been spent by social security and the government to finance the hospital stay of Austrians in other EU-states in 1997. For comparison, the social insurance companies paid 40 billion ATS for domestic hospital stays. During Austria's seven year membership of the EU the insurance companies have not recognised significant streams of patients to and from Austria, reports Rudolf Wallner from the main assembly of social security companies.

Similar observations can be made in other EU-countries, too. At the 1997 initiated Meuse-Rhein-Projekt the patients' movements beween Begian, German and Dutch border regions was researched and little cross-border patients' movement was noticed. "From the persons, who were accepted at the academic hospital Aachen, only 0,89% were from the Netherlands and 1,06% came from Belgium", EHFG speaker Alain Coheur resumes. On the other hand, also Germans hardly go to a hospital in a foreign country. This clearly could be seen to emerge in the Euregio Rhein-Waal Project (1997-1999): The Dutch University Clinic Nijmegen is only 15 km apart from the German border, the nearest German hospital more than 100 km. Still, less than 1% of the Germans, who potentially needed medical treatment used the opportunity to go to the close Dutch hospital. "For the limited number of patients who indeed take the advantage of a cross-border treatment four factors are responsible", explains EHFG-speaker Dr. Matthias Wismar from the Hannover Medical School, "first, the restrictive appliance of the 112-proceeding with the previous permit of treatment in a foreign

country, second the differences of the treatments offered within the EU, third the lack of procedures to refund in many countries, and fourth the nature of the medical products itself."

A regrettable state, the members of the 1998 established "Board of Trustees for the Promotion of German Medicine Abroad" might consider this. The union of about 120 public and private institutions covers the entire spectre of in-patient treatment and tries to bring private and insurance-patients into German hospitals. The board has especially Norway as its customer on mind, because Norway has decided to spend 240 million DM for medical treatments abroad, in order to reduce the waiting lists and service bottlenecks originating from a shortage of medical doctors.

Cross-border health care services do not only and exclusively cause a system-weakening effect, as the cautious verdict of the European Court suggests, they also might imply great chances. According to a study initiated by the European Commission and assigned to the International Association for Mutual Assistance (AIM) there is stronger demand for more flexible patients traffic in some border regions. As a striking example Luxembourg can be mentioned in this respect, as many patients are "exported" to neighbour regions, because a small country like this would have problems to provide the necessary medical infrastructure. 9% of the total costs on the Health sector are spent on the citizen's treatment abroad, these are 116 Euro per capita.

The AIM-study found a special requirement in the sector of highly specialised treatments. "It would be profitable for both sides, the providers and the consumers, if special treatments would be easier to access. First of all, some treatments are unique worldwide and connected to certain places invariably – one has only to think of the Gasteiner Heilstollen, where Bechterew patients are treated", EHFG-President Leiner elaborates on the partly underused potentials of "patients' tourism". Secondly, the providers could search for possibilities of co-operation and try to offer services complementary. "Expensive instruments are often put into action when it comes to special treatment, i.e. the Gammaknife at Austrian University clinics. Quite often the highly-technical devices are not working at full capacity as they are only needed for a very limited number of patients", EHFG-President reasons. Additional "customers" from abroad are not only desirable for this reason but the particular hospitals could – with the international offers on mind – specialise on certain treatments and to be updated constantly.

It will not come to a medical mass tourism anyway, for reasons that are most human as the AIM-study found out: patients prefer a place of treatment located near their social environment easily accessible for their families and friends and where the mother tongue of the patient is spoken. Nearly exclusively persons between 21 and 65 years go away and over the border for medical treatment. Italian patients being asked why they would seek for treatment in France explained their decision with the severe disease on the one hand and the little trust in Italian medicine on the other one. Other arguments are those of long waiting periods, the difficult relationships with doctors or the good reputation of certain medical centres. The French hospitals on their part have prepared themselves for the demands from Italy and reacted with taking on Italian speaking personnel, Italian information brochures or the offer of accommodation for accompanying persons.

Apart from France it is Spain that joins the number of the countries having a high rate of patients'-tourism, what – with all respect for the Spanish health system – originates in real tourism rather than the medical prestige: many retired persons from other EU-countries found in Spain an alternative home, the home country compensates for the costs.