

Media Information

27.09.2002

5th EUROPEAN HEALTH FORUM GASTEIN –



On the Future of Health in Europe

25 to 28 September 2002

Travelling with one's leg in plaster...

Patient Mobility: Is there a way out of runaway costs? Minor border traffic or mass tourism?

International Forum Gastein

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The population is way too old. The costs for medical treatment increase steadily because of new and expensive medications and technologies. And EU citizens make great demands on health systems as clients. How can the health system be adapted to new conditions? – It is necessary to deal with this problem on an European level, because all member states are affected by it, no matter how different their health and social systems - regarding conception, management or financing - may be. Until the 28th of September 2002, some 450 political decision-makers, experts and representatives of various professional groups and patients from EU and CEE countries, are going to discuss the future of health and care systems. One of the hard-core issue of the congress: Can „patient tourism“ help solving the problem, in order to make the health systems more cost-effective and to push innovation at the same time to the maximum?

„How can we justify, sending patients into hospitals for medical treatment, when in another EU Member State cost saving capacities are available? Would it not be more reasonable to use free capacities of other member states to shorten waiting periods for essential medical operations?“ David Byrne, Member of the European Commission for Health and Consumer Protection, asked these questions yesterday evening, 27 September 2002, in a press interview on the 5th European Health Forum Gastein, which works on “Common Challenges for Health and Care” this year. Byrne related to the resolution of the council of EU ministers for health, passed in Luxembourg in June 2002, to embody patient mobility stronger in European law. This measure is supposed to facilitate access to high quality health services abroad. The French Minister of Health, Jean-Francois Mattei, assesses this result very optimistically as “the beginning of a major building site; we step into a wide and new field for Europe”. Beside the using of free capacities, as Byrne mentioned it, the council of EU ministers for health stressed its plans on establishing specialized medical centres as well as the possibility

of cross-border health care in border regions. Furthermore the council intends to improve the medical care for people, who live for a longer period in the EU.

Using surplus capacities

Increased patient mobility – nationally and internationally – pushes the professionalization of clinics, believes EHFG-expert Dr. Franz Terwey, Director of the European Health Insurance Partners. EHFG President M.D. Günther Leiner agrees to Terwey's statement: "It is nonsense, to let every physician perform all sorts of operations. If in a clinic, like Bad Wildungen, spinal operations are performed every day, then this clinic is the first address for such sensible operations, because the experts are very experienced", argues Leiner. Additionally to the professional argument, there is a financial one: If hospitals do not have to offer everything – from basic medical supply to heart transplantations, expensive technical equipment does not have to be bought countless times. Rarely needed special equipment, like the Laserknife that is currently used in Austrian university hospitals, would experience a better usage of capacity.

Structure adjustments and specialization without borders

Structure adjustments and a widening of the range of medical offers by diverse specialized centres are a regional option, but also applicable as a cross-border concept. Partly, health systems in border regions have been cooperating already for years, in particular if there was an undersupply on one side and a surplus capacity on the other – within EU-borders, but also with non-EU countries. Over the last 20 years, more than 3.000 Bavarian heart disease patients received medical treatment in the provincial hospital of Salzburg (Austria). "Salzburg is a model. I see a big chance in establishing competence centres in order to face the growing financial pressure", Leiner stresses. Another example of excellent cooperation, which even crosses EU-borders, was presented by EHFG-speaker Maris Jesse of the Estonian Health Insurance Funds: Estonia, a state with only 1,5 million citizens, could not afford an all-embracing health system with the implementation of newest scientific research. For medical treatment, which is not available in Estonia, a cross-border agreement with Finland had been set up. Vice versa, many Finns use Estonian thermal spring cures or travel for dental treatment to Estonia.

Analysis and open coordination

Theoretically, international patient mobility on a large scale is possible, since the European court reduced legal barriers last year to a minimum. An Europeanization of health standards and "service packages" are the logical next step. What is still missing, is an open coordination between national providers of health care services and profound analysis on possible patient streams and their effects. "Until now it is neither possible for states to quantify patient migration nor calculate the costs of it", sums EHFG-expert Michael Hübel of the European Commission Health and Consumer Protection Directorate General, up. The research project IZOM on patient mobility in the Euregio Maas-Rhein, which was supported by Hübel, has recently been evaluated. The results give an insight in how far Belgians, Germans and Dutch use health services in neighbouring countries, since the access has become easier, due to a simplification of

administrative procedures between national insurance systems as well as the improved transparency between patients and their health insurance schemes. One of the findings was, that patients want to be served in their mother tongue. The German speaking community in Belgium, a good deal of them former border workers (retired), are a large part of the mobile patients in the German border region, because they are more familiar with the German health system than with the one in their home country. The Flemish Belgians rather tend to travel for medical treatment to the Netherlands. The main reason for Dutch, to travel to Germany, are the relatively long waiting periods for medical treatment in the Netherlands. Two thirds of the mobile patients see medical specialists, one third are in-patients abroad. The data of this research is likely to give the direction for further transnational cooperation.

Practice lags behind its possibilities

In practice the judicial and technical possibilities are by far not fully used. Patient mobility seems to be no big issue in the EU yet. In some spots, awakening is recognizable: in the Austrian province of Salzburg, hoteliers and proprietors are allowed to issue health insurance certificates to their guests from other EU member states in case of an illness. The idea had been pushed by the regional Economy Association (Wirtschaftskammer) and the regional health insurance scheme. "Until recently, seeing a general practitioner was difficult and expensive for tourists of other EU member states. A so-called medical care certificate had to be exchanged into health insurance certificate at the home health insurance scheme. Often the patients payed the fees out of their own pocket", said Irmbert Ettlmeier of an Austrian Economy Association (Wirtschaftskammer). The accounting modalities between countries are to a large extent out-of-date and complicated. Salzburg's Vice-Governor Gabi Burgstaller complains about the long processing periods for international refunds of expenses. "If an Italian tourist breaks his leg in Austria, the Austrian health insurance scheme has to wait up to four years to get the expenses for the treatment refunded. This is grotesque!" After all, billions of Euros are transferred daily at the stock market. Burgstaller hopes that the EHFG makes the unnecessary problems regarding interaction a subject of discussion, in order to speed up a proper solution.