

Study on cross-border health services: enhancing information provision to patients

Expert meeting

European Commission – Consumers, Health, Agriculture and Food Executive
Agency



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Outline

1. Brief overview of the study
2. Findings inception phase (WP1)
3. Findings website analysis (WP2)
4. Preliminary findings NCP survey (WP4)

Overview of the study

Overall aim and activities

- Identify the legal information requirements, as well as the needs of patients, for the NCPs and for healthcare providers who provide cross-border services
- Study and assess the status quo of current information provision by NCPs, as well as the degree of evolution in recent years
- Core activities:
 - WP1: Analyse legal texts and literature on NCPs and information provisions
 - WP2: Website analysis
 - WP3: Pseudo-patient investigation
 - WP4: Surveys and toolbox development
 - WP5: Training NCPs

End date: 1 October 2018

Inception phase (WP1)

Recap of the overall aim and activities of WP1

- Overall aim:
 - Further concretise the **methodology**
 - Set up the basis for **WP2, WP3** and **WP4**
- Activities:
 - Analyse **legal texts** and **literature on NCPs and information provisions**, aiming to set out:
 - the legal framework for cross-border healthcare under **Regulation 883/2004** and **Directive 2011/24/EU**;
 - the **information requirements** for NCPs and healthcare providers;
 - Draft a first list of thematic **indicators** for good NCP service provision.

Inception phase (WP1)

Focus of today's discussion

- Overview of the results of WP1
 - Results of the **literature review**
 - Results of the analysis of **legal texts**
 - Draft **guiding principles and indicators**

- Overall comments based on the results

Inception phase (WP1)

Results

1. Literature review

Information requirements of NCPs according to Directive 2011/24/EU:

1) Information provision in **general**:

- **Easily accessible**, available by electronic means and in formats accessible to people with disabilities (art. 6, 5°)
- Information that has to be provided compulsory to patients should be **specified** (Rct. 48)
- Information should be provided in any of the **official languages** of the Member State concerned (Rct. 48) → In English to comply with art. 6, 5°?
- Information, on request, on **contact details of NCPs** in other Member States (art. 6, 2°)

Inception phase (WP1)

2) Information provision by NCP of **MS of treatment**:

- » **Quality and safety** standards (art. 4, 2°(a))
- » **Healthcare providers** (art. 6, 3°)
- » **Patients' rights** (complaint and redress) (art. 6, 3°)

3) Information provision by NCP of **MS of affiliation**:

- » **Patients' rights and entitlements** (reimbursement) (art. 5(b))
- » **Prior authorisation** (art. 8, 7°)
- » Differentiated information on **Directive 2011/24/EU** and **Social security regulations** (art. 5(b)/ Rct. 31)

→ **Cooperation** and consultation

- Other NCPs,
- Patient organisations
- Healthcare providers
- Healthcare insurers

Inception phase (WP1)

- Difficulties and proposed interventions in literature:
 - Lack of awareness among patients
 - Language barriers
 - Complex and difficult for patients to understand

 - Differences in information provision between NCPs
 - Still shortcomings in information provision

 - Missing information
 - At national level
 - Patients' own obligations
 - Comparable information on quality and safety

 - To evolve to a standardised and unified practice of information provision, fulfilling patients' needs

Inception phase (WP1)

Results

2. Analysis of legal texts:

Inception phase (WP1)

Social Security Regulations

Distinction unplanned and planned care

Who?

- ❖ Citizens EU, EEA, **Switzerland**
+ Third country nationals (- DK)

What?

- ❖ Physical movement to another MS
- ❖ Treatment covered in **benefit package of MS of treatment for unplanned care (medically necessary treatment) / Competent MS for planned care**
- ❖ Treatment covered by social security scheme of MS of treatment **(public healthcare)**

Directive 2011/24/EU

No distinction unplanned and planned care

Who?

- ❖ Citizens EU, EEA
+ Third country nationals **(+ DK)**

What?

- ❖ Physical movement to another MS or **telemedicine**
- ❖ Treatment covered in **benefit package of MS of affiliation**
! Except:
 - Long-term care
 - Organ transplantation
 - Public vaccination programs
- ❖ All treatment **(public and private healthcare)**

Inception phase (WP1)

Social Security Regulations

When?

- ❖ **No prior authorisation** for **unplanned care** (EHIC) / **Prior authorisation** for **planned care** (S2 form)

- ❖ No refusal:
 - **Treatment provided in the MS of residence**
 - **Undue delay**

Directive 2011/24/EU

When?

- ❖ **Prior authorisation** as exception
 - Depending on **implementation** and **circumstances**:
 - **Overnight hospital stay**
 - **Expensive medical equipment**
 - Patient safety risk
 - General population safety risk

- ❖ No refusal:
 - **Treatment provided in the MS of residence**
 - **Undue delay**

- ❖ Limited ground of refusal:
 - Patient safety risk
 - General population safety risk
 - Quality and safety concerns healthcare provider
 - Treatment provided in MS or residence + Undue delay

Inception phase (WP1)

Social Security Regulations

How?

- ❖ **Payment procedure and formalities MS of treatment**
(often third party payment)
- ❖ Compensation **between institutions**
- ❖ **Reimbursement to the patient** in case of upfront payment:
 - In the MS of treatment/ Upon return home
- ❖ **Tariffs Member State of treatment**
 - **! Except: *Vanbraekel supplement*** in case of planned care
 - Extra costs of stay and travel when envisaged in case the treatment would have taken place in the own MS

Directive 2011/24/EU

How?

- ❖ **Upfront payment** by the patient/Payment formalities MS of affiliation (e.g. GP referral)
- ❖ **Reimbursement to the patient**
- ❖ **Tariffs Member State of affiliation**
(or actual costs)

Inception phase (WP1)

MS responsible for authorisation / reimbursement

Special rule in case of **residence in another MS than the competent MS**:

- 1) Residence in MS under the system of compensation between institutions based on fixed amounts (**Annex III Regulation 987/2009**)

→ The institution of the **place of residence**

- 2) Competent MS has grant more rights to pensioners residing in another MS during a temporary stay back (**Annex IV Regulation 883/2004**)

→ The **competent MS** will be competent for healthcare provided during a stay back on its territory (even when the pensioner resides in a MS under the system of compensation between institutions based on fixed amounts)

→ *! Both NCP of MS of treatment as NCP of MS of affiliation*

Inception phase (WP1)

❖ ! Priority of Social Security Regulations:

- Authorisation automatically granted under the Regulations
- Unless explicit request patient

Preference of planned care under Social Security Regulations:

- Financial burden of upfront payment
- Better guarantees of coverage
- Financial risk borne by the insurance institution instead of the patient
- Coverage of costs for travel and stay

❖ Social Security Regulations will exclusively apply:

- Third country nationals under the external dimension
- Switzerland
- Long-term care, organ transplantation and public vaccination programmes

❖ Directive 2011/24/EU will exclusively apply:

- Telemedicine
- Third country nationals in Denmark
- Private treatment (excluded from the national health insurance scheme)

Inception phase (WP1)

Results

3. Draft guiding principles and indicators

- 1° *Information should reach the general public.* Indicator: Information request estimates, Website traffic estimates, Website statistics, Information is made available through multiple channels,....
- 2° *Information on NCP websites should be easily accessible.* Indicator: Information is easy to find; Information is provided in a clear format; Website navigation; Online contact form; Live chat;..
- 3° *Information on NCP websites should at least also be provided in English.* Indicator: Information in English; Equal content of information in English; Translation is accurate; Availability of the website in other languages
- 4° *Information on NCP websites should be easily accessible for patients with disabilities.* Indicator: User-friendliness of the website for screen readers and other assistive software; W3C Web Content Accessibility Guidelines 2.0;...
- 5° *Information on NCP websites should be easily understandable for patients.* Indicator: Understandable information; Avoidance of technical terms; Clear definitions of inevitable difficult jargon; Glossary

6° *Information should be specified.* Indicator: FAQ; Information taking into account the specific situation of the individual patient

7° *Information should be different for incoming and outgoing patients.* Indicator: Different information for incoming and outgoing patients; Central navigation bar on website to provide access to different parts of the page for incoming and outgoing patients

8° *Content of the information should be in accordance with the information requirements of the Directive.*

- Indicator Member State of affiliation: Information on patients' rights and entitlements, Information on prior authorisation; Differentiating information for on Regulation 883/2004 and Directive 2011/24/EU
- Indicator Member State of treatment: Information on quality and safety standards; Information on healthcare providers; Information on patients' rights

9° *Information on other NCPs.* Indicator: Contact details of other NCPs; References to other NCP websites;

10° *Cooperation with each other and with patient organisations, healthcare providers and healthcare insurers.* Indicator: Exchange of information; Regular consultation; Contact details

Inception phase (WP1)

Overall comments based on the results

- Clear distinction between information for **outgoing and incoming patients**
- Differences between **Regulation 883/2004 and Directive 2011/24/EU**
- Information in **English** in order to comply with art. 6, 5°
- Information on **which institution** is competent to grant authorisation and which institution will be responsible for reimbursement (e.g. special rules for pensioners; for patients residing in a MS under fixed amount)

Website analysis (WP2)

Aims & activities

- Overall aim:
 - Evaluate the information provision to patients on the NCPs websites and compare to results from previous studies
 - Formulate recommendations for improvement of this information provision
- Activities:
 - Analyse the individual websites of the NCPs
 - Aggregated results analysis resulting in recommendations
 - Update the research protocol for website analysis
- Scope:
 - 36 NCP websites – July 2017
 - Information for inbound patients in English, for outbound patients in the native language(s)

Methodology for website analysis (WP2)

Starting point: Evaluative study (2014)

Based on a pilot and literature review, the following 9 categories were identified for analysis in the current study:

- (1) Technical Elements
- (2) Accessibility
- (3) Usability
- (4) Completeness of content
 - Section 1: General information
 - Section 2: Healthcare providers
 - Section 3: Patients' rights
 - Section 4: Prior authorisation
 - Section 5: Quality and safety standards
 - Section 6: Entitlements for reimbursement of costs

Results of the website analysis (WP2)

Technical elements

Focus: contact details, information about the website, date of last update etc.

Average score: 72 %

Best practices:

- Belgium
- England (UK)
- Latvia
- Northern Ireland (UK)
- Scotland (UK)

These NCP websites all received the maximum amount of points for this category.

Results of the website analysis (WP2)

Accessibility

Focus: the ease with which the NCP website can be found and opened

Average score: 60 %

Best practice:

- Slovenia

This NCP website received almost the maximum amount of points and only lost points because it was marked as the 2nd to 5th hit in our first Google search strategy.

Results of the website analysis (WP2)

Usability

Focus: the user-friendliness of the website, shown by elements such as an internal search engine or frequently asked questions section.

Average score: 55%

Best practice:

- Poland

This website contained FAQs, most visited pages, a media library, and an internal search engine

Honourable mentions for the availability of a media library are: France, Greece, Italy, and Romania.

Results of the website analysis (WP2)

Completeness of content: General information

Focus: general information on the Directive and Regulation, patients' rights etc.

Average score: 72%

Best practices:

- Austria
- Croatia
- Cyprus
- Estonia
- France
- Germany
- Italy
- the Netherlands
- Slovakia (both websites)
- Spain

These NCP websites all received the maximum amount of points for this category.

Results of the website analysis (WP2)

Completeness of content: Healthcare providers

Focus: information on the health system and healthcare providers in the Member State of the NCP

Average score: 59 %

Best practices:

- Austria
- Belgium
- Finland
- Latvia
- the Netherlands
- Poland
- Portugal
- Sweden
- Wales (UK)

These NCP websites all received the maximum amount of points for this category.

Results of the website analysis (WP2)

Completeness of content: Patients' rights

Focus: in-depth information on patients' rights, regarding for instance waiting time, access to medical records, harm

Average score: 25 %

Best practices:

- Finland
- Ireland
- Germany

Additionally, England and Wales were the only NCP websites to include specific information on patient' rights in case of undue delay.

Results of the website analysis (WP2)

Completeness of content: Prior authorisation

Focus: information and forms regarding prior authorisation

Average score: 48 %

Best practices:

- France
- Ireland

Both scored the maximum amount of points for this category, most notably on the SAI regarding the time period required for prior authorization.

Results of the website analysis (WP2)

Completeness of content: Quality and safety standards

Focus: information on national legislation and policy, standards and strategies on patient safety and quality of care

Average score: 30 %

Best practice:

- Wales (UK)

This NCP website earned all the points available for this category.

Results of the website analysis (WP2)

Completeness of content: Entitlements of reimbursement

Focus: information on treatments that are reimbursed, payment tools and type of tariffs, et cetera.

Average score: 25 %

Best practices:

- Estonia
 - The Estonian website included information on the time period required for reimbursement.
- Finland
 - The Finnish website was one of the few that included information on what treatments are not reimbursed.

Both websites also included information on specific reimbursement tools.

Survey (WP4)

NCPs for Cross-border Healthcare Survey 2017

Starting point: Evaluative study (2014)

Aim:

To explore the **organisational structure and working process** of NCPs

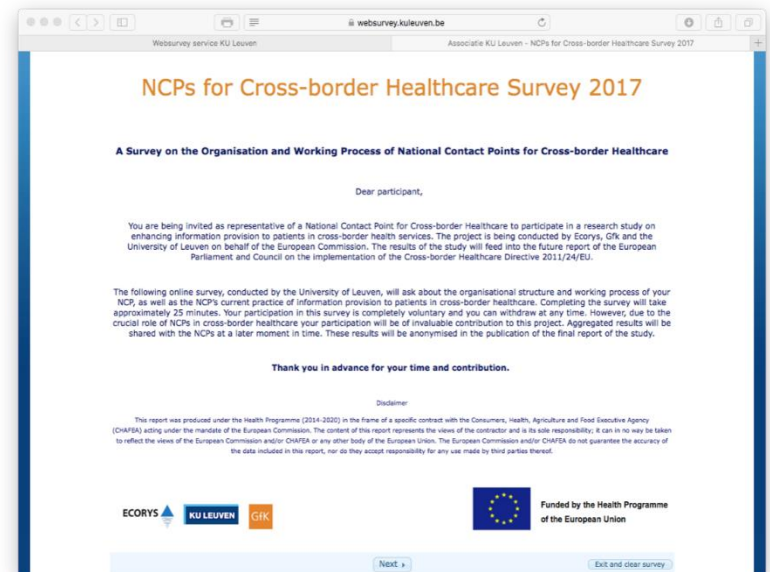
To provide a better understanding of the **current practice of information provision** to patients

Design:

Cross-sectional online survey, from 17 August till the end of September

Collected variables:

“Organisation and working process”; “Cooperation and information exchange”; “Information provision”.



Survey (WP4)

Preliminary results

27 NCPs of 21 Member States

1) “Organisation and working process”:

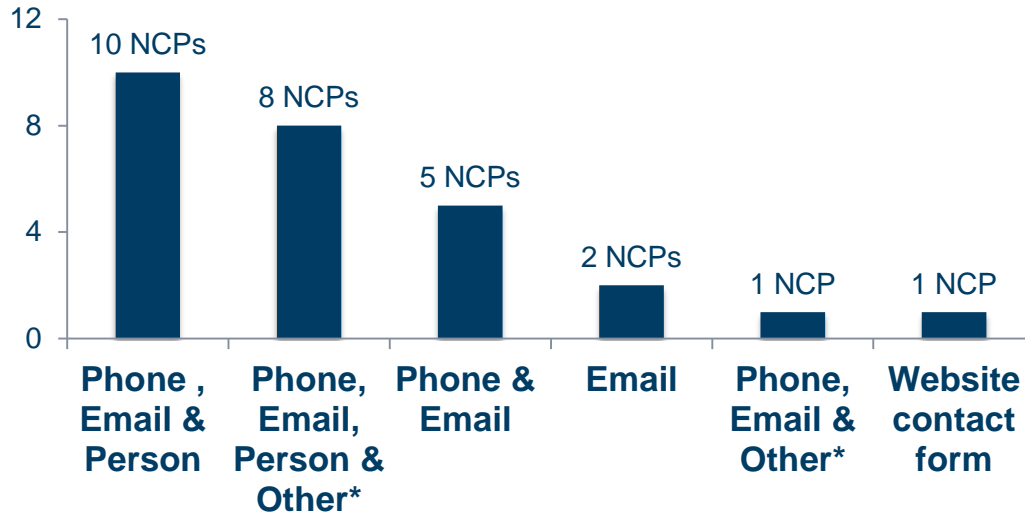
– Big organisational differences

- Single NCP; Multiple NCPs
 - Organised within Ministry of Health; National Health Insurance Fund(s); Liaison body, Region; National Authority,...
 - Separate organ; Integrated into other service
 - State funding; Health Insurance funding; General taxation; Stakeholder funding (distribution key); No own funding,...
 - Multidisciplinary team; No multidisciplinary team
 - FTE ranging from 0 to 10
- **Most NCPs don't have separate organisational divisions for inbound and outbound patients**

Survey (WP4)

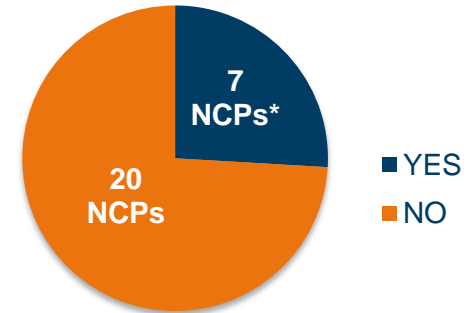
Preliminary results

Information channels:



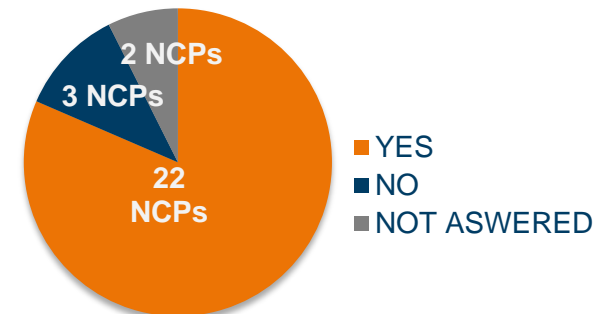
*Other: Letter, Fax, Website contact form, ...

Social media:



* 2 NCPs plan to add social media in the future

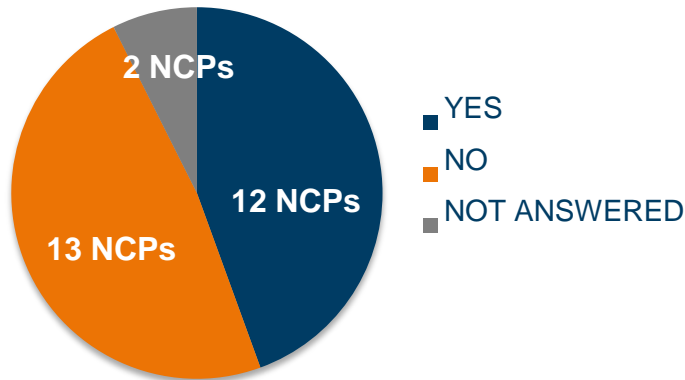
Information in English:



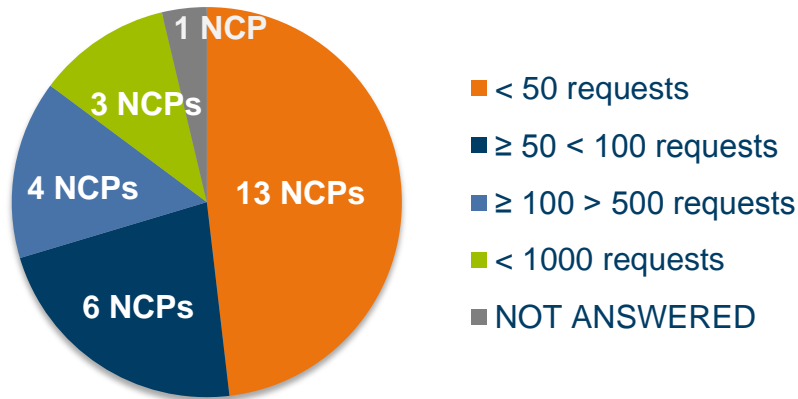
Survey (WP4)

Preliminary results

Public campaigns, often limited in time:



Information requests per month:



Patient awareness:

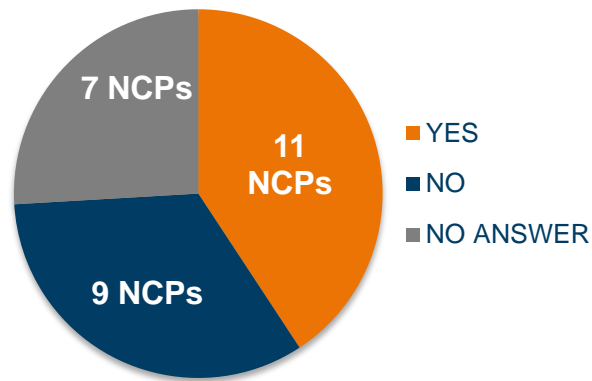
According to your experience, are most patients aware of the existence of the NCP in your country?

Yes 7 NCPs 26 %
No 20 NCPs 74 %

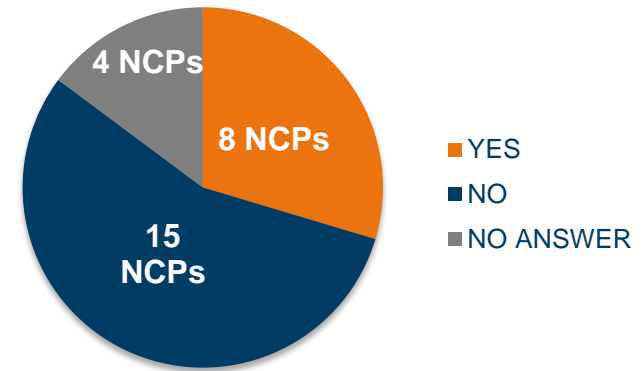
Survey (WP4)

Preliminary results

W3C Web Content Accessibility Guidelines 2.0:



Website testing by visual impaired people:

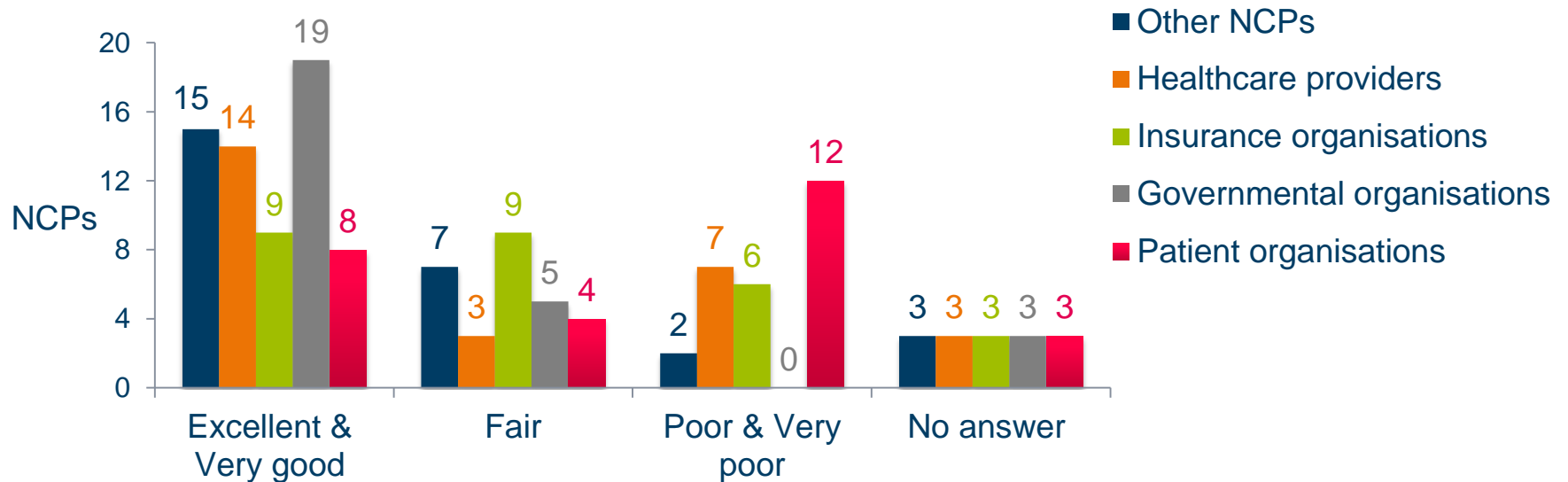


Survey (WP4)

Preliminary results

2) “Cooperation and information exchange”:

Cooperation with different stakeholders:



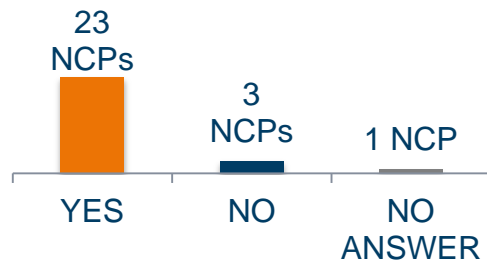
Survey (WP4)

Preliminary results

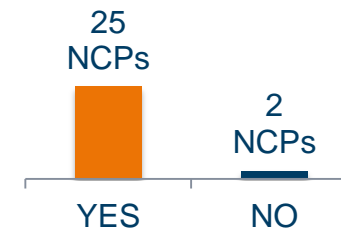
3) “Information provision”:

Directive 2011/24/EU and Social Security Regulations:

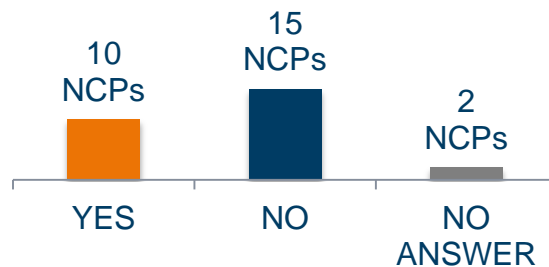
I. Distinction in information



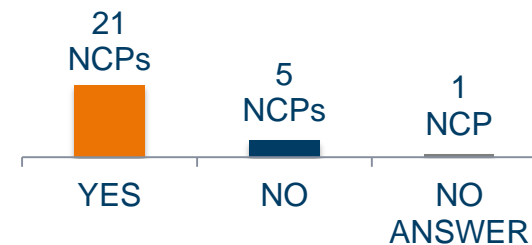
II. Information on Regulations



III. Difficulties in making a distinction



IV. Information on priority Regulations

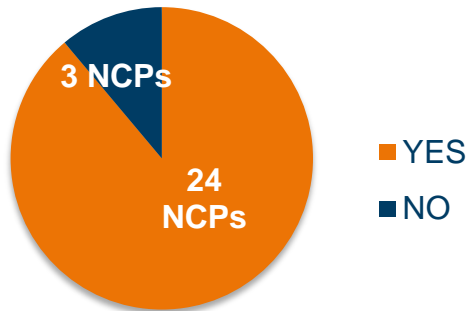


Survey (WP4)

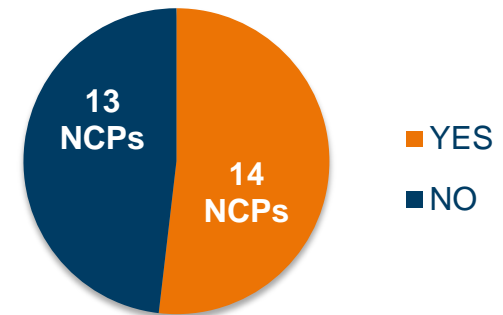
Preliminary results

Outbound and inbound patients:

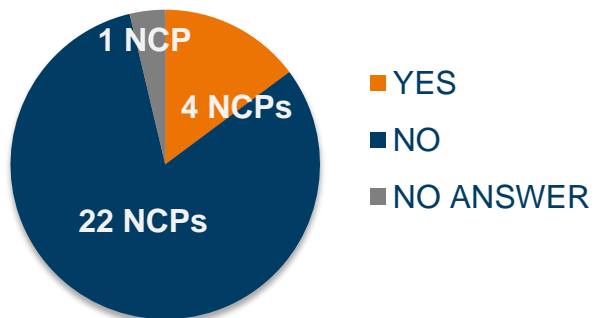
Information requests incoming patients



Distinction in information



Difference in use of languages

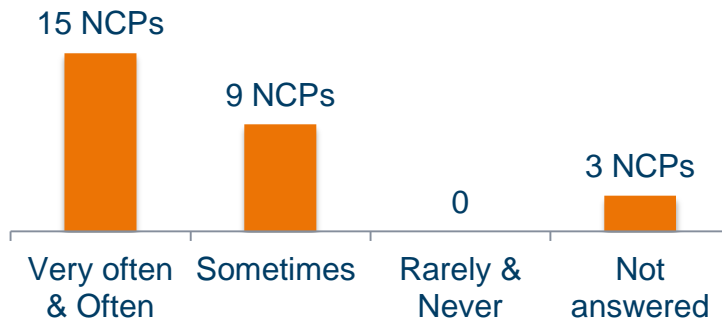


Survey (WP4)

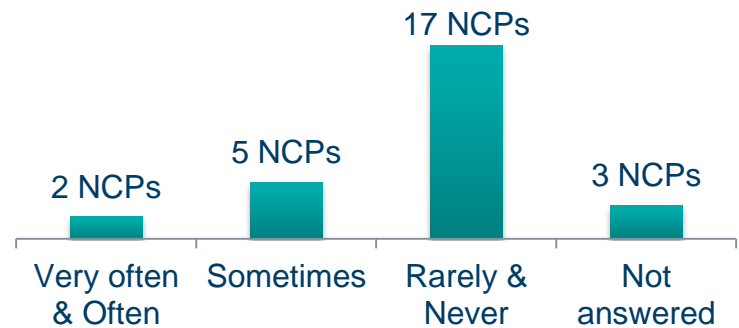
Preliminary results

Content of information requests:

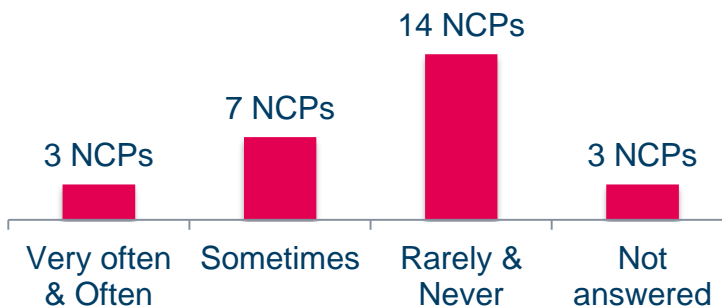
1) Hospitals and healthcare providers



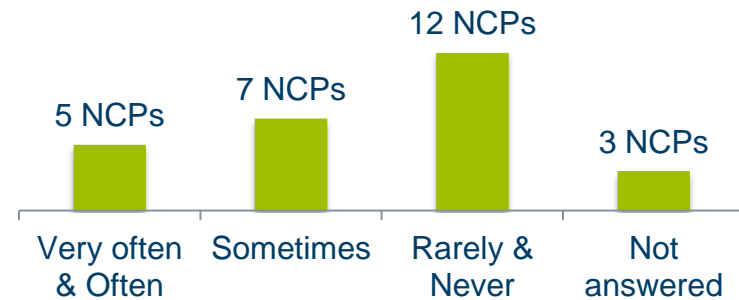
2) Quality and safety



3) Waiting times



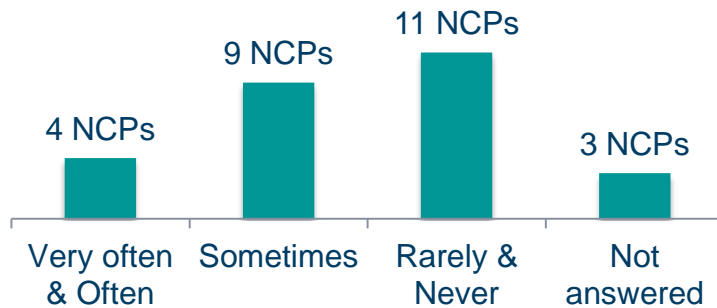
4) Medical documentation



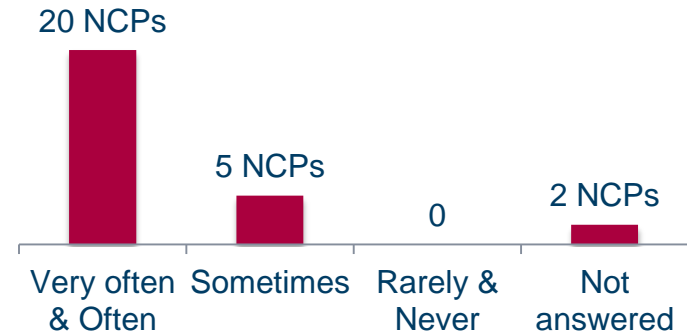
Survey (WP4)

Preliminary results

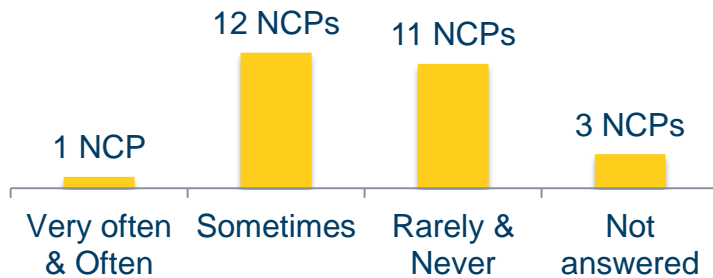
5) Travel and accommodation



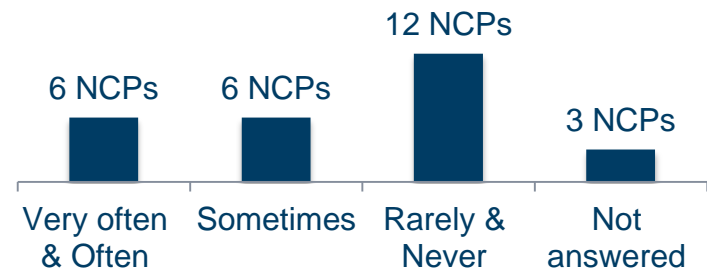
6) Reimbursement and level of costs



7) Procedures complaint and redress



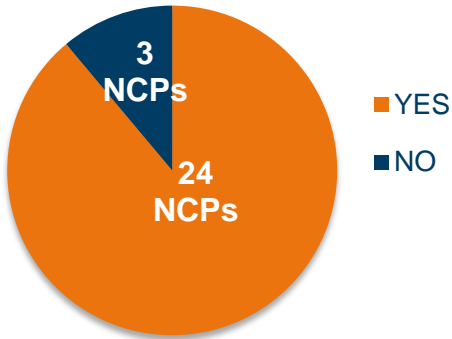
8) Language use



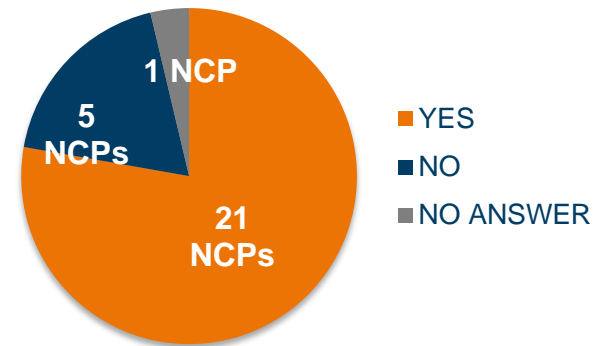
Survey (WP4)

Preliminary results

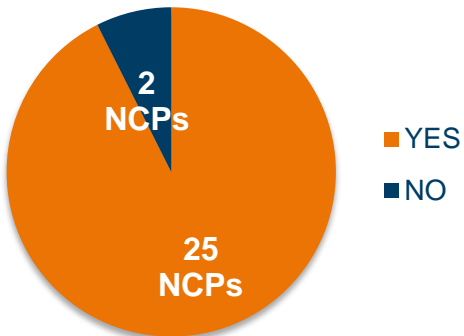
Information provision on prior authorisation



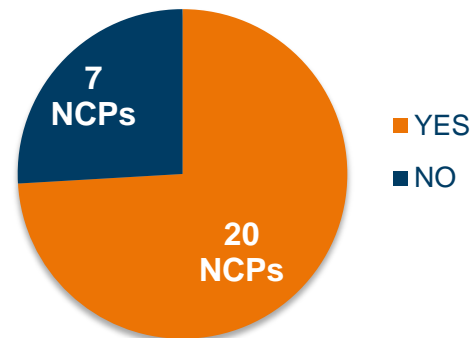
Information provision on reimbursement



Information provision on quality and safety



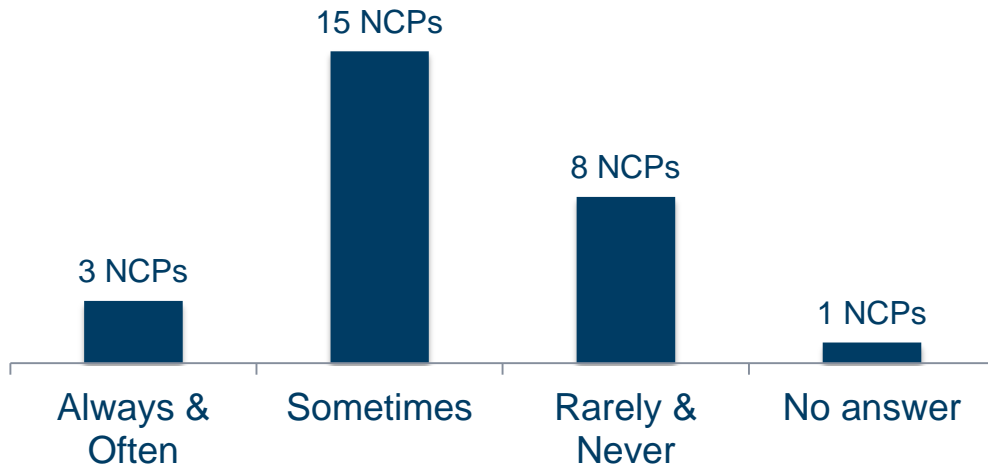
Information provision on accessibility of hospitals for persons with disabilities



Survey (WP4)

Preliminary results

Difficulties in gathering information



Survey (WP4)

Preliminary results



What do you think could be improved or developed in order to further enhance NCP practice ?

NCP answers:

- *“To make NCPs more public”, “Raise awareness of the tasks of NCPs”*
- *“Assisting patients in finding a healthcare provider or hospital abroad”*
- *“More efficient cooperation with healthcare providers and patient organisations*
- *“Better NCP cooperation and information exchange”, “NCP meetings in smaller groups”*
- *“Website or IT-platform to share actual information among NCPs” (e.g. on each others healthcare system)*
- *....*

Thank you for your attention!

Any questions?

