

Workshop: To consider options for improving data collection for monitoring the Cross-Border Healthcare Directive

Brussels 4th February 2020

Background

- Response rate to the questionnaire on patient mobility by NCPs has been good - almost 100%
- Few MS have been able to provide answers to all questions, and significant variation across the years in replies.
- Objective was to seek the opinion of experts in patient mobility on possible measures to improve the data collection so that a more complete picture of the impact of the Directive may be obtained.
- Focus of workshop was practical or technical aspects to data collection, not legal rules or policy decisions as this is a matter for the Member States.

Participants

- Rita Baeten - European Social Observatory
- David Morgan - Head of Health Accounts, OECD
- Frederic De Wispelaere - HIVA-KU Leuven
- Peter Janssens - Benelux Secretariat
- Pascal Garel - European Hospital and Healthcare Federation (HOPE)
- Matthias Wismar - European Observatory on Health Systems
- Corinna Hartrampf - International Association of Mutual Benefit Societies (AIM)
- Ute Hummel - DVKA, representing European Social Insurance Platform (ESIP)
- European Commission: DG SANTE, DG EMPL, EUROSTAT

Issues Explored with Experts

Potential Remedies to increase granularity

- New questions on types of treatment requested/reimbursed.
- New questions on age range of patients.
- New questions on geographical location of patients.
- New questions of geographical location of treatment provided.
- More options for free text.
- More detailed guidance to NCPs.



Potential Remedies address data gaps

- Data modelling drawing on other data sets.
- Comparisons with data known about mobility under the Regulations.
- Proxy measures drawn from the Regulations to fill gaps.
- Proxy measures or models based on other data sets - eg OECD & Eurostat data.
- Inferences/models based on wider data sets – eg - eg OECD & Eurostat data.



Potential Remedies to supplement numbers

- Case studies to complement data collection.
- Case studies in densely populated border regions.
- Case studies developed from lessons learned from parallel schemes.
- Targeted case studies based on identifiable patterns – eg dental care or cataract surgery.
- Data collection/case studies directly with insurers.
- Qualitative data collection from patient sample groups.





Recommendations for future actions

1. Provide more support to the people collecting and reporting data

- Provide data collection manual in local languages
- Allow comments receivable in any language

2. Collect more qualitative data

- Allow more free text comment within statistical questionnaires
- Undertake focussed case studies in key regions based on MS guidance

3. Support better engagement in the data reporting.

- Develop richer data for forthcoming evaluation of the Directive, including if possible through input from NCPs, patient groups and health care professionals
- Provide more cross referencing from reports on the operation of the Regulations as well as any reports available on the operation of parallel schemes and Reference to the findings from the statistical studies conducted by EUROSTAT and OECD where useful

Data Collection in 2020 (on patient mobility in 2019)

Changes to Questionnaire:

- 1) Comments box at end of each section
- 2) Comments can be provided in national language (follow-up conversations if necessary)

Deadlines

- 15 June Questionnaire sent to NCPs
- 20 July Replies to be received
- 1 September First Draft Report to European Commission
- 21 Sept - 5 Oct. Review by MS representatives
- 26 October Final Draft to Commission
- 1 December Report published