Structures and processes for cross-border care referral

Development of a National Coordination Hub for ERNs

Malta
National Highly Specialised Overseas Referrals Programme

Historical Overview

• Programme commenced in 1950s
  - Cases of congenital heart disease

• Centralised structures for referral, approval and patient support services housed in the single secondary/tertiary public-funded care centre - Treatment Abroad Coordination Office
  - National Highly Specialized Overseas Referrals Programme
  - Overseas Visiting Consultants
Dynamic and evolving activity

• Trends in referrals change over time
  – CABG referrals peaked and phased out

• Currently the bulk of referrals are for:
  – Ophthalmology
  – Children with rare conditions
  – Transplant procedures (Liver, BMT)
  – Rare cancers
Why are patients referred abroad?

• Treatment is not available locally
  – Bone marrow, liver and lung transplants
  – Coiling of sub-arachnoid haemorrhage, carotid and basilar aneurysm
  – Gamma-knife radio-surgery

• Patient presents as a complicated case
  – Neurosurgery
  – Complex rare diagnoses

• **New treatment modalities**

*Where possible service is given locally*
To which countries are patients referred?

• To countries where Malta has specific agreements
  – England
  – Some regions in Italy

• Language issues (provision of interpretation services)

• Housing issues (Charity, NGO support)

• Transportation issues
  – (Specific agreement with our national carrier airline Airmalta)

• Problems arising from extended/ repeated stays abroad (employment, family income, ......)
To which centres are patients referred?

- Reputation
  - e.g. Great Ormond Street Hospital
  - Royal Marsden

- Professional links
  - Centres where overseas visiting consultants work
  - Centres where local consultants have trained
  - Centres where Maltese doctors are currently training or working
Constantly evolving situation

- **Service evolutions** from overseas referrals to local service development, e.g. cardiac surgery, renal and cardiac transplants, cochlear implant programme, limb lengthening (in development: *bone marrow transplants*)

- Service provided through **visiting consultants**
  - Scoliosis surgery
  - Deep brain stimulation

- Development of capacity (expertise, medicinals) and technical support for **after-care/ follow-up**: joint visiting/ local clinicians

- **Research collaborations**
Evolving model for enrolment of HCPs in Malta in ERNs

- A single secondary/tertiary public-funded care centre – assessed for compliance with general criteria and conditions – designated National Coordination Hub (NCH) for all ERNs
Evolving model for enrolment of HCPs in Malta in ERNs

• Several clinical directorates each with special interest/ expertise development congruent with specific ERNs - assessed for compliance with **specific criteria and conditions** – designated Centre of Expertise or Associated Centre (AC)

Examples:
- Oncology Centre: EURACAN, PaedCAN-ERN
- Orthopaedics Dept.: BOND
- Endocrinology Unit: ENDO-ERN
- Paediatrics Dept: PaedCAN-ERN, ERNICA, TRANSPLANT-CHILD
Adaptation of Self-assessment for HCPs

A minimum rating set for each of criterion
- General criteria: minimum rating for NCH
- Specific criteria: minimum rating for AC

### 1. PATIENT EMPOWERMENT AND PATIENT CENTRED CARE

Sections 1-5 incorporate the General Criteria and Conditions. They need to be completed by applications from whole healthcare facility or organizations such as hospitals.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Rating:</th>
<th>Supporting documents required</th>
<th>Comments</th>
<th>Minimum rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 The Healthcare Provider has strategies in place to ensure that care is patient-centered and that patients' rights and preferences are respected.</td>
<td>0/1/2</td>
<td>Mission or core value official document. Copies of Patient information material</td>
<td>1</td>
<td>NCH 0 AC 0</td>
</tr>
<tr>
<td>1.1.1 The Healthcare Provider's commitment to patient-centered care is formally and consistently communicated with patients and their families.</td>
<td></td>
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<tr>
<td>1.1.2 Processes are in place to assist patients and their families in knowing who is providing their care, and the role of each person on the multidisciplinary care team.</td>
<td></td>
<td>Clinical audits and/or Chart reviews</td>
<td>1</td>
<td>NCH 0 AC 0</td>
</tr>
<tr>
<td>1.1.3 Patient education materials appropriate for readers of varying literacy levels and for speakers of different native languages are available.</td>
<td></td>
<td>Patient Education Materials</td>
<td>1</td>
<td>NCH 2 AC 2</td>
</tr>
<tr>
<td>1.1.4 The Healthcare Provider provides patients and their families with written information about the facility, the organization, and its specific area of expertise.</td>
<td></td>
<td>Patient Information Materials</td>
<td>1</td>
<td>NCH 0 AC 0</td>
</tr>
<tr>
<td>1.1.5 The Healthcare Provider gives patients and their families written information about their rights and responsibilities.</td>
<td></td>
<td>Written material describing patient and family rights and responsibilities.</td>
<td>1</td>
<td>NCH 0 AC 0</td>
</tr>
<tr>
<td>1.1.6 There is a policy and procedure in place to disclose</td>
<td></td>
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</table>
SWOT Analysis

STRENGTHS:
• Long-standing and dynamic experience in cross-border care exchanges at patient, professionals and health systems levels
• Highly professional, dedicated and enthusiastic teams in several specialised areas

OPPORTUNITIES:
• Evolving new systems to embrace participation in ERNs adapted to special context
• General hospital organisational support and resources provided by the National Coordination Hub
• Specialised participation and contribution by different specialist setups
SWOT Analysis (2)

WEAKNESSES and THREATS

• Staff levels may be too low to permit high level/superspecialisation
• Small disease cohorts – may not reach ‘critical mass’
• Number of complex cases are small
• Travelling takes time – island, peripheral, dependent on connectivity of air travel
• Possible risk for brain drain when training occurs abroad
• Maltese patients may be subject to lesser access than patients on mainland Europe
Thank you