

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

Requirement	Rating:	Supporting documents required	Comments	Minimum rating	
	0 / 1 / 2			NCH	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.					
1.1 The Healthcare Provider has strategies in place to ensure that care is patient-centered and that patients' rights and preferences are respected.					
1.1.1 The Healthcare Provider's commitment to patient-centered care is formally and consistently communicated with patients and their families.		Mission or core value official document. Copies of Patient information material		1	0
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.		Clinical audits and/or Chart reviews		1	0
1.1.3 Patient education materials appropriate for readers of varying literacy levels and for speakers of different native languages are available.		Patient Education Materials		1	2
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.		Patient Information Materials		1	0
1.1.5 The Healthcare Provider gives patients and their families written information about their rights and responsibilities.		Written material describing patient and family rights and responsibilities		1	0
1.1.6 There is a policy and procedure in place to disclose					

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/ super-specialisation
- 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