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Project acronym: MARQuIS

Project full name: Methods for Assessing Response to Quality Improvement Strategies



EXECUTIVE SUMMARY - Deliverable 7. WP3: Priorities for using care abroad / delivering care to non-residents: patients, financing bodies, health care organizations and professionals

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EXECUTIVE SUMMARY

Objectives

The objective of this research task was **to identify and prioritize issues relevant for patients' safety and centeredness as defined by patients, health care providers and health care financing bodies.**

Methods

Qualitative semi-structured interviews were carried out with patients, professionals (hospital managers, doctors and nurses) and health care financing bodies in order to identify safety and patient-centeredness issues for cross-border care. **Discourse analysis** was used to elect issues and priorities. Comparison of different groups was performed by **grouping themes and contents.**

Results

Overall, **40 interviews were conducted with patients, 30 interviews with health professionals and 3 interviews with health care financing bodies.** The interviews yielded a range of issues for consideration in the questionnaire development and highlighted quality issues around information and communication, as well as continuity of care after discharge. Based on the patients' interviews, **specific patient experiences and involvement were revised from the cross-border perspective** in order to facilitate future research in this field. The interviews with health professionals highlighted **a range of quality issues from information and communication requirements to discharge procedures that may impact on the quality of cross-border care.** Health care financing bodies confirmed these issues and raised **further topics for research on administrative issues,** including the use of digital E-111 card.

Discussion

From the perspective of patients, professionals and health care financing bodies **two main groups of cross-border patients** can be distinguished: those that purposely go abroad to obtain care (mainly due to waiting list, second opinion and living in border regions) and the ones that travel for other reasons and unexpectedly need to get some kind of treatment (mainly tourist and visitors), what basically means planned or unplanned care. Both groups have **high information requirements,** which are characteristic for all phases in the patients' pathway: choice of provider and admission, diagnosis and intervention and discharge process and continuity of care that have potential impact on patient safety and centeredness.

Patients evaluate the hotel services (privacy, food, purchasable items) as very important during the hospital stay, but nonetheless **are mostly confident about the quality of care.** From

the **professionals and financiers perspectives some concerns were raised regarding the long-term quality of care**, as information requirements may not be satisfied, social support services are missing, medications differ in terms of type and dosage between countries, discharge timing depends heavily on transport arrangements and the organization of continuous follow up care may be more difficult to achieve. In fact, the **discharge and follow up phases appear to be one of the weakest points of the cross-border care process**, as highlighted by all three groups of interviewees. The findings suggest that cross-border care may significantly benefit from a standardized communication system for the discharge process.

Despite the range of opinions expressed by the interviewees, there was a **lack of data on the quality of cross-border care**, both concerning in-hospital studies on clinical outcomes and satisfaction of cross-border patients and follow-up systems that allow the identification of possible problems or complications related to the care provided during the follow up process.

Conclusion

This research project **obtained information on the viewpoints and priorities of patients, professionals and health care financing bodies for using health care abroad**. The results show that, while cross-border care has become a common issue in many European countries, there **remain uncertainties** on the side of each of the parties addressed - patients, professionals and financiers – **with regard to the organization of cross-border care**. These uncertainties relate to administrative requirements and their possible abuse, information requirements for patients and families, organization of follow up care and the controlling function of health care financing bodies over the services they reimburse. One of the most striking results of this project is to ascertain the **current lack of research on the quality of cross-border care**. As a result of this research project, many issues that may have a potential impact on the quality and safety of cross-border care were identified and may be used in further research.

Recommendations

The report includes recommendations to the MARQuIS team and recommendations to the EU. **Recommendations to the MARQuIS team** pertain in particular the development of the questionnaire in WP4 that will be used to evaluate quality strategies applied in EU hospitals. **A complete list of suggestions** to the MARQuIS team on questionnaire development is included in the full recommendations of this report. Based on the requisites for patient centeredness and safety as identified through interviews with patients, professionals and health care financing bodies the **MARQuIS team should consider developing guidelines** on improving the care process for cross-border patients.

Recommendations to the EU include the following issues:

1. **Due to the paucity of data on the quality of care for cross-border patients, further research is required.** Currently, and due to logistic reasons, hospitals do not systematically assess clinical quality or patient satisfaction/experience of cross-border patients. Although professionals claim that local and cross-border patients are treated similarly, the complex administrative arrangements and impediments on information exchange processes (between patient and professional and between institutions) may have a negative impact on patient centeredness and safety. Further research on the quality of cross-border care should be supported and address the following:
 - **Financers should plan data collection on the quality of cross-border care** as part of their responsibilities, taking into consideration in particular the long term care outcomes, even if this data needs to be collected in different countries.
 - **Research should cover the comparison of outcomes between cross-border and local patients**, at least for the most common pathologies.
 - **In addition to the clinical quality** during hospital stay, this information **should address long term outcomes** including recovery complications, readmissions and general quality of care.

2. Interviews established that **communication is the main and most common requirement for patient safety and centeredness.** Patients and their relatives should be provided with clear information concerning their condition and their treatment process as current strategies do not seem to be sufficient to ensure full information of patients about diagnosis, treatment and follow up. The following recommendations should be considered:
 - It would be useful for **EU to provide structured guidelines** to support hospitals in identifying the type of organizational and administrative information that should be given to patients, family and caregivers.
 - **Information** on clinical condition, diagnosis and treatment **should be provided to patients and relatives** in a language and manner that is **adapted to their needs.**
 - **Hospitals should have a procedure to inform all foreign EU patients** and their relatives at admission **on the availability of translators** (or professionals that can speak to them in a second language) in order to facilitate the communication process with patients and their relatives.
 - **Hospitals to provide a reference person** assigned to unaccompanied patients for orientation and help with daily needs.

- Patients' informed consent about their treatment is a main issue. The European Union could establish an **inventory of informed consent forms in all EU languages** available to all interest hospitals.
 - Hospitals should **ensure that consent forms are available in foreign languages for the most common pathologies in EU languages**. If this is not possible, hospitals should identify alternative ways to provide informed consent to EU patients.
3. The three groups of interviewees (patients, professionals and health care financing bodies) agreed that **discharge procedures for cross-border patients are the weakest element concerning the continuity of care and need to be improved**, including systematic follow up, medication and rehabilitation. Several initiatives could facilitate the discharge and follow up process:
- There should be **common requirements** for hospitals in Europe concerning the **type and timeliness of information provided upon discharge** to the patient and to continuing health services providers.
 - A **standardized European format for the discharge summary** should be developed and used to improve communication between providers.
 - The **discharge summary** for cross-border patients **should be provided in the language of their home country** and, if this is not possible, hospitals should try to provide it in **English**, as this is a commonly understood EU language.
 - When patients need **medication at discharge**, **prescriptions** should be made **by** the main **active component** and clear indication of dosages instead of commercial names, to facilitate understandability between countries. It is also convenient to consistently **provide medications for a couple of days** to foreign patients.
 - The **internationalization of the electronic patient records** would be an important issue to improve the exchange of information and, therefore, the clinical process. To be successful on the implementation of a common electronic patient record, EU legislation should strengthen this process.
 - Whenever it is possible, **patients should take their own medical records or reports** with them when they go abroad to seek care. Information regarding care abroad should also be included on the patients' medical record.
4. **Differences** were identified **in the use of the E111 and E112 cards** from the providers' side. This may lead to **different coverage** between countries, as for example providing or refusing elective care upon provision of the E111 card. Possibilities concerning the **fraudulent use** of the new card should be **investigated further**.

5. In addition to the previous points, **future research on cross-border care should address the following:**
- **In view of patients' satisfaction and experience** a range of issues should be considered, such as analysis and impact of different patient characteristics on requisites, priorities, expectations, satisfaction related to the country of origin and country where health care was obtained; requirements of different cross-border patients with regard to decision aids, approaches and tools for communication and involvement; support of relatives and informal caregivers to improve care for cross border patients;
 - As there are **cultural differences with regard to the ability and wiliness to collaborate in the care process**, it should be further explored how cultural habits impact on the care process (e.g. adherence to medication) and outcomes (e.g. complications and readmissions).
 - The **impact on professionals of dealing with cross-border patients** should be investigated further in terms of general language and communication skills, workload and stress.
 - As cross-border care involves – to some extent informal- **networks of organizations and individuals**, the **impact of these networks on quality of care** in Europe should be investigated further.