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Project acronym: MARQuIS

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

EXECUTIVE SUMMARY - Deliverable 5. WP3: VOLUME AND TYPE OF CARE DELIVER IN ANOTHER MEMBER STATE

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EXECUTIVE SUMMARY

This survey on quantity of type of care delivered to European citizens in another member state has been developed based on the data gathered from 3 different sources: (1) Hospital admissions data from 19 hospitals from the European countries that are involved on the MARQuIS field test, which are: Belgium, Czech Republic, France, Netherlands, United Kingdom, Poland and Spain. (2) A specific case that study analyzed all admissions and diagnosis data of the Catalonia Public Hospital Network for the year 2003. (3) Data from 7 insurance companies from the European countries involved on the MARQuIS field test, that represented covered 70,33% of the population of those countries.

The findings from this survey can be summarised as follows:

Quantity of movement of patients:

Even when the results obtained on the magnitude of cross-border hospitalization in Europe varies widely; it is still a low occurrence phenomenon, but it seems to be increasing. The volume of the treatment provided to European foreign patients at the emergency unit seems to be higher (almost double) than the events of hospitalization for this population.

On our case study we found out that European cross-border hospitalization in Catalonia counts for 0,21% of all the hospitalizations in Catalan public hospitals based on admissions data for 2003.

Cross-border care provided by insurance companies that send patients abroad to receive care seems to be a also a low frequency phenomenon, since the data obtained from insurance companies as a total show that only 0,12% of the people insured got approval to receive treatment in another European country. All companies included on the study had less than 0,51% insured patients sent for treatment abroad.

Type of care for cross border patients

Most frequent diagnoses for European patients that are hospitalized abroad, based on the results of this study, are acute myocardial infarction, deliveries, appendicitis,

dysrhytmias and several kinds of fractures (being fracture of neck of femur and the fracture of radius and ulma the most frequent ones). When these diagnoses are grouped by ICD diagnostic groups, three groups by themselves accounted for more than 25% of the cross-border population admitted to the European hospitals: circulatory system, pregnancy, childbirth and puerperium and injury and poison.

From the insurance companies point of view, main ICD groups why insurance companies approve to send patients abroad to obtain care are injury and poisoning (mainly due to orthopaedics), disease of the nervous system and sense organs (mainly due to ophthalmology and neurology) and diagnostic procedures (including nuclear medicine, genetic examination and enzymatic methods of examination, PET scan and MRI).

Cross-border versus general type of care:

European citizens that get hospitalized abroad seem to have a more homogeneous pathology than the regular population admitted to the same hospitals.

The type of care provided to cross-border patients is different to the one provided to the global population. Excluding deliveries and acute myocardial infarction, the most common causes why general population get hospitalized are chronic pathologies. On the other side, cross-border patients are admitted to the hospital more frequently due to acute pathology. The comparison of the most frequent diagnosis between both groups (global population and foreign Europeans) show statistically significant differences on almost all diagnosis analysed, with few exceptions.

Regarding similarities, both general population and cross-border patients have deliveries (and diagnosis related to the deliveries), heart failure, and acute myocardial infarction or ischemic heart disease as some of the 10 most frequent causes of hospitalization.

Healthcare Information systems:

Some interesting findings have been found regarding health information systems. Health information systems from some European hospitals /regions do not regularly record information that would be needed in order to perform valid studies on cross-

border care. For example, country of origin of patients admitted to the hospital is not always recorded and, for patients treated at the emergency room, this information is rarely recorded.

Health information systems from European hospitals /regions do not frequently record diagnosis of patients treated at the emergency room that do not get admitted into the hospital.

The information currently available on the health information systems does not include the data that would be needed to independently study different categories of cross-border care, like patients that are at the country on a temporary basis and the patients that are at the country on a long-term basis. It is not possible to obtain information disaggregated by the different categories of cross-border patients, so it is not possible to identify the different situations of each of the groups.