

TK Strategy in Cross-Border Health Care

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Introduction to Techniker Krankenkasse (TK)



- Statutory Health Insurance Fund in Germany
- Corporation under Public Law
- Founded 1884 in Leipzig
- Headquarters in Hamburg
- 7.2 Million Insurants
- 11.342 Employees
- Budget: 17 Billion €

WINEG Task

To Ask Questions and Find Answers for Challenges in Health Care

To Contribute based on Scientific Findings to the ...

- ▶ Optimisation of Health Care Results for TK Insurants and for the German Health Care System as a Whole
- ▶ Constructive-Critical Dialogue with National and International Health Care Players

Benefit for

- **TK Insurants**
- **Insurants and Patients**
- **The German Health Care System**

WINEG Subject Areas

Strategy

Health Economics
(Health Care System)

Patient Information

Health Services Research

- Interrelations within the German Health Care System
- Funding and Health Services in German Statutory Health Insurance
- Cross-Country Comparisons
- Health Economics Research

- Competence in Health Behaviour
- Evidence-Based Information with Practical Relevance
- Findings about Decision Processes

- WINEG/TK as Player
- Analysis and Evaluation of Models for Health Services
- Approaches for Optimisation of Health Services
- Data-Based Health Services Research
- EU Cross-Border Care

Definition

EU Cross-Border Care

Elective Treatments

Acute and Emergency
Treatments

Health Tourism

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Billing Procedure

Elective Treatments

Acute and Emergency
Treatments

No acute and emergency treatments

Private billing

Out of pocket payment of the patient

Cost reimbursement in the domestic health care system according to the domestic fees

Administrative procedures and financial transfer between patient and domestic insurer

State provided acute and emergency treatments

Entitlement through European Health Insurance Card (EHIC)

Insurer abroad assumes transitionally the costs

Administrative procedures and financial transfer between states through transnational liaison bodies

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European Health Insurance Card (EHIC)



- ▶ Introduced in Germany 1st of January 2005, generally on the back of the national insurance card
- ▶ The EHIC can be used to cover any necessary medical treatment due to either an accident or illness within the European Economic Area (EEA).
- ▶ The EHIC entitles the holder to state-provided medical treatment within the country patients are visiting.

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The Role of the Insurer

- ▶ **Consulting of the insurants**
 - Quality of treatment
 - Billing: funding and reimbursement
 - Documentation and administrative procedures
- ▶ **Offering cross-border care** through contracting with EU-providers
- ▶ **Naming contract and other providers** abroad if required by insurants
- ▶ **Realisation of the billing**
 - Directly with the contract provider
 - Directly with the insurant in the case of elective treatment with cost reimbursement
 - With the German liaison body in the case of acute or emergency treatment and if EHIC is accepted

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Financial Risks for Patients

The large majority of the insurants is still not informed about the obligation for providers to accept the EHIC in acute and emergency cases

EHIC is not accepted, insurants have to pay up-front and part of the costs can not be reimbursed because

- ▶ financial incentive for providers supports private billing since thus higher profits can be generated
- ▶ private bills can charge higher prices which can not be reimbursed in Germany
- ▶ private bills are often intransparent and unclear about what the treatment details are
- ▶ private bills incorporate benefits which are not reimbursed in Germany

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Other Challenges in Practice

Insurants are not familiar with the foreign health care system and do not speak the foreign language

- ▶ sometimes provider chosen by the insurant is not part of the public health care system
- ▶ in emergency cases there is often no time or possibility to select provider of the public health care system
- ▶ there is no information about the quality of care which the provider offers

Some foreign health care systems do not provide benefits-in-kind

- ▶ such as in France or Luxembourg

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Targets of TK in Cross-Border Care

- ▶ Ensure a high quality level of cross-border treatments
- ▶ Avoid quality health risks for patients
- ▶ Avoid malpractice and after-treatments
- ▶ Demand guarantee from providers in the case of malpractice and after-treatments
- ▶ Avoid cost risks for patients
- ▶ Avoid language barriers for patients
- ▶ Aim for price advantages - for patients
- ▶ Co-operate with other EU member states, exchange knowledge and experience

▶ Overlapping with concerns and contents of the EU Directive on Patients Rights (except for contact points)

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TK measures

- ▶ Make use of statutory possibilities for benefits-in-kind as much as possible
- ▶ Select high quality providers in other EU member states and contract with them
- ▶ Ensure that German speaking personnel is provided
- ▶ Enforce quality standards and certifications
- ▶ Foster quality and safety transparency for patients
- ▶ Provide necessary service and consulting to patients
- ▶ Be first contact point for patients concerning cross-border care instead of implementing new state contact points as suggested in directive
- ▶ Up to now: Policy of neither encourage nor discourage patients to seek elective treatments cross-border, but support when they address TK on their own initiative

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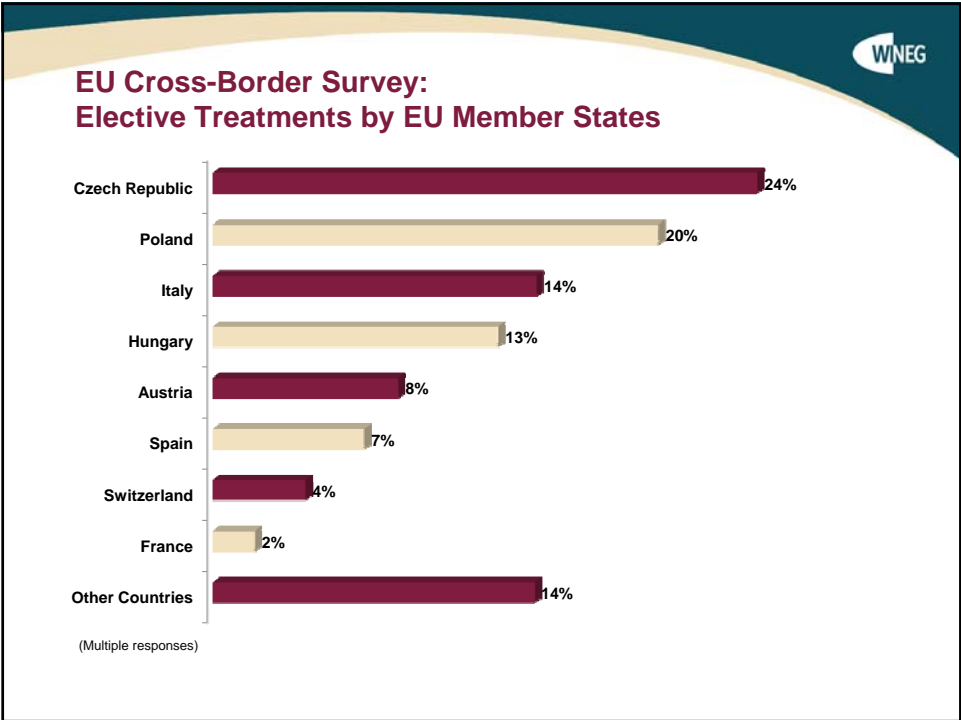
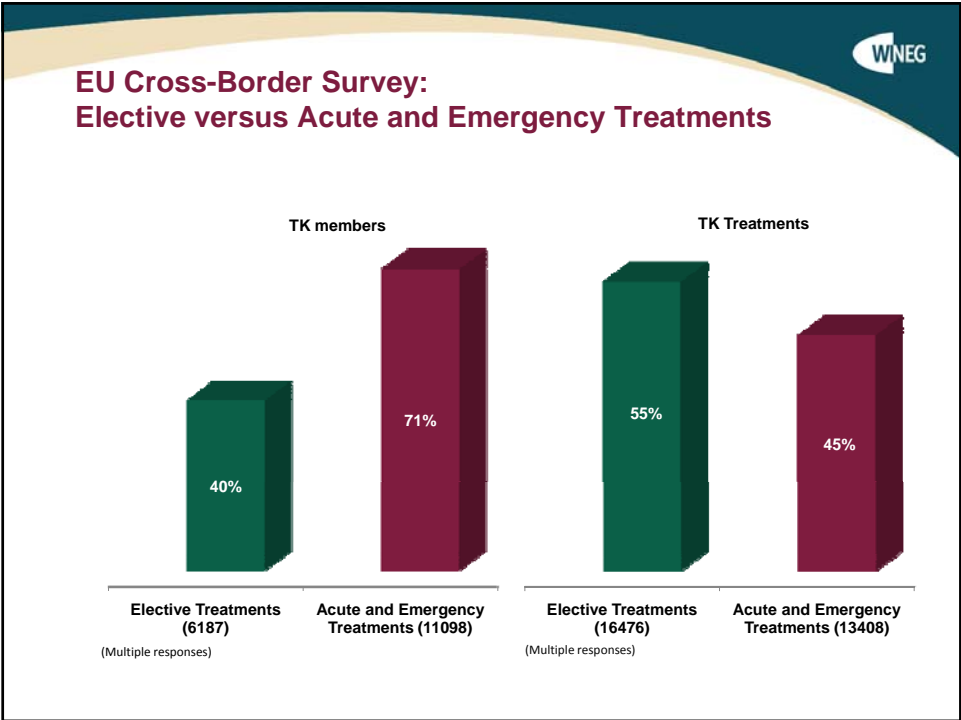
EU Cross-Border Survey: Data Base and Method

- ▶ **Aim:** To learn more about the TK insurants who seek **elective treatments** abroad in order to optimise the service in this field
 - ▶ **Start of project: January 2009**
 - Method: written survey sent by mail
 - Questionnaire with 42 questions
 - ▶ **Field time: May - June (8 weeks)**
 - All TK members with EU cross-border care in 2008 were contacted
 - 47.038 questionnaires were sent
 - Response: 16.446 were sent back (35%)
 - ▶ **Data Base (after quality assurance):**
 - 15.540 analysed questionnaires concerning 30.000 treatments
- Publication of results: May 2010**

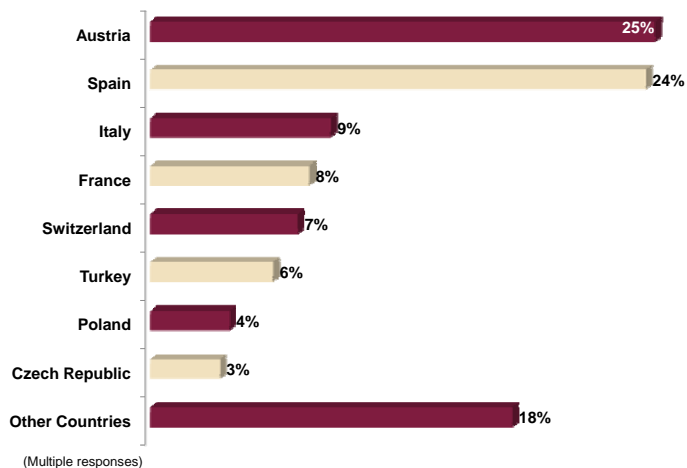
EU Cross-Border Survey: The Typical German Patients

Who are they?

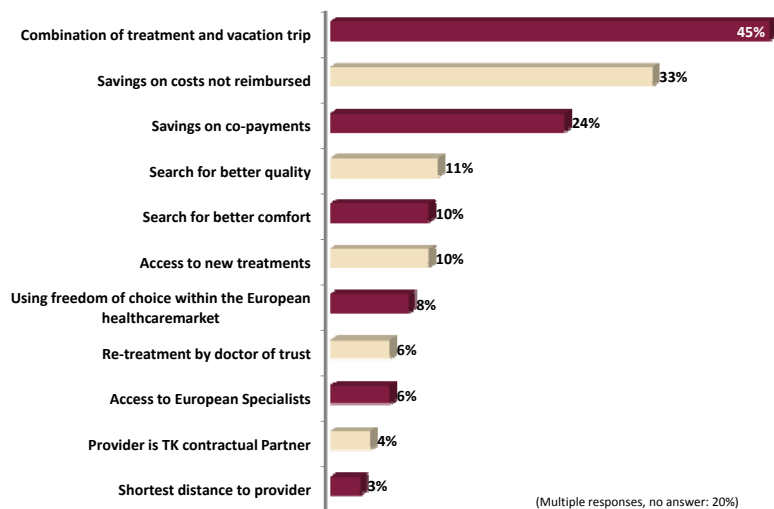
- "Best agers" over 60 years (79%)
- Equally females and males (42% and 52%)
- Retirees and pensioners (79%)
- Compulsory insurants (77%)
- Limited income groups (48% gross income less than 1.500 €, 28% less than 2.500 € = 76%)
- Patients living in border regions (73%)
- Patients with satisfying or less good health status (70%) and with chronic illnesses (63%)



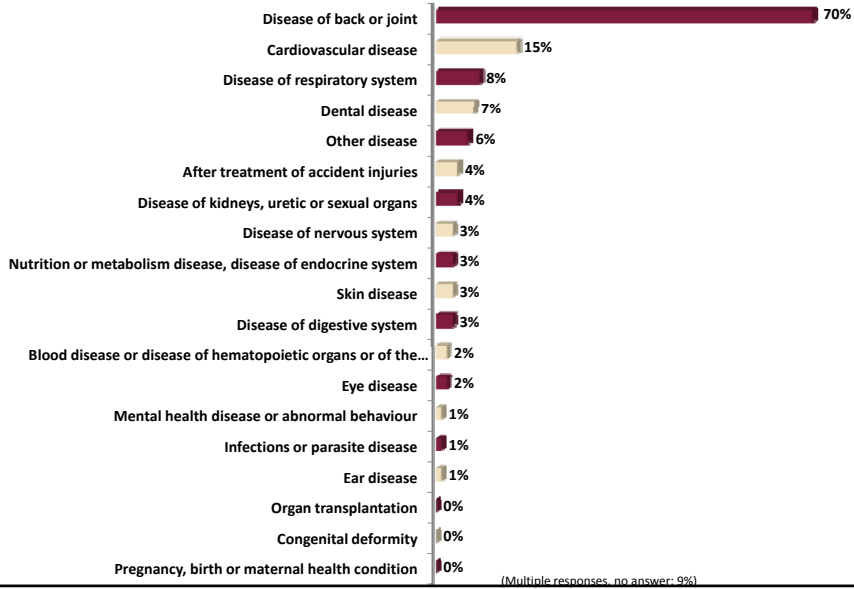
EU Cross-Border Survey: Utilisation of Acute and Emergency Treatments by EU Member States



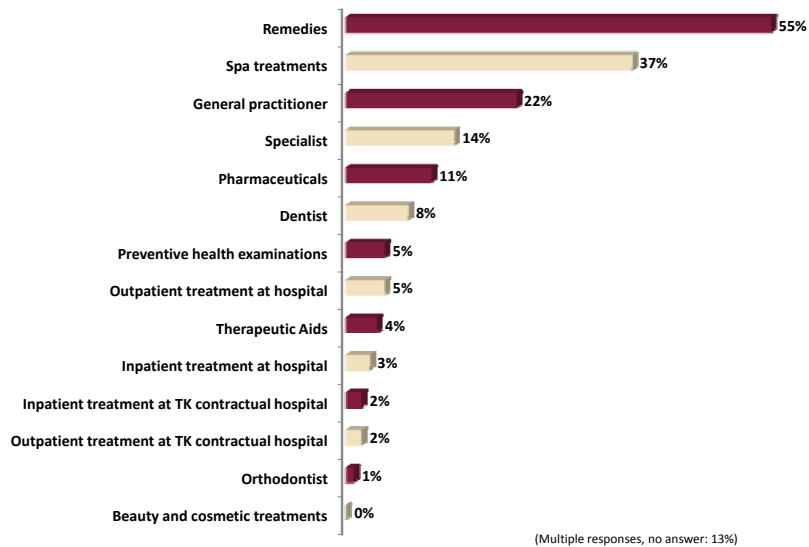
EU Cross-Border Survey: Reasons for Elective Treatments



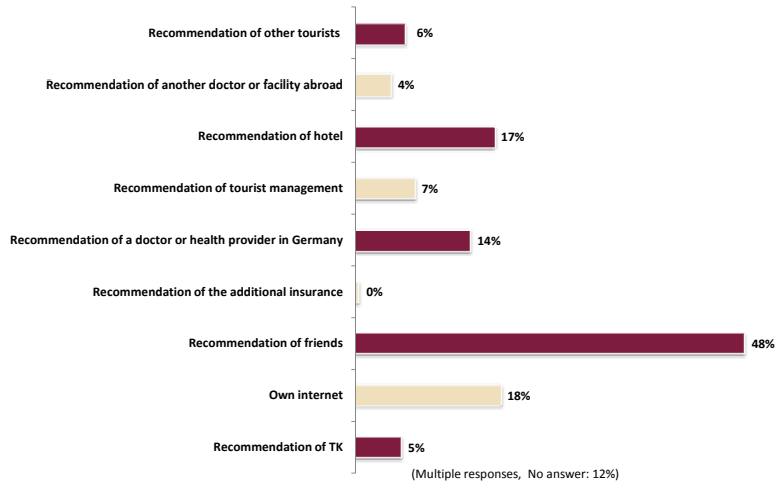
EU Cross-Border Survey: Frequency of Illnesses



EU Cross-Border Survey: Type of Elective Treatment



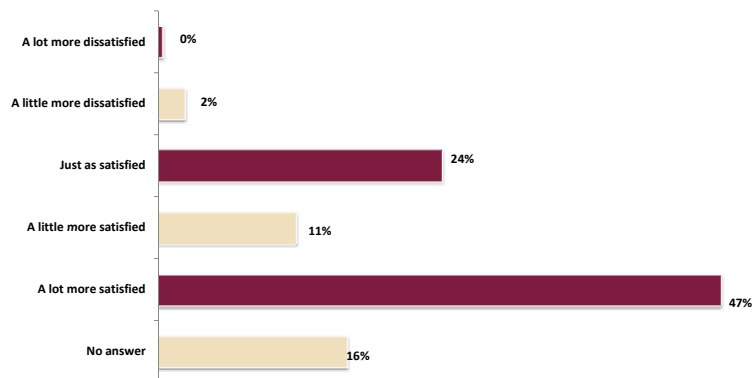
EU Cross-Border Survey: Selection of Health Care Provider in Italy



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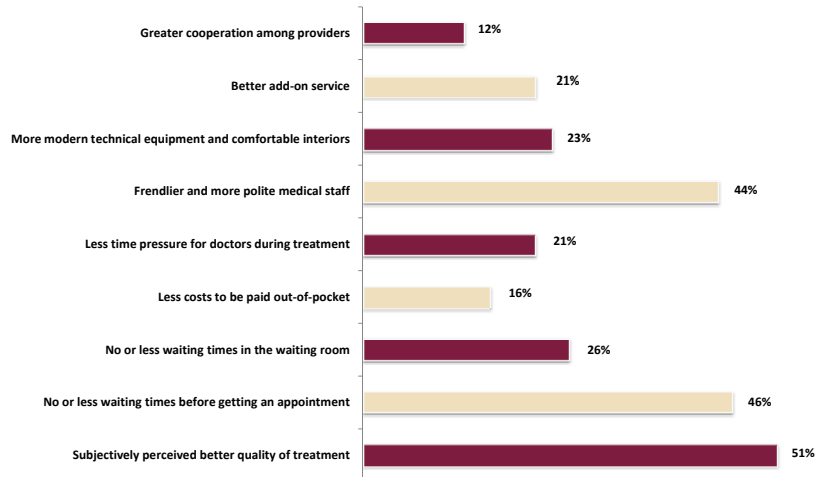
EU Cross-Border Survey: Satisfaction Italy

Satisfaction with Elective EU Cross-Border Treatments in Italy as compared to Germany



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EU Cross-Border Survey: Reasons for Greater Satisfaction in Italy



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Thank you for your attention!

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