

# EU Cross-Border Health Care Survey 2010

Patient Satisfaction, Quality, Information and Potential

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Caroline Wagner | Katharina Dobrick | Frank Verheyen



WINEG | Scientific Institute of TK for  
Benefit and Efficiency in Health Care



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**Tasks, Objectives and Vision of WINEG** | On the basis of scientific findings, WINEG wants to contribute to a constructive and critical dialogue with the players in health care as well as optimising health care services for TK insurees. Health care economics, patient information, and health services research are the foci of research. WINEG identifies current political and scientific topics and scrutinises them as to their importance for TK insurees. It supports the development of new types of health care services and contract forms by scientific analyses and identifies the weaknesses of the German health care system. ■

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## Preface

Dear Reader,

The present publication on the research results of the third EU Cross-Border Health Care Survey 2010 "Patient Satisfaction, Quality, Information and Potential", is the second volume of our recent series "WINEG Wissen" (WINEG Knowledge).

After implementing the entitlement of cost reimbursement for EU cross-border treatment into German law in 2004 an increase in demand for EU cross-border treatment among TK (Techniker Krankenkasse) insurants has clearly been evident. Therefore, the TK EU Cross-Border Health Care Survey 2008 "TK in Europe" was conducted. The most important result was the high rate of planned treatments of approximately 40 %. The main reasons for EU cross-border treatment were cost reduction and the combination of treatment and holidays. The subsequent TK EU Cross-Border Health Care Survey 2009 "German Patients en route to Europe" had its focus on the socio-demographic characterisation of TK members with planned treatment in other EU member states. This group was characterised by a higher average age of 60 years and above and a relatively low average income.

In the current EU Cross-Border Health Care Survey 2010, the "Wissenschaftliches Institut der TK für Nutzen und Effizienz im Gesundheitswesen" WINEG (Scientific Institute of TK for Benefit and Efficiency in Health Care) decided to question TK insurants on their satisfaction with quality and other treatment aspects to even more effectively meet the needs of the TK insurants and, at the same time, estimate the future demand. The topic has gained strategic importance against the background of the EU Directive which enables all EU citizens to receive treatment in all EU member states as of 2013. In a second partial survey insurants without EU cross-border treatment were therefore asked whether they would opt for planned treatment in EU member states in future. This partial survey revealed that currently there is a potential demand amounting to 30 % of all insurants.

I am glad that WINEG's survey on cross-border health care in the EU has not only led to quality results regarding the advancement of consultation, and of benefits for our insurants, but also generated a database for further scientific analyses and the discussion of health policy issues.

Enjoy reading!



Dr. Frank Verheyen

Director of the Scientific Institute of TK for Benefit and Efficiency in Health Care



# Contents

Executive Summary	6
<b>1 Introduction</b>	<b>7</b>
1.1 Legal Background	7
1.2 The History of TK EU Cross-Border Health Care Surveys	7
1.3 The Contractual Partners of TK in EU Member States	7
1.4 Objective of the EU Survey 2010	7
<b>2 Method</b>	<b>8</b>
2.1 Questionnaires	8
2.2 Description of Samples	8
2.3 Data Preparation and Analysis	10
<b>3 Results   Insurants with EU Cross-Border Treatment</b>	<b>11</b>
3.1 Demand and Information	11
Number of Treatments, Cost Coverage, Length of Stay, Selection of Medical Practitioner or Facility, Collection of Information	
3.2 Quality and Patient Satisfaction	14
Satisfaction with the Sources of Information, Satisfaction with Treatment, Willingness to Repeat, Language, Communication between Medical Practitioners, After-Treatment	
<b>4 Results   Insurants With and Without EU Cross-border Treatment</b>	<b>18</b>
4.1 Needs, Potential and Information	18
Future Demand, Reasons for EU Cross-Border Treatment, Types of Treatment, EU Member States, Sources of Information, Information Content	
4.2. Planned and Unplanned Treatments: Attitude and Knowledge	23
Knowledge of Entitlement, Knowledge about EU Directives, Optional Plan and Complementary Insur- ance, Satisfaction with the German Health Care System, Perception of Opportunities and Risks	
<b>5 Retrospective Results   The EU Cross-Border Surveys 2008-2010</b>	<b>25</b>
5.1 Treatments	25
Increase in Treatments, Types of Treatment	
5.2 State Perspective	26
EU Member States, Differences between Germany's Old and New Federal States	
<b>6 Discussion</b>	<b>28</b>
<b>7 Literature</b>	<b>29</b>
<b>8 Appendix   Missing Values</b>	<b>30</b>

## Executive Summary

### Context

The new EU Directive of 2011 [1] includes the strengthening of patients' rights as well as a simplified utilisation of EU cross-border treatments – along with the use of electronic data interchange – and has to be implemented by all member states by 2013. All EU citizens thus have the right to choose their doctors across all EU member states which German patients have already been granted by the Statutory Health Insurance Modernisation Act (Gesundheitsmodernisierungsgesetz) since 2004 [2]. This was the reason for WINEG to investigate the insurants' needs with regard to EU cross-border treatments. The results provide us with valuable information for the further development of the range of both services and benefits for our insurants.

### Method

Based on the EU Cross-Border Care Surveys 2008 and 2009 [3, 4], questionnaires were developed for the partial surveys 1 and 2 of the EU Cross-Border Care Surveys 2010. To allow chronologic comparison, essential issues were again investigated. A new focus included specific questions on patient satisfaction with quality and other aspects of EU cross-border treatment as well as on the need for information and on the willingness for repetition. The questionnaire of partial survey 1 for insurants with treatment in EU member states in 2009 includes 42 questions and was sent to a randomised selection of 40,000 insurants by mail. The questionnaire of partial survey 2 includes 30 questions and was sent to a randomised sample of 10,000 insurants without treatment in EU member states in 2009. In a pretest, both questionnaires were examined on comprehensibility.

### Results

13,287 and 2,736 questionnaires, respectively, were returned. This corresponds to response rates of 33 % and 27 %, which reflect the major interest in this subject. The main results are the still distinct increase in planned EU cross-border treatments and the considerable patient satisfaction above average. The latter is also reflected in the high willingness to repeat planned EU cross-border treatment and the low rate of after-treatments. The willingness of insurants without experience in EU treatments to ever receive treatment in EU member states is clearly lower. The future potential nonetheless amounts to 30 % of all TK insurants. The increase in freedom of choice concerning medical practitioners and treatments is crucial to insurants without cross-border care experience. Quality has clearly priority over costs in this group of insurants in contrast to the insurants with experience. The EU Directive is still equally unknown to both groups of insurants.

### Discussion

Based on the data generated, the present survey clearly shows the current trends of the demand for planned EU cross-border treatments of German patients on the example of TK insurants. Statutory health insurance funds will adjust to this development to offer their insurants the best support in this still new field. It is to be expected that the number of the administrative cross-border procedures which will partly be completely new will rise. This will result in a growing work load and therefore the need for the extension of expertise and thus improvement of both services and benefits for insurants respectively patients. ■

# 1 Introduction

## 1.1 Legal Background

Since the Council Regulation (EEC) No. 1408/71 has come into force, EU citizens are entitled to the same emergency treatment in EU member states as the residents. The court decisions of the European Court of Justice in the cases Kohll and Decker in 1998 specified that it constitutes a restriction of the free movement of services if the costs for a planned EU cross-border treatment are subject to consent before reimbursement. Inpatient benefits, however, may remain subject to approval due to the necessity of capacity planning in the hospital sector. The implementation into German law under the Statutory Health Insurance Modernisation Act 2004 (Gesundheitsmodernisierungsgesetz 2004) allows statutory health insurance funds to conclude contracts with service providers in EU member states.

The new EU Directive of 2011 includes the strengthening of patients' rights as well as a simplified utilisation of EU cross-border treatments – along with the use of electronic data interchange – and has to be implemented by all member states by 2013. All EU citizens thus have the right to choose their doctors in all EU member states which German patients have already been granted by the Statutory Health Insurance Modernisation Act (Gesundheitsmodernisierungsgesetz) since 2004 [2]. Therefore, the Directive will probably lead to a comparatively lower increase in demand for EU cross-border care than in other EU member states.

## 1.2 The History of TK EU Surveys

In 2000 and 2003 EU Cross-Border Health Care Surveys were carried out among TK members. However, the members could only be questioned on their expectations and attitudes. It was not until the Survey 2008 that the questioning of TK members, who had actually

made use of a EU cross-border treatment, was possible by specific data selection. Thus, specifically these insurants could be questioned on their experience and satisfaction with real EU cross-border treatments. For the first time, the results of the EU Cross-Border Health Care Surveys 2008 and 2009 are now being compared to those of the EU Cross-Border Health Care Survey 2010 to analyse the development of those questions having been asked in all questionnaires in a time series of three years.

## 1.3 Contractual Partners of TK in EU Member States

TK has concluded contracts with qualified service providers in other EU member states under the TK-EuropaService (European service for clinics) and the TK-Europakuren (European service for spa facilities) due to the increasing relevance of this area. By this means, bureaucracy for the insurants is minimised and advance payment for treatment is avoided. In addition, TK thus guarantees high-quality treatment as well as local German-speaking doctors and medical personnel.

## 1.4 Objective of the EU Survey 2010

In the first part of this survey TK insurants with at least one EU cross-border treatment in 2009 were questioned. The aim was to investigate the quality of treatments and facilities as well as the satisfaction with these and other aspects of treatment. The insurants were also questioned on their satisfaction with TK in this field as well as on their needs concerning information and communication. In the second part a randomised sample of TK insurants without EU cross-border treatment was questioned on their willingness (future potential), their attitude and their knowledge regarding EU cross-border care as well as their expectations of TK in this regard. The results provide TK with valuable information for the further development of service, and benefits for its insurants. ■

## 2 Method

### 2.1 Questionnaires

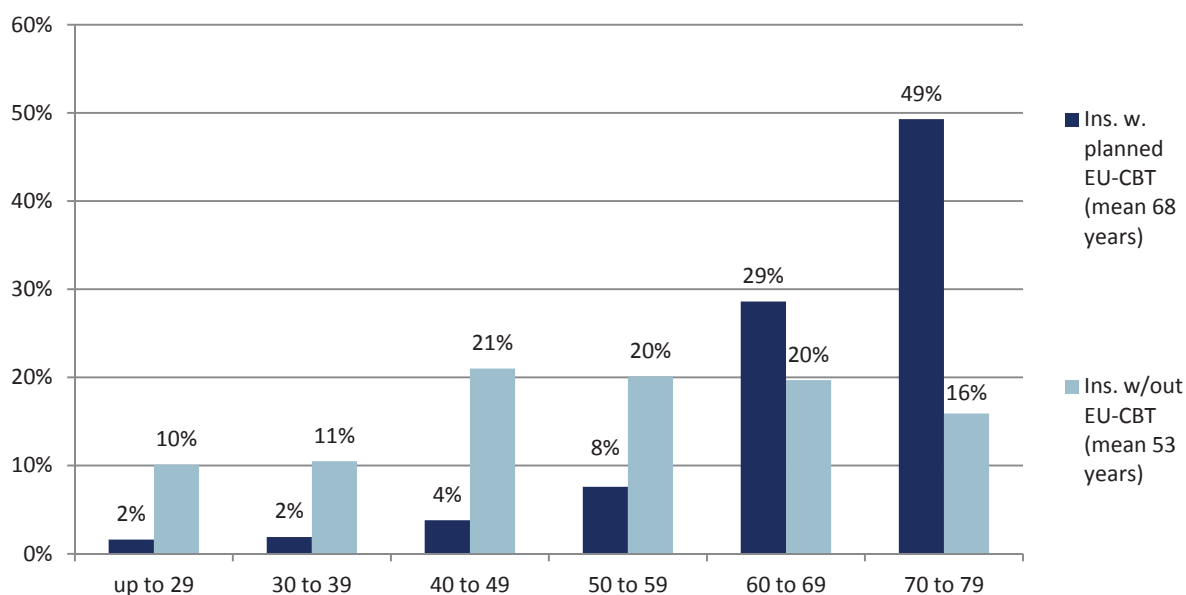
Based on the former EU Cross-Border Health Care Surveys, two questionnaires were developed for the partial surveys 1 and 2 of the EU Cross-Border Health Care Survey 2010. Essential issues were again investigated to allow chronologic comparison, but also new questions were added to gain insight on patient satisfaction with quality and other new aspects of EU cross-border treatment, need for information and future potential. The questionnaire of partial survey 1 for insurants with treatment in EU member states in 2009 includes 42 questions. Partial survey 2, consisting of 30 questions, was given to insurants without treatment in EU member states in 2009. The last twelve questions on the socio-demographic characteristics of the insurants were identical in both questionnaires. In

a pretest, both questionnaires were examined on comprehensibility and subsequently adjusted to be then forwarded to a random sample of TK insurants in December 2010. The questionnaires were returned within ten weeks.

### 2.2 Description of Samples

For the first time, the EU Cross-Border Health Care Survey was not directed towards TK members only but also towards co-insured dependants of age. The survey included all cross-border treatments, either planned or unplanned. The data evaluation, though, was focused on planned treatments. In consequence the results shown always refer to the latter if not explicitly quoted differently. Moreover all countries were comprised in which apply the social security scheme pur-

**Figure 1** | Age Distribution among Insurants with and without EU Cross-Border Treatment (CBT)<sup>1</sup>



suant to EEC Regulation 1408/71: all member states of the EU as well as the European Economic Area (EEA) and Switzerland. The agreement between the EEA and the member states of the European Free Trade Association (EFTA) also comprises Iceland, Liechtenstein and Norway, hereafter referred to as "EU" or "EU member states" for reasons of simplification. The questionnaires were sent to 40,000 TK insurants who had and 10,000 who had not received medical treatment in EU member states in 2009. 13,287 and 2,736 questionnaires, respectively, were returned. This corresponds to a response rate of 33 % and 27 % clearly reflecting the major interest in this subject.

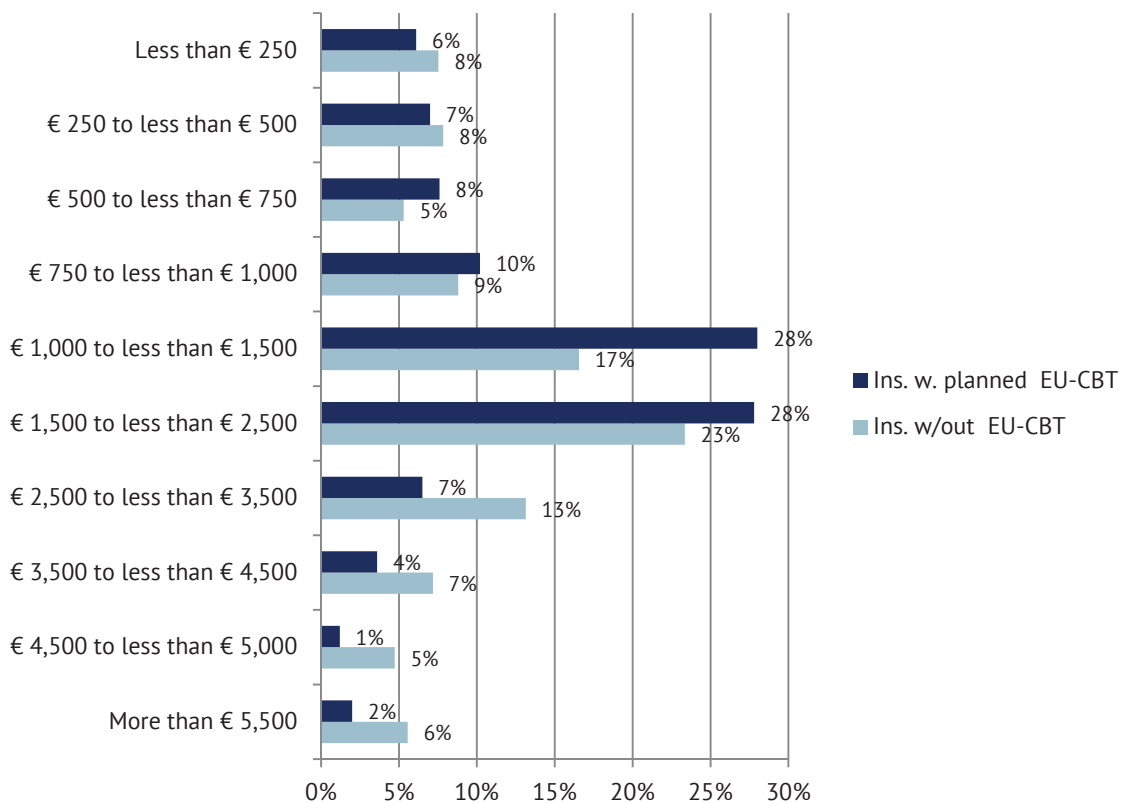
The insurants without EU cross-border treatment did not make use of EU cross-border treatments in 2009. However, for data selection reasons utilisation at a point in time before 2009 could not be excluded. Just

less than 20 % of the respondents indicated to have had treatment in EU member states before 2009. Since these insurants are part of the representative sample of insurants, they are not excluded. Furthermore it can be assumed that the largest part of this 20 % is more likely to have had an acute emergency (unplanned) treatment instead of a selective (planned) treatment.

The random choice of respondents ensured the representativeness of the sample. For reasons of specific customer needs of the insurants some groups had to be excluded, for instance, insurants who had just taken part in another survey, who had claimed special data protection, or who need care. The responses cannot be guaranteed to be representative.

The age distribution in Figure 1 clearly shows the higher age of insurants with EU cross-border treat-

**Figure 2 | Income Distribution among Insurants with and without EU Cross-Border Treatment<sup>2</sup>**



ment. The average age is 68 years and the age ranges from 18 to 95 years. In contrast, insurants without EU cross-border treatment are on average 53 years old within a range of 18 to 92 years.<sup>1</sup> The income, however, as shown in Figure 2, tends to be lower among insurants with planned EU cross-border treatments. Of these insurants 59 % have a monthly income of up to EUR 1,500 at maximum. Whereas among those without treatment the proportion is only 46 %.<sup>2</sup> This result seems to be plausible since many of the insurants receiving EU cross-border treatment indicate that they thus want to lower costs. Looking at the difference in age structure the different level of income seems coherent, as a large part of insurants with planned treatments have reached retirement age and therefore should have a lower income than the younger group with a higher proportion of employees.

## 2.3 Data Preparation and Analysis

Out of 13,287 questionnaires returned by insurants with EU cross-border treatment, eleven had to be excluded since the respondents were younger than 18 years. Out of 2,736 questionnaires of insurants without EU cross-border treatment only two had to be excluded due to this reason. Other questionnaires were not excluded.

The data were analysed using SPSS 19 and are presented as relative frequencies. Including Chapter 4.1 all results affect exclusively insurants with planned EU cross-border treatments (n=3,512) except for the total number of cross-border treatments in Chapter 3.1 and Chapter 4.2 in which unplanned EU cross-border treatments (n=13,276) are considered, too. Generally the results shown always refer to planned treatments if not explicitly quoted differently. Results of partial survey 2 refer to the total number of valid answers (n=2,734).

To minimise possible distortions, only valid percentages are stated in the presentation of the survey results, i.e. missing values were excluded. The share of missing values is listed in the appendix to account for the change of the reference figures (see superscripted numbers). Due to rounding of the results the sum of the percentages partly amounts to more than 100 %. ■

### 3 Results | Insurants with EU Cross-Border Treatment

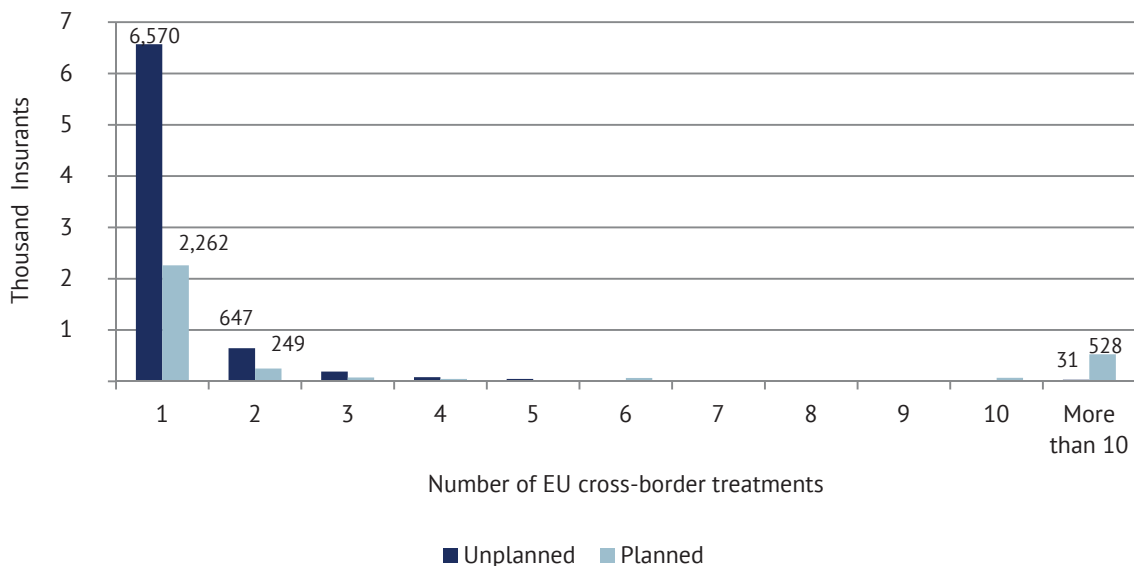
In the first part of the EU Cross-Border Health Care Survey 2010 TK insurants were questioned who had received EU cross-border treatment in 2009. Results on demand and information as well as quality and satisfaction of this partial survey are presented in this chapter.

#### 3.1 Demand and Information

13,276 out of 40,000 TK insurants, i.e. members as well as co-insured dependants, provided usable information on their treatments in EU member states. Out of these 3,512 insurants received planned treatment.

**Number of Treatments** | Figure 3 shows that the largest part of the respondents (67 %) received exactly one treatment. Only 7 % received two treatments. A higher number of treatments was even rarer. However, 10 % of the insurants who received EU cross-border treatments indicated that they underwent more than ten treatments in EU member states during the past year.<sup>3</sup> First it seemed reasonable to assume that these patients live particularly close to the border. The data analysis revealed quite the contrary. On average, those often receiving treatment in EU member states lived 10 km farther away from the next border than the overall average. It is yet noticeable that insurants from the new Bundesländer (federal states) and from Berlin are particularly often among these. They have taken up

Figure 3 | Number of EU Cross-Border Treatments per Respondent in 2009<sup>3</sup>

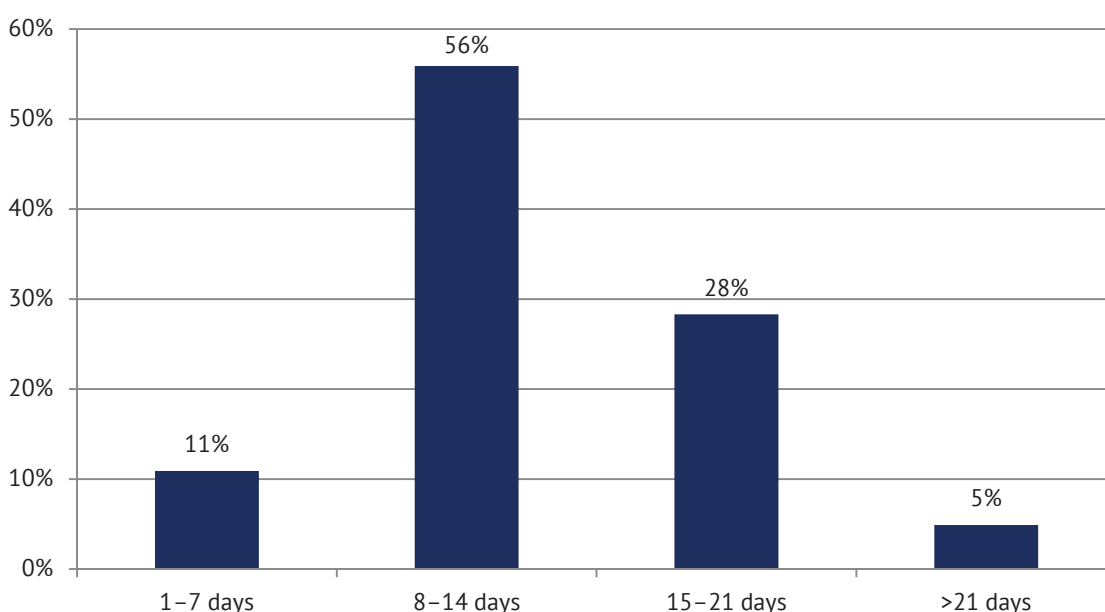


outpatient spa treatments and remedies more than average. It is probable that the high number of treatments of these insurants results from counting each part of the spa treatment as one single treatment. This may have led to an overestimation of spa treatments altogether. See Chapter 4 for further basic results on the types of treatments and EU member states.

**Cost Coverage |** The insurant had to bear part of the costs for at least 80 % of planned treatments. These insurants indicated that they bore approximately 70 % of the costs on average. About 21 % of those who contributed co-payments stated to have borne the total costs. This is equivalent to approximately 16 % of the insurants. However, TK covered at least part of the costs for 72 % of the treatments.<sup>4</sup>

**Length of Stay |** Almost 60 % of the insurants stated that their stay due to EU cross-border treatment lasted between 8 and 14 days (see Figure 4). About a quarter stayed even 15 to 21 days and still 5 % remained abroad for more than three weeks. Half of those staying longer than a week stated that they wanted to lower costs or combine treatment with a holiday. 11 % of the insurants stayed abroad up to one week.<sup>5</sup> Insurants of this group had hardly any interest in the combination of the treatment and a holiday trip. They stressed the importance of treatment by a medical practitioner in whom they have confidence, indicated to live close to the border, or looked for more comfort and quality than in Germany. This group demanded particularly dental and orthodontic treatments. Treatments by specialists and inpatient hospital stays were more often realised by insurants with shorter trips rather than by insurants with longer stays. Spa treatments and remedies were comparatively rare.

**Figure 4 |** Length of stay during last EU cross-border treatment<sup>5</sup>

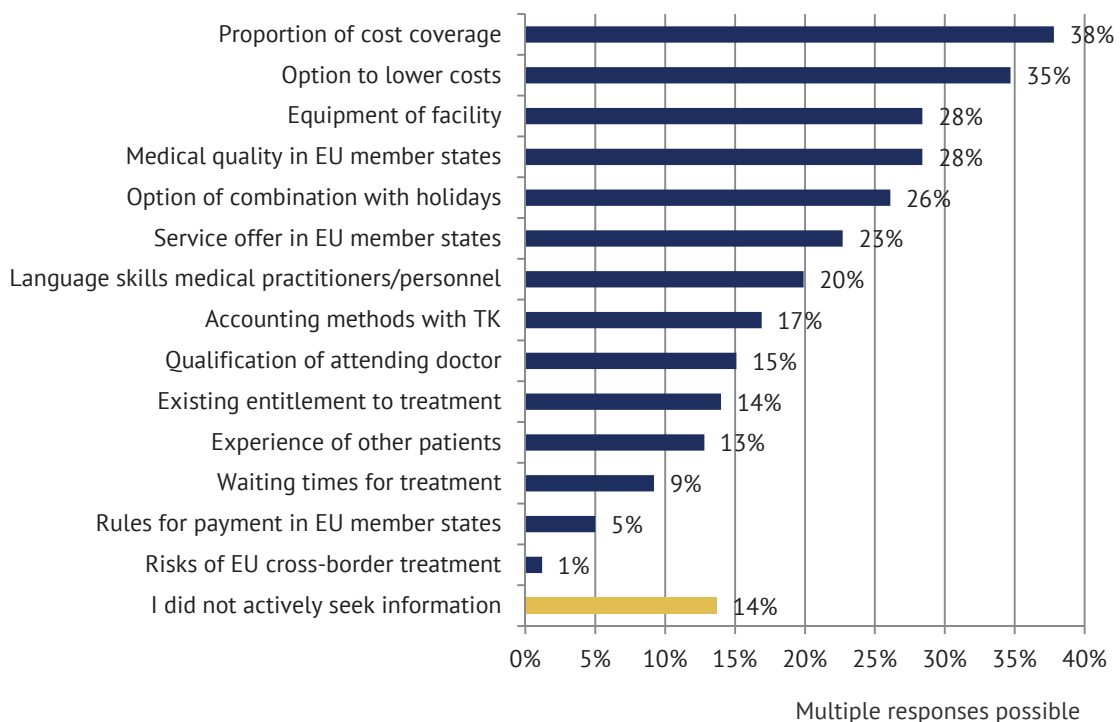


**Selection of Medical Practitioner or Facility** | 44 % of the respondents indicated that the main reason for the selection of a facility is the advice of friends or acquaintances. Just less than 15 % searched online for treatment options. The recommendation of a German medical practitioner was decisive for 10 %. 5 – 7 % indicated the recommendation of the travel service, the hotel, or other tourists as the crucial reason. Only 3 % consulted the TK<sup>6</sup>, who may not actively recommend EU cross-border treatment or service providers pursuant to domestic legal directives. Consultation is only provided upon request of the insurant.

a holiday trip. Only 1 % actively sought information on potential risks of medical treatment. A total of 14 % stated that they had not actively gathered information.<sup>7</sup> One reason might be that among their treatments spas and remedies were particularly frequent, which may generally be perceived as lower risk treatments by the insurers. Since the majority of this group could imagine repeating such treatment, active information collection does not seem to be relevant here.

**Collecting Information** | As the main reason for EU cross-border treatment is cost saving, it is not surprising that the main information contents required are the coverage of costs and the potential of cost savings. The equipment of the facility and the medical quality of EU cross-border treatment seem to be more important than the options of combining the treatment with

**Figure 5 | Active Collection of Information Prior to EU Cross-Border Treatment<sup>7</sup>**

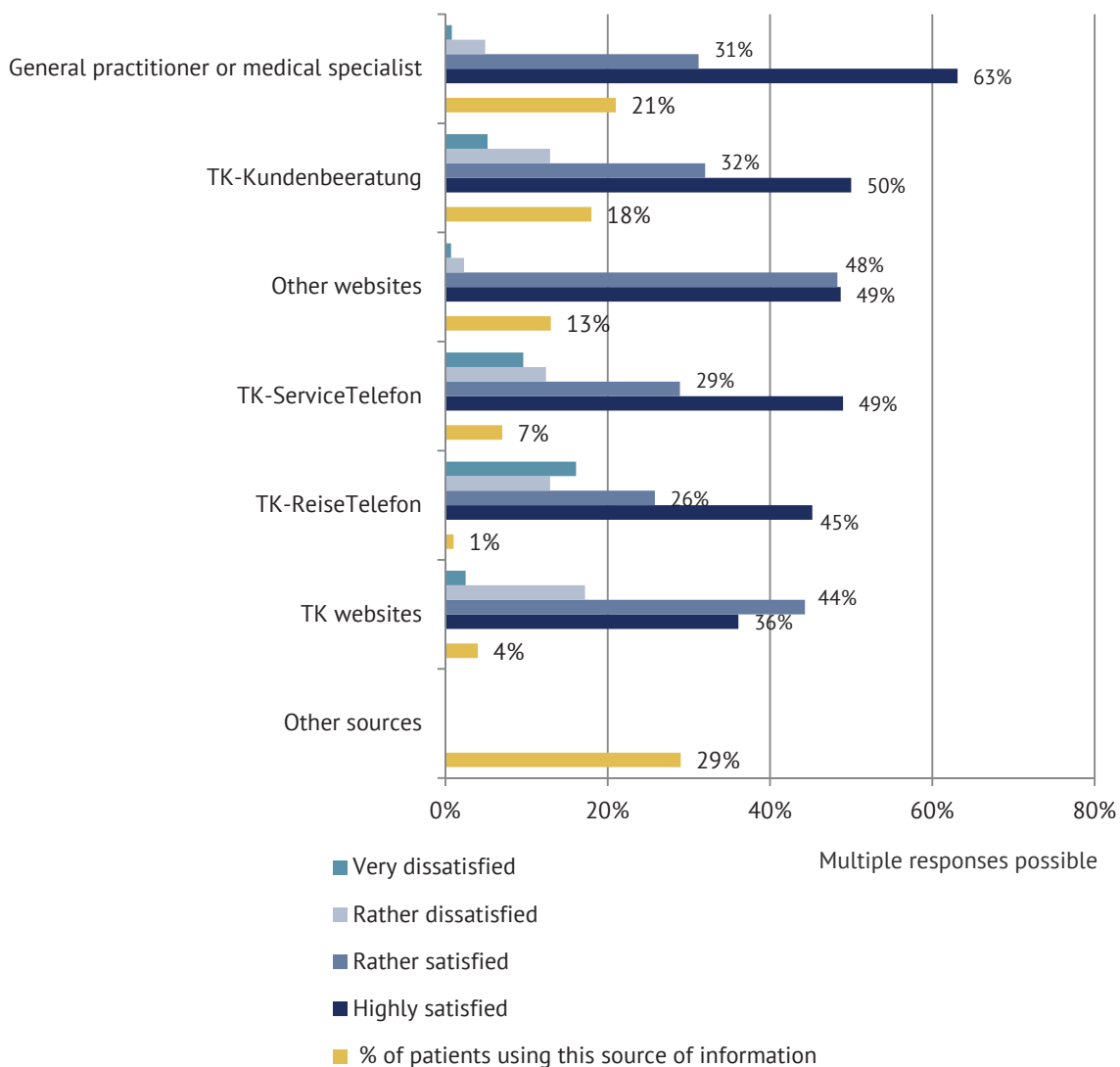


### 3.2 Quality and Patient Satisfaction

**Satisfaction with the Sources of Information** | Figure 6 shows the insurants' answers concerning the satisfaction with their sources of information including the percentage of insurants who used a specific source. It is striking that the majority of insurants is satisfied with the sources of information. The highest satisfaction among the range of TK services is to be found with the support by the "TK-Kundenberatungen" (TK service centres) followed by the "TK ServiceTelefon" (TK service telephone) and the "TK ReiseTelefon" (TK

travel telephone).<sup>8</sup> This is certainly due to TK insurants still attaching great importance to direct and personal consultation. Currently, an even better result has to be expected for the TK websites, as those on cross-border health care in EU member states have been redesigned since 2009. For instance, new information on dental TK contractual hospitals and the TK range of contractual spa facilities has been added. It seems to be popular to search first for information on other websites before TK's website is visited for more complex expert questions on EU cross-border treatments. TK insurants use the range of TK services often in a

Figure 6 | Satisfaction with the Sources of Information<sup>8</sup>



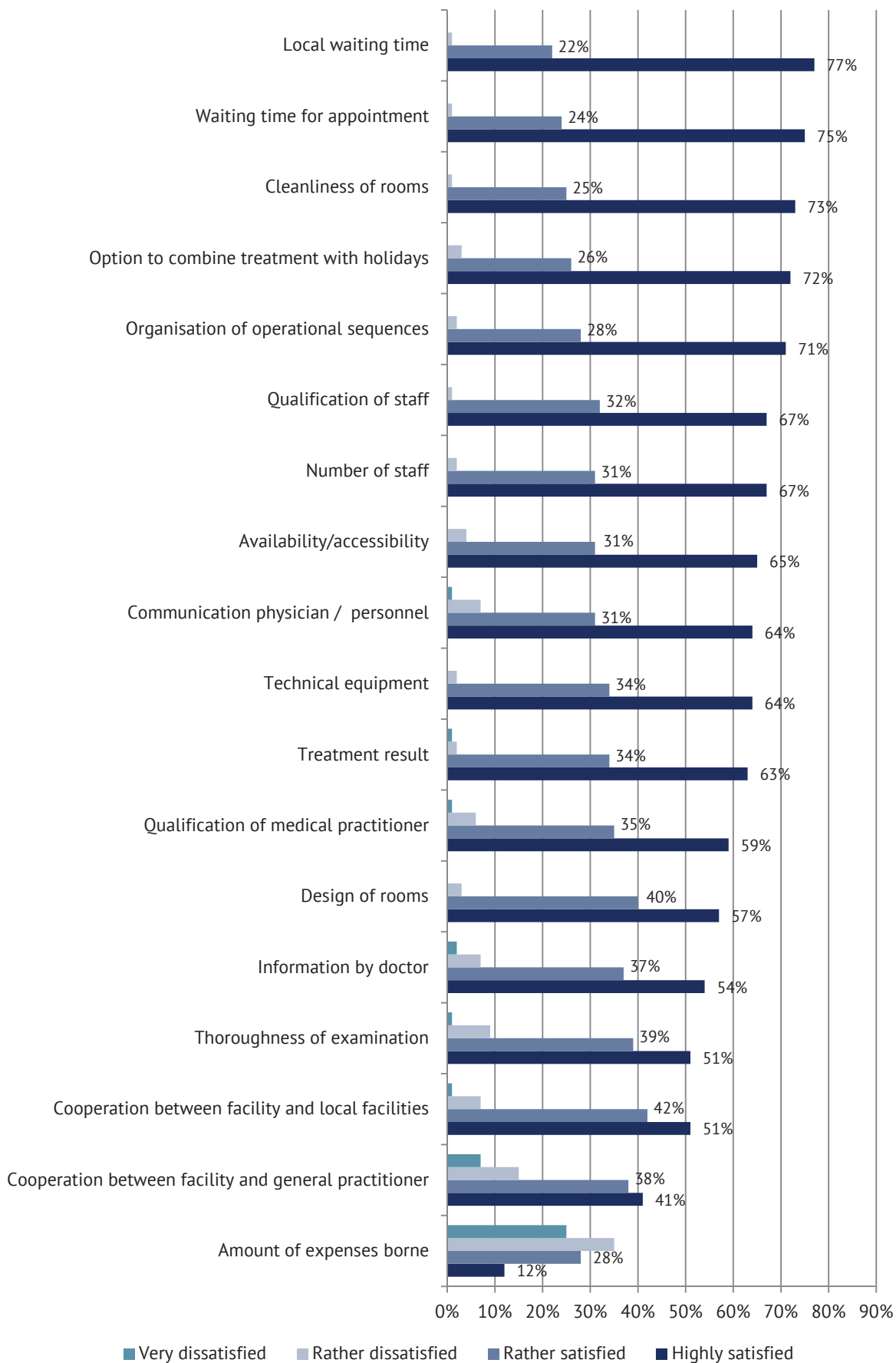
second step. Naturally, these special cases occur less frequently than general questions. A trusting relationship between medical practitioner and patient is reflected in the high satisfaction values for the general practitioner or specialist physician.

**Satisfaction with Treatment** | A key survey result is the respondents' noticeable high satisfaction with their planned EU cross-border treatment. For 16 out of 18 aspects 90 % and more of the respondents were highly or rather satisfied, particularly with quality indicating aspects: 99 % were highly or rather satisfied with the qualification of the personnel, 97 % with the treatment result, 94 % with the qualification of the medical practitioner and 90 % with the thoroughness of the examination. Thus, for the majority of treatment aspects, the percentage of the dissatisfied was in total under 10 %.<sup>9</sup> The highest value of dissatisfaction was attributed to the costs the insureds had to bear themselves. These probably arise due to statutory co-payments.

**Willingness to Repeat** | The patients' high satisfaction is also reflected in their willingness to have planned EU cross-border treatment again in the future. Nearly three-quarters (74 %) will most certainly have treatment in EU member states again and just less than a quarter (23 %) also rather tend to do so. Only 4 % remained who rather would not or most certainly would not have treatment in EU member states again.<sup>10</sup>

**Language** | The majority ranked language barriers as a minor problem. 87 % of the patients with planned treatment communicated in German. 94 % of all patients with a planned treatment in the Czech Republic spoke in German with their medical practitioner, in Hungary 93 %, in Italy 89 % and in Poland 86 %. This is an indicator that health service providers in EU member states, especially in the Eastern EU member states, increasingly specialise in German patients. Only 5 % of the patients spoke English with their doctors, whereas 7 % used the national language. Another 5 % communicated in other languages.<sup>11</sup>

Figure 7 | Satisfaction with Aspects of EU Cross-Border Treatment<sup>9</sup>



**Communication between Medical Practitioners** | 20 % of the respondents were not satisfied with the communication between the German attending doctors and the medical practitioners in the EU member states. When asked, 74 % of the patients answered that the doctors did not communicate directly with each other. 13 % of the patients delivered the documents themselves, with 4 % of these the attending doctors exchanged information by letter whereas communication by phone or fax amounted to less than 1 %. The use of electronic mails was even less frequent.<sup>12</sup> The importance of data protection in Germany, however, has always to be taken into account with electronic data transfer. It is conceivable that many patients as well as medical practitioners do not wish electronic data transfer for fear of data abuse. The majority of the patients indicating that there was no communication, received often remedies and outpatient spa treatments. This seems plausible, as these treatments are comparatively free from complications and hence require less data exchange.

**After-Treatment** | An after-treatment was only necessary for less than 2 % of the total average of all respondents with EU cross-border treatments. More than 1 % of the respondents suffered from complications, almost none from medical malpractice.<sup>13</sup> These results imply a relatively high quality of EU cross-border treatments.

It has also to be borne in mind that after-treatments are hardly ever necessary subsequent to spa treatments or remedies which the majority of the respondents demanded. Consequently, the proportion of after-treatments is higher among those patients who received outpatient or inpatient treatment in a hospital. The percentage of after-treatments among these respondents is 4 %. Concerning most respondents complications and not medical malpractice were the reason. Dental treatments induced after-treatments for 4 % of the respondents, too, of which half were due to medical malpractice. ■

## 4 Results | Insurants With and Without EU Cross-Border Treatment

**Insurants without EU cross-border treatment in 2009 were questioned in a second partial survey. The results of both partial surveys are presented in the following chapter headed “Needs, Potential and Information” and “Attitude and Knowledge”.**

### 4.1 Needs, Potential and Information

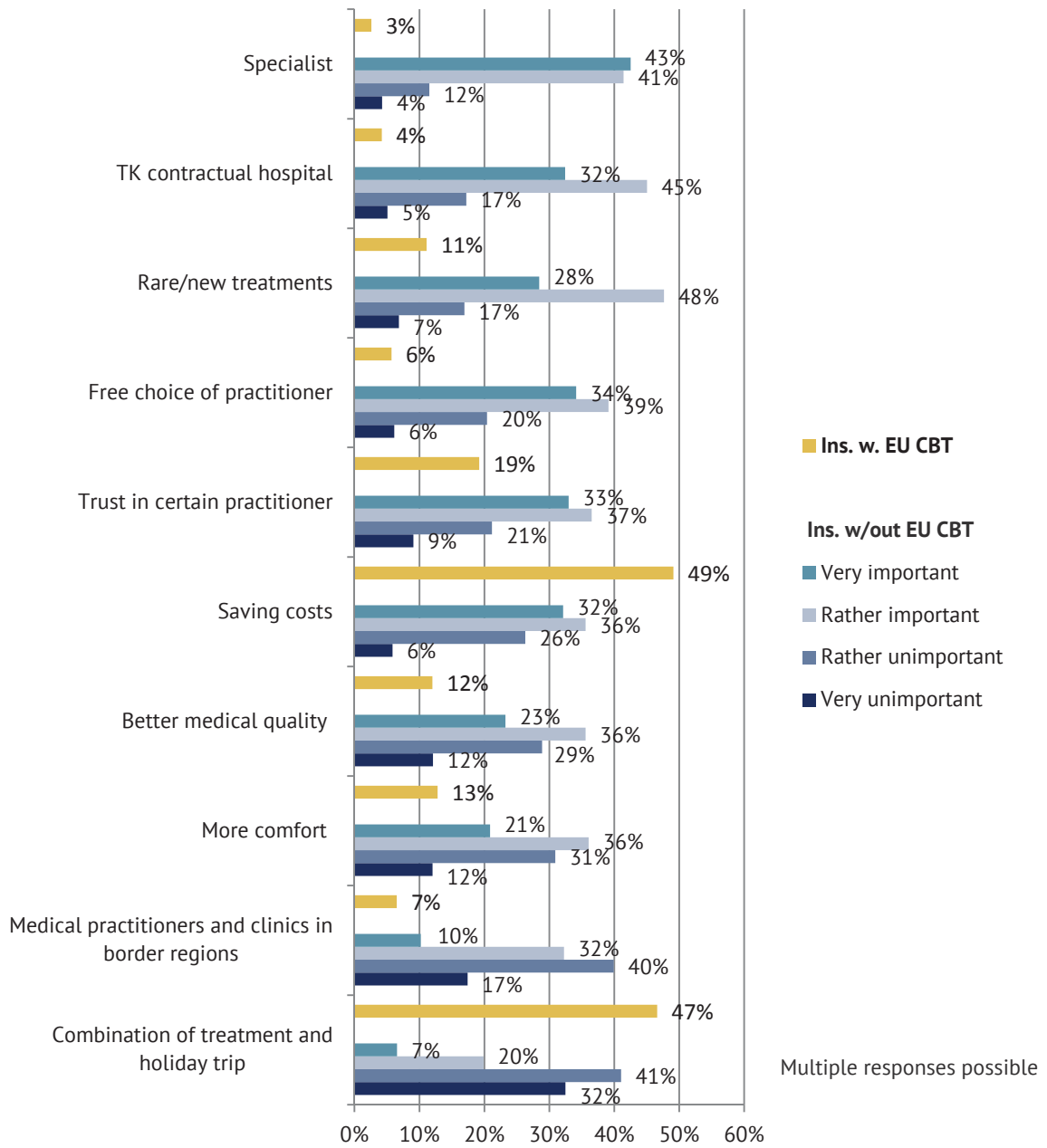
**Future Demand |** The willingness of the insurants without any EU treatment experience to ever have treatment in another EU member state in future is rather low: 18 % of those can imagine this and 53 % answered “rather no”.<sup>14</sup> Only less than 7 % of these respondents indicated that they could definitely imagine to make use of this option. Another 23 % answered “rather yes”. Consequently, this results in a potential of about 30 % of TK insurants considering a future EU cross-border treatment.

**Reasons for EU Cross-Border Treatment |** Insurants without any experience would seek treatment in EU member states for completely different reasons than those who have made no experience in 2009. The major motivation for the group of insurants without experience would be to extend their choices concerning medical practitioners or treatments. Quality clearly has higher priority than costs. This could be due to the higher income of this group of insurants.

Most of the respondents (84 %) give treatment by a medical specialist in another EU member state top priority. For 77 % of the respondents the utilisation of a TK contractual hospital is decisive. This result clearly reflects the insurants' confidence in the quality of the health service providers chosen by TK. Another 73 % consider the freedom to choose the medical practitioner and 70 % the confidence in a doctor or facility in the EU member states as crucial to their decision.

In contrast, the key factor was not quality, but cost saving (49 %) and the combination of treatment with a holiday trip (47 %) for insurants with experience in EU cross-border care. However, the third most important reason for this group of insurants was the confidence in a medical practitioner or a facility in the other EU member states, too.<sup>15</sup>

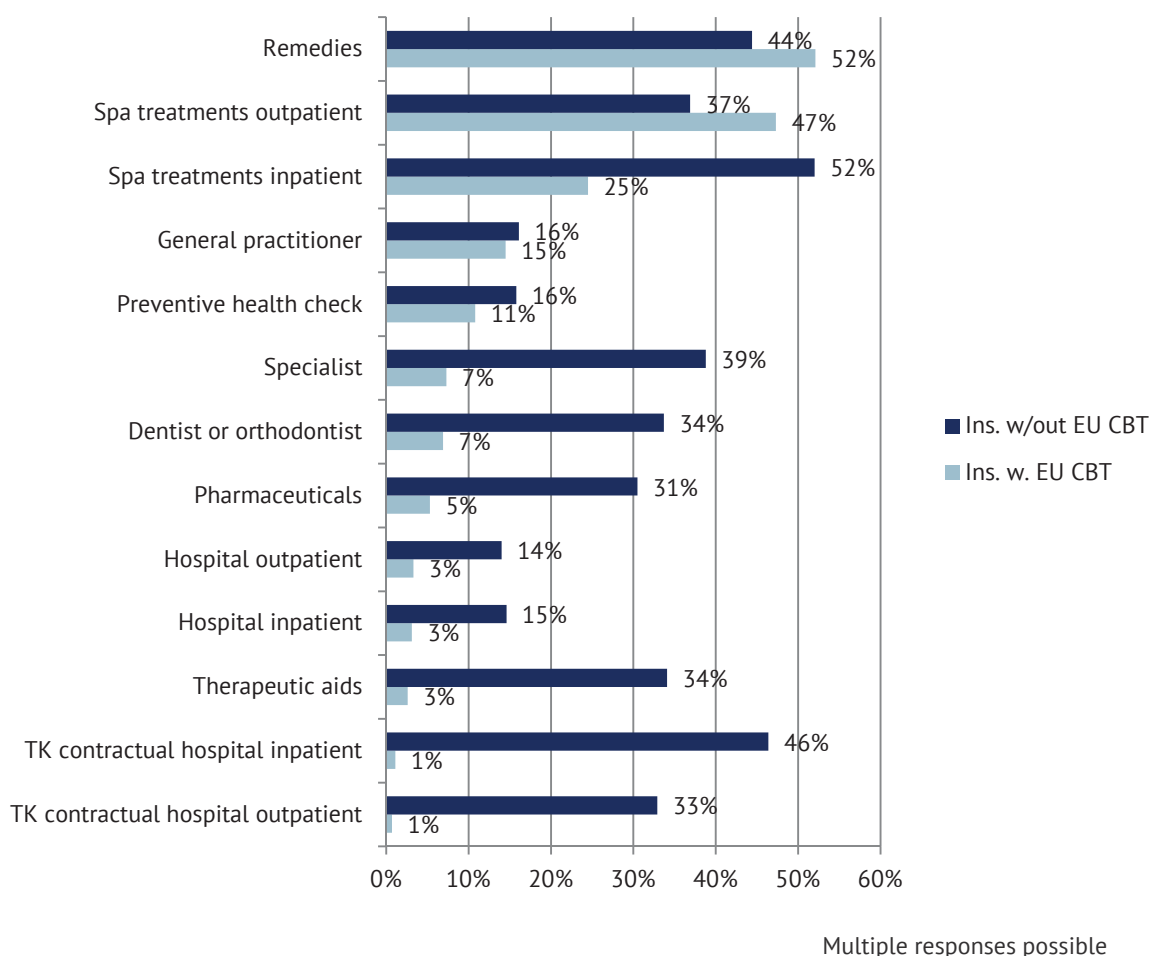
**Figure 8 |** Relevance of Reasons for EU Cross-Border Care among Insurants without EU Cross-Border Treatment Compared to Insurants with EU Cross-Border Treatment<sup>15</sup>



**Types of Treatment** | Figure 9 shows the differences between the types of treatment de facto utilised in 2009 and those insurants without EU cross-border experience could imagine utilising. Spa treatments, either outpatient or inpatient are very popular with both groups of insurants are. The demand for remedies (52 %) was very frequent among the insurants with EU cross-border treatment. Inpatient (46 %) or outpatient (33%) treatments in TK contractual hospitals were most conceivable for insurants without EU cross-border treatment. This result again confirms the high significance the selection of health service providers in

other EU member states by TK has and will continue to have among its insurants. This clearly contrasts the hypothetical from the actual users: only 1 % of the respondents utilised outpatient treatment in a TK contractual hospital in 2009.<sup>16</sup> The demand for EU cross-border care does not correspond the actual utilisation of medical treatments in Germany as the former special distribution is rather dominated by spa treatments and remedies. The task of the next surveys will be to observe whether this focus will last in future or whether a new development will arise.

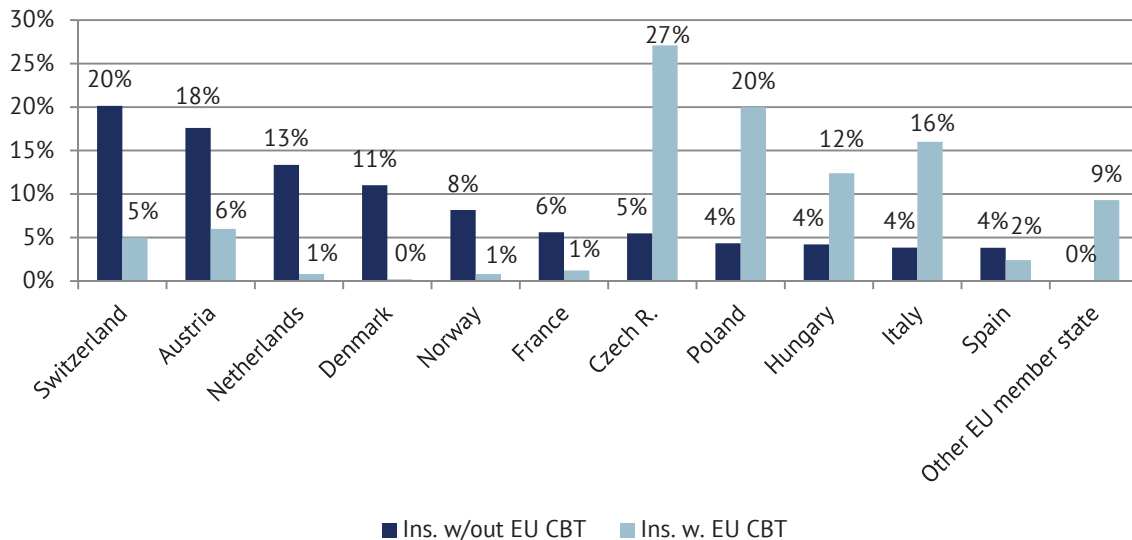
**Figure 9** | Comparison of Real and Potential Treatments among Insurants with and without EU Cross-Border Treatment<sup>16</sup>



**EU Member States** | Figure 10 shows that those EU member states which had actually been used are rather unattractive for insurants without EU cross-border treatment in 2009. Instead, insurants prefer German-speaking member states (Switzerland and Austria) as well as geographically close EU member states (the Netherlands and Denmark) with probably high-quality standards<sup>17</sup>. As cost saving and holiday are ranked more important than quality and comfort for insurants with EU cross-border treatment, they most frequently choose Eastern EU member states or the popular German holiday destination: Italy. (See 5.2 p. 26 for further information.) For better comparability results for insurants without EU cross-border treatment were arranged to sum up to 100 %. The total result for each country is 2.6 times higher in that group.

**Sources of Information** | 90 % of the respondents without EU cross-border treatment had never received a recommendation for EU cross-border treatment. Just under 5 % had been informed of the possibility by friends or acquaintances. Another 2 % obtained information online. Less than 1 % each had been informed by their statutory or private health insurer, their medical practitioners, or locally during their holiday.<sup>18</sup> These results on sources of information are equivalent in ranking with those of insurants with EU cross-border treatment (see 3.1 p. 13). It has again to be pointed out that TK may not actively make any recommendations on EU cross-border treatments.

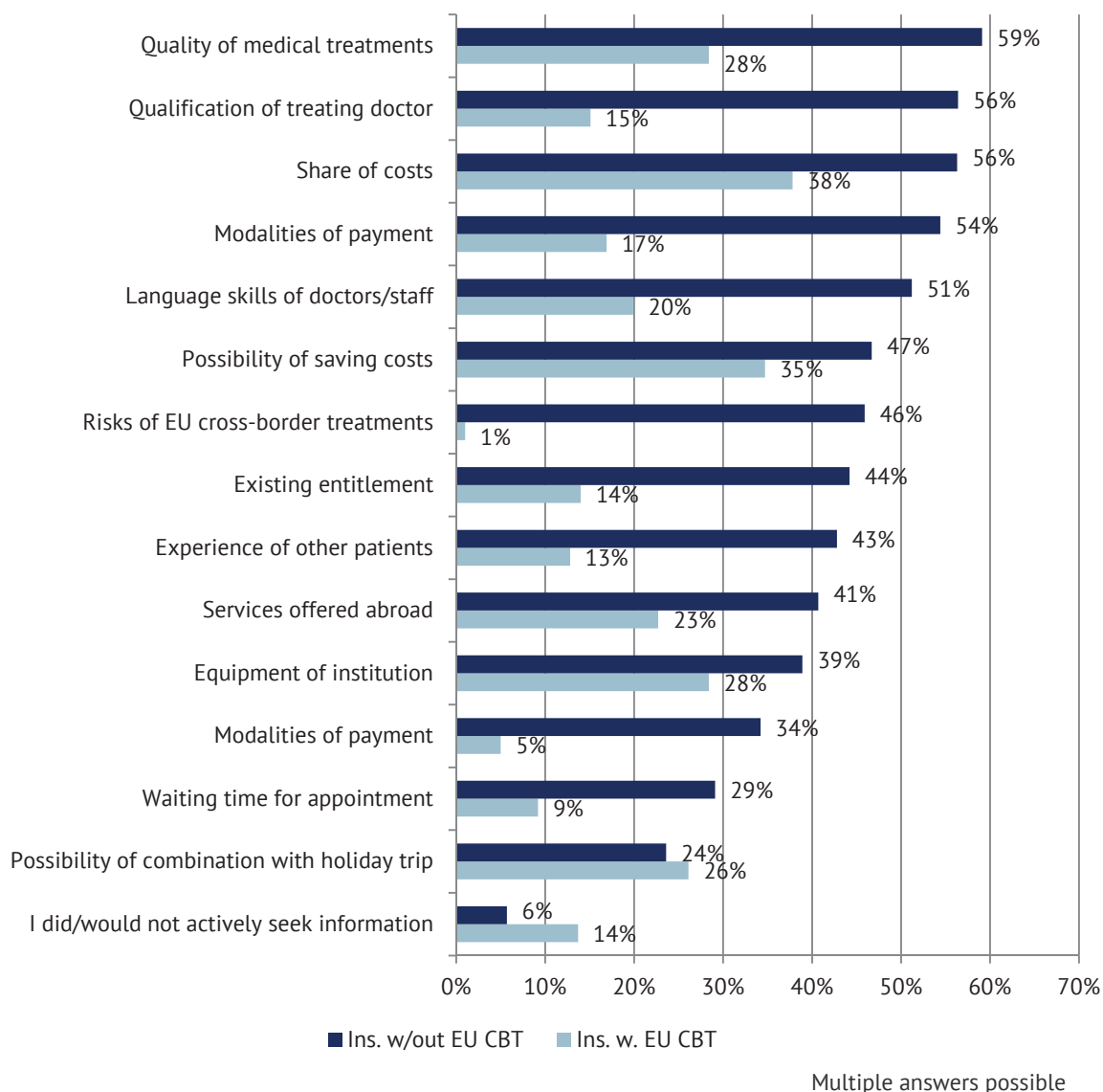
**Figure 10** | Comparison of EU Member States Concerning Actual and Conceivable Treatments for Insurants with and without EU Cross-Border Treatments<sup>17</sup>



**Information** | The intention to obtain information on quality, qualification and costs is most important for insurants without EU treatment (above 50 % each). Thus these insurants seem to be more risk-averse and oriented towards both quality and information. In addition, more insurants in this group (46 %) would gather information on the risks of an EU cross-border treatment. The proportion of those who would not

collect information at all is 6 % and thus clearly smaller than the 14 % of the insurants with EU cross-border treatment.<sup>19</sup> Also information on the possibilities to combine treatment and holiday trips are less interesting for them than for insurants without EU cross-border treatment.

**Figure 11** | Real and Potential Information Acquisition prior to EU Cross-Border Treatment among Insurants with and without EU Cross-Border Treatment<sup>19</sup>



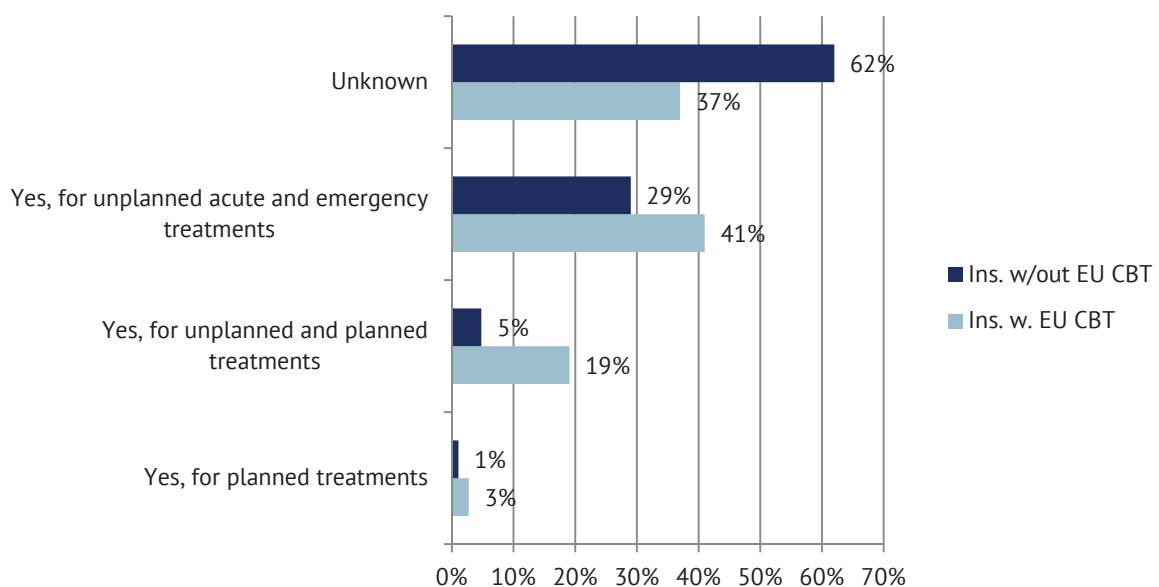
## 4.2 Planned and Unplanned Treatments: Attitude and Knowledge

**Knowledge of Entitlement** | Figure 12 shows that clearly more insurants with EU cross-border treatments are informed about the entitlement to cost reimbursement with EU cross-border care than insurants without EU cross-border treatment. About two-thirds (62 %) of the respondents without EU cross-border treatment stated that they were not informed about this entitlement which exists since 2004 in Germany. This is only applicable to 37 % of insurants with EU cross-border treatment. 41 % of the insurants with and 29 % of the insurants without EU cross-border treatment were informed about the entitlement to emergency and acute treatment. The entitlement to special planned treatments is known to 22 % of the insurants with EU cross-border treatment and only to 6 % without EU cross-border treatment. The knowledge of entitlement to both treatment categories, i.e. planned and unplanned, is almost four times higher among insurants with EU cross-border treatment (19 %) than among insurants without EU cross-border treatments (5 %).<sup>20</sup>

**Knowledge about EU Directive** | The latest Directive of the European Commission adopted in 2011 on patients' rights in cross-border health care, which leads to the implementation of the entitlement into national law in all EU member states by October 2013, is equally unknown to both groups of insurants. Only 14 % of the insurants with EU cross-border treatment stated that they were informed about the Directive as compared to 11 % without EU cross-border treatments.<sup>21</sup>

The assessment of the Directive by both groups of insurants is similar: half of each group of respondents considered it to be useful, for 16 % and 19 %, respectively, it was of no significance<sup>22</sup>. Since the implementation of the Directive lies in the future, these results are not surprising. The entitlement to EU cross-border treatment was already implemented into national law in Germany in 2004. Therefore, it is not likely that the high profile will increase as sharply as in other EU member states who have not yet implemented the Directive.

**Figure 12 | Knowledge of Entitlement to Treatment<sup>20</sup>**



**Optional Plan and Complementary Insurance |** Less than 1 % of both groups of insurants have chosen a supplementary travel health insurance via the optional plan "TK-Tarif Traveller" (tariff traveller). Insurants with EU cross-border treatments (49 %) slightly more often have a supplementary private travel health insurance of any kind than those without EU cross-border treatment (43 %). These results appear to be plausible as insurants with treatment in EU member states probably tend to enjoy travelling. 16 % of the respondents with experience and 13 % of the respondents without experience are insured with the "Allgemeiner Deutscher Automobil-Club" ADAC (German automobile club). A private TK complementary travel health insurance with ENVIVAS was concluded by 7 % of both groups. The remaining majority has taken out a complementary insurance with another private health insurer.<sup>23</sup>

### **Satisfaction with the German Health Care System |**

More than half of the insurants in both partial surveys are rather satisfied with the German health care system. Approximately 9 % of respondents without EU cross-border treatment answered that they are highly satisfied. The proportion of the highly satisfied is even slightly higher (13 %) among respondents with EU cross-border treatment.<sup>24</sup> The proportion of the very and rather dissatisfied is similar (approximately one third) in both groups of insurants. It appears that the insurants do not primarily demand EU cross-border treatment because they are dissatisfied with medical care in Germany.

### **Perception of Opportunities and Risks |**

The positive perception of planned EU cross-border treatments is considerably higher among insurants with EU cross-border treatment as compared to insurants without corresponding experience: 56 % are aware of the opportunities for patients (in contrast to 45 %) and only 12 % are aware of the risks (as compared to 32 %). Only 9 % see the risks for medical practitioners and hospitals in Germany (as compared to 24 %). 8 % of both groups see an opportunity for German health care providers.<sup>25</sup> ■

## 5 Retrospective Results | The EU Cross-Border Health Care Surveys 2008–2010

This chapter presents the development of EU cross-border health care in the last years. The years stated are the years of survey, not the years of treatment.

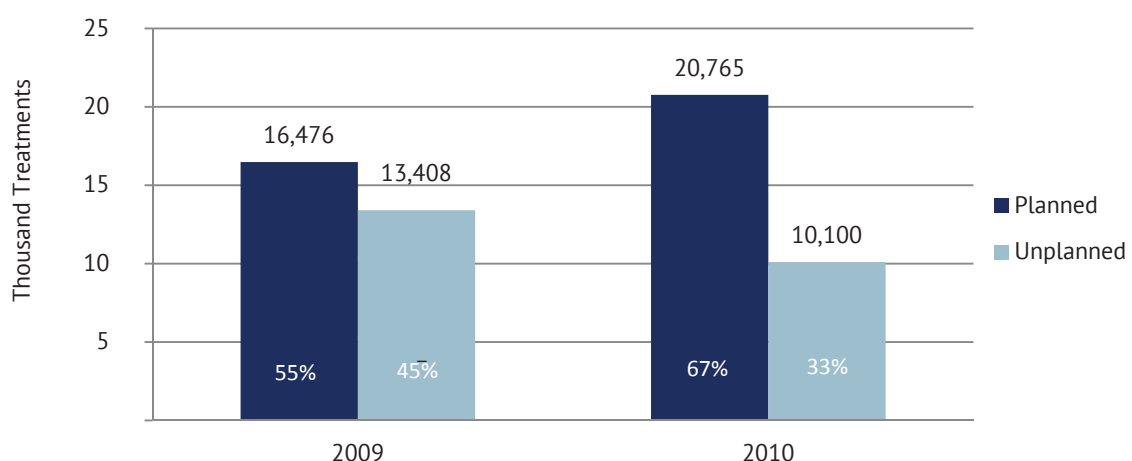
### 5.1 Treatments

**Increase in treatments** | An increase in planned EU cross-border health care can be ascertained over the past few years with particular significance between 2009 and 2010: the proportion of planned EU cross-border treatments out of all EU cross-border treatment increased from 55 % to 67 %.

The total number of EU cross-border treatments has also increased: While 15,550 respondents received 29,884 treatments in 2009, this proportion increased to 30,865 treatments with only 13,276 respondents in 2010.

**Types of treatment** | Figure 14 shows that spa treatments are most popular (72 %) and have increased significantly. The demand for preventive treatments has increased, too. Other types of treatment insignificantly decreased. Specialist treatments and the supply of pharmaceuticals have been drastically reduced by half. Planned treatments in TK contractual hospitals also declined. Figure 9 in the previous chapter already depicted the future potential among insurants who have not yet made use of EU cross-border treatments. Also the special allocation of treatments has been pointed out. It does not reflect the medical supply structures in Germany, but rather displays a special type of supply, dominated by spa treatments and remedies.

**Figure 13** | Development of Planned and Unplanned Treatments since 2009

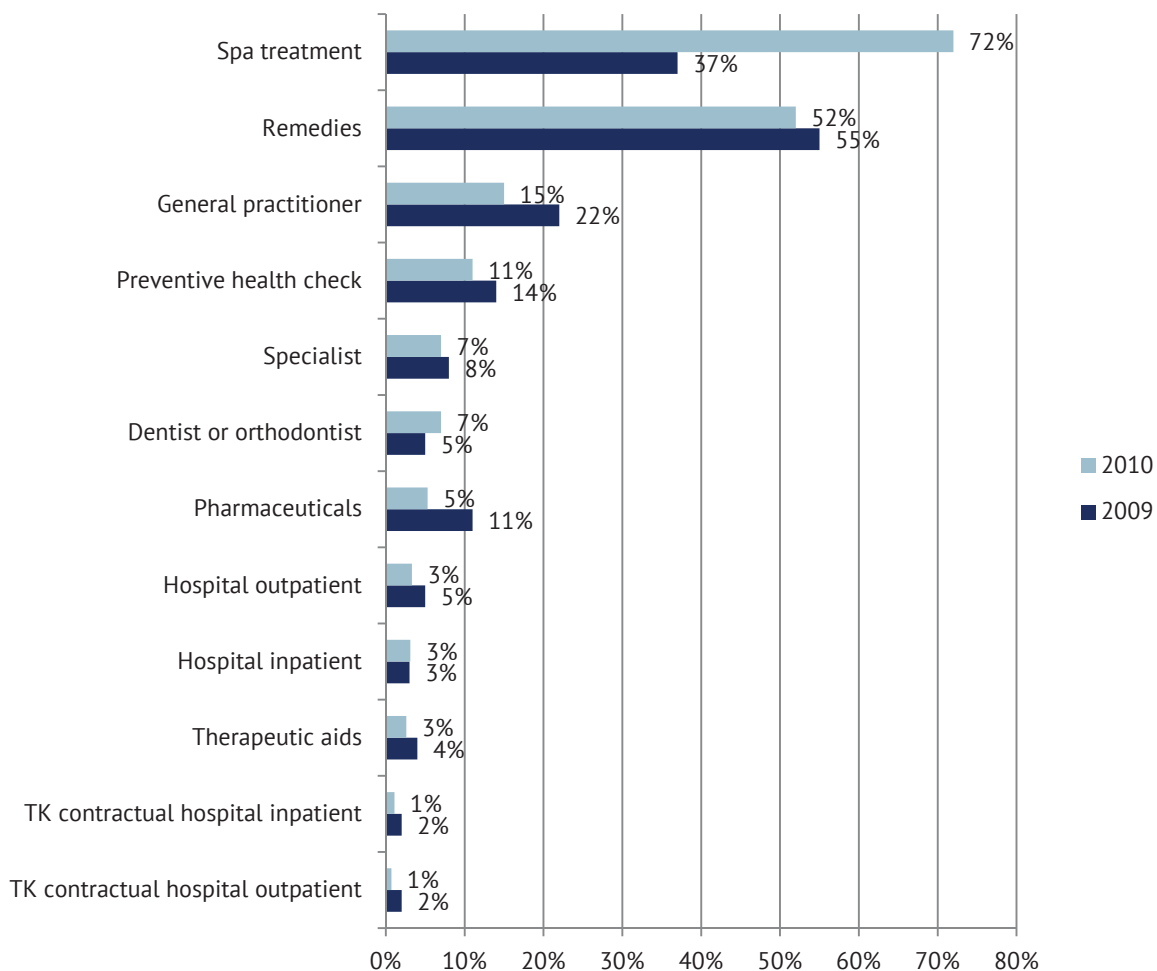


## 5.2 State perspective

**EU Member States** | The most popular EU member states for planned treatments have hardly changed since 2009 (see Figure 11). The Czech Republic still ranked first among the destinations for planned EU cross-border treatments (27 %), though its popularity has slightly increased since 2009 (24 %). It is followed by Poland in second place with unchanged 20 %. Italy (17 %) and Hungary (12 %) still rank third and fourth. Italy has slightly gained while Hungary roughly remained stable. The number of insurants with planned EU cross-border treatments in Austria decreased by

two percentage points to 6 %. Switzerland's share remained stable at 5 %. The number of insurants with planned EU cross-border treatment in Spain decreased dramatically from 7 % in 2009 to 2 % in 2010. Another 10 % received planned treatment in other EU member states, mainly in Slovakia (5 %) and, for the first time, Bulgaria (1 %). This is a remarkable increase since Bulgaria was not yet among the member states to be considered for EU cross-border treatment at all. The growing interest could be a sign for an increase in quality of health care combined with still low prices.

**Figure 14** | Development of Treatments



### Differences Between Germany's Old and New Federal States |

In 2009 it already became obvious that insurants from the new "Bundesländer" (German states) often had planned EU cross-border treatments. Moreover unplanned treatments are less frequently undergone than in the old "Bundesländer". On average 80 % of the EU cross-border treatments of insurants in the new "Bundesländer" were planned as compared to only 47 % in the old "Bundesländer". This difference became still more apparent in 2010. More than 90 % of EU cross-border treatments in the new "Bundesländer" are now planned. In the old "Bundesländer", the proportion of EU cross-border treatments only increased from 47 % to 56 %.<sup>26</sup> The main reason for these considerable differences may be found in lower incomes in

the new "Bundesländer" where 75 % of the insurants stated a monthly income of less than EUR 1,500, whereas in the old "Bundesländer" only 52 % were in this low income group. The higher "propensity for saving" among insurants from the new "Bundesländer" is clearly reflected by the fact that 63 % stated cost savings as the major reason for EU cross-border care as compared to 44 % of the respondents from the old "Bundesländer". Insurants living close to the border in the new "Bundesländer" can easily realise cost savings without much time and financial effort. Another significant reason may also be the proximity to the Eastern neighbouring member states due to historically grown relationships. ■

## 6 Discussion

The results of the EU Cross-Border Health Care Survey 2010 showed that treatment in other EU member states has already become an attractive alternative for many TK insurants to treatment in the German health care system, concerning spa treatments, remedies, general practitioner and preventive treatments. Proof of this is not only the increase in demand, but also the high satisfaction with quality and other treatment aspects as well as the great willingness to receive treatment again and the low rate of after-treatments.

Those insurants willing to have treatment in EU member states have clearly different needs and requirements than those insurants who already take advantage of this option. They attach much more importance to the freedom of choice and quality while cost saving is subordinate. This would lead to the development of a completely different group of patients in Germany who take advantage of EU cross-border treatment.

An increase in knowledge of entitlement and other patients' rights in cross-border treatments is to be expected after the implementation of the EU Directive into national law in all EU member states by 2013. This legal development will lead to an increased demand for EU cross-border treatments in Germany, even if it will not increase as sharply as in other EU member states, since the entitlement was already implemented in 2004.

Statutory health insurance funds will adjust to this development to offer their insurants the best support in this still new field. It is to be expected that the number of the administrative cross-border procedures which will partly be completely new will rise. This will result in a growing work load and therefore the need for the extension of expertise and thus improvement of both services and benefits for insurants.

One of the most important aspects of the future development of EU cross-border treatments is the investigation of continuous treatment in other EU member states rather than in Germany, for instance treatment of chronic and rare diseases. In this context, the motivation for the decision to make use of EU cross-border care, the patient experience, particularly the patient satisfaction with quality would be of special interest. This would contribute new aspects to the research on differences and similarities in specific areas of treatment between EU member states.

A new trend for German health service providers not to be neglected will be the growing number of patients from EU member states seeking treatment in Germany. Leading German hospitals have already adjusted to the treatment of foreign patients. Up to now this, however, mainly applies to Russian and Arab patients and only to a small extent to EU patients.

The present study is a contribution to further research in the field of the still young European health care sector for planned EU cross-border treatments. WINEG will analyse the resulting and outlined new questions in the next EU Cross-Border Health Care Survey and prove them with empirical data. TK uses the present results strategically for the further improvement of its range of both services and benefits for those insurants who would like to be treated in another EU member states in future. ■

## 7 Literature

- 1 **Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011** | on the application of patients' rights in cross-border health care. Official Journal of the European Union of 4 April 2011, No. L 88/45.
  
- 2 **Gesetz zur Modernisierung der gesetzlichen Krankenversicherung vom 14. November 2003** | Bundesgesetzblatt Jahrgang 2003 Teil 1 Nr. 55, p. 2190.  
(Statutory Health Insurance Modernisation Act of 14 November 2003).
  
- 3 **Wagner, Caroline; Schwarz, Astrid 2008** | "TK Cross-Border Survey 2008 "TK in Europe"- TK Analysis of EU Cross-Border Healthcare in 2007". Hamburg: Techniker Krankenkasse. (Available online at [www.wineg.de](http://www.wineg.de)).
  
- 4 **Wagner, Caroline; Verheyen, Frank 2009** | "TK Europe Survey 2009 – German Patients en Route to Europe". Hamburg: Techniker Krankenkasse. (Available online at [www.wineg.de](http://www.wineg.de)).
  
- 5 **Regulation (EEC) No 1408/71 of the Council of 14 June 1971** | on the application of social security schemes to employed persons and their families moving within the Community (8) (9) (10) (11). Official Journal of the European Union of 30 January 1997, No. L 28 p.1). (Available online at <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CONSLEG:1971R1408:20060428:de:PDF>).

### Further Reading

**Wagner, Caroline; Linder, Roland 2010** | The demand for EU Cross-Border Care: An Empirical Analysis. *Journal of Management & Marketing in Healthcare* 3(2): 176-187. (Now renamed: *International Journal of Healthcare Management*).

**Wagner, Caroline; Meckel, Anne-Katrin; Verheyen, Frank 2011** | EU Cross-Border Survey 2010 - Quality, Service and Satisfaction, in: Klusen, Norbert; Verheyen, Frank; Wagner, Caroline (Ed.), *Beiträge zum Gesundheitsmanagement* 32. Baden Baden: Nomos Verlag, p. 113 - 129.

## 8 Appendix | Missing Values

<b>*</b>	<b>Subject</b>	<b>Missing values absolute</b>	<b>Missing Values in %</b>	<b>Page</b>
1	Age	102 of 3,512 with EU-CBT 51 of 2,734 without EU-CBT	3 % with EU-CBT 2 % without EU-CBT	8et sqq
2	Income	455 of 3,512 with EU-CBT 453 of 2,734 without EU-CBT	13 % with EU-CBT 17 % without EU-CBT	9et seq
3	Planned and Unplanned Treatments	2086 of 13,276	16%	11
4	Cost Coverage	131 of 3,512	4 %	12
5	Length of Stay	328 of 3,512	9 %	12
6	Selection of Facility	240 of 3,512	7 %	13
7	Information Acquisition	734 of 3,512	21 %	13
8	Satisfaction with Source of Information	1088 of 3,512	30 %	14
9	Satisfaction with Treatment	483-2,862 of 3,512	14-82 %	15
10	Willingness to Repeat	228 of 3,512	7 %	15
11	Language	233 of 3,512	7 %	15
12	Communication between Practitioners	412 of 3,512	12 %	17
13	After-Treatment	258 of 3,512	7 %	17
14	Future Potential	84 of 2,734	3 %	18
15	Reasons for Treatment	276 of 3,512 with EU-CBT 198 of 2,734 without EU-CBT	8 % with EU-CBT 7 % without EU-CBT	18
16	Treatments	172 of 3,512 with EU-CBT 280 of 2,734 without EU-CBT	5 % with EU-CBT 10 % without EU-CBT	20
17	EU Member States	88 of 13,276 with EU-CBT 637 of 2,734 without EU-CBT	3 % with EU-CBT 23 % without EU-CBT	21
18	Sources of Information	63 of 2,734 without EU-CBT	2 % without EU-CBT	21
19	Information	368 of 3,512 with EU-CBT 366 of 2,734 without EU-CBT	11 % with EU-CBT 13 % without EU-CBT	22
20	Knowledge of Entitlement	3,855 of 13,276 with EU-CBT 141 of 2,734 without EU-CBT	29 % with EU-CBT 5 % without EU-CBT	23
21	Knowledge of EU Directive	992 of 13,276 with EU-CBT 67 of 2,734 without EU-CBT	8 % with EU-CBT 3 % without EU-CBT	23
22	Perception of EU Directive	2,124 of 13,276 with EU-CBT 259 of 2,734 without EU-CBT	16 % with EU-CBT 10 % without EU-CBT	23
23	Optional Plan and Complementary Insurance	961 of 13,276 with EU-CBT 166 of 2,734 without EU-CBT	7 % with EU-CBT 6 % without EU-CBT	24
24	Satisfaction with German Health Care System	659 of 13,276 with EU-CBT 72 of 2,734 without EU-CBT	8 % with EU-CBT 0 % without EU-CBT	24
25	Perception of Opportunities and Risks	1,004 of 13,276 with EU-CBT 92 of 2,734 without EU-CBT	8 % with EU-CBT 3 % without EU-CBT	24
26	Old and New German Bundesländer	213 of 13,276	2 %	27

\*Numbering of continuing references in the text



## **England and Germany in Europe - What Lessons Can We Learn from Each Other?**

European Health Care Conference 2011

Prof. Dr Norbert Klusen, Dr Frank Verheyen,  
Dr Caroline Wagner

2011, 152 p., Paperback,  
ISBN 978-3-8329-6704-8

Germany, England and all other EU member states face difficult economic times and crucial health policy changes – at national as well as at European level. Thus there is a growing need to share experiences and ideas across borders. This is why the Scientific Institute of Techniker Krankenkasse for Benefit and Efficiency in Health Care (WINEG), Techniker Krankenkasse (TK) and the European Health Management Association (EHMA) from Brussels hosted the second European Health Care Conference 2011 with international experts from health policy, health academia and health management.

This conference publication compiles ten contributions of the conference speakers about health care reforms, fund allocation and health services provision. Special foci are the current trends concerning the hospital sector, the patient benefit and EU cross border care. The aim is to thus promote the discussion about potential quality and efficiency improvements in both EU member states: How similar are the challenges in health care in Germany and England? If Bismarck and Beveridge had met, what would they have learned from each other? And what would they have thought about the Europeanisation in health care?



WINEG | Scientific Institute of TK for  
Benefit and Efficiency in Health Care