



Cost difference as a driver for patient mobility

Lessons from case studies

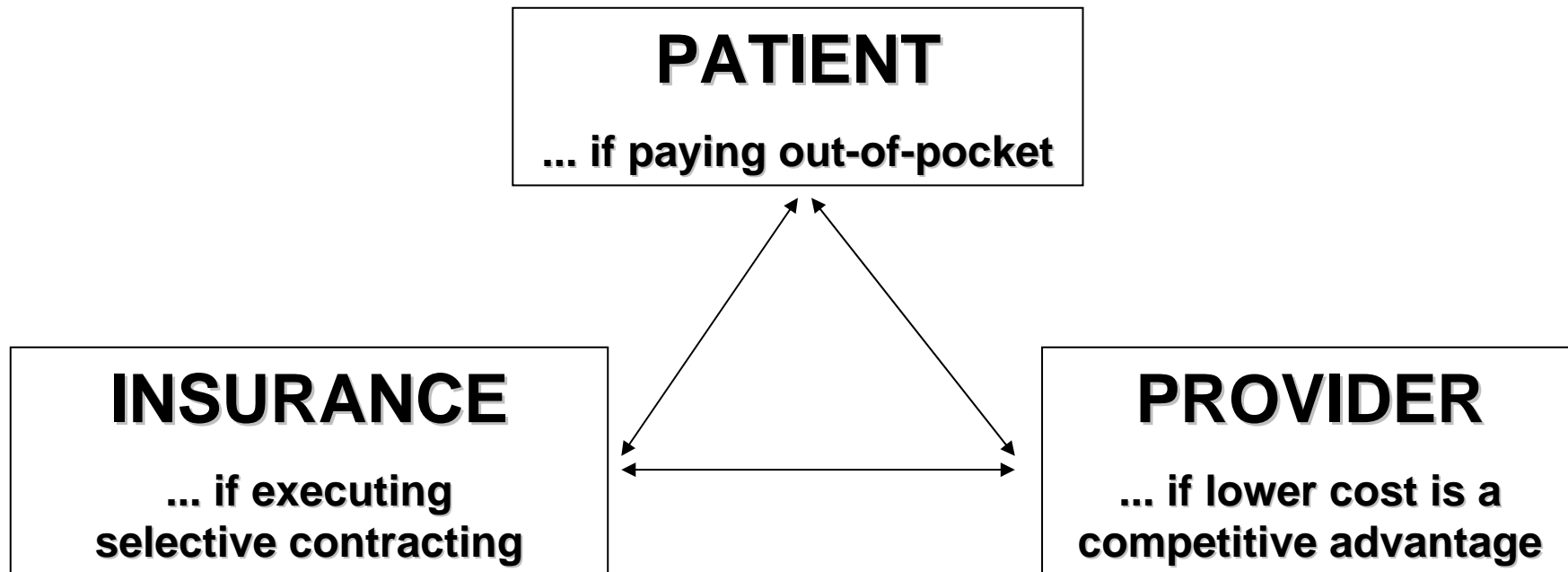
**Ghent, Belgium
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First assumption – patients prefer to be treated at home, unless

- ... it is an **emergency** or chronic condition needs treatment abroad (tourists, double & long term residents)
 - ... service “abroad” is actually more **familiar** or closer
 - ... service abroad has less/no **barriers** (waiting-list, legal/ethical/administrative, shortage of supply)
 - ... service abroad is **cheaper**
 - ... service abroad is perceived with higher **quality** (including privacy)
 - ... service abroad is a **lifestyle choice** (e.g. Spa, combined with holiday)
- and
- ... they are aware (**informed**) about suitable options abroad

Cost matters to everybody



Patient initiative

- Increasing out-of pocket costs
“Private health care accounts for 30% share of overall health expenditure of SLO neighbouring ITA & AUT regions”
Donatini et al, 2001; Hoffmacher & Rack, 2001
- Dental care as a “shopping item”
(West → East)
- Aesthetic surgery - price (and privacy)
“European quality at Polish prices”
- Health services for holiday
“SpaPLUS” & “Holiday surgery packages” (SLO, EST)

Provider initiative

- Lower cost than in other MSs
 - a competitive advantage
 - motivation to increase the price
- Supply is higher than local “demand” (as expressed by public insurance)
 - generates extra revenue



**COMPETITION WITH
EXPORTING COUNTRY'S
PRIVATE SECTOR!**

Purchaser initiative

- Cost not main motive today
- Potentially competition may be used as breaching the monopolies of home providers (Holland/Belgium)

but

- ... price convergence probably upwards (Holland/Belgium case)
- ... supplementary costs for lower quality
A German study in 2002 found that 53% of dental treatment (bridges) abroad needed further dental care;
Baulig, C., U. Weibler-Villalobos, *et al.* (2004)

Cross-border care brokers – a new service

Brokering agents (POL, HUN, DEN)

- Information
- Travel services
- Trust-building



**Tandlæger
i udlandet**

Spar 40-80 %

Klik på et land

www.avmintand.dk

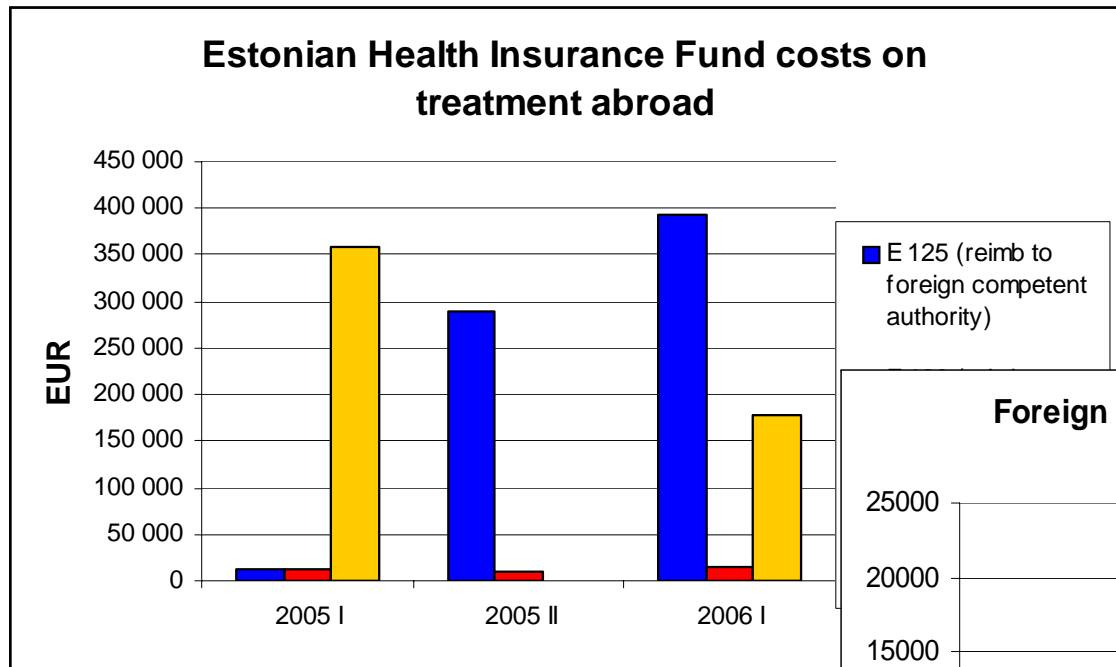
Godkendt af e-handelsfonden

The map shows several European countries highlighted in light blue with red dots indicating service locations: England, Frankrig, Spanien, Tyskland, Tjekkiet, Ungarn, Polen, Sverige, and Tyrkiet. An inset map shows Tenerife and Mallorca. The text 'Tandlæger i udlandet' is in blue, 'Spar 40-80 %' is in large blue font, and 'Klik på et land' is in blue. The website 'www.avmintand.dk' is in red. A logo for 'Godkendt af e-handelsfonden' is in the top right.

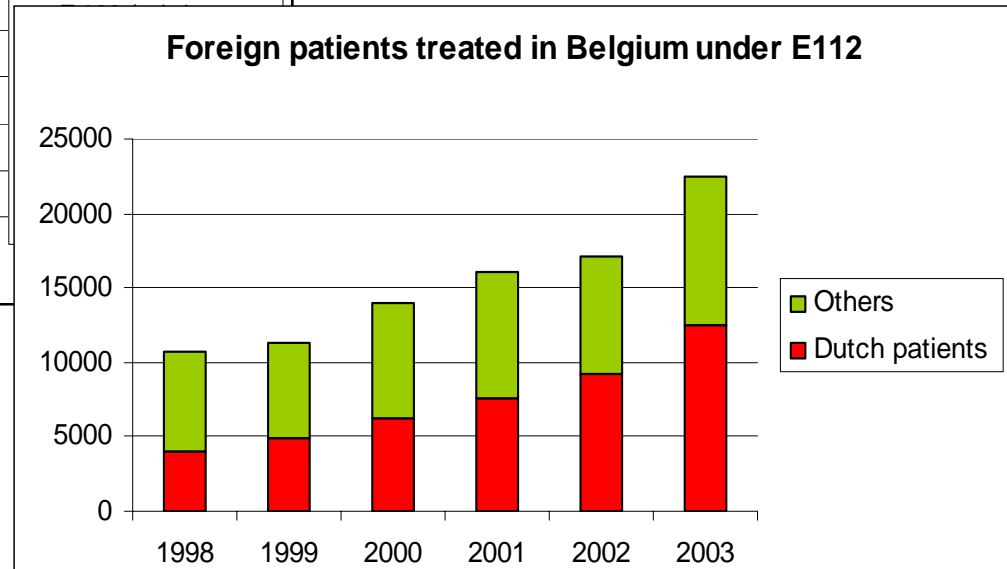
Actual usage is marginal, yet - but growing

- Most cross-border care is still an emergency care (skiing and other tourist areas)
- Elective treatment
 - Large volumes of low-risk treatment, mostly paid out-of-pocket (west-to-east trend, price important)
 - Small volume for expensive treatment (small countries)
 - Younger and more informed individuals (challenge for future)

Cross-border health care is increasing anyway



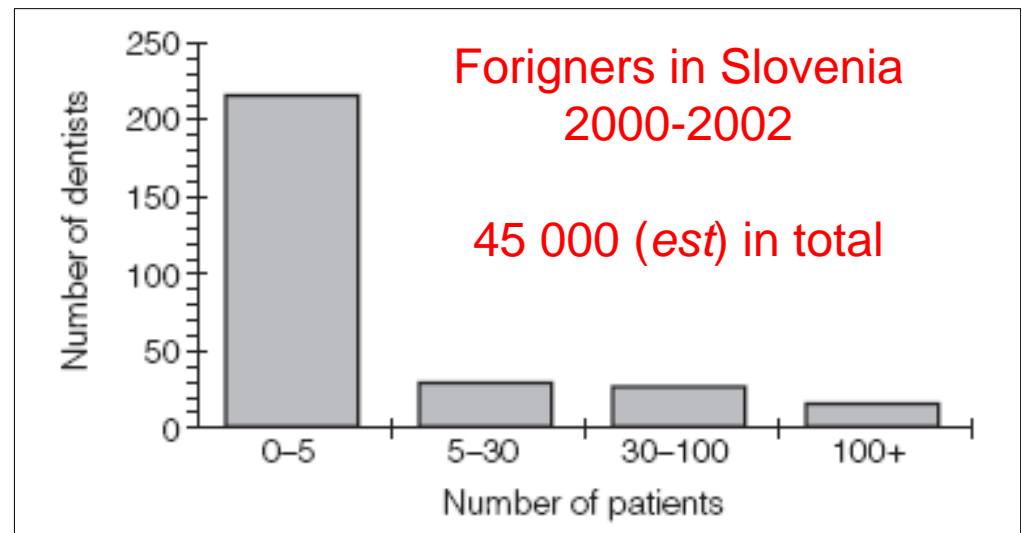
Source: EHIF 2006



Source: INAMI-ROZOV through Glinos et al 2006

Dental care has become international

- mostly not covered by public insurance
- easy procedures
- “shopping around”
- Eastern Europe treats richer neighbours (Poland, Hungary, Estonia, Slovenia ...)
- Old Europe reacts ... differently



Additional costs are important

- Travel costs
- Accommodation, especially for relatives and friend to support
- Psychological costs
- Health tourism - package health services with holiday
- Decreasing travel costs enable increased patient mobility

Conclusions

- Mobile patient market is growing
- Potential to win-win for all parties – individuals, purchasers and providers
- Cost convergence probably upward

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