

# Patient motives and needs What do we know?

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[www.ose.be](http://www.ose.be)

# Sources: patient surveys

1. OSE survey in e4p: patients affiliated with two Dutch insurers (OZ and CZ) who received hospital care in Belgium (2005)
  2. Norwegian NHS project (Jan 2001-Oct 2002)
  3. Malta
  4. ZOM (2 surveys of Dutch patients: 1997+1998)
  5. English NHS pilot project (2001-2002)
  6. German patients going to NL, Rhine-Waal (2003)
  7. Interviews with 24 English patients
  8. Interviews with 12 Dutch patients (2002)
  9. TK survey of German patients falling ill abroad
- Study of Danish patients in border-region with Germany

# Questions

- Why do patients go abroad for care?
- Where do they go?
- What are their experiences, concerns and needs?



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# Why do patients go abroad for care?

## **OSE (e4p) survey: two distinct groups of Dutch patients**

### Main reason for going to Belgium?

CZ: shorter waiting times

OZ: reputation of provider

# Waiting time at home ?

	Insurer			
	CZ	OZ	Total	
	%	%	N	%
No	9,9%	25,1%	110	14,1%
Yes	<b>74,1%</b>	<b>23,7%</b>	471	60,2%
Don't know	16,0%	<b>51,2%</b>	201	25,7%
Total	100,0%	100,0%	802	100,0%



# Preference for being treated in Dutch hospital?

CZ: 71% yes, 21% no

OZ: 30% yes, 47% no

## Preference is related to:

- Distance
- Socio-cultural orientation towards Belgium

## OZ patients live in Zeeuws-Vlaanderen

- culturally attached to Belgium – “spare Belgians”
- limited health care facilities
- geographically isolated

# Why do patients go abroad for care?

## ZOM survey: **Dutch border-region** patients going to France and Germany

- Faster access/ shorter waiting times (<90%)
- More complete/ thorough care (78%)
- Different treatment than in NL (72%)
- Respect and personal attention (55-70%)

## Survey: **German border-region patients** going to The Netherlands

- Geographical location (60%)



# Why do patients go abroad for care?

## To gain faster access:

- **English NHS pilot project**
- **Norwegian NHS project**
  - 52% waiting for less than 1yr
  - 20% waiting 1-2yrs
  - 12% waiting 2-3yrs

## To gain access to highly specialised care:

- **Maltese patients**

# When do patients (prefer to) go abroad for health care?

## In the border-region

- Familiarity
- Proximity

*Abroad is not perceived as foreign*

## Relative advantages

- Availability
  - Faster access
  - Type of care

*Abroad is perceived as foreign*

# Distance vs. fast access

## Danish patients in border-region with Germany, **2 options for radiation therapy:**

- Danish hospital ca. 130km away, waiting time > 6wks
- German hospital ca. 50km, waiting times < 2wks

→ Only people living very close to border preferred the German hospital

→ Breaking point: 25km vs. 150km

# Where do patients go?

1. **As close as possible: neighbouring country or country they feel close to**
  - Norwegian patients: 48% to Sweden, 33% to Denmark, 17% to Germany
  - Malta-UK agreement
2. **Country which offers the type of health care they seek**

# Patient needs: access and distance

## Accessibility in border-regions...

- OSE (e4p) survey: 45% had previously seen Belgian providers
  - ZOM survey: >50% had earlier experience, 1/3 had been treated >5x abroad
- Need for easy access procedures and authorisation

## The longer the distance...

- painful return trip
- expensive
- difficult for relatives

# Patient needs: medical and practical aspects

## Treatment in itself

- Overall high levels of satisfaction in all studies
- Cross-border care is perceived as better
- Information: pre – during – post

## Medical staff

- Respectfulness, personal attention
- Professionalism and confidence

## Administrative and travel arrangements

- Well-defined pathway with no gaps
- Information
- Problematic E111: patients pay out-of-pocket



# Patient needs: continuity of care

## **Patients move from one doctor to another**

- continuity of care
- medical files (pre & post)
- doctors reluctant?

## **Patients travel from one system to another**

- access to after-care
- prescribed drugs
- medical devices

# Patient needs: support and well-being

## The more serious the condition...

- longer periods in hospital
- emotional costs, homesick
- need for personal support
- accommodation for relatives? who covers financial costs?

## The environment

- Hospital culture
- Language and habits (afternoon tea, TV...)
- Socialising

# Key aspects in patient surveys

- Availability
- Access
- Continuity of care
- Pre- and after-care
- Information
- Quality
- Familiarity and confidence
- Price/ co-payment/ reimbursement

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## Relative advantages

- Availability
  - Faster access
  - Type of care
- Quality
- Prices, co-payments
- Bio-ethical legislation



# Key aspects

## Patients going through institutional arrangements

- Availability
- Access
- Continuity of care
- Pre- and after-care
- Information
- Quality
- Familiarity and confidence
- Price/ co-payment/ reimbursement

## Patients going on their own initiative

- **Information**
  - Information source
  - Internet
- **Quality**
  - Private circuits?
  - Supervision by public authorities?