Patient motives and needs
What do we know?

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session: the patient perspective
Sources: patient surveys

1. OSE survey in e4p: patients affiliated with two Dutch insurers (OZ and CZ) who received hospital care in Belgium (2005)
3. Malta
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?
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?

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

In the border-region

- Familiarity
- Proximity

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?