

## **4. European Health Forum Gastein** **(EHFG) 2001** **vom 26. bis 29. September 2001**



### **Health Without Limitations:**

### **Is the mass-tourism of patients about to come?**

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“Unlimited access to services and offers beyond the border of a person’s insurance country would cause severe problems for federal state policy, if the benefits of public providers have to be refunded”, as Dr. Reinhard Busse from the European Observatory on Health Care Systems and one of the experts who discuss the topic “Integration of Health Aspects in other Policies and Sectors” states. The limitations within the EU Single European Market have not been abolished at all by now: Health Care Services can not be claimed in any EU-country the patient likes. Some fear and others hope for a rush of never experienced “patients’-tourism” within the EU resulting from recent sentences of the European Court of Justice: Dutch citizens were medically treated in an other EU-state, when the insurance companies refused to refund the costs of the treatment, they filed a suit and the lawsuit went up to the European Court of Justice.

One of the four freedoms within the European single market is the one of free market of services, therein medical actions are included. If insurance companies only refund the costs for medical treatment in a foreign country after having permitted it beforehand, this is an obstacle for the free trade of services. Patients are allowed to purchase goods and services cross-borders. At the same time there are reasons legitimating a limitation: First of all the design of Health care systems is a matter of the federal states. Apart from this, there is a need to preserve the financial balance of the systems, who guarantee social security and the maintenance of medical and clinical care accessible to all citizens. A waste of financial, technical and human resources has to be opposed strongly. A permit before the treatment in an other state is therefore obligatory, but the preconditions have been revised:

The treatment has to be sufficiently tested and acknowledged by international medicine.

The treatment can only be denied if the patient can attain the equal or equally effective treatment in time at an institution with a contracted agreement.

Austria is the unique exception, although the senior consultant of the social security company decides, whether a patient is allowed to claim medical treatment in a foreign country free of charge, if a patient is treated without a previous permit he can at least reckon with a refund of a percentage of the costs. Up to now, the stream of patients within the EU has been insignificant and the expenses of the 12 EU-states for health care services in other member states not system-endangering: i.e. in 1993 there were 1,103 million Euro expended therefore – these are 0,13% of the total expenses of the EU-Health systems per EU-citizen, so less than 4 Euro per capita. In Austria 67 million ATS have been spent by social security and the government to finance the hospital stay of Austrians in other EU-states in 1997. For comparison, the social insurance companies paid 40 billion ATS for domestic hospital stays. During Austria's seven year membership of the EU the insurance companies have not recognised significant streams of patients to and from Austria, reports Rudolf Wallner from the main assembly of social security companies.

Similar observations can be made in other EU-countries, too, which clearly could be seen to emerge in the Euregio Rhein-Waal Project (1997-1999): The Dutch University Clinic Nijmegen is only 15 km apart from the German border, the nearest German hospital more than 100 km. Still, less than 1% of the Germans, who potentially needed medical treatment used the opportunity to go to the close Dutch hospital. "For the limited number of patients who indeed take the advantage of a cross-border treatment the following factors are responsible", explains EHFG-speaker Dr. Matthias Wismar from the Hannover Medical School, "first, the lack of procedures for refunding the costs, the restrictive appliance of the 112-proceeding with the previous permit of treatment in a foreign country, second the differences of the treatments offered within the EU, especially covering the differences for medical aids, such as respirators or wheel chairs prescribed by a medical specialist and only available at shops for medical devices. There are more possibilities concerning medical treatment: the services of health systems are quite different within the EU. For instance, in Norway dental treatment is no longer covered by the insurance, in Germany it is. Norwegian patients who let their teeth fill can demand a refund from their insurance company". The insurance company must not deny to refund the patient if the evidence of an helpful and cost-effective treatment is given. Political pressure is created by such gaps, even if they are not used by a majority. A standardisation of the health care services provided might be a possible consequence.

Cross-border health care services do not only and exclusively cause a system-weakening effect, as the cautious verdict of the European Court suggests, they also might imply great chances. According to a study initiated by the European Commission and assigned to the International Association for Mutual Assistance (AIM) there is stronger demand for more flexible patients traffic in the sector of highly specialised treatments. “It would be profitable for both sides, the providers and the consumers, if special treatments would be easier to access. First of all, some treatments are unique worldwide and connected to certain places invariably – one has only to think of the Gasteiner Heilstollen, where Bechterew patients are treated”, EHFG-President Leiner elaborates on the partly underused potentials of “patients’ tourism”. Secondly, the providers could search for possibilities of co-operation and try to offer services complementary. “Expensive instruments are often put into action when it comes to special treatment, i.e. the Gammaknife at Austrian University clinics. Quite often the highly-technical devices are not working at full capacity as they are only needed for a very limited number of patients”, EHFG-President reasons. Additional “customers” from abroad are not only desirable for this reason but the particular hospitals could – with the international offers on mind – specialise on certain treatments and to be updated constantly.

It will not come to a medical mass tourism anyway, for reasons that are most human as the AIM-study found out: patients prefer a place of treatment located near their social environment easily accessible for their families and friends and where the mother tongue of the patient is spoken.