



# Cross-border healthcare The Belgian experience

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# Structure



- 1. The Independent Health Insurance Funds in a nutshell**
- 2. The Belgian context**
- 3. The implementation of the Directive in Belgium**
- 4. The cross-border healthcare in facts and figures - Belgium**
- 5. Conclusions**



# 1. The Independent Health Insurance Funds in a nutshell

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# 1. Independent Health Insurance Funds



- 1 national federation + 6 health insurance funds
- More than 2,1 million members
  - 3rd biggest group in Belgium
- Active in:
  - Compulsory health insurance (social security)
  - Complementary health insurance:
    - Solidarity based
    - Facultative (hospital care, dental care)
- Member of AIM
- More info: [www.mloz.be](http://www.mloz.be)





## 2. The Belgian context

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# The Belgian context



## **Cross-border healthcare has different “faces”:**

- European level:
  - Regulations 883/2004 and 987/2009 (S2/E112)
  - Directive 2011/24
- Cross-border projects with neighbouring countries:
  - To facilitate patient mobility
  - To facilitate collaboration between hospitals
- Contracts between foreign stakeholders and Belgian hospitals
- Project HealthCare Belgium to attract foreign patients

# The Belgian context



Se soigner en région frontalière






## With France:

- **Belgian-French agreement on cross-border healthcare in 2005:**
  - 6 local projects to facilitate patient mobility (15.000 French patients come to BE every year)
  - Several contracts between Belgian and French hospitals
- **French-Walloon agreement on care for French disabled persons in Belgium, in 2014:**
  - 6.500 French persons
- **Also:**
  - 3.000 French elderly in Belgian homes

# The Belgian context



## With the Netherlands and Germany in Euregio Maas-Rhein:

-  Border region with 3 University Hospitals
-  Project IZOM since 2000: allowing patients to cross the border to consult specialists with special form “E112+ IZOM EMR”
-  Interreg V: proposal to facilitate patient mobility and know how hospitals in the field of rare diseases



# The Belgian context



## Contracts with Belgian hospitals:

- 29 of the 196 hospitals have in total 83 contracts with foreign stakeholders
- 77% of contracts with Dutch health insurance funds
- No use of European regulation
- Some hospitals:  
4% = Dutch patients

# The Belgian context



## Conclusions:

- European rules are only one side of cross-border healthcare;
- On regional and local level, stakeholders go a step further than what the European legal framework allows;
- The drive to facilitate cross-border healthcare, can come from:
  - Health insurance funds/patients
  - Hospitals/providers
  - Authorities



## 3. The implementation of the Directive in Belgium

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# Positive



- **Thorough discussion between NIHDI and mutual societies about implementation during 1 year**
- **On national level: reviewing and modernizing all existing instructions concerning cross-border health care**
  - Regulation and directive
  - Urgent and planned medical care
  - EHIC and S2
  - Reimbursement and Authorisation Procedure
- **In mutual societies: reviewing and optimizing internal procedures and information to members**
  - Programs, letters to members, ...

# Positive



- **More precise definition of procedures**
  - Example 1: demand for authorisation: decision within max. 45 days
  - Example 2: provider from other member state can motivate demand.
- **Rules also apply to private providers: important impact on reimbursements**
  - Since 25/10/2013: same tariffs for foreign and national patients in private hospitals
    - Not the case yet, still problem of overbilling foreign patients, especially for urgent medical care in touristic areas
- **Finally more data on cross-border health care**
  - For the first time: fact & figures on European level
  - 2014 was a transition year, data concerning 2015 in 2016 should be interesting
- **More collaboration between member states**
  - Healthcare systems should profit from network for eHealth and HTA

# Negative

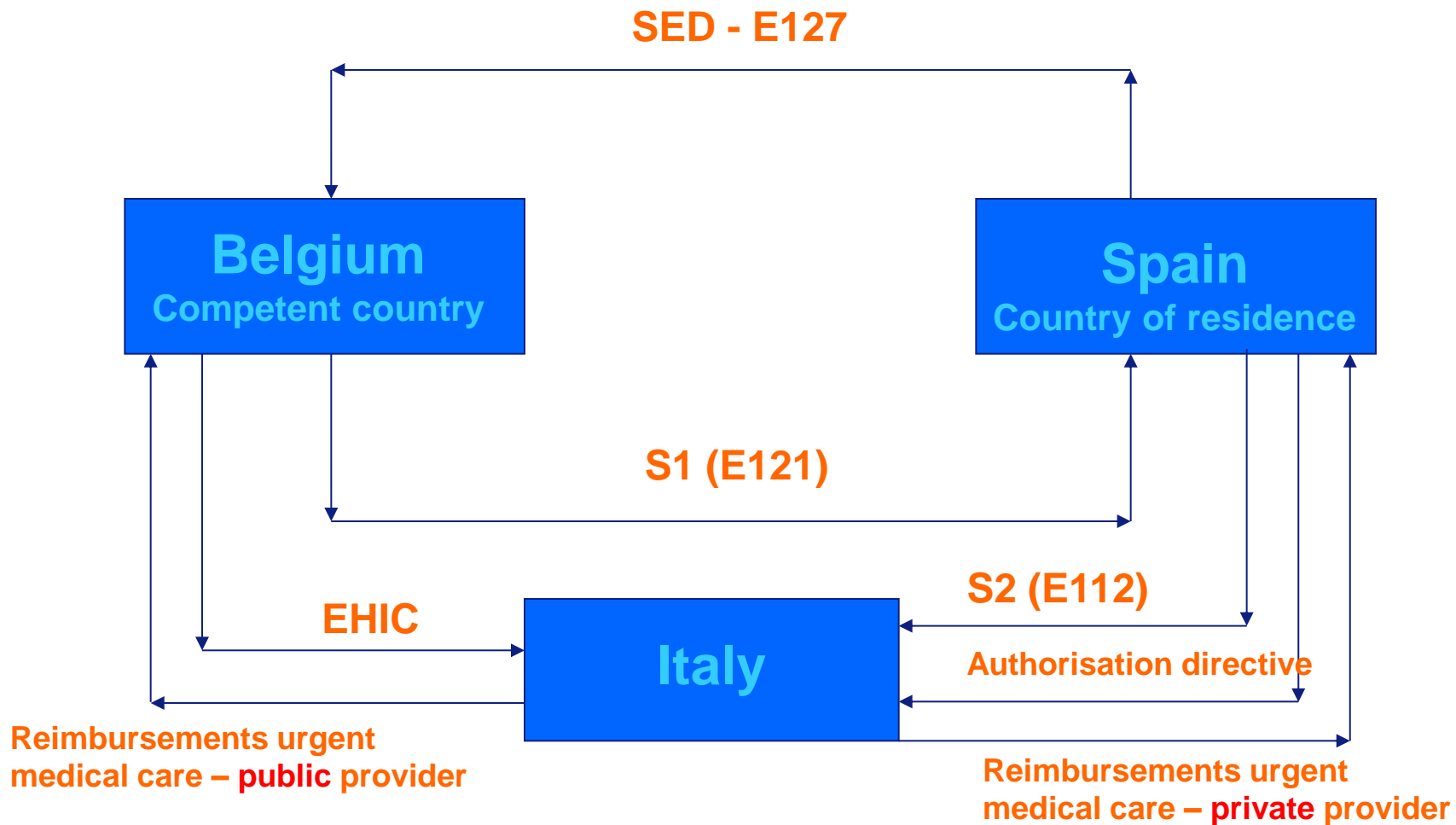


## **Complex legal framework**

- 2 legal instruments – 2 possible procedures
- Difficult to explain to citizens and difficult to apply for mutual societies
- Some principles of regulation ↔ principles of directive
  - Absurd situations!



# Example: pensioned person living in another members state – annexe 3



# Negative



- **No European document in case of authorisation**
  - Risk of being considered as a private patient
- **Rare diseases:**
  - Little use has been made of possibilities in directive
  - Not on agenda
  - Maybe via reference networks in future?





## 4. The cross-border healthcare in facts and figures - Belgium

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# Fact & figures



## **More foreign patients to Belgium than Belgian patients abroad**

- Lack of transparency
- Lack of data

## **Creation of Observatory for Patients' Mobility**

- Started in 2011
- Objective: measure the impact of foreign patients in Belgium:
  - Access to healthcare for Belgian patients?
  - Prices?
  - Privatization of health care?

# Foreign patients in Belgium period 2008 - 2011



Country	Hospitalization	One day	Total	%
Netherlands	62.041	53.388	115.429	57,4
France	23.527	17.681	41.253	20,5
Luxemburg	5.311	3.852	9.163	4,6
United Kingdom	2.626	2.657	5.283	2,6
Italy	4.135	1.143	5.278	2,6
Germany	2.847	2.319	5.166	2,6
<b>TOTAL (all countries)</b>	<b>113.388</b>	<b>87.695</b>	<b>201.083</b>	<b>100</b>

## Remarks:

- Urgent en non-urgent medical care
- Ambulatory care not included.

# Foreign patients in Belgium period 2008 - 2011



	Hospitalization				One day			
	Foreign		Belgian		Foreign		Belgian	
<b>2008</b>	27.541	1,5%	1.816.152	98,5%	19.316	1,3%	1.517.186	98,7%
<b>2009</b>	27.663	1,5%	1.829.637	98,5%	19.727	1,2%	1.595.711	98,8%
<b>2010</b>	29.351	1,6%	1.851.011	98,6%	23.791	1,3%	1.807.201	98,7%
<b>2011</b>	28.833	1,5%	1.861.245	98,5%	24.301	1,3%	1.907.197	98,7%
<b>TOT</b>	<b>113.388</b>	<b>1,5%</b>	<b>7.358.045</b>	<b>98,5%</b>	<b>87.135</b>	<b>1,3%</b>	<b>6.827.295</b>	<b>98,7%</b>

## Remarks:

- Urgent en non-urgent medical care
- Ambulatory care not included.

# Foreign patients in Belgium Study from 2011



## Analysis of planned medical care in Belgium:

- No recent statistics!! => most recent study from 2011\*
- Studied period: 2004-2008
- Evolution: + 60% over 5 years
- 2008: almost 23,000 hospitalizations
  - = 1,5% of all hospitalizations
- Large majority comes from EU-member-states:
  - Netherlands: 60% of hospitalizations, 71% of one day
  - France: 14% of hospitalizations, 12% of one day
- Types of intervention:
  - 25%: spine, arms & legs, hip replacements
  - Treatments against obesity (gastric bypass)
  - One day: fertility treatments, genetic counseling, chemotherapy

# Belgians patients going abroad 2014



- **No national statistics (yet)**
- **Should be the case in future thanks to European directive**
- **First European report on cross-border health care later on in 2015?**
- **Meanwhile: some statistics from Independent Health Insurance Funds (2,1 million members)**
  - 10.339 cases of planned cross-border healthcare in 2014 (+ 20% since 2011)
  - 80% concerns healthcare in Germany

# Belgians patients going abroad 2014



## Authorizations based on regulation or directive (1):

- 276 authorizations in 2014 (+39% since 2011)
  - Only 16 based on Directive (NEW)
  - 22 authorizations because the demand was not handled within the official term of 45 days (NEW)
    - Average term of 22 days
    - 38 for giving birth in another member state (14%)
- 572 demands for authorizations, 296 refused (53%)
  - 8 court cases for refusals in 2014
- For 12 member states, but majority to neighbouring countries France, Germany, Netherlands, Luxemburg.

# Belgians patients going abroad 2014



## Authorizations based on project IZOM (2):

- Administrative procedure to ask for special form to visit a specialist in the Netherlands or Germany
- In 2014: + 29% since 2011
  - 51 cases to visit a Dutch specialist
  - 6.567 cases to visit a German Specialist
- Specific for German speaking part of Belgium:
  - Language
  - Short distances



# Belgians patients going abroad 2014



## Reimbursements of planned medical care without authorization, based on directive (1):

	Urgent medical care	Planned medical care without authorization	Planned medical care with authorization
Number of demands for reimbursements	1.043	3.513	30
Number of reimbursements	1.002	3.445	27
Refusals	41	68	3
Amount of reimbursements in compulsory health insurance	€ 341.746,29	€ 216.698,74	€ 52.366,86

# Belgians patients going abroad 2014



## Reimbursements of planned medical care without authorization, based on the directive (2):

- Analysis from 2011: on average 1/3 of the bill is reimbursed

Number of reimbursements	3.266
Total amount of medical bills	€ 731.982,64
Total amount reimbursed by compulsory health insurance	€ 245.066,12
Total amount NOT reimbursed by compulsory health insurance	€ 486.916,52



## 5. Conclusions

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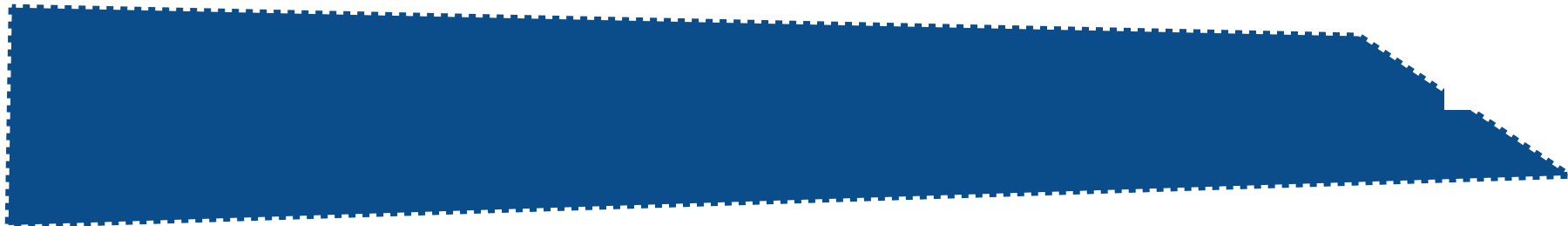
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# Conclusions

- ❑ **Cross-border healthcare in Belgium has different faces**
- ❑ **Important number of foreign patients in Belgian hospitals**
- ❑ **For Belgian patients:**
  - ❑ 95% to neighbouring countries
  - ❑ specific cross-border project generates more cases than regulation and directive
- ❑ **Directive: no explosion of cases**
- ❑ **Need**
  - ❑ To simplify the European legal framework
  - ❑ To continue to inform citizens about possibilities



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**de Landsbond van de Onafhankelijke Ziekenfondsen groepeert :**

