Barriers to cross-border health care: can behavioural insights help? A study funded by the European Commission

Cross border healthcare conference European Patients' Forum

10th December 2013

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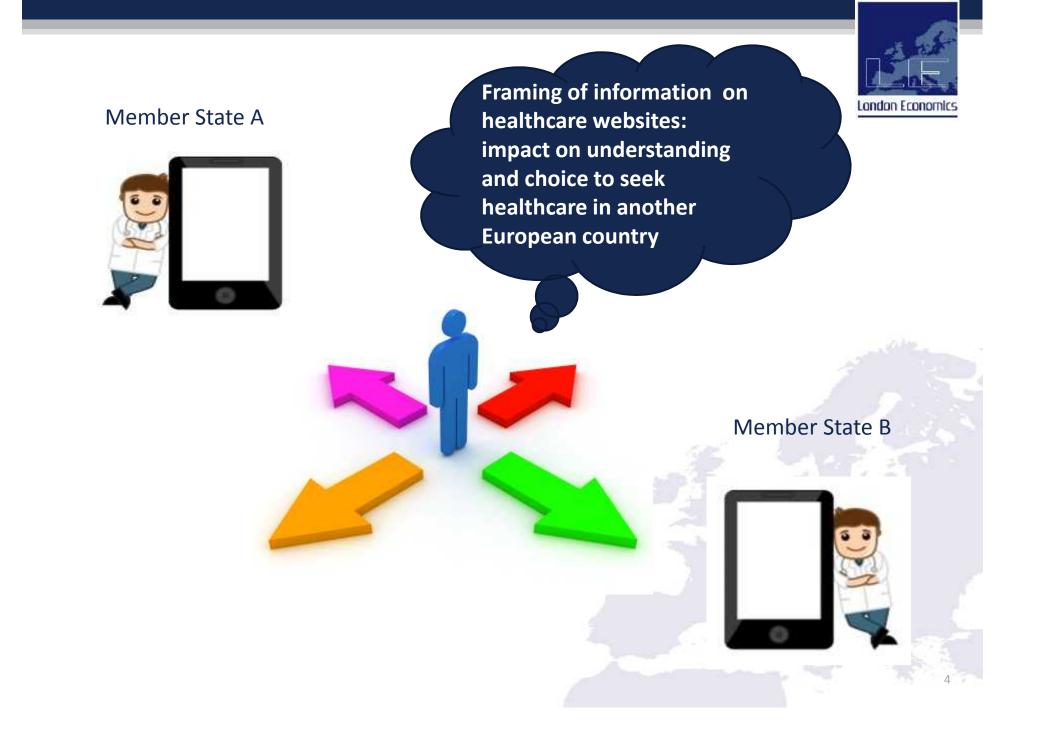
Policy context and study objective



Directive on the application of patients' rights in cross-border healthcare Requirement for each EU Member State to establish a National Contact Point (web portal) to inform citizens about crossborder healthcare

Objective : Inform the development of National Contact Points (NCP) Method: Implement an online experiment to address two key areas

Key drivers and barriers London Economics Member State A to choosing healthcare treatment in another European country Member State B



The process



- We set-up hypothetical NCP portals
- Home country NCP and cross-border country NCP
 Each NCP had 3 pages of information
- Pages had links between them such that participants could browse in a natural fashion moving backwards and forwards between the pages and the home and crossborder NCP

Home country NCP





About this NCP

About this NCP

and unplanned.

Reimbursements and basket of benefits

Information on appeals procedures A European Cross-border healthcare Directive was passed in 2011. This Directive gives you the right to access healthcare services in another EU country and to be reimbursed for it as long as the treatment is medically necessary and is also available under your home insurance.

This website aims to provide residents of [COUNTRY X] with information on how to obtain healthcare in other Member States of the European Union, both planned

Welcome to the pages of the [COUNTRY X] National Contact Point for healthcare.

External links

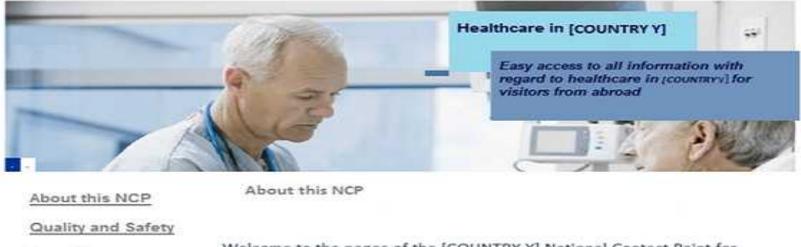
Country [Y] NCP website

We also provide information for citizens of other European Member States on how to obtain healthcare in [COUNTRY X] and to be reimbursed for it.



Cross-border NCP





Providers

Welcome to the pages of the [COUNTRY Y] National Contact Point for healthcare.

A European Cross-border healthcare Directive was passed in 2011. This Directive gives you the right to access healthcare services in another EU country and to be reimbursed for it as long as the treatment is medically necessary and is also available under your home insurance.

External links NCP Website [COUNTRY X] This website aims to provide residents of [COUNTRY Y] with information on how to obtain healthcare in other Member States of the European Union, both planned and unplanned.

We also provide information for citizens of other European Member States on how to obtain healthcare in [COUNTRY Y] and to be reimbursed for it.



Framing of the web pages



Design	 Reimbursement page was re-framed to highlight possible advantages of going cross-border rather than only focusing on reimbursement
Language	• The cross-border NCP was provided in the language of the respondent's home country
Complexity	 Reimbursement page was modified to include more detailed and complex information on medical treatments
Information source	 Details on cross-border providers legal requirements and validation processes were provided by the home NCP instead of the cross-border NCP

Choice between providers



Respondent Serial: 86 Current question: Q14-2 Which of these two options would you be more likely to choose? Please select one answer Name: Marien Krankenhaus Name: University hospital Country: Germany Country: UK Distance from you: - 120 kilometers Distance from you: - 120 kilometers Cost of treatment: £5,500.00 Cost of treatment: £5.875.00 The health insurance reimburses within two months: £5,000.00 The health insurance reimburses immediately: £5,000.00 You pay upfront: £5,500.00 You pay upfront: £875.00 Overall cost to you: £500.00 Overall cost to you: £875.00 Waiting time: 100 days Waiting time: 100 days 0 0

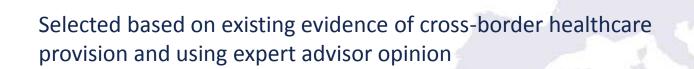
Previous

Next



Country pairings for the experiment

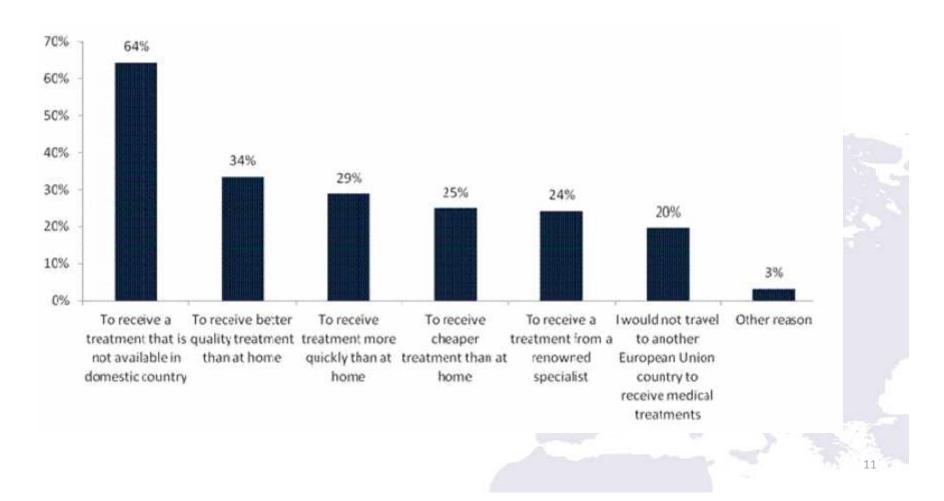
Country of origin	Target Country
Denmark	Germany
Estonia	Finland
Germany	Netherlands
Italy	Austria
Poland	Germany
Spain	Germany
Sweden	Denmark
Czech Republic	Austria



Key drivers and barriers for citizens

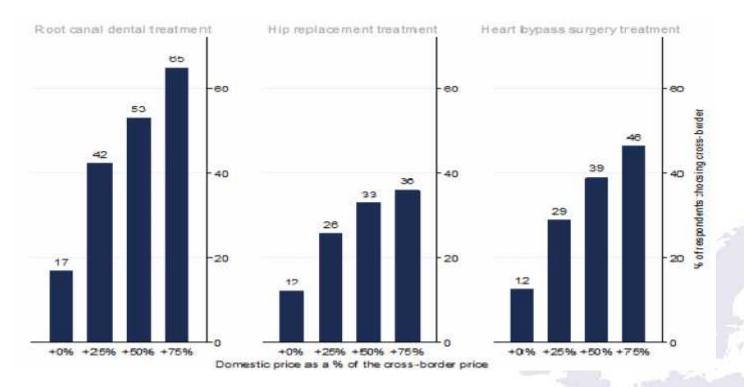


Motivation for seeking cross-border healthcare





Key drivers and barriers: Cost to the patient

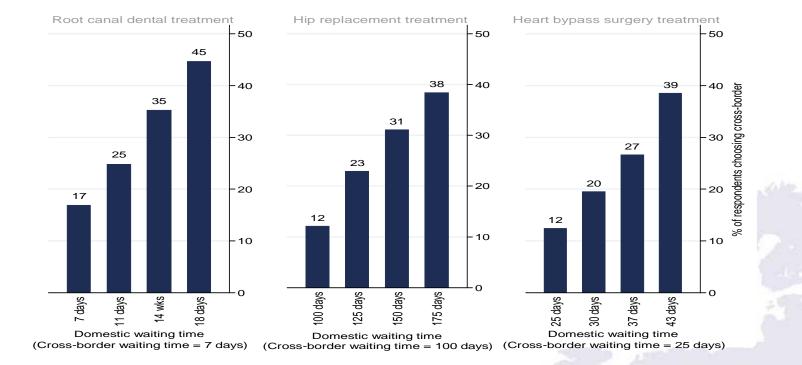


•If cost of domestic treatment relative to cross-border cost is doubled citizens are roughly 40% more likely to choose cross-border , highly statistically significant in all regression specifications used.

•Greatest driver of choice in the experiment.



Key drivers and barriers: Waiting time

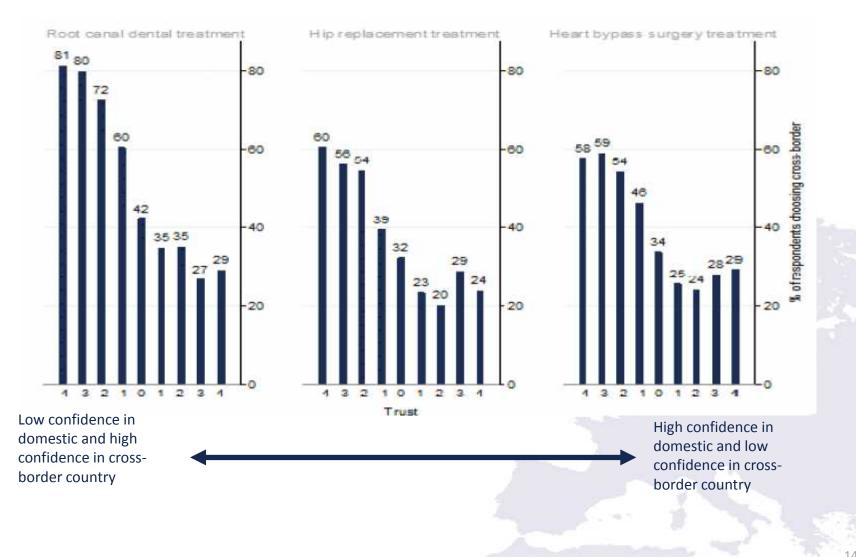


•If domestic waiting time relative to cross-border waiting time is doubled citizens are roughly 20% more likely to choose cross-border , highly statistically significant in all regression specifications used

•Second greatest driver of choice in the experiment

Key drivers and barriers: Relative trust





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Key drivers and barriers: Other findings

- Language is an important barrier (linked with possible familiarity with the country and customs)
 - respondents who spoke the language of the cross-border country were more likely to choose the cross-border option
- Men were more likely to choose cross-border option (supports previous findings by Eurobarometer)
- Respondents who are more **risk averse** were less likely to choose cross-border option

Framing of information on websites



- Specific framing of the information on the mock-up websites did not have a statistical impact on respondents choice in the experiment
- However, respondent understanding (measured in an incentivised quiz), tended to be lower when information on treatment options was presented in more complex terminology

So what does this mean for NCP websites?



- Access to **information on costs and waiting** time should be available through the portal
- Trust:
 - Clear information about healthcare providers in other Member States including liability insurance, quality and safety standards
 - Reviews of other patients' experiences in the cross-border country
- Information that is not too complex for users

Next steps



- Phase II
 - A survey and experiment hosted on NCP sites
 - End February through March
 - Conduct elements of the survey and experiment with visitors to the sites
 - Seek engagement with organisations to promote the study and encourage participation