Is a European Accreditation in Day Surgery Needed?

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Scenario in Europe

• International Travel

• Medical Tourism – cross border mobility of patients

• Trade – products and services

• Cross border mobility of professionals
The reasons why patients are seeking out medical tourism / global healthcare

• healthcare may be too expensive at home
• waiting lists may be too long
• patients wish to access treatments not available at home
• patients wish for greater confidentiality than may be feasible at home
• new challenges arise from time to time, such as new medical developments which are not universally accessible
• ......
EUROPEAN PATIENTS’ RIGHTS DAY: 10 benefits the EU brings to patients

9° Patients’ Rights Day
12 May 2015
Brussels, Belgium
1. TO RECEIVE HEALTHCARE WHEN VISITING ANOTHER EU COUNTRY
If you fall ill unexpectedly during a trip to another EU country and need to visit a doctor, there’s no need to cut short your visit to return home for treatment. Take your European Health Insurance Card with you to a local doctor.

2. TO BE REIMBURSED FOR HEALTHCARE SOUGHT IN ANOTHER EU COUNTRY
Should you decide to receive medical treatment in other EU country you can be reimbursed for it at home, under certain circumstances, and normally up to the amount you would be reimbursed in your home country for the same treatment. In some cases, your home country may require you to seek prior authorisation before travelling for treatment.

3. TO RECEIVE INFORMATION ON SAFETY AND QUALITY STANDARDS IN EU COUNTRIES
A national contact point in each Member State shall provide information to patients on their rights to healthcare across Europe. Access to information on the quality and safety of care will allow you to make informed decisions. These contact points can also provide information on the European Reference Networks where you can receive highly specialised healthcare in the case of complex, low prevalence or rare conditions.
European Cross Border Health Care

2. To be reimbursed for healthcare sought in another EU Country

- May require prior authorisation
  - Overnight stay
  - High specialized care
  - Cost intensive
  - Treatments presenting a particular risk for patient of population
- Serious and specific concerns about quality and safety of care
2. To be reimbursed for healthcare sought in another EU Country

Reimbursement up to the level of costs that would have been assumed by the member state of affiliation, had this health care been provided in its territory.

However, the Member State of Affiliation may decide:
• To reimburse full cost
• To reimburse other related costs (e.g. travel, accommodation or costs related to disabilities)
European Cross Border Health Care

3. To receive information on safety and quality standards in EU countries

Altough patient mobility is currently low, the Directive, which contains provisions for transparency for patients on their rights and on the quality and safety of healthcare, has opened a wider discussion on which information patients need and how it should be provided.
Unplanned healthcare
- Health cover for temporary stays
- Going to a doctor/hospital abroad
- Unplanned healthcare: payments and reimbursements

Planned healthcare
- Right to planned treatment abroad
- Finding the right healthcare provider abroad
- Planned healthcare: expenses and reimbursements
- Planned healthcare contact points

Help from the pharmacy
- Presenting a prescription abroad
- Pharmacy expenses and reimbursements

When living abroad
- Your health insurance cover
- Using healthcare when living in another EU country
REPORT FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT AND THE COUNCIL

Commission Report on the operation of Directive 2011/24/EU on the application of patients’ rights in cross-border healthcare
EU citizens’ awareness of their rights

This is not surprising, given EU citizens’ seemingly low awareness of their rights and the existence of the NCPs. A recent Eurobarometer survey\(^7\) indicated that fewer than two out of ten citizens feel that they are informed about their cross-border healthcare rights:
National Contact Points

Whilst only one in ten knew about the existence of NCPs:

QD12. In each EU Member State, there is a National Contact Point that provides information about cross-border healthcare inside the EU. Did you know that it existed?

[Chart showing the percentage of people who knew about NCPs in different EU countries, with varying percentages for each country.]
Hospitals are changing
Personal International health and medical insurance
Prestataire de soins pan-européen, leader de la Récupération Rapide Après Chirurgie

Capio en Europe
3000 médecins et chirurgiens
11.800 employés, 130 sites
5 millions de patients soignés

Capio en France
1400 médecins et chirurgiens
5187 employés, 23 cliniques
664.500 patients soignés

La mise en œuvre des principes de la RRAC a conduit les équipes médicales et soignantes à réaliser des premières françaises, voire mondiales

- Prothèse de genou en ambulatoire - Première en France
- Prothèse de hanche en ambulatoire - Première en France
- Colectomie en ambulatoire - Première mondiale
- Hystérectomie en ambulatoire - Première en France

Bien soigner, c'est notre métier
"In competitive health care markets where patients have an increasing array of choices, quality is the most important differentiator for organizations striving for sustainability and both national and regional leadership. International accreditation has become a powerful indicator of a health care organization’s commitment to high-quality care and patient safety.”
• much of the discussion on medical tourism blog sites reflects the increasing importance of international healthcare and hospital accreditation to this industry
Accreditation

“It is a structured way of developing standards and assessing performance against those standards, and demands responsive management and governance to produce the intended improvements to institutions and to the health system”

Shaw CD, et al., Int J Qual Health Care 2010
Accreditation of Day Surgery?

Comparable assessment of health services requires comparable statements of requirements:

1. Standards – agreed levels of service

2. Guidelines – recommendations to guide decisions

3. Mandatory guidance – mandatory compliance
Accreditation of Day Surgery?

• Clinical Approach – based on biomedical and health service research (peer review and voluntary accreditation)

• Regulatory Approach – healthcare regulation for registration and institutional licensing

• The ISO system of Standards

• Accreditation of professionals
Accreditation of Professionals

The European Board of Surgery Qualifications (EBSQ)

The Board Examinations determine the status of European harmonisation and standardisation process in medical training and qualification.
Regulatory approach

Contribute to the regulation by quality and efficiency

La HAS est une autorité publique indépendante qui contribue à la régulation du système de santé par la qualité. Elle exerce ses missions dans les champs de l'évaluation des produits de santé, des pratiques professionnelles, de l'organisation des soins et de la santé publique.

La HAS évalue d'un point de vue médical et économique les produits, actes, prestations et technologies de santé, en vue de leur admission au remboursement. Elle élabore des recommandations sur les stratégies de prise en charge.

La HAS certifie les établissements de santé et accorde les praticiens de certaines disciplines afin d'évaluer et d'améliorer la qualité des soins et la sécurité des patients dans les établissements de santé et en médecine de ville.

La HAS met à votre disposition des guides, méthodes et outils pour vous permettre de mettre en œuvre vos projets.

Devenez expert auprès de la HAS
La Haute Autorité de Santé recherche des experts pour ses groupes de travail et des experts visiteurs

ACCÈS DIRECT

Bulletin Officiel de la HAS
Informations grand public
Regulatory approach:

Care Quality Commission (CQC) – the body that is responsible for UK hospital accreditation and standards

Who must register?
All National Health service hospitals and private healthcare providers
Clinical Approach
Voluntary Accreditation

• AAAHC
• Accreditation Canada International
• Joint Commission International
• Australian Council for Healthcare Standards International
• ........
Clinical Approach: Voluntary Accreditation

Quality multidisciplinary cancer care delivered in cancer centres throughout Europe
Clinical Approach: Voluntary Accreditation

• OECI accredits cancer centers that provide research, education, care services to cancer patients. OECI standards for high qualitative cancer care are validated through pilot projects.

• OECI Accreditation system:
  • Standards and criteria for quality care
  • Process to assess compliance with those standards
  • Tools to collect standardised and quality data
Accreditation of Day Surgery?

• Safety

• Quality

• Economics
RATIONALE BEHIND THE IAAS WORK PLAN

• Fragile economic recovery limiting resources available for health care
• Rapid development of health technologies and other technological applications in support of health services.
• Diversity in health systems, policy and management culture worldwide and within Europe
IAAS WORK PLAN

• Capacity building
• Promoting research
• Benchmarking, networking and advocation
Day Surgery Data Project

Agenzia Regionale Socio-Sanitaria del Veneto Venezia, Italia

Aims:

1 – Identify & validate a set of indicators and to develop the Information Systems on DS in Europe

2 – This project proposes to analyse DS data and health indicators both at international organization and MSs level.

3 – The project will also devise guidelines for the presentation, interpretation and utilization of indicators.

4 – Finally it will establish a strategy to continuously improve its quality, efficiency and equity.

Financed by the European Commission

European Congress of Ambulatory Surgery - AFCA and IAAS
Categories of DS Indicators:

- Input
- Patients characteristics
- Access
- Process
- Output
- Outcome
- Safety
- Satisfaction / Responsiveness
- Cost / Productivity
IAAS Survey on
DAY SURGERY FINANCING

- Beveridge Model
- Bismark Model
- Mixed model
- Private health insurance

Courtesy P. Lemos
Most frequent DS procedures (cataract, tonsillect, ing hernia, varicose veins) - Average hospital reimbursement

Inpatient regimen

% Ambulatory

1º Quartil 3º Quartil Median

191,00 € 858,37 € 1.339,74 € 1.680,38 € 4.219,92 €

100% 75% 50% 25%

European Congress of Ambulatory Surgery - AFCA and IAAS

Courtesy P. Lemos
IAAS Where are we going?

Ambulatory Surgery?

75% of elective Surgery!

Ideal study model for Cross-border healthcare in EU
International Projects and Funding

DaySafe is co-funded by the European Commission under the Programme of Community Action in the Field of Public Health 2008-2013.

Do you know you can choose to get your healthcare in another EU country?

Consumers, Health and Food Executive Agency

Chafea
You don't have to see the Whole Staircase, just take the FIRST STEP.
Care Quality Commission
The independent regulator of health and social care in England

How we do our job

All health and care services need to register with us

We monitor registered services and we listen to people’s feedback

We inspect services, using experts to help us reach judgements on quality

We publish our findings

And we take action if we judge services need to improve

Improvements in care