



*Support creation of pilot **network of hospitals**  
related to **payment of care**  
for **cross border patients***

# RESULTS FROM THE HONCAB NETWORK OF HOSPITALS PROJECT

**Dott. Pier Paolo Benetollo**

Health Director “Azienda Ospedaliera  
Universitaria Integrata” of Verona and  
Scientific Coordinator of the European  
Project HoNCAB



Co-funded by  
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# Background

**9 March 2011**

EU Directive on patient's rights in cross-border healthcare

**25 October 2013**

deadline for transposition into Member States' national laws

## Objectives:

- Clarify patients' rights with regard to accessing cross-border healthcare provision;
- Guarantee the safety, quality and efficiency of care that patients receive in another EU Member State;
- Promote cooperation between Member State on healthcare matters

Uncertainties about the practical implications of the Directive, especially when it comes to payment and reimbursement of healthcare services.

# HoNCAB project

- Start: 1 September 2012
- End: 31 August 2015
- Budget: € 1.346.306, 00
- Coordinator: Azienda Ospedaliera Universitaria Integrata of Verona

## General Objective

To obtain a better understanding of the financial and organizational requirements that may arise as a result of a patient receiving healthcare outside the Member State of affiliation

# Specific Objectives

## ***Knowledge management system***

- ***a system to receive feedback from cross-border patients on quality of care and reimbursement;***
- ***a web-based application*** for hospitals to collect and exchange relevant information according to pre-defined variables such as socio demographic, health-related and administration variables.

## ***Network of Hospitals***

To share practical experiences, problems and solutions related to cross-border healthcare for hospitals receiving a significant number of cross-border patients

## ***Diagnoses Related Groups (DRGs)***

To compare differences between Diagnoses Related Groups (DRGs) categories and tariffs

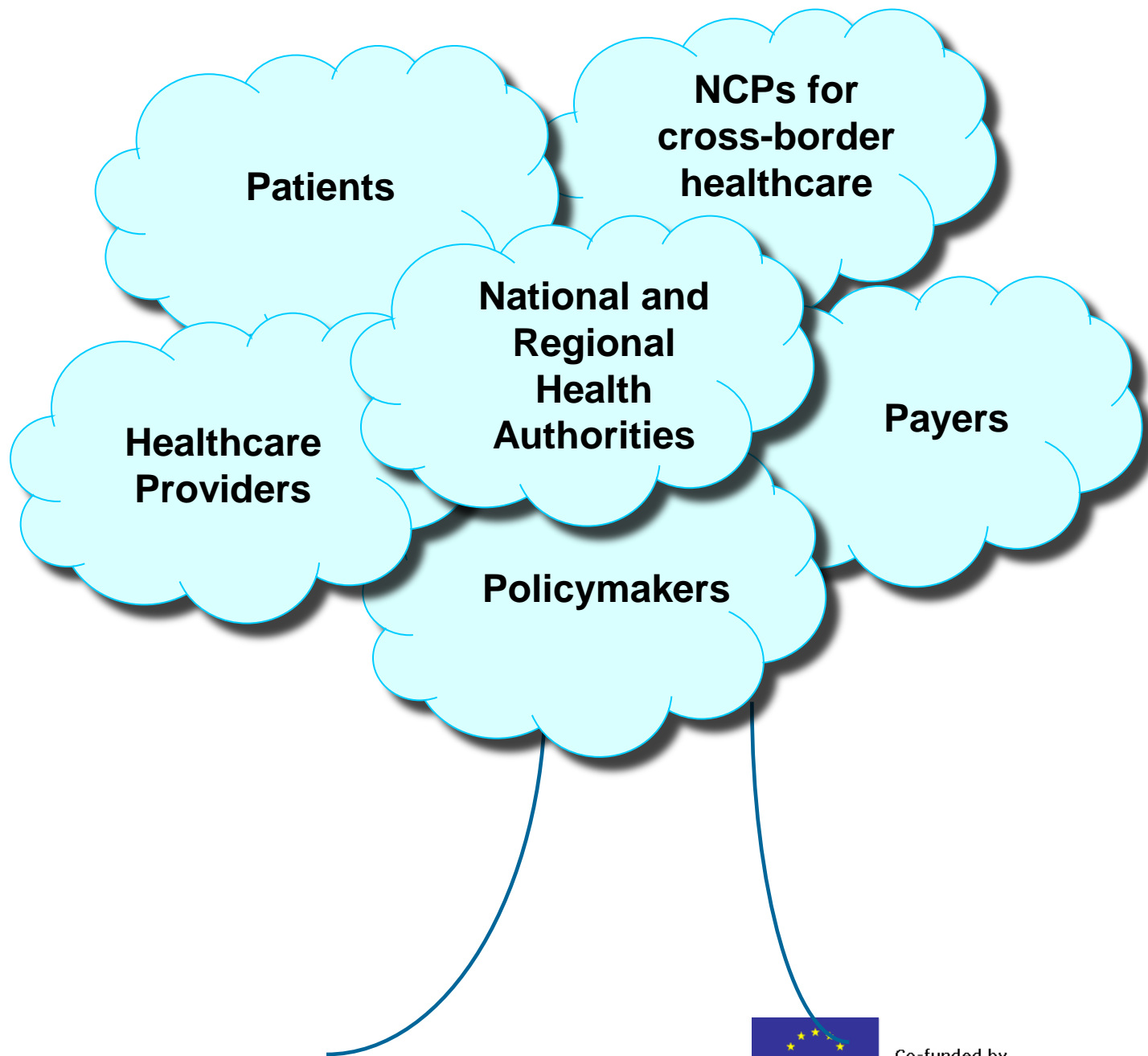
## ***Cross-border healthcare experiences***

To investigate existing experiences of “direct” cross-border healthcare and “Health Tourism”

## ***Recommendations***

***Compendium of results for policy makers and Handbook for Hospitals.***

**Project  
target/  
audience**



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## 9 European countries

Austria

Belgium

France

Germany

Greece

Hungary

Italy

Malta

Slovenia

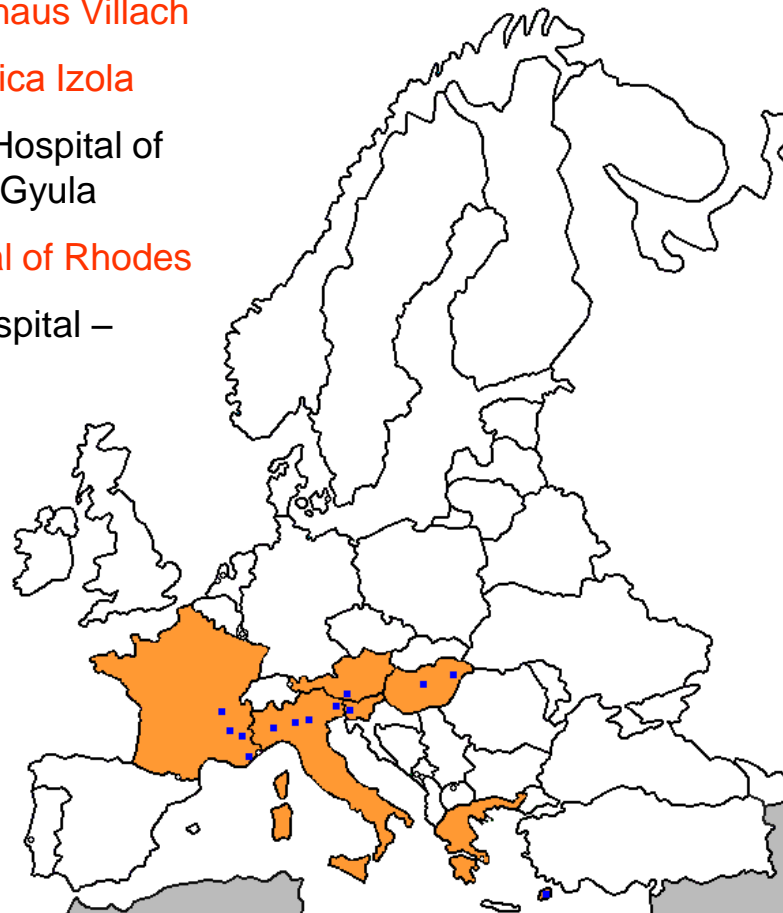
20 associated partners

16 collaborating partners

## 14 hospitals participating in data collection:

- Azienda Ospedaliera  
Universitaria Integrata Verona
- Hospices Civils de Lyon
- Centre Hospitalier Universitaire  
de Nice
- Centre Hospitaler de Grenoble
- Azienda Ospedaliera Papa  
Giovanni XXIII – Bergamo
- Fondazione IRCCS Policlinico  
“SAN MATTEO” - Pavia
- Azienda Ospedaliera  
Universitaria “Santa Maria della  
Misericordia” - Udine
- Azienda Ospedaliera Ordine  
Mauriziano – Torino

- Landeskrankenanstalten-  
Betriebsgesellschaft –  
Landeskrankenhaus Villach
- Splošna bolnišnica Izola
- Pándy Kálmán Hospital of  
Békés county – Gyula
- General Hospital of Rhodes
- Saint John's Hospital –  
Budapest



# PRELIMINARY RESULTS

- “Good Practice Guidelines” for Hospital Network
- Web Based Application – Registry of Patients
- System to receive feedback from patients
- System to compare DRG-based tariffs



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# GOOD PRACTICE GUIDELINES

The Good Practices Guide aims to identify what are the processes, the practices and the organizational methods which give the best answer to cross-border patients' specific needs and demands.

# GOOD PRACTICE GUIDELINES

The Guide takes in consideration 4 main steps:

- A quick definition of cross-border patients' specific needs and issues.
- Good practices for patients' pre-admission and admission.
- Good practices for patient's stay in the hospital, including file management, communicational and several minor administrative issues.
- Patient's discharge, billing procedures and reimbursement process.

# GOOD PRACTICE GUIDELINES

Example of good practice:

The hospital San Matteo, in Pavia (*Ospedale Policlinico San Matteo*) offers to cross-border patients translated medical and operative reports and translated prescriptions. It makes easier for the patient to continue his treatment when he goes back to his country of residence.



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Good practices guide

To implement good practices regarding cross-border patients' care

*Benjamin Briquet, Pauline Robineau, Florence Adnet Cuvattin, Laurence Coste,  
Hélène Carrara*  
Publish date



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# WEB BASED APPLICATION

The Web Based Application (WBA) collects data from three different sources:

- **Dataset:** 41 items reporting socio-demographic, health-related and administration-related data directly from patient's file hosted in Hospital Databases
- **Questionnaire I:** quality of the hospital stay evaluated by patients and motivation for mobility
- **Questionnaire II:** satisfaction of reimbursement process evaluated by patients



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# WEB BASED APPLICATION

Thanks to the WBA the hospitals involved in the HoNCAB Hospital Network, are able to share and exchange cross-border patients' data hospitalised in their structures.

It represents the first experience of data interchange among EU NHSs of today patients' data.






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# WEB BASED APPLICATION



**AZIENDA OSPEDALIERA UNIVERSITARIA INTEGRATA  
VERONA**



## Step 2 - Dataset Upload Completed

Data di inserimento: **09/12/2013 07:46:26**

Id utente: **1**

Type: **Questionario 1**

Status: **Bozza**

User: **Utente test**

Name: **Azienda Ospedaliera Universitaria Integrata - Verona**

Prefix: **HB001**

Patients presenti: **279 - [Show Patients](#)**

Delete Upload

Confirm Upload

Showing 1 to 10 of 279 patients

RECORD NUMBER	AGE	GENDER	CITIZENSHIP	COUNTRY OF RESIDENCE	DISCHARGE	TOTAL STAYING	STAYING ICU	WAITING TIME	TYPE OF HOSPITALIZATION	TYPE OF DISCHARGE	MAIN DIAGNOSIS	SECONDARY DIAGNOSIS 1	SECONDARY DIAGNOSIS 2	SEC DIA
HB00102036218	43	2	RO	IT	05/2012	167	7	0	2	2	5780	5722	5712	
HB00102036948	35	2	RO	IT	01/2012	14	0	0	2	2	1570	1530	1976	
HB00102930093	39	1	RO	IT	02/2012	37	0	0	2	2	29531			
HB00102930519	60	2	RO	IT	01/2012	18	0	0	2	2	7895	5712	5723	
HB00102930958	33	1	RO	IT	01/2012	8	0	0	2	2	82525	83802		
HB00102931187	73	2	BG	IT	01/2012	11	0	0	2	2	2851	53100	42731	
HB00102939594	56	1	RO	IT	01/2012	35	0	0	2	2	01123			
HB00103010653	56	2	RO	IT	01/2012	11	0	0	2	2	515	4941		
HB00103010755	63	1	RO	IT	02/2012	18	0	0	2	2	51884	49121		
HB00103011201	21	1	RO	IT	01/2012	2	0	0	2	2	56081			

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# PRELIMINARY RESULTS

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# SYSTEM TO RECEIVE FEEDBACK FROM PATIENTS

The questionnaires include the patient-related variables focusing on three main topics:

1. The perceived quality (logistics, patient safety, clinical performance and standards, patient expectations, ecc)
2. Patient motivation for mobility (waiting lists/times, renowned providers, “word of mouth”)
3. The reimbursement process (information, duration of the process, problems)

# SYSTEM TO RECEIVE FEEDBACK FROM PATIENTS

**Q1 - Was your admission in our hospital previously planned, or have you been admitted due to emergency reasons (not planned, due to an unexpected health condition)?**

- Planned
- Urgent - please jump to question n. 19

**Q2 - Where did you find information about our hospital?**

*Multiple answers are possible*

- Recommendation of a doctor who prescribed me the treatment
- Recommendations from friends, relatives
- I found information on Internet
- Other:

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# SYSTEM TO COMPARE DRG-BASED TARIFFS

HoNCAB aims to overcome the today drawback in comparing DRG based reimbursement of hospital products caused by a heterogeneous and non transparent tariff system and by different DRG system (almost one per Member State excluding Malta and Belgium which do not use the DRG system) existing across Europe.



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# SYSTEM TO COMPARE DRG-BASED TARIFFS

To produce an algorithm to compare different DRGs and tariffs, we are using empirical data from the WBA and theoretical data from selected case studies: malignant neoplasm of breast, inguinal hernia, childbirth, hip and knee replacement, cholecystectomy, hysterectomy, varicosis stripping)

Case vignettes: Patient classification variables

	Primary diagnosis	Secondary diagnoses	Mastectomy (ICD-9-CM code)	Lymphnode excision	Reconstruction of breast (ICD-9-CM code)	Age	Setting	Death during admission	LOS
Patient 1:	C50.1	no	partial (i.e. 85.22)	no	no	55 y	inpatient	no	3 days
Patient 2:	C50.9	no	total (i.e. 85.41)	yes	yes (85.7)	69 y	inpatient	no	8 days
Patient 3:	C50.6	C77.3	total (i.e. 85.41)	yes	yes (85.7)	57 y	inpatient	no	15 days



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# THANK YOU

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