

# Strategic positioning and creative solutions

*French patient flows to hospitals and polyclinics  
in the Belgian Ardennes*

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*Venice, 24 October 2014*

# Research questions

- **What** is happening and **how**?
  - Context and origin
  - Development and functioning of the collaboration
- **Why** is it happening?
  - Stakes for the actors
  - **Role of the EU?**

# Methods

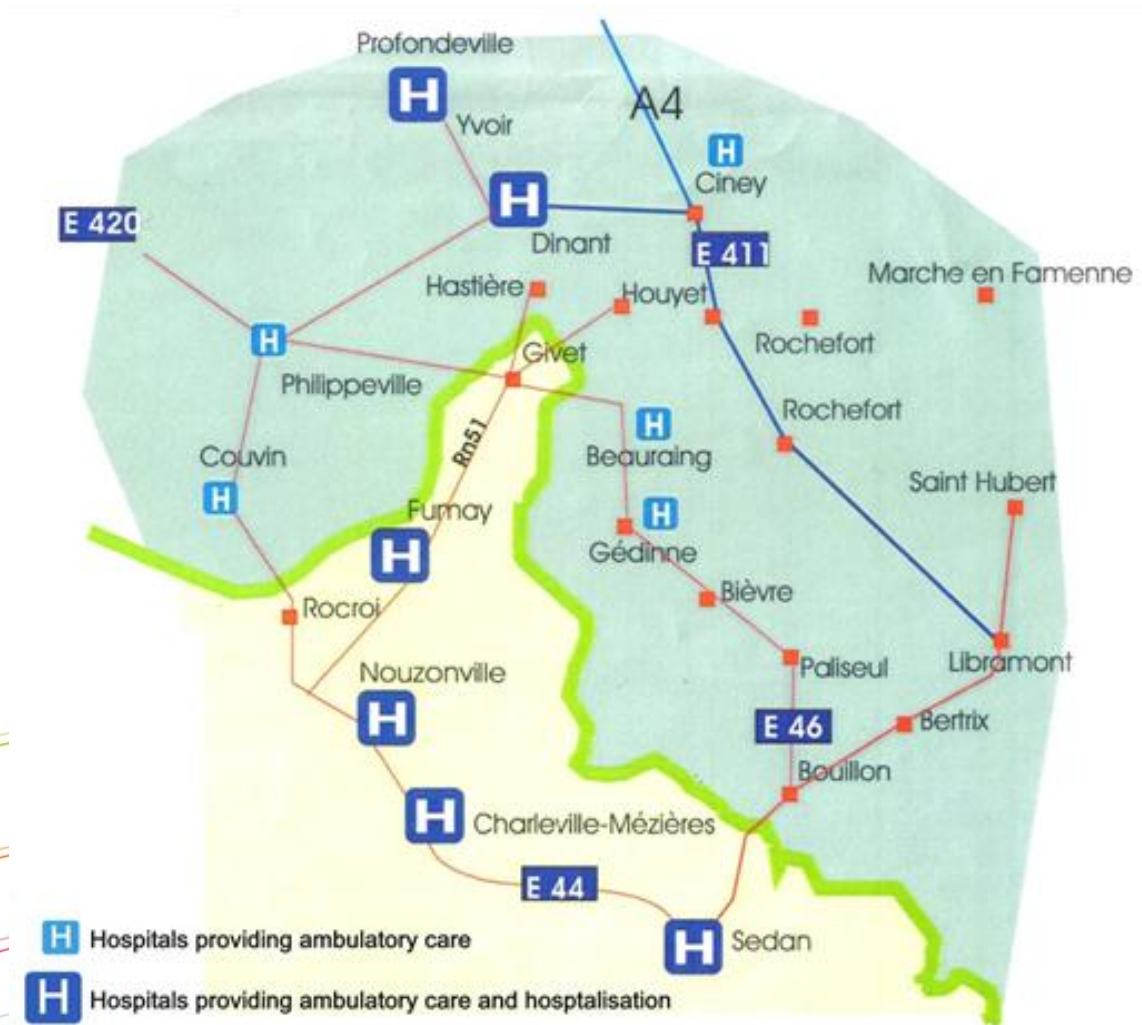
- Secondary data, **desk research**
- 18 semi-structured **interviews** with field actors
  - hospitals; sickness funds; public authorities and healthcare professionals
- Written **questionnaire** to patients
  - 88 disseminated, 14 filled returned

# WHAT and HOW?

# The region



# The healthcare infrastructure

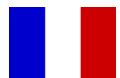




# The collaboration

## *Convention ZOAST Ardennes*

### ***Between:***



The regional public authority (ARS)

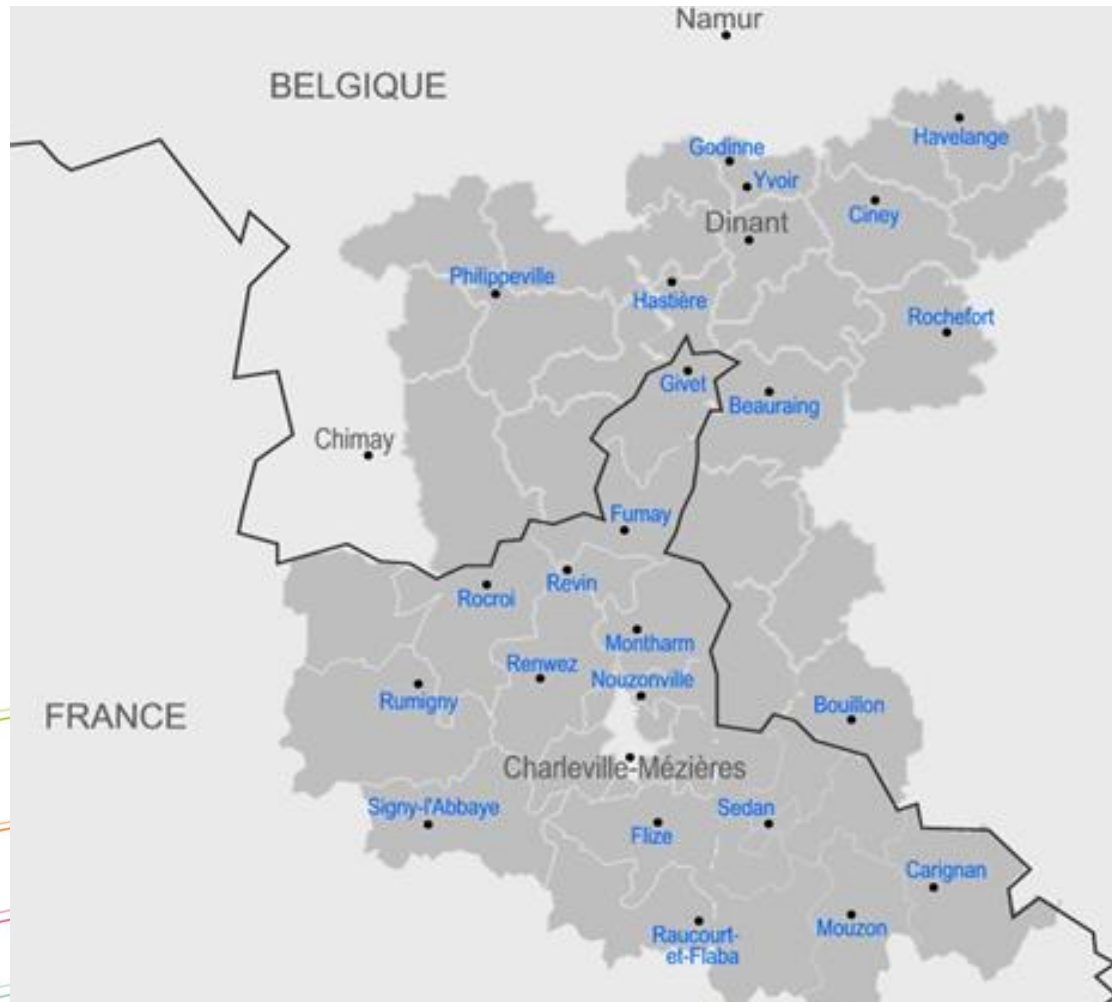


The local healthcare providers and sickness funds

### ***Reimbursement of care:***

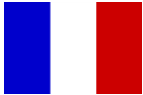


- provided by the **identified providers**
- for the **socially insured** from the **zone**
- based on the **EU Regulations** on coordination of social security systems

# The zone

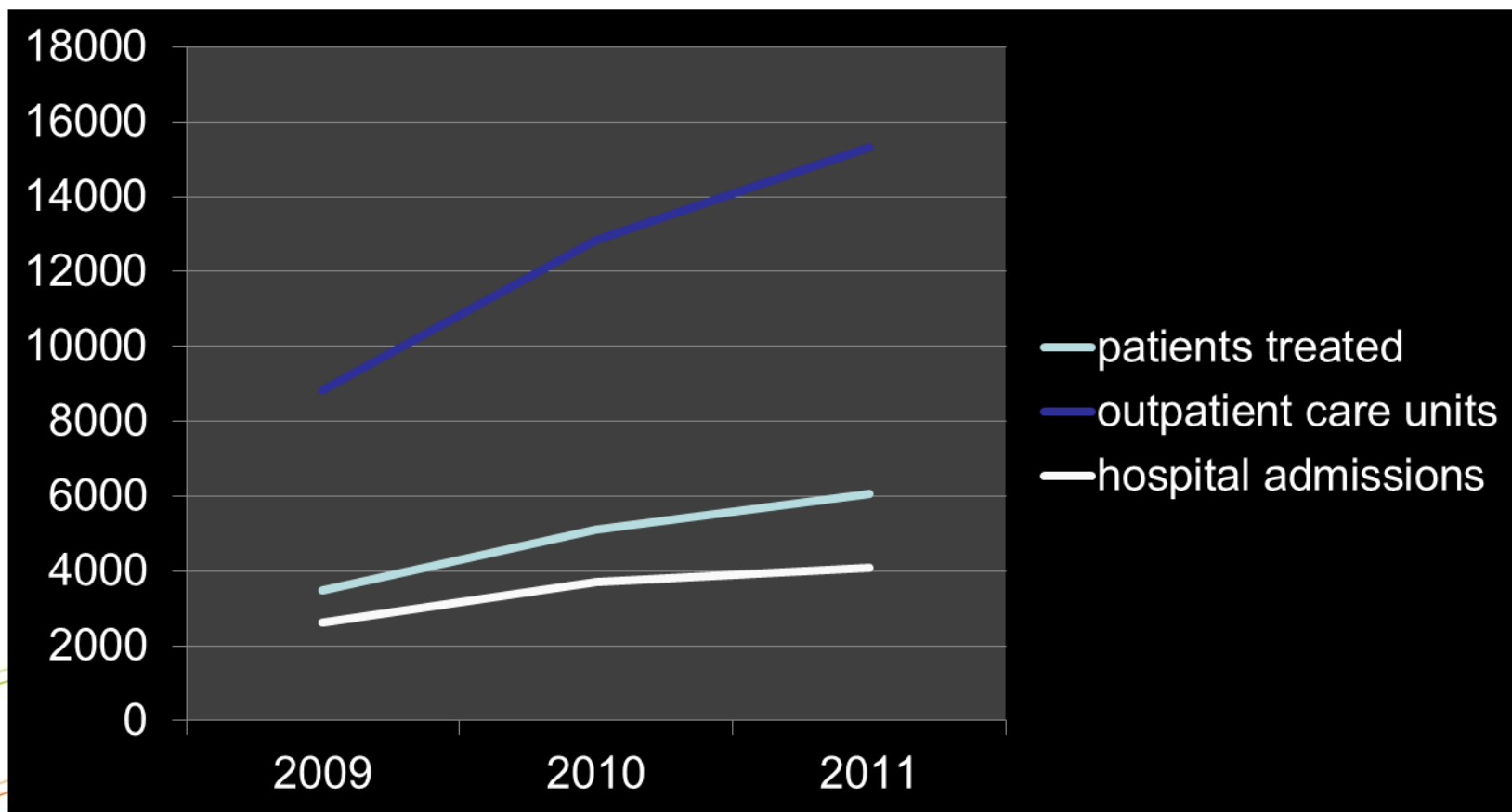




# Scale of the patient flows

- One way flows:   

# French patients treated at the Dinant hospital



# WHY?

## *Actors and stakes*

- **Patients** : Proximity and quality
- **Referring GPs** : Practical arrangements
- **Sickness funds** (SHI and VHI):
  - Competitive advantages
  - Preferred X-border partnerships
- **Belgian hospitals**
  - Improving performance
  - International reputation
- **French hospitals**: Feel threatened

# WHY?

## *Role of the EU*

- Legal framework
- Funding cooperation
- Actors anticipate internal market in healthcare
- EU is used to legitimise collaboration

Caisses de liaison pour la Convention de Zaire - Organisation d'Accès aux Soins Transfrontaliers (ZOAAT) - Province Sud de Namur et de Luxembourg (S) / Nord des Ardennes (N) (Voir au verso)

**Assurance Maladie** **MGEN**

Expéditeur: \_\_\_\_\_ Destinataire: \_\_\_\_\_

**BORDEREAU RECAPITULATIF (Complémentaire)**

• **Etablissement**  
Nom: \_\_\_\_\_ Adresse: \_\_\_\_\_

• **Factures**  
N° de facture: \_\_\_\_\_ N° de contrat: \_\_\_\_\_

A Charleville-Mézières, le 25/11/2019  
Pour le représentant du directeur de l'établissement

**RIB / IBAN destiné au règlement à Tiers**

**RELÈVE D'IDENTITÉ BANCAIRE (RIB)**  
A.S.B.L. Centre Hospitalier de Dinant

Code BIC: \_\_\_\_\_ Code gachet: \_\_\_\_\_ N° de compte: \_\_\_\_\_ Clé RIB: \_\_\_\_\_

International Bank Account Number (IBAN): \_\_\_\_\_ Bank Identifier Code (BIC): \_\_\_\_\_

**Union Européenne** **INTERREG IV**

France - Wallonie - Vlaanderen

ALTERNED: officia lex hominum

# Where is the governance?

## Public authorities

- Concerned about access to care for domestic patients
- Hardly informed about the practices and flows

 Risk of closure of local infrastructure

 Capacity problems

# Impact

- **Strategic positioning** of the stakeholders on an international market
- **Furthers competitive environment** for hospitals and sickness funds
  - *“Creative application” of existing laws*
  - *Push to change legal frameworks*



# Conclusions

- **Requires**
  - An objective and strong patient need
  - A stake for all involved actors: strategic usage
- **Furthers**
  - Competitive environment for hospitals and sickness funds
- **EU** frameworks promote practices
- **National/regional public authorities**
  - Try to regain grip