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Conclusion

Overall, the provisions on medical prescriptions in the Directive do safeguard patient safety. Yet, clear information and guidelines for pharmacists and prescribers on the legal framework are indispensable to ensure effective implementation.

References


WHAT INFORMATION DO PATIENTS WANT WHEN CHOOSING A HOSPITAL AT HOME OR ABROAD? A CASE STUDY FROM GERMANY

By: Michela Tinelli, Zlatko Nikoloski and Dimitra Panteli

Summary: The European Union (EU) is keen to promote patients’ rights, and to ensure that an informed choice is pursued when seeking health care in EU Member States. The 2011 Directive on the application of patients’ rights in cross-border health care is aimed at supporting the achievement of these goals. This article investigates German patients’ experience regarding their access and use of quality information when choosing hospital care in their own country and abroad. The findings could be used to inform the implementation of the Directive and the provision of quality information to patients, via the establishment of National Contact Points.

Keywords: Cross-Border Care, Patients’ Rights, Patients’ Choice, Hospital Care, Quality Information

Introduction

Ensuring patients have access to quality information is crucial to help them make informed choices, not only when they are in their home country, but also before going abroad for health care. One of the key objectives of the European Union’s (EU) 2011 Directive on the application of patients’ rights in cross-border healthcare is to make sure that people have clear information on their rights to Cross-Border Care and relevant knowledge on quality and safety standards enforced in the country of interest, as well as specific medical, organisational and financial aspects of the health care services and the treatment options on offer. Such information should be provided by so-called National Contact Points (NCPs) which are to be established in all Member States (MS). This case study investigated what type of information German patients accessed and what source they used when choosing a hospital for their care. Two scenarios were compared, one examining patients seeking care in their own country...
and one investigating patients planning to receive care in another MS. Two separate patient surveys conducted in Germany in late 2012 were used for this purpose.

**Scenario 1 – Patients seeking care in their own country**

The *Making Choice in Health Care Survey* collected data from a series of EU countries, including Germany. A total of 128 German patients from two General Practitioner (GP) practices completed the survey whilst waiting for their consultation. They were asked about their personal experience of accessing information when choosing hospital care. Key findings are summarised in Table 1. Patients used different sources of information when making a decision on their hospital care, be it media (i.e. newspaper, internet or television), personal contacts (i.e. friends, family, or neighbours) or health care providers. The latter were reported as the preferred source of information compared with the others (health care professionals (74%), personal (3–21%), and media (5–12%)) for care received in Germany.

Patients were also interested in a variety of topics regarding their care, including health-related information such as quality standards (e.g. hospital performance or professional qualifications), safety (e.g. risk of treatment and infection rates) and organisation-related information (e.g. how to contact the health care provider and its location). Health-related and organisational-related information were equally important when making choices on hospital care (e.g. “professional qualifications” and “how to contact the health care providers” accounted for 65% of the responses).

**Scenario 2 – Patients planning their care abroad**

The *Europa-Survey 2012* was designed by the Techniker Krankenkasse (TK) sickness fund in collaboration with the Berlin University of Technology to collect information from the 45,000 insured individuals who obtained services abroad and had them processed by the fund in 2010. Of the 17,543 respondents, about 19% (3,307/17,543) reported having received planned care abroad, and 11% (1,888/17,543) indicated that they used cross-border services on a regular basis. The majority of those receiving planned care at a hospital abroad (mainly seeking care for musculoskeletal conditions, renal failure (dialysis), or cancer) were keen to access guidance on their rights to Cross-Border Care (59%; see Table 1). They reported that health care professionals were used as sources of information more frequently than personal contacts or media (health care professionals (49%), personal (18%), media (22%)). Most respondents used services provided by the health insurer as a source of information before seeking hospital care abroad (62% contacted TK customer service; 42% contacted the TK hotline). Information related to health (e.g. hospital performance (38%) and professional qualifications (41%)) and financial issues (e.g. coverage of costs by insurers (42%) and reimbursement modalities (49%)) was sought more frequently by patients compared with organisation-related information, in particular “language of staff” (7%).

**Scenarios 1 and 2**

For both patients seeking care in their own country (Scenario 1) and planning care abroad (Scenario 2) health care professionals were reported as a preferred source of information compared with personal contacts or media. When looking...
at the type of information accessed, health-related and organisation-related information were valued by resident patients, whilst patients seeking care abroad valued information related to health and financial issues (see Table 1).

Results from the German case study showed that patients do value the support received by health care providers and health care insurers when making choices about health care, and want to access clear information about their rights to Cross-Border Care when planning to obtain care abroad. On the basis of the German case study more effort should be made to help patients seeking treatment in another MS to make contact with the health care providers from the MS of treatment, and to inform the referring health care providers in their home country about the potential health care opportunities of patients when they go abroad. According to the Directive, health insurers from the MS of treatment are not expected to provide information to patients coming from other MS, although evidence suggests that they do so for their own patients when the latter seek care abroad. In addition, whether health care providers in the MS of treatment are already used to sharing quality information with resident patients may have an impact when supporting patients to make informed choices about health care available in another MS.

Conclusion
Despite differences in the survey instruments adopted to describe the two separate scenarios, it is confirmed that both resident and cross-border patients want to be informed on multiple health-related aspects of care, most of them equally important between the two groups. Surprisingly, patients seem to be more worried about the risk of treatment and infection rates when receiving care in their home country than when seeking care abroad. As expected, patients going abroad are more likely to seek information on financial issues from their health insurer, whilst patients looking for hospital treatment domestically, in principle, should already have this information. The detailed results of the case study could inform possible challenges and opportunities when setting up NCPs in MSs.

References