Cost savings through timely treatment for irregular migrants and EU citizens without insurance

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CENTER FOR HEALTH AND MIGRATION
Research for Practice

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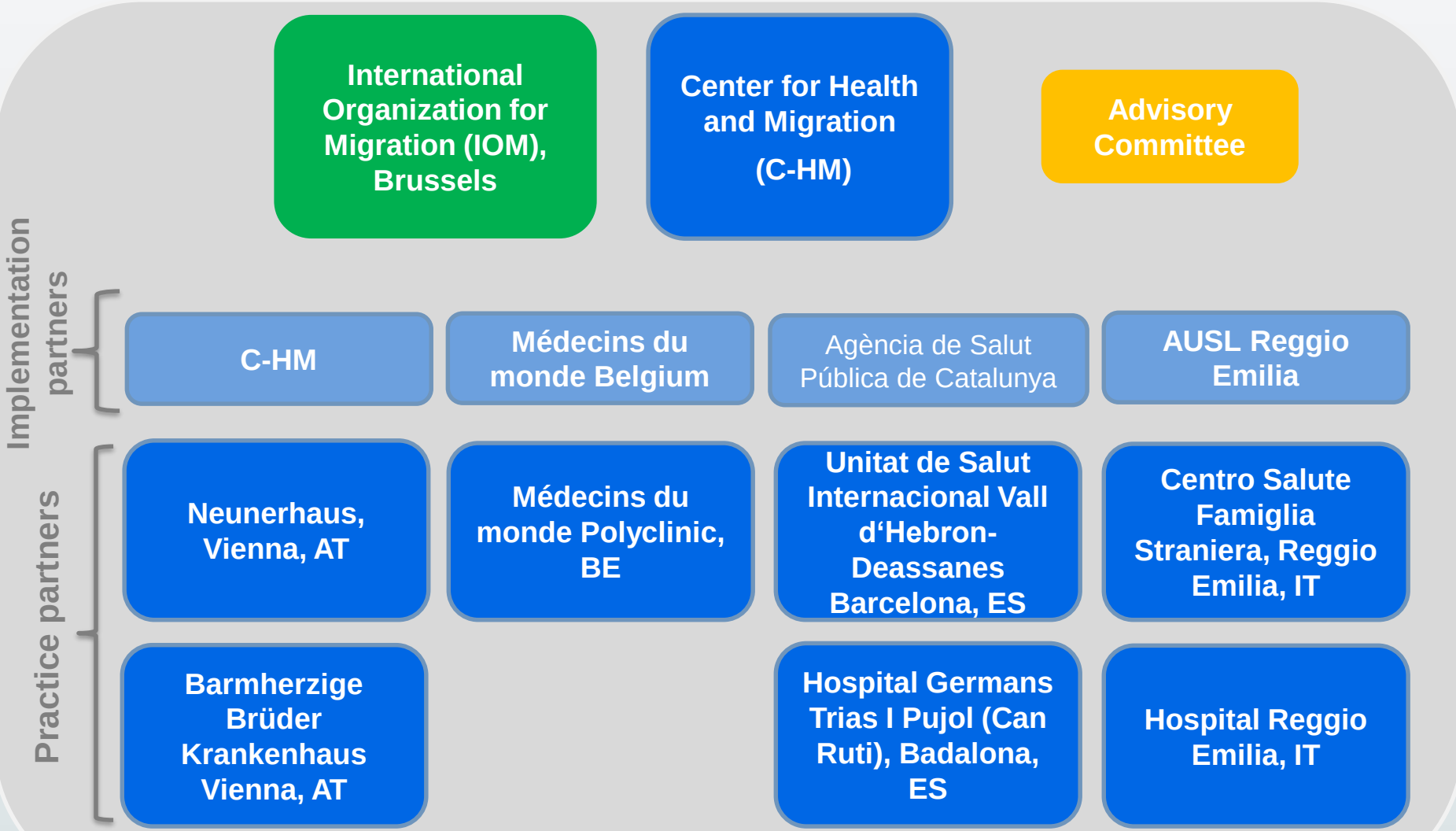
Thematic study on cost analysis of health care provision for migrants and ethnic minorities: Objectives

Analysis and comparison of costs of health care provision in four EU countries

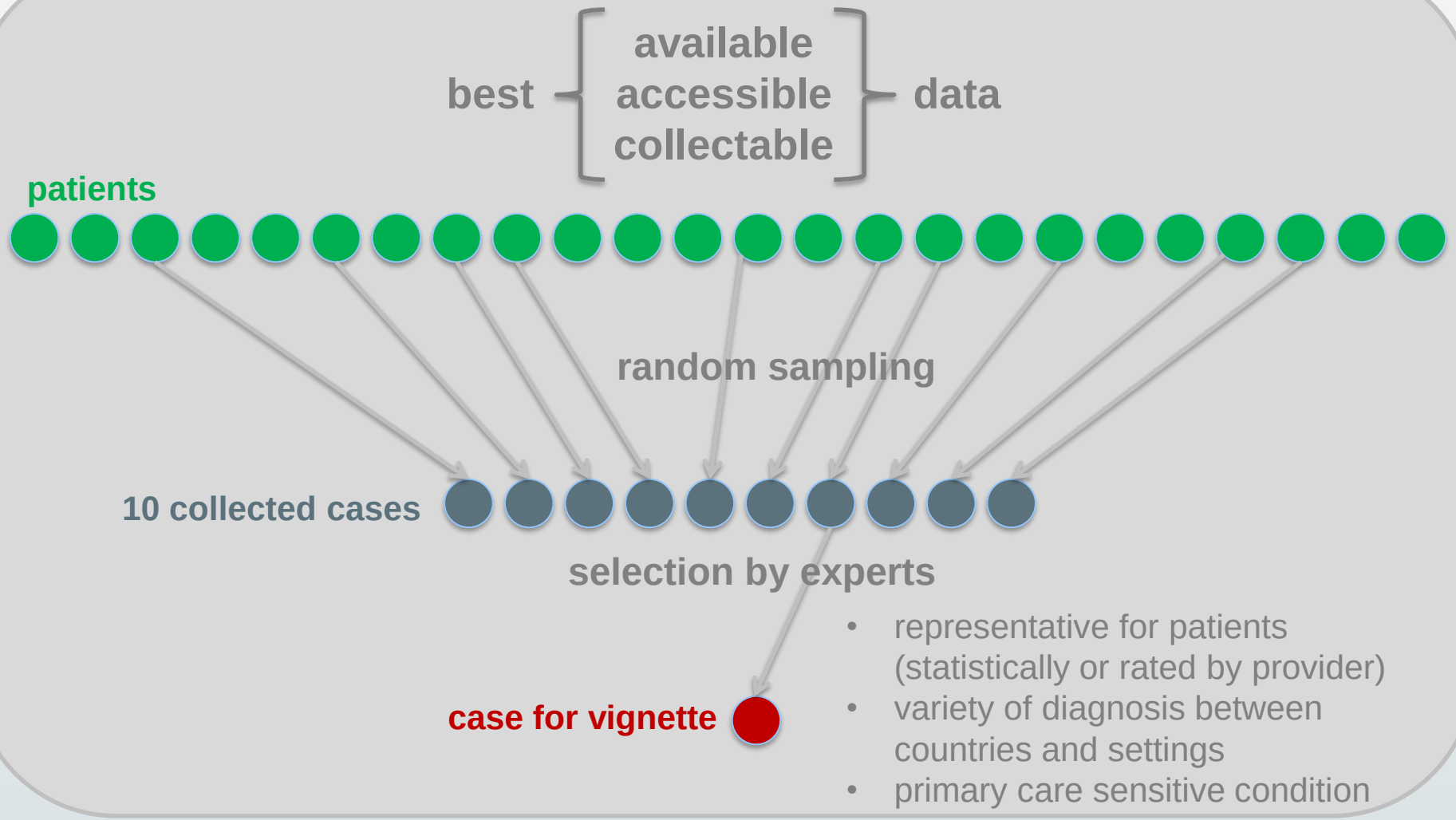
- for migrants in an irregular situation, including Roma, including EU citizens without insurance
- comparing costs of primary care (“timely treatment”) and hospital care (“delayed treatment”)
- developing an innovative methodology, using primary data to construct vignettes for primary care and hospital setting

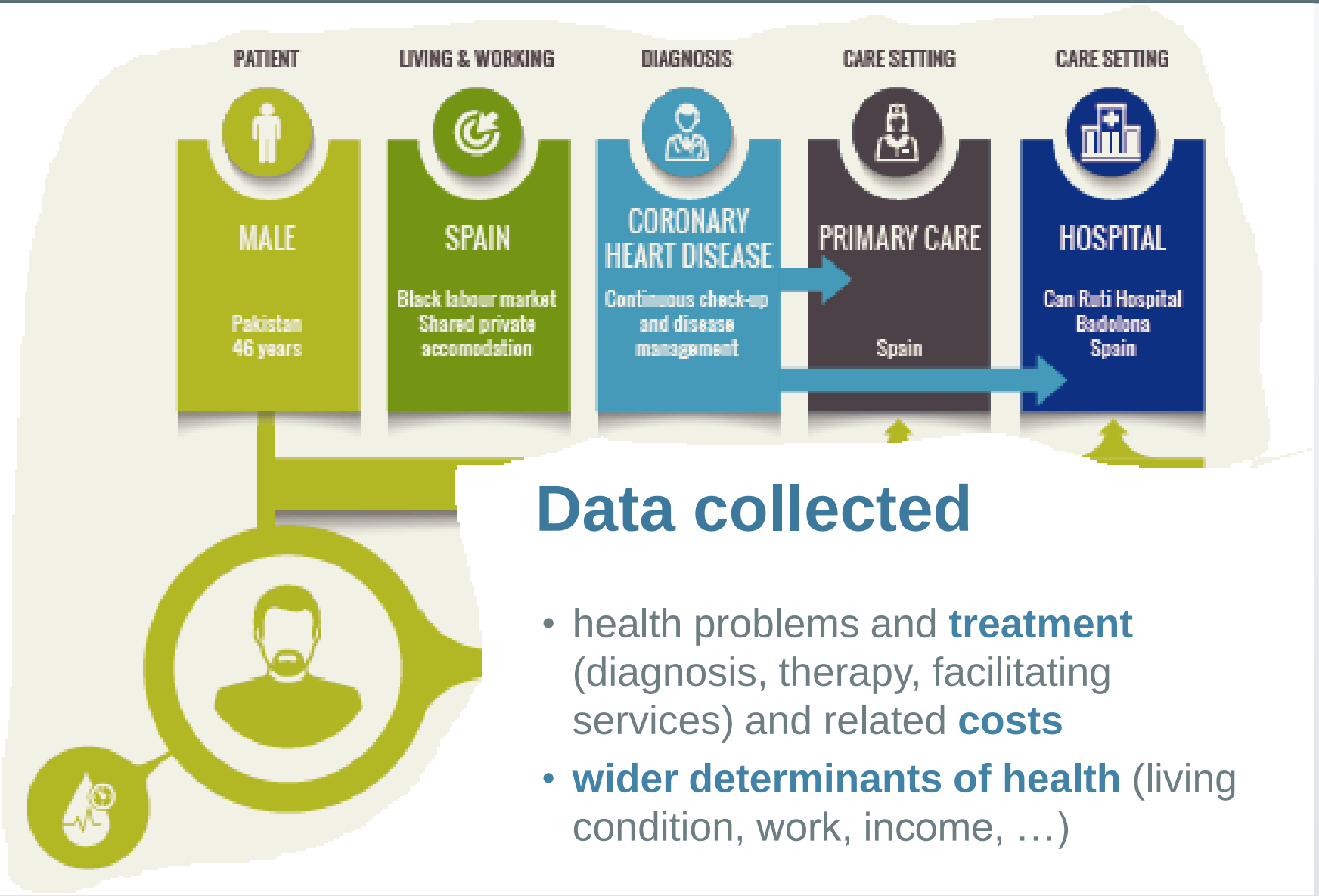
	Austria	Belgium	Italy	Spain
Population				
➢ **Total** (2013)	8,451,860	11,161,642	59,685,227	46,704,308
➢ **Migrants** (% of total population)	11.2%	10.9%	8.1%	11.2%
➢ **Irregular migrants** (% of total population; min. and max. estimation for 2008)	0.22% 0.65%	0.65% 1.24%	0.47% 0.77%	0.62% 0.78%
➢ **Roma** (% of total population; min. and max. estimation for 2013[AT], 2010)	0.3% (25,000) 1.8% (150,000)	0.19% (20,000) 0.38% (40,000)	0.18% (110,000) 0.29% (170,000)	1.4% (650,000) 1.73% (800,000)
Health care financing system	Insurance based	Insurance based	Tax based	Tax based
Regulations on access to health care for irregular migrants				

Main Challenge: Access to data



Case selection for vignettes



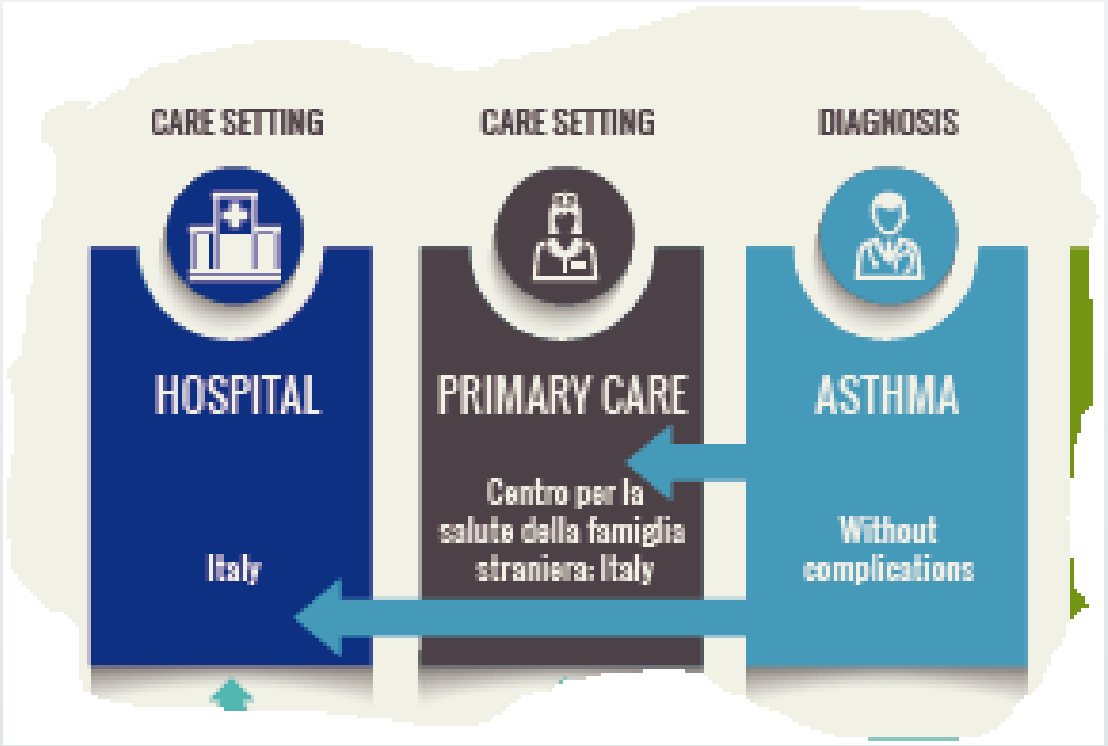


Data collected

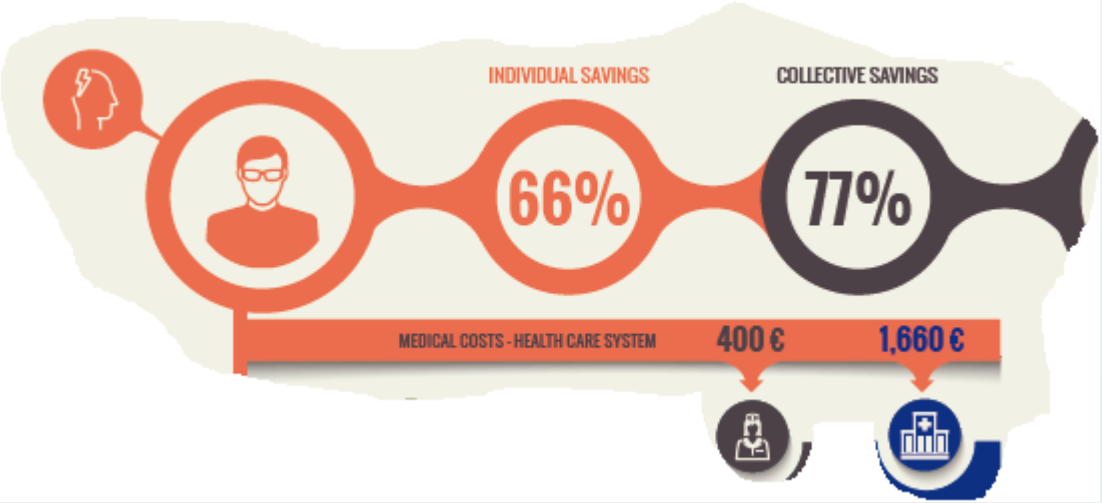
- health problems and **treatment** (diagnosis, therapy, facilitating services) and related **costs**
- **wider determinants of health** (living condition, work, income, …)

Diagnosis selected for vignettes

- Asthma
- Coronary Heart Disease
- Depression
- Diabetes
- Epilepsy
- Tuberculosis

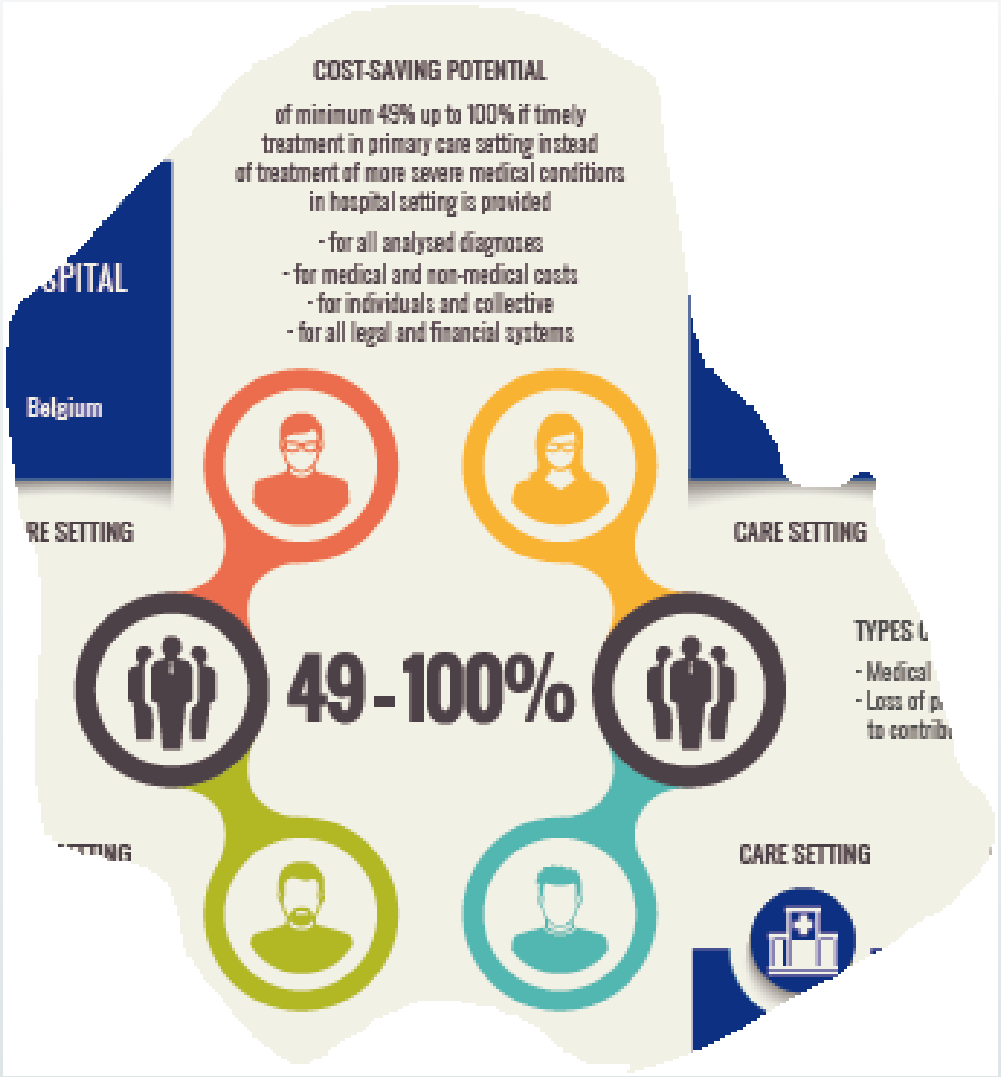


Economic Analysis



Micro-costing approach

Types of costs	Parameters	Patient	Health care system	Society
Direct medical costs	Medication, diagnostics, time of health professionals	(X)	X	X
Direct non-medical costs	Time of patient (travel and at health care provider), travel costs	X	(X)	X
Indirect costs	Loss of income/ productivity	(X)	-	X

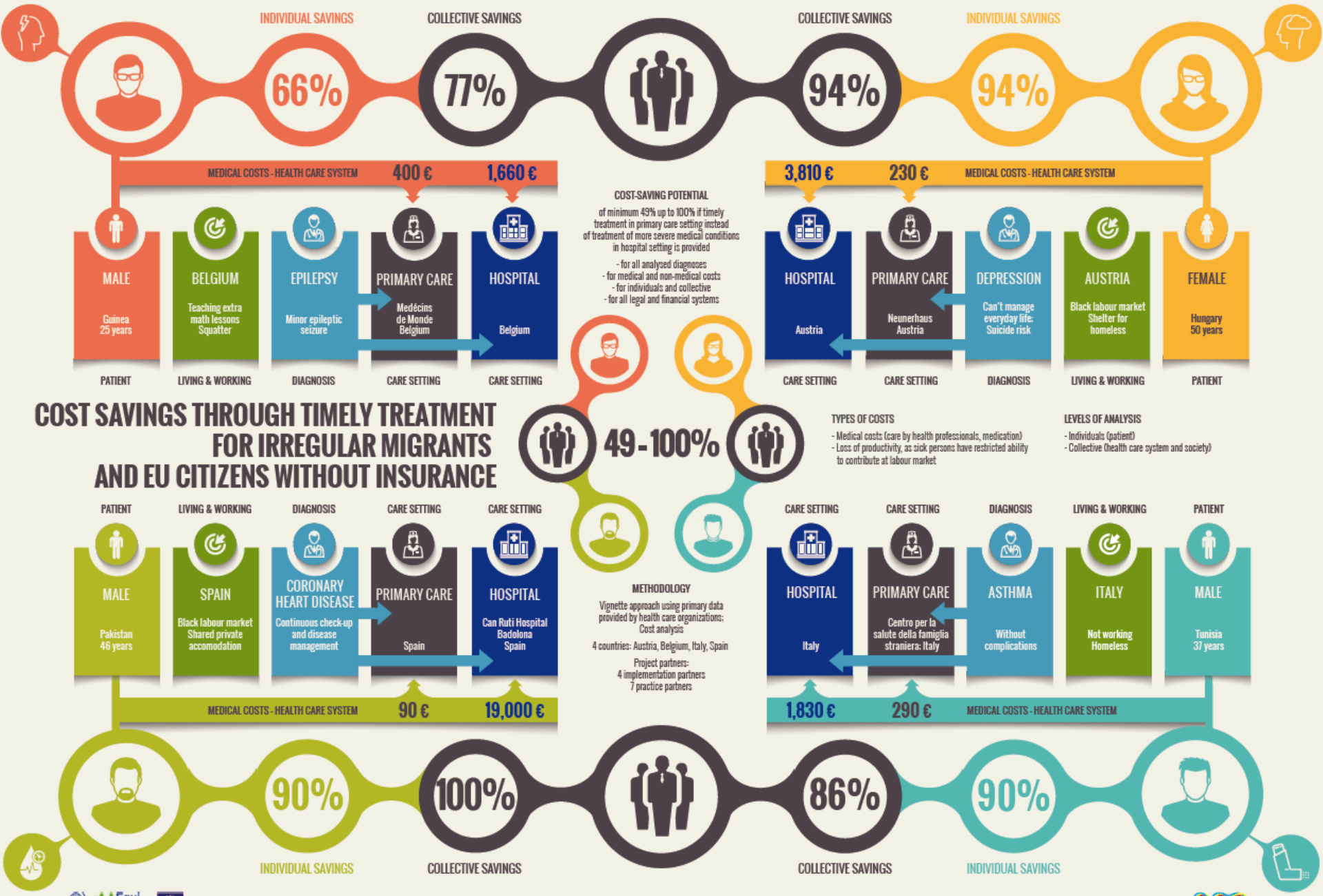


Outcomes

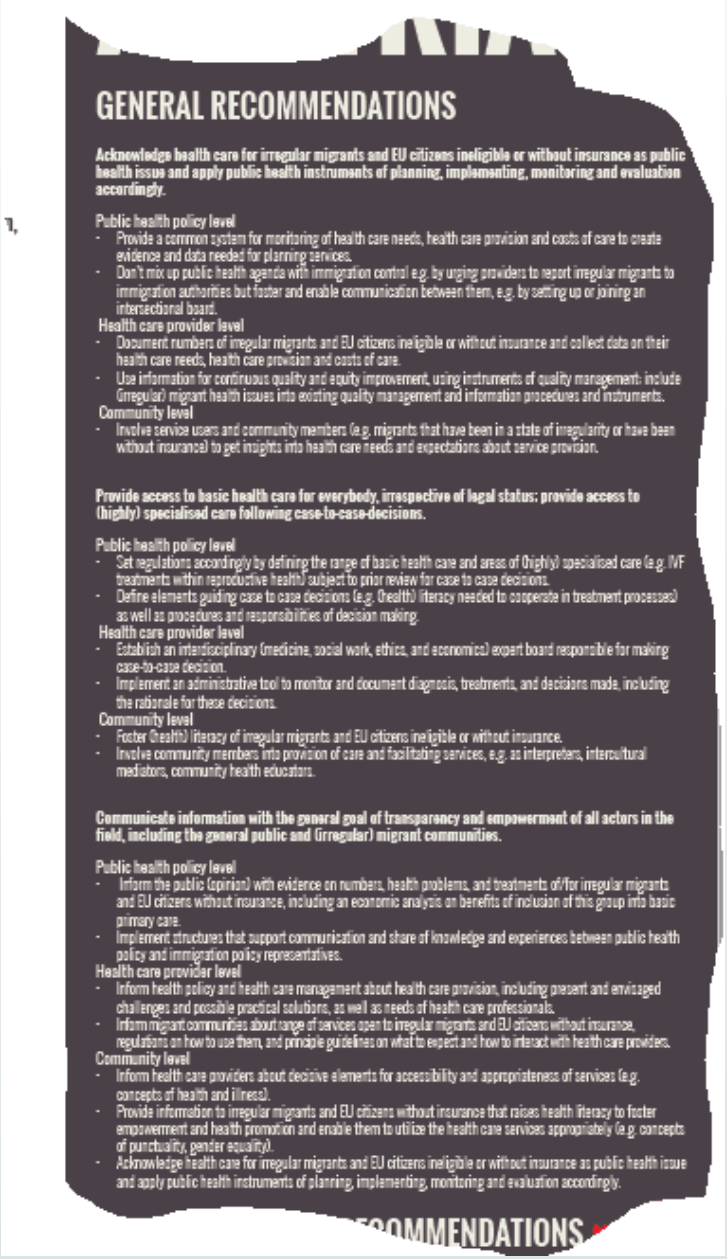
Potential cost savings of timely treatment in primary care amount 49% - 100% of costs occurred in hospital setting for treatment of more severe medical conditions

Vulnerability of Roma population and other citizens from poorer EU MS

Interrelation between irregular migration and black labour market



Commissioned by IOM, RO Brussels, Migration Health Division in the framework of the EQUI-Health project "Fostering health provision for migrants, the Roma, and other vulnerable groups"



GENERAL RECOMMENDATIONS

Acknowledge health care for irregular migrants and EU citizens ineligible or without insurance as public health issue and apply public health instruments of planning, implementing, monitoring and evaluation accordingly.

Public health policy level
- Provide a common system for monitoring of health care needs, health care provision and costs of care to create evidence and data needed for planning services.
- Don't mix up public health agenda with immigration control e.g. by urging providers to report irregular migrants to immigration authorities but foster and enable communication between them, e.g. by setting up or joining an intersectional board.

Health care provider level
- Document numbers of irregular migrants and EU citizens ineligible or without insurance and collect data on their health care needs, health care provision and costs of care.
- Use information for continuous quality and equity improvement, using instruments of quality management: include (irregular) migrant health issues into existing quality management and information procedures and instruments.

Community level
- Involve service users and community members (e.g. migrants that have been in a state of irregularity or have been without insurance) to get insights into health care needs and expectations about service provision.

Provide access to basic health care for everybody, irrespective of legal status; provide access to (highly) specialised care following case-to-case-decisions.

Public health policy level
- Set regulations accordingly by defining the range of basic health care and areas of (highly) specialised care (e.g. IVF treatments within reproductive health) subject to prior review for case to case decisions.
- Define elements guiding case to case decisions (e.g. (health) literacy needed to cooperate in treatment processes) as well as procedures and responsibilities of decision making.

Health care provider level
- Establish an interdisciplinary (medicine, social work, ethics, and economics) expert board responsible for making case-to-case decision.
- Implement an administrative tool to monitor and document diagnosis, treatments, and decisions made, including the rationale for these decisions.

Community level
- Foster (health) literacy of irregular migrants and EU citizens ineligible or without insurance.
- Involve community members into provision of care and facilitating services, e.g. as interpreters, intercultural mediators, community health educators.

Communicate information with the general goal of transparency and empowerment of all actors in the field, including the general public and (irregular) migrant communities.

Public health policy level
- Inform the public (opinion) with evidence on numbers, health problems, and treatments of/for irregular migrants and EU citizens without insurance, including an economic analysis on benefits of inclusion of this group into basic primary care.
- Implement structures that support communication and share of knowledge and experiences between public health policy and immigration policy representatives.

Health care provider level
- Inform health policy and health care management about health care provision, including present and envisaged challenges and possible practical solutions, as well as needs of health care professionals.
- Inform migrant communities about range of services open to irregular migrants and EU citizens without insurance, regulations on how to use them, and principle guidelines on what to expect and how to interact with health care providers.

Community level
- Inform health care providers about decisive elements for accessibility and appropriateness of services (e.g. concepts of health and illness).
- Provide information to irregular migrants and EU citizens without insurance that raises health literacy to foster empowerment and health promotion and enable them to utilize the health care services appropriately (e.g. concepts of punctuality, gender equality).
- Acknowledge health care for irregular migrants and EU citizens ineligible or without insurance as public health issue and apply public health instruments of planning, implementing, monitoring and evaluation accordingly.

OMMENDATIONS

Recommendations

Acknowledge health care for irregular migrants and EU citizens ineligible or without insurance as public health issue and apply public health instruments of planning, implementing, monitoring and evaluation accordingly

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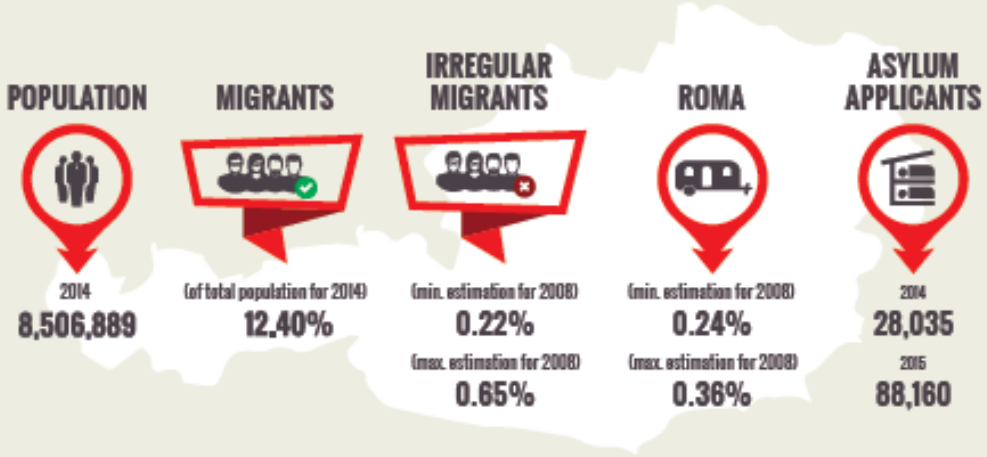
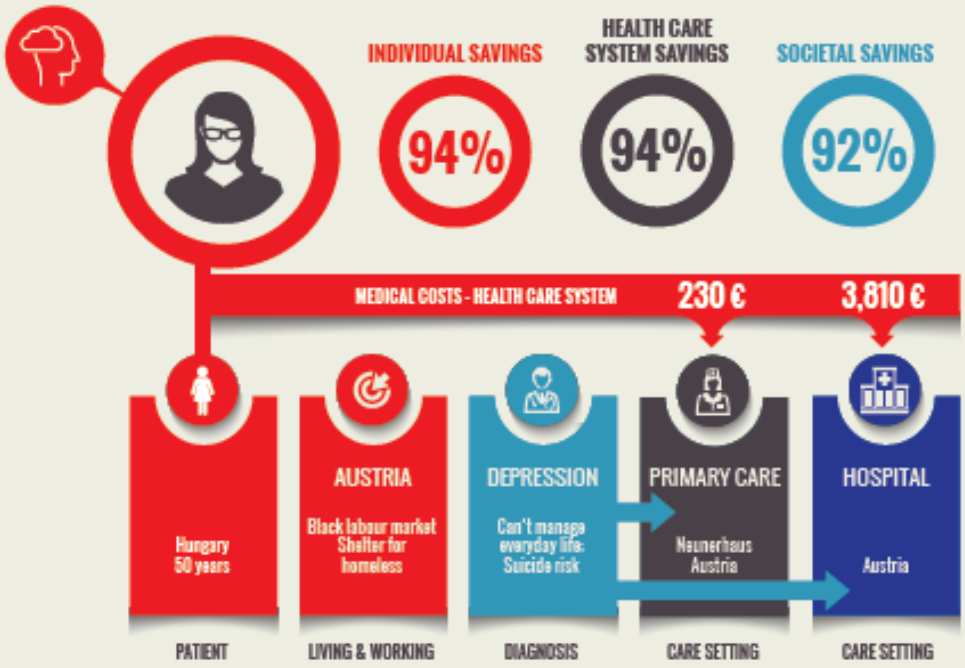


COST SAVINGS THROUGH TIMELY TREATMENT FOR IRREGULAR MIGRANTS AND EU CITIZENS WITHOUT INSURANCE



VIGNETTES

Vignettes are short descriptions of scenarios consisting of defined core elements which can systematically be varied to develop different hypothetical cases. Based on primary data and supplemented further with register data, desk research and expert opinion, vignettes provide robust economic results and are more generalizable than single case studies.
Randomly sampled cases from health care providers served as a basis for primary data, out of which cases were selected to construct vignettes with two core elements:
medical condition and care setting.
The vignettes were then used to compare treatment costs in the respective care settings.

METHODOLOGY

Vignette approach using primary data provided by health care organizations.
Cost analysis

TYPES OF COSTS

- Direct medical costs (medication, diagnostics, time of health professionals)
- Direct non-medical costs (time of patient, travel costs)
- Loss of income/productivity

LEVELS OF ANALYSIS

- Patient
- Health care system
- Society

POLICY BRIEF

AUSTRIA

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- Confront up public health agenda with immigration control e.g. by urging providers to report irregular migrants to immigration authorities but foster and enable communication between them, e.g. by setting up or joining an international board.

Health care provider level
- Document numbers of irregular migrants and EU citizens ineligible or without insurance and collect data on their health care needs, health care provision and costs of care.
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SPECIFIC NATIONAL RECOMMENDATIONS

To date, Austria has never had any specific regulations on access to health care for irregular migrants or uninsured individuals, but has as general policy the inclusion of vulnerable groups into health care. This general goal of an inclusive health care system is formulated in the new health reform agenda (www.gesundheitsziele-oesterreich.at/ziel/neue-health-targets/). On practical level, especially NGOs are experienced in serving vulnerable groups on a high professional level, among them irregular migrants and people without insurance.
Specific recommendations are 1) to formulate a public health policy directly addressing health care provision for irregular migrants and 2) to 2) link public health services to existing structures on NGO level and develop models of public-private partnerships (PPP) for service provision.

Commissioned by ÖÄK, PC Vienna, Migration Health Division in the framework of the ICMI-Health project "Fostering health provision for migrants, the Roma, and other vulnerable groups"
Developed and implemented by Centre for Health and Migration at BC (www.c-h-m.com)