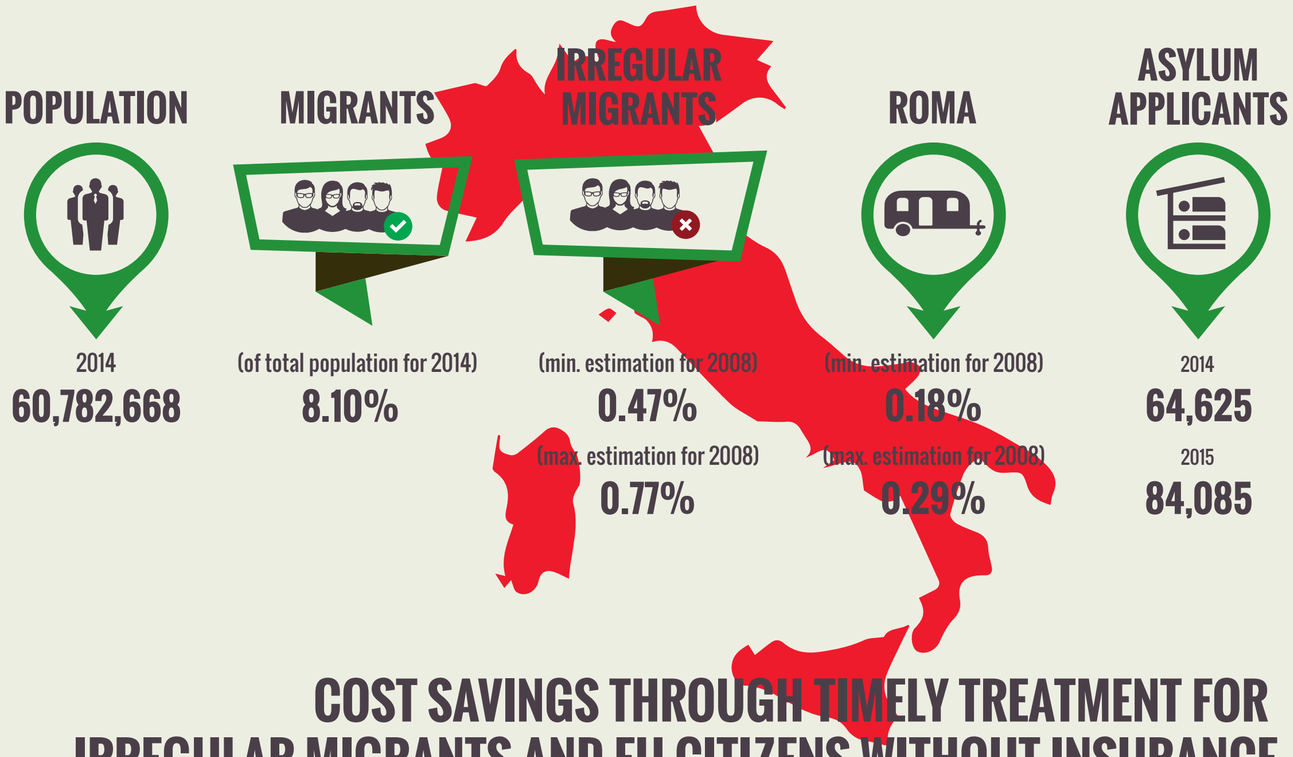
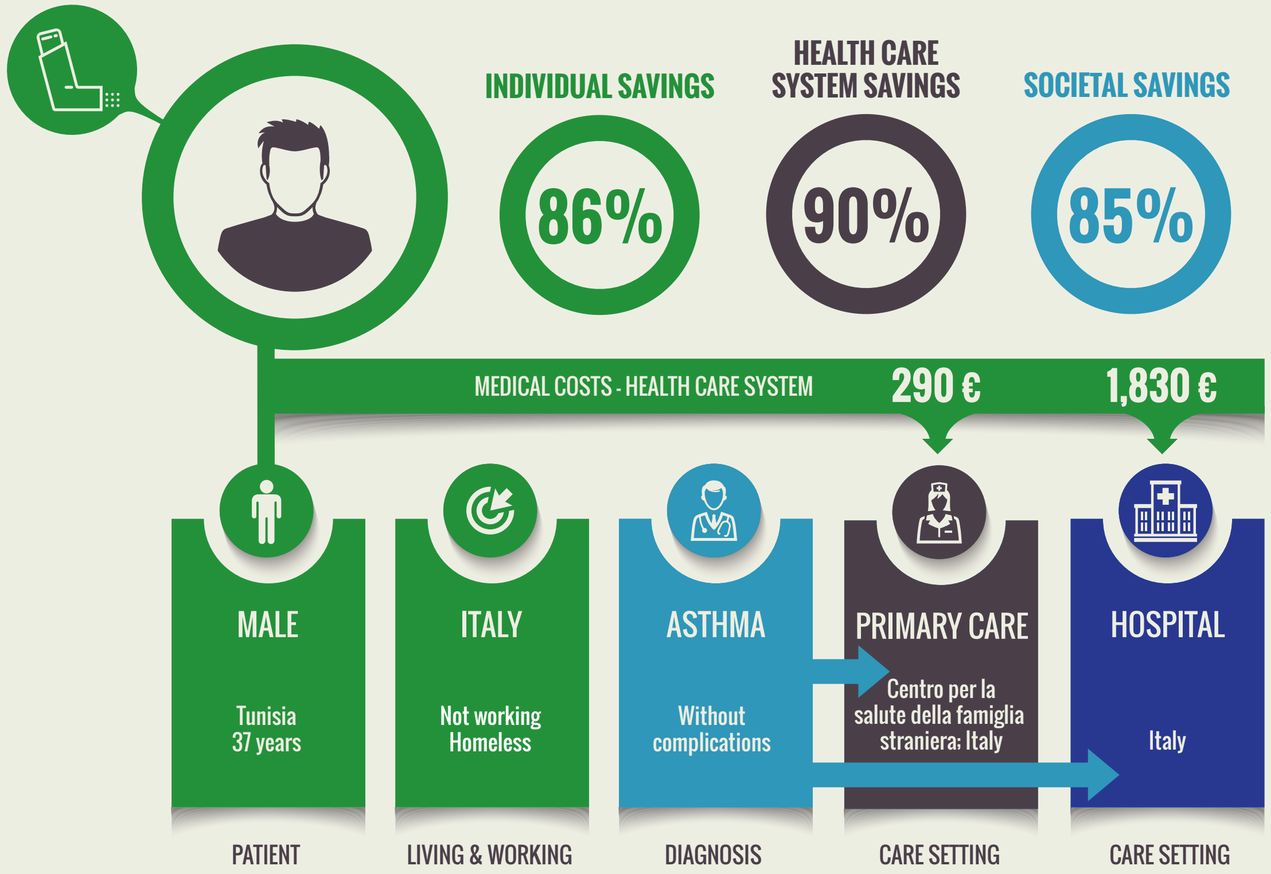


COST SAVINGS THROUGH TIMELY TREATMENT FOR IRREGULAR MIGRANTS AND EU CITIZENS WITHOUT INSURANCE



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 primary care and hospital 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

The study was carried out with the financial assistance of the European Union Health Programme 2008-2013. The views expressed herein can in no way be taken to reflect the official opinion of the European Union, nor that of IOM. The sole responsibility for this publication therefore lies with the authors. The European Union and IOM are not responsible for any use that may be made of the information contained therein.

POLICY BRIEF

ITALY

GENERAL RECOMMENDATIONS

Acknowledge health care for irregular migrants and EU citizens ineligible for or without insurance as a 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 cost of care to create evidence and data needed for planning services.
- Keep the public health agenda separate from immigration control but foster and enable communication and coordination between public health and immigration authorities, e.g. by setting up or joining an intersectoral board.

Health care provider level
- Document figures of irregular migrants and EU citizens ineligible for or without insurance, and collect data on their health care needs, health care provision and cost of care.
- Use this 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 primary health care for all persons, irrespective of legal status; provide access to (highly) specialised care based on case-by-case decisions.

Public health policy level
- Set regulations accordingly by defining the range of primary health care services accessible to all and areas of (highly) specialised care (e.g. IVF treatments within reproductive health) subject to prior review on case-by-case basis.
- Define guiding elements for case-by-case decisions (e.g. expected treatment adherence necessary for the successful completion of treatment processes) as well as procedures and responsibilities related to decision-making.

Health care provider level
- Establish an interdisciplinary (health, social work, ethics, and economics) expert board responsible for case-by-case decision-making.
- 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 for or without insurance.
- Involve community members in supporting and facilitating the provision of health care services, e.g. as interpreters, intercultural mediators, and/or community health educators.

Facilitate information sharing between all stakeholders, including the general public and (irregular) migrant communities, with the specific goals of transparency and empowerment.

Public health policy level
- Inform the public (opinion) with evidence on figures, health problems, and treatments of/for irregular migrants and EU citizens ineligible for or without insurance, including an economic analysis on benefits of inclusion of these groups into mainstream primary care.
- Implement structures that support communication and sharing 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 available to irregular migrants and EU citizens ineligible for or 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 related to accessibility and appropriateness of services (e.g. concepts of health and illness).
- Provide information to irregular migrants and EU citizens ineligible for or without insurance that enables them to utilize the health care services appropriately (e.g. concepts of punctuality, gender equality).

SPECIFIC NATIONAL RECOMMENDATIONS

Italy has a well-defined set of policy regulations and administrative tools to integrate irregular migrants into service provision. With the STP ("Temporarily Present Foreigners"), a short-term (6 month) but renewable anonymous code, access to preventive, urgent and essential care as well as services considered necessary for public health reasons is regulated and can be monitored.
On practice level, models of cooperation between public health and civil society actors that serve as examples of good practice on European level have been in place for more than fifteen years.

Specific recommendations are 1) to harmonize regional implementation of policy regulations and administrative tools to integrate irregular migrants into service provision, such as the "Temporary Present Foreigners" anonymous code and 2) to use existing models of good practice of cooperation between public health actors and civil society as examples to learn from and to apply in other regions.

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"

Developed and implemented by C-HM under the overall guidance of IOM MHD RO Brussels