



Joint Action Health Workforce  
Planning and Forecasting



# Mobility pathways of patients and health professionals from Eastern European countries

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# European legislation

2005/36/EC Directive (amendment 2013/55/EU) - ensures the mutual recognition of qualifications, thus, mobility of health professionals is facilitated within the EU



2011/24/EC Directive on patients' rights in cross-border health care might trigger patient mobility, that is, patients traveling with the intention of obtaining medical services, treatments abroad

# Cross border movements

Several forms of movements

Not only health professionals but patients  
crossing borders



Kovacs E., Szocska G., Knai C. (2014).  
International Patients on Operation Vacation  
Perspectives of Patients Travelling to Hungary  
for Orthopaedic Treatments,  
International Journal of Health Policy and  
Management, 3(6): 333-340.

### Box 1. Definitions

- Patient mobility: Movement of patients, referred when cross-border collaboration involves the transfer, movement or exchange of patients from one system or one provider to another (7).
- Cross-border healthcare: crossing the border in order to obtain healthcare and medical services, cross-border purchasing of health services and products (7), typically sought in countries within the same region (10).
- Health tourism: the organised travel outside one's local environment for the maintenance, enhancement or restoration of an individual's well-being in mind and body (5,12); travel where the primary purpose is treatment in pursuit of better health, any pleasure-orientated tourism which involves an element of stress relief (16).
- Medical tourism: travel abroad with the intention of obtaining non-emergency medical services; consumers elect to travel across borders or to overseas destinations to receive their treatment (5,12); refers to treatments or surgery that have been planned in advance to take place outside a patient's usual place of residence (1); travel for the purpose of delivering healthcare or travel for the purpose of seeking healthcare (17); the practice of travelling to another country with the purpose of obtaining healthcare (14).
- Medical wellness: a combination of medical and health tourism, with wellness' benefits; combine medical services with wellness offerings, therefore representing a possible synergy between the two markets (14). Wellness/Spa tourism refers to visiting spas, homeopathy treatments or traditional therapies (16), relaxation treatments (1).

# Several projects, core documents

- Europe for patients (e4P) - 'The future for patients in Europe' (2004)
- Green paper on the European Workforce for Health (2008)
- EC Feasibility Study (2012)
- EC Action Plan for the EU Health Workforce (2012)
- European Community Health Indicators Monitoring (ECHIM)
- Study concerning the review and mapping of continuous professional development and lifelong learning for health professionals in the EU (2013)
- EC Recruitment and Retention of the Health Workforce in Europe (2015)
- Mobility of Health Professionals (MoHProf) (2008)
- RN4Cast (2009)
- Health Prometheus (2009)
- Evaluating Care Across Borders (ECAB) (2010)
- Migración de Profesionales de Salud (MPDC) (2012)
- Health Care Reform: The impact on practice, outcomes and costs of new roles for health professionals (MUNROS) (2015)
- Joint Action on European Health Workforce Planning (2013)
- Evaluative study on the cross-border healthcare Directive (2011/24/EU) (2015)
- ....

# Cross border care collaborations project

ECAB research project (European Care Collaboration – Cross-border Health Care project, Grant agreement 242058)

Duration: 2010 May - 2013 October

14 WPs - 13 Partners

Mapping exercise about current situation of health care professionals, the consequences of patient mobility and policy related decisions

Exploring the motivational background and key drivers of health professional and patient mobility

How health professionals can practice safe abroad?

Europe's citizens can make informed choices about whether to seek health care in another Member State

<http://ecabeurope.eu>

Evaluating care across borders

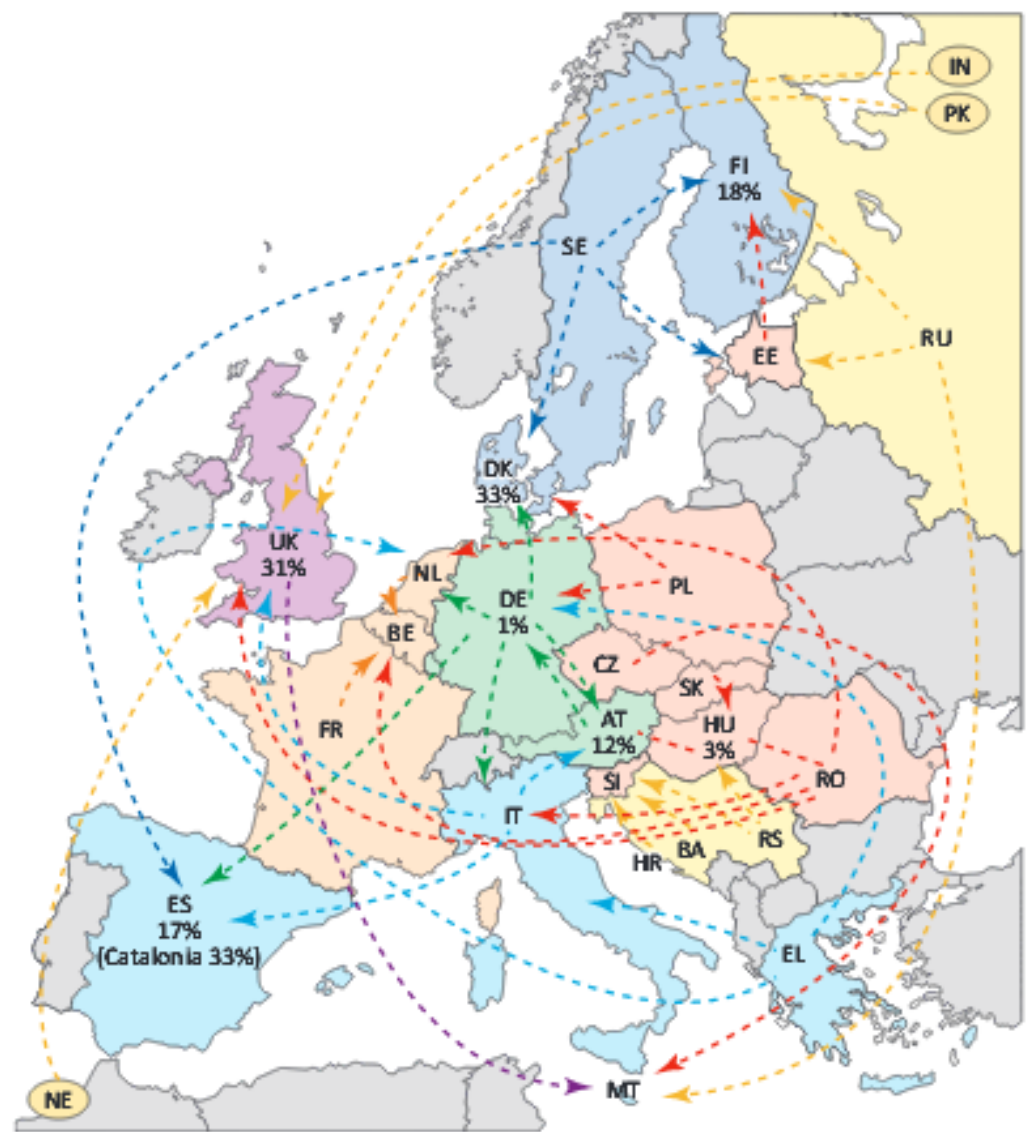


European Union Cross Border Care Collaboration

# Health professionals

Kovacs et al. (2014).

Licensing procedures and registration of medical doctors in the European Union, *Clinical Medicine*, 14(3): 229-238.



**Fig 1. Mobility of medical doctors.** AT = Austria; BA = Bosnia and Herzegovina; BE = Belgium; CZ = Czech Republic; DE = Germany; DK = Denmark; EE = Estonia; EL = Greece; ES = Spain; FR = France; FI = Finland; HU = Hungary; HR = Croatia; IN = India; IT = Italy; MT = Malta; NE = Nigeria; NL = the Netherlands; PK = Pakistan; PO = Poland; RO = Romania; RS = Republic of Serbia; RU = Russia; SE = Sweden; SI = Slovenia; SK = Slovakia; UK = United Kingdom.

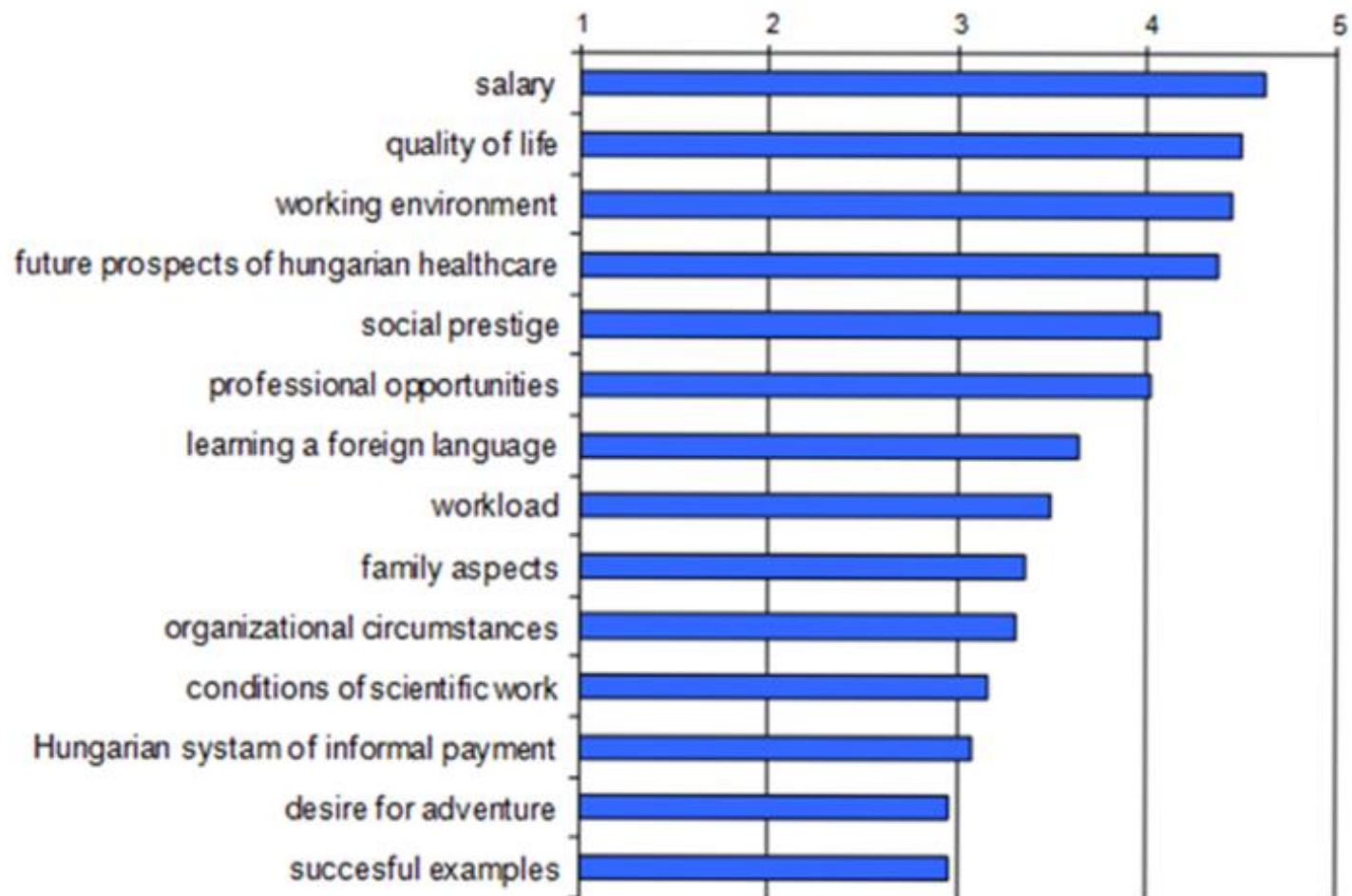




# Why to go?

## Intention to leave of Hungarian MDs

Likert-type scale 1=no influence at all 5=decisive influence (N= 294)





# Why to stay?

## Intention to stay of Hungarian MDs

Likert-type scale 1=no influence at all 5=decisive influence (N= 294)



# Health professionals 2.

**Medical education** does not differ significantly either in EU Member States, or EEA countries

Automatic recognition of qualifications

**Registration/licensing** procedures do not differ in EU, EEA -> might facilitate mobility

**Revalidation**, CPD - wide variety

Significant **mobility flows**:

- East-West; North-South; Neighboring countries
- Cultural/historical ties - common language
- Measuring intention to leave - outflow
- Measuring foreign professional inflow

Of **motivational factors**: financial opportunities, future perspectives, prestige, organization culture and special technology are underlined

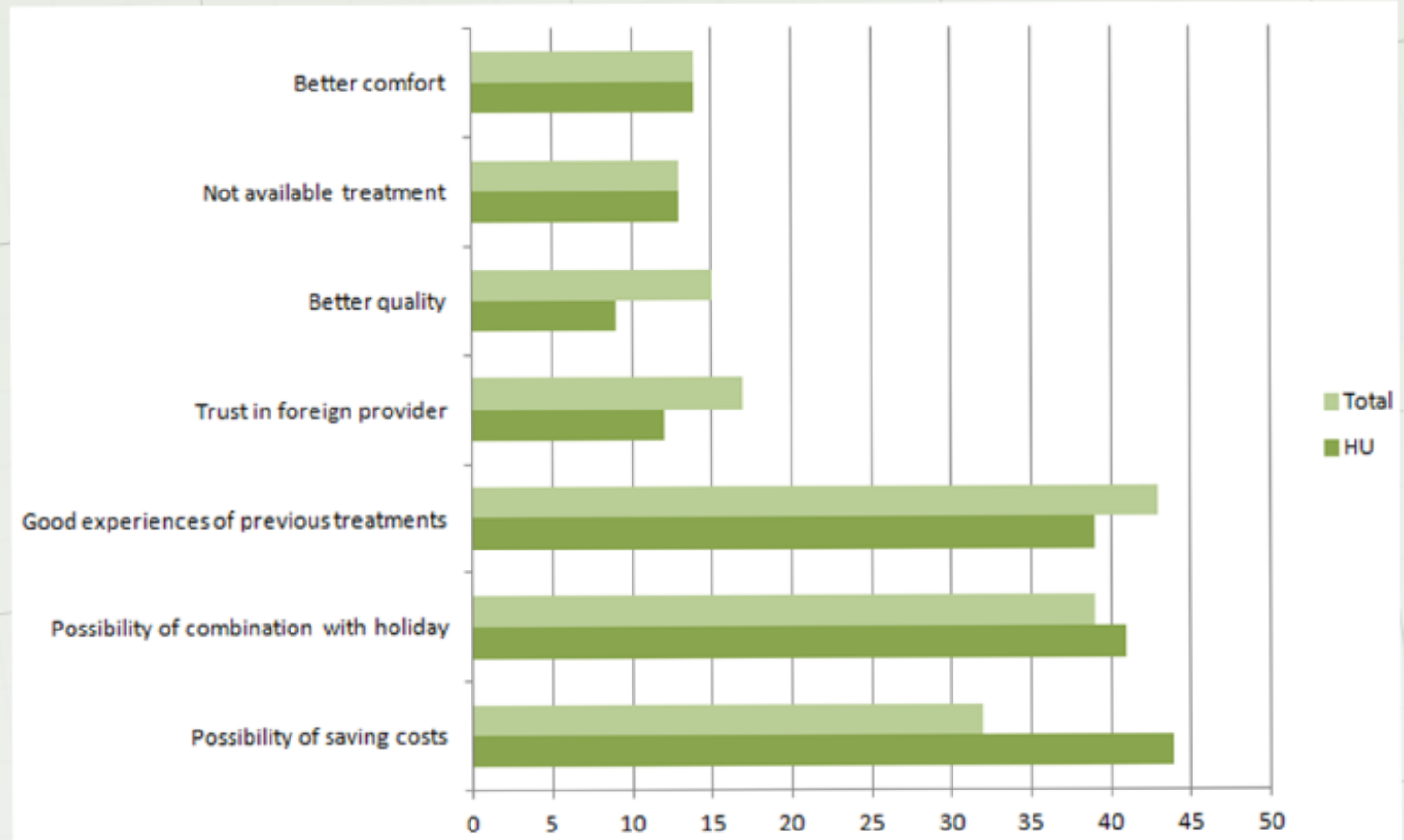


## Motivational factors:

affordable prices, better cost-benefit ratio, better quality – available and accessible services, avoiding waiting lists and combination with vacation

# Patients 2.

## *Key drivers of German patients in treatment abroad*



Source: Techniker Krankenkasse Europabefragung 2012 (N Total=3307; N HU=505)

Kovacs et al. (2013).

Increasing mobility - Reaction to the crisis? 11th ESA Congress, Turin

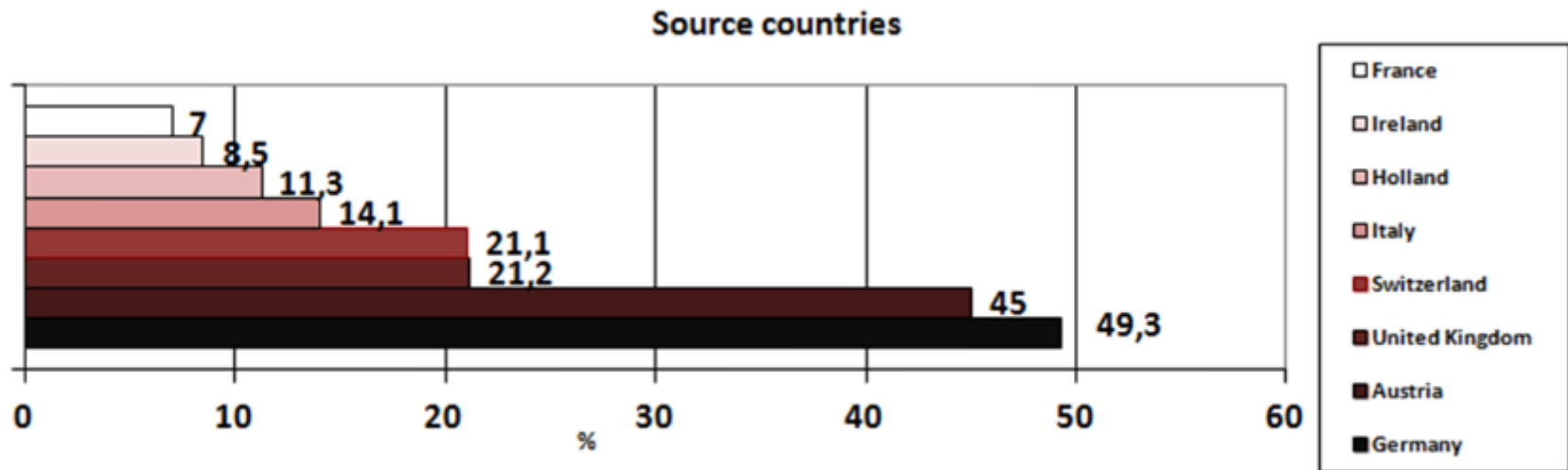
# Dental Patients

- Cross-border dental care appeared in the early 90's - neighboring regions crossed the border for dental care
- Dental tourism to Hungary ≈20 years tradition
- Significant increase of patient turnover in Western Hungary
- Budapest became the second biggest supplier and due to the low cost airlines Hungary
- Still easily accessible from every part of Europe



# Dental Patients 2.

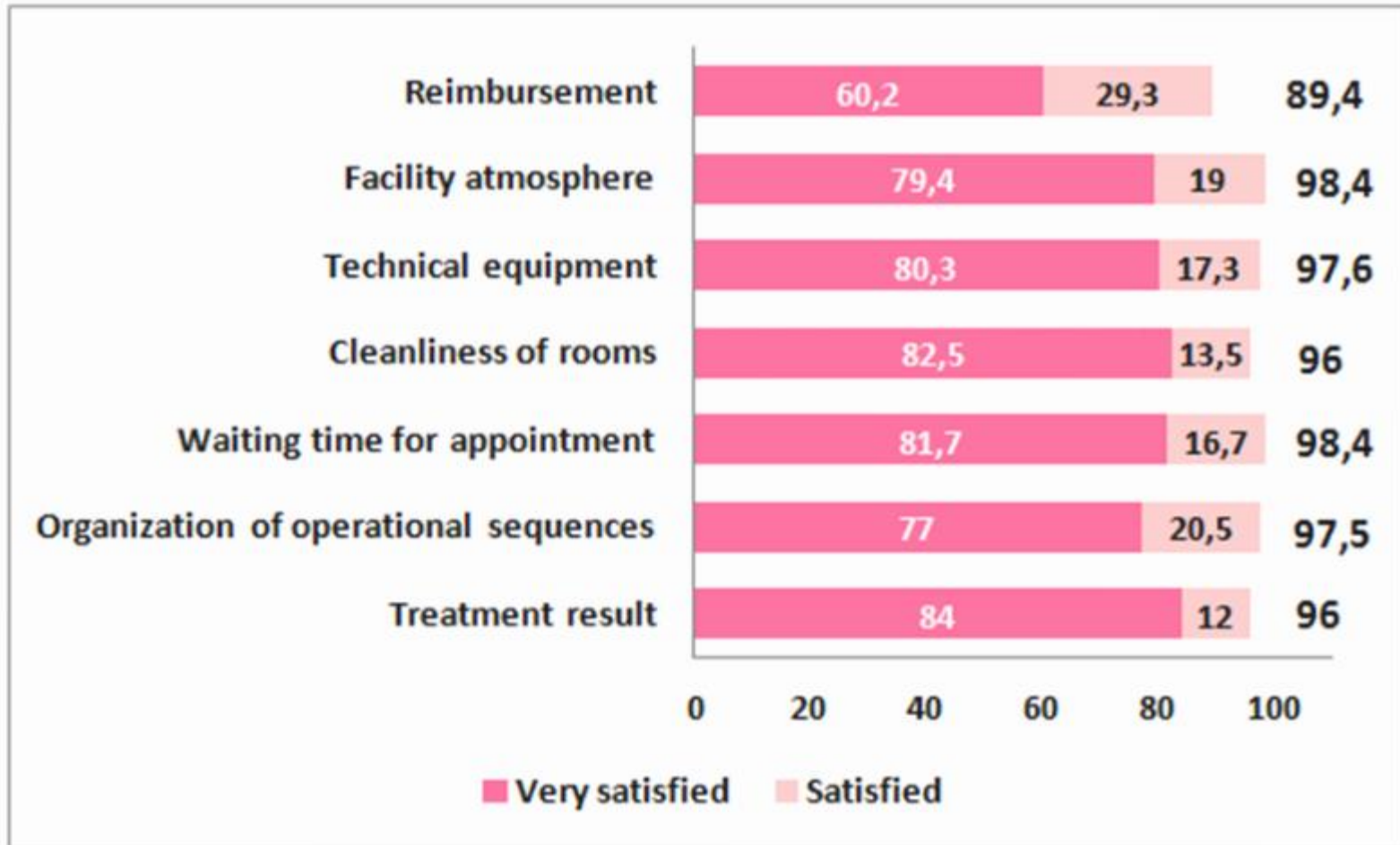
Source countries of the patient turnover in dental practices (in %)



Source: ECAB Dentist survey (N=273)

# Dental Patients 3.

Patient satisfaction on dental services (in %) in Hungary

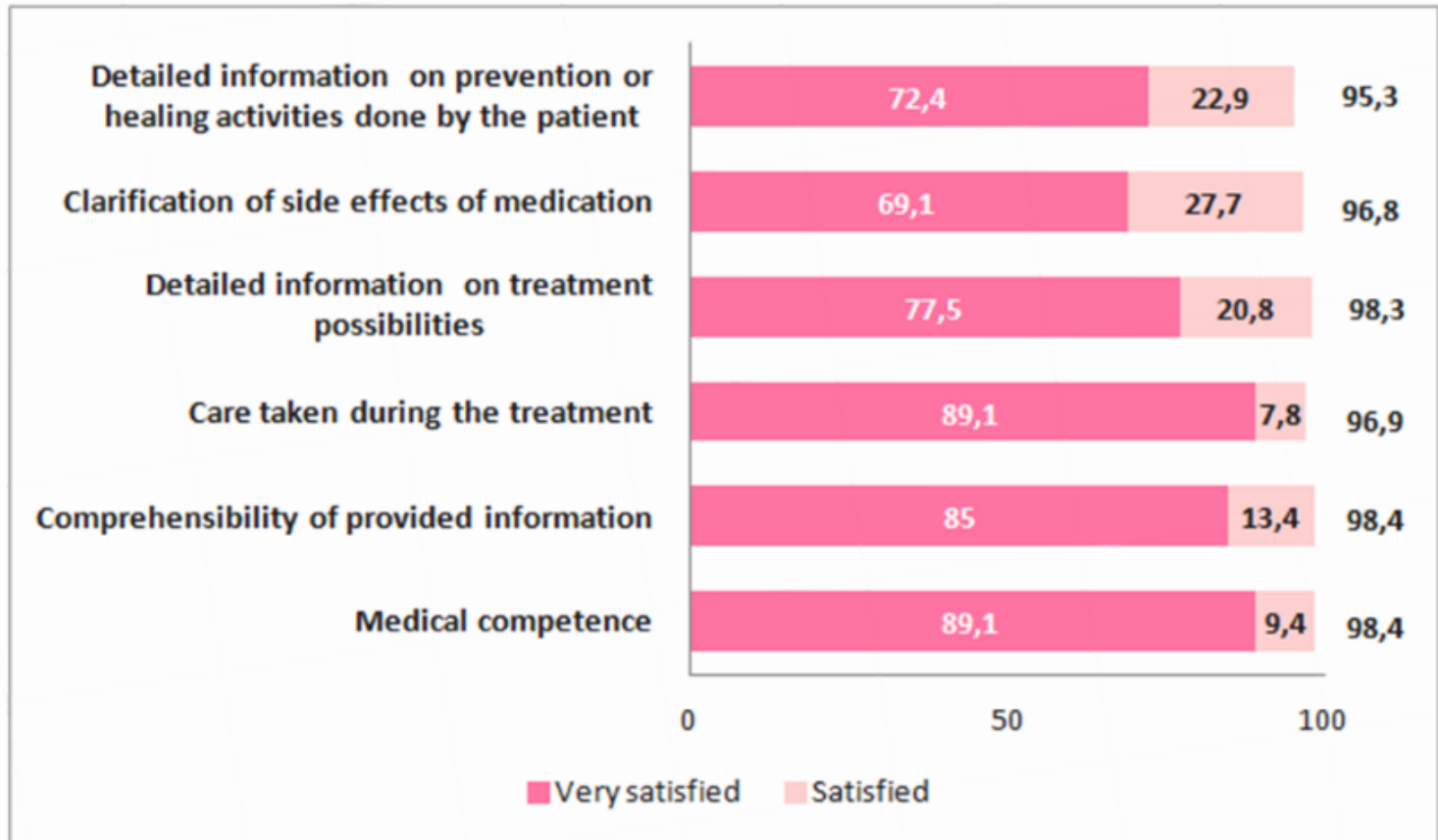


Kovacs et al. (2013). Why is Hungary the main destination in dental tourism? Why do patients choose Hungary for dental care? Hungarian Case Study on dental care and patient flow.



# Dental Patients 4.

Patient satisfaction on dentists and their dental treatments (in %) in Hungary



Kovacs et al. (2013). Why is Hungary the main destination in dental tourism? Why do patients choose Hungary for dental care? Hungarian Case Study on dental care and patient flow.

# New specialty fields

## Orthopedic care

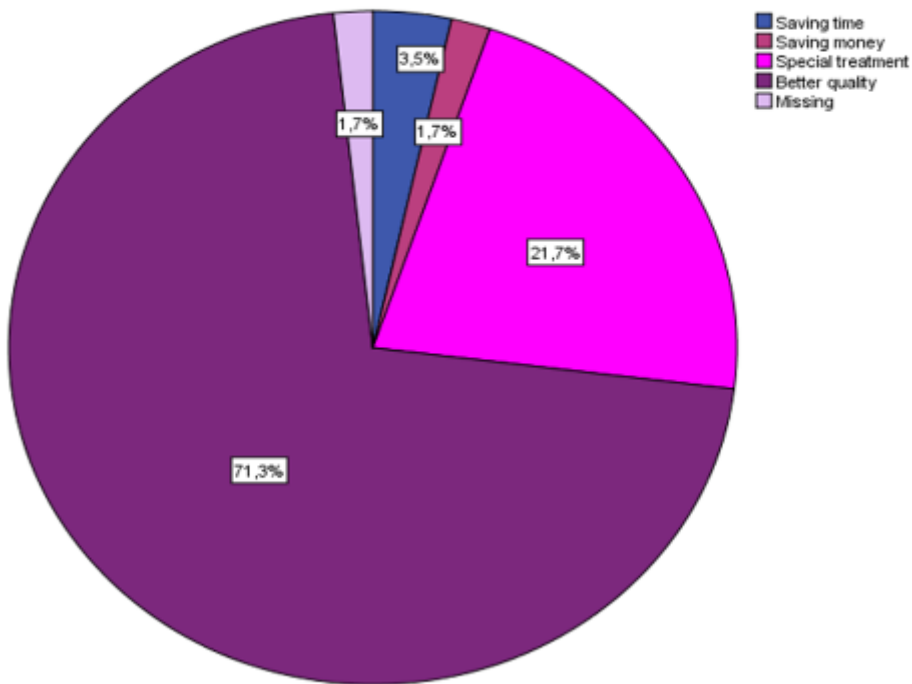
- Foreign patients from neighboring regio: Romania, Ukraine, Serbia, Croatia, Austria
- Most frequent treatments: prosthetic and arthroscopic surgery -> high risk elective surgery
- The rate of foreign patients is around 4-10%, approx. 150 patients in in-patient care annually
- Aftercare provided in Hungary
- Balneotherapy – medicinal water, 80% of the country
- Budapest: Spa Capital



# Orthopedics

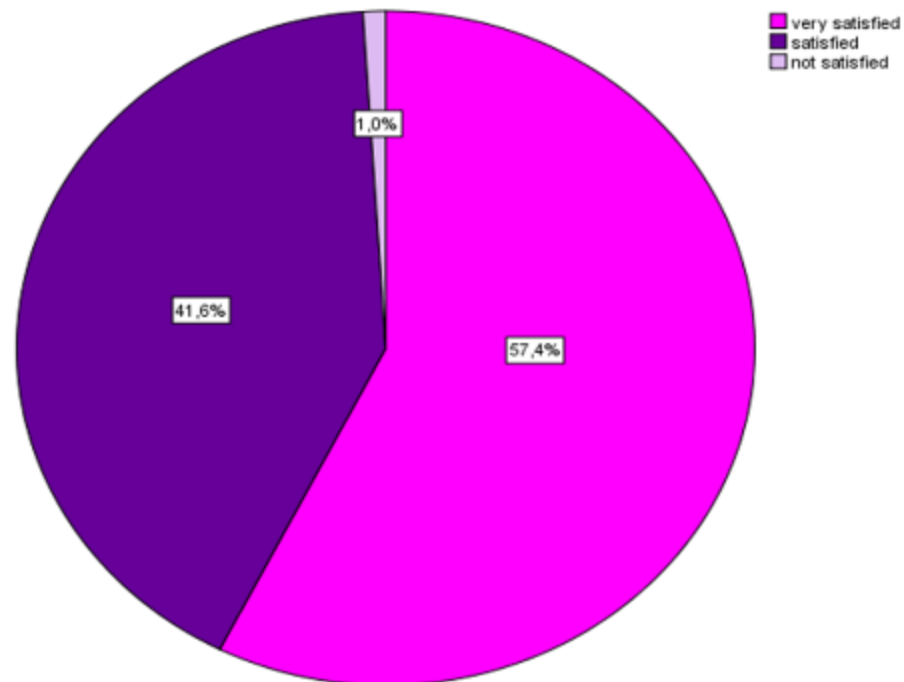
## *Why patients arrived to Hungary?*

Why did you choose Hungary?



## *Patient satisfaction*

Overall Satisfaction



Source: Patient satisfaction survey ECAB - Hungary (N=115)

Source: Patient satisfaction survey ECAB - Hungary (N=115)

# Conclusions

- **Financial reasons** are significant factors behind both forms of mobility
- Economic downturn -> uncertainty, financial difficulties
- Health professionals and patients tend to mobilize themselves in order to **earn and save more** while entering health systems abroad
  
- Aspects to be considered at **EU level** (professional standards, clinical guidelines, scope of practice, patient safety and quality of care)
- Strengthening and developing **quality** in medical field and promote **patient safety**
- Understanding dynamics of cross-border care
- Ensure appropriate information: HWF planners