



International Healthcare and Patient Safety: Balancing interests of all involved parties

Managing Cross Border Healthcare – EHMA Meeting, 19th Nov, 2009 Cyprus



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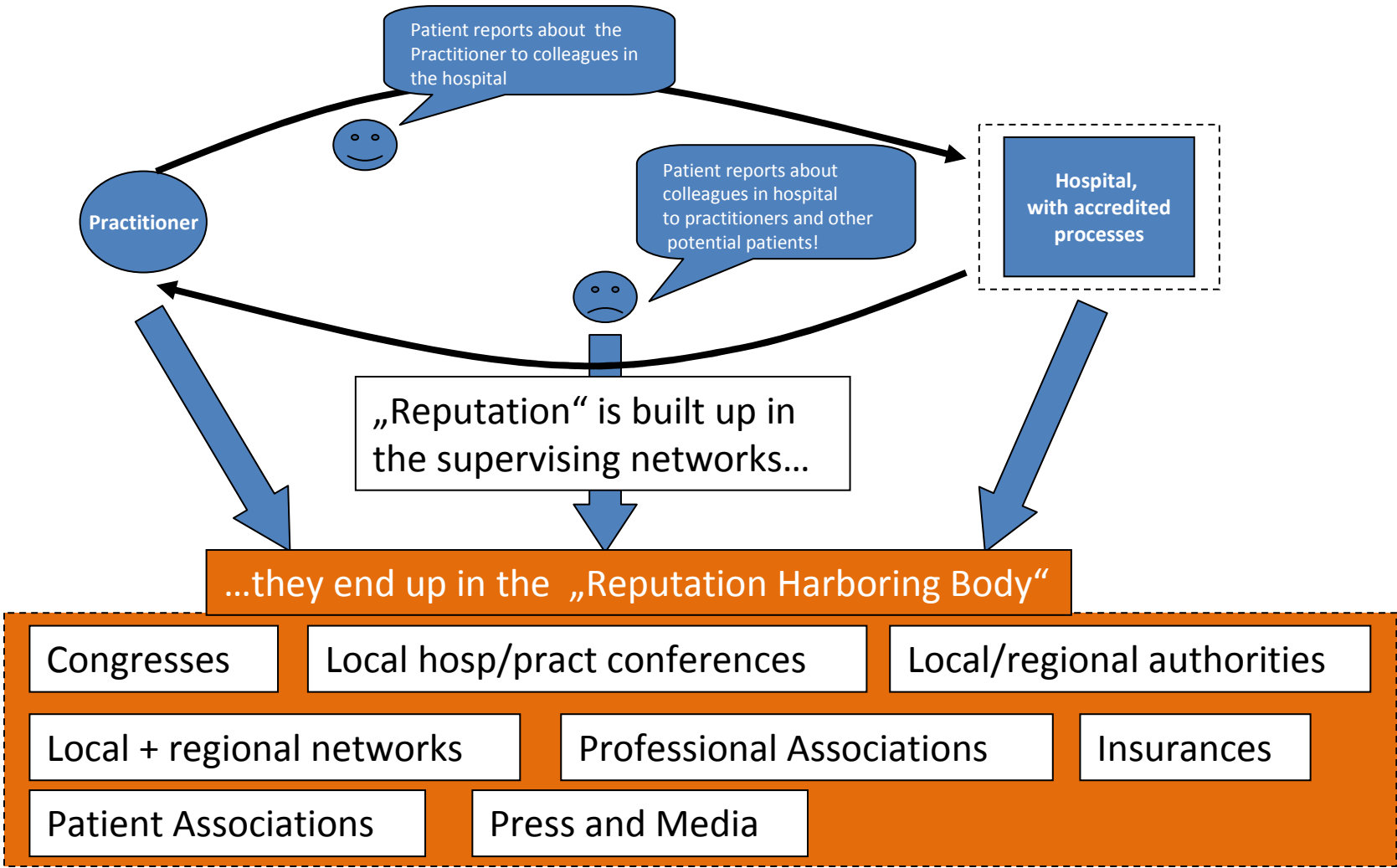
Critical questions in cross-border healthcare

Q & (hopefully) A

1. Why are international patients an invitation for health care providers to double their commercial efforts?
2. How can doctors manipulate in advance the cost result by abusing medical knowledge?
3. Who is responsible for organizing a supervision model?
4. What are pre- and post-requirements for a successful medical travel?
5. Which business models should be promoted and which should be banned?
6. How to balance interstate interests within the quadruplet of health care providers, patients, cost providers and facilitators?
7. Hippokratia – a model of protecting patient's rights and organizing the process within the destination country



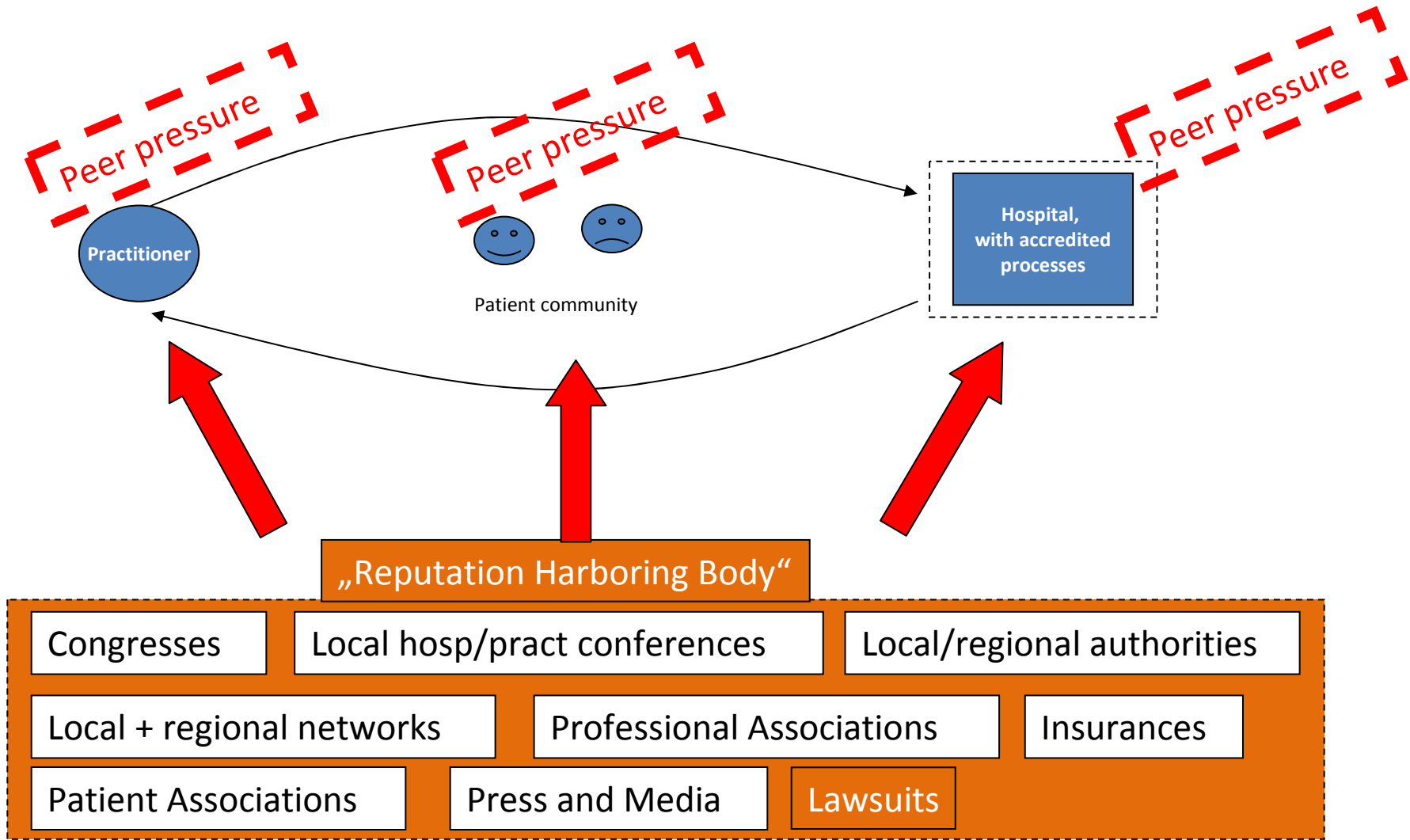
The "Reputation Harboring Body" – Homeland setting





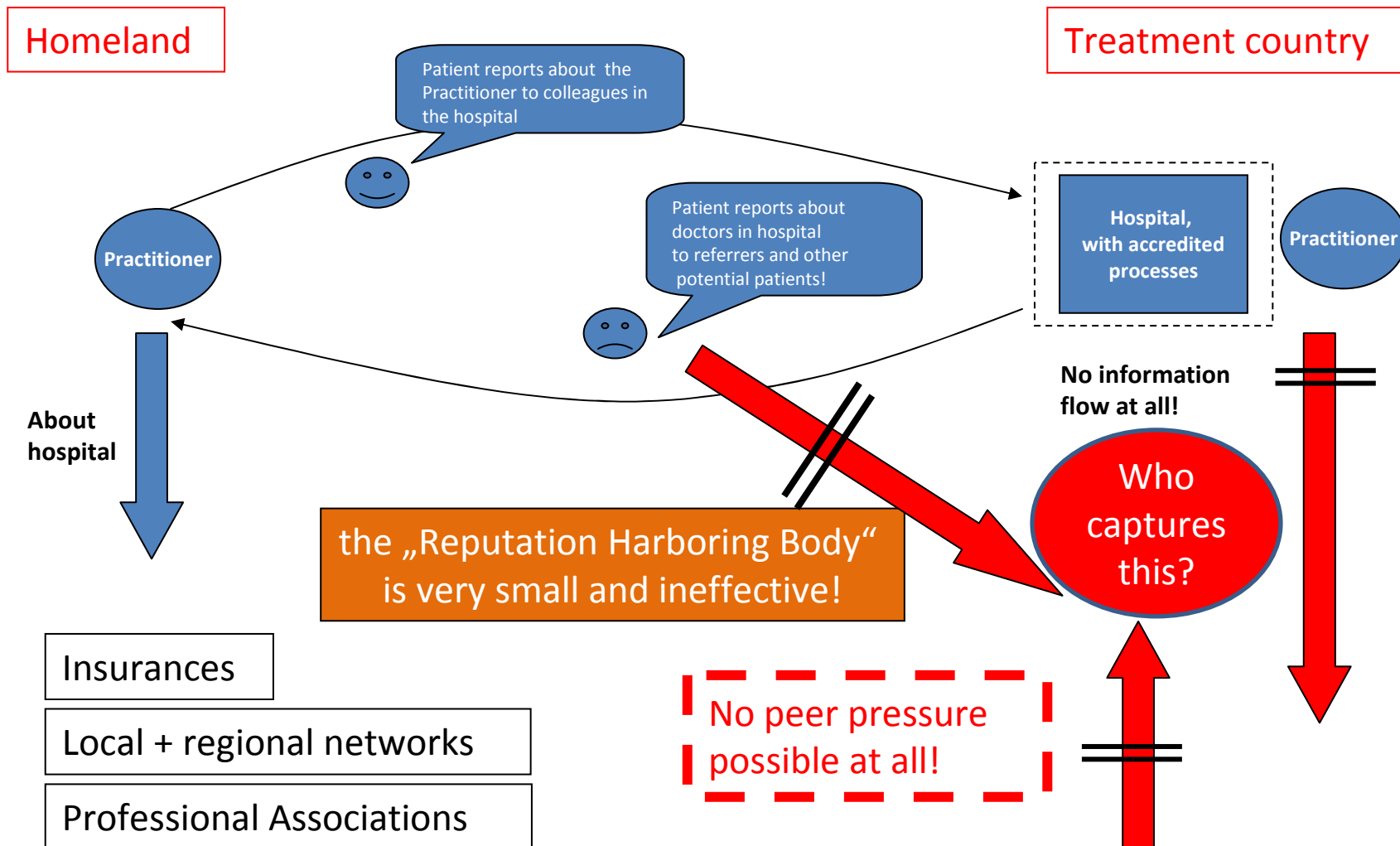
“The Quality Executive Powers”

The reputation harboring body may strike back – even with wrong or unjustified messages:





Result: 'the Quality' Executives Board case Disabled





The Gap: the missing reputation harboring body in cross-border healthcare

Comments:

Medical Tourism Association, 2008:

„This is something for the academic world...“

Derick P. Pasternak, JCI, 2009 in Abu Dhabi:

„You have discovered definitely a very interesting gap...“

This gap allows physicians:

- To offer methodologies of unproven, doubtful quality, even against evidence of medical science
- To create fashions which helps them making revenue of their limited skills
- To ask for unreal compensations and prices
- To build up a brand with just their name with the help of high glossy magazines, leading to blind trust in their magic works...



Meeting the foreign doctor: an absurd imbalance

Whereas:

Patients not restricted by refunding problems have free access to any doctor everywhere in the world

It is also true:

Doctors who want to practice in another country do have to take several administrative and other barriers to be licensed and acknowledged for practising





Patient safety regulations – Out of order scenario...

Travelling doctors?

The sailing vessel opportunity



London, Camping Place, 6 p.m.



- Learnings:**
- we need to fill safety gaps in the destination country,
 - we need independent supervision of health care providers, too



The “proactive” treatment offer...

A few recommendations from the Handbook for internationally successful physicians:

1. Be very thoroughly! A pain in the toe can have to do with a metastasis of a lung cancer! First shoot, then ask questions: order a CT and MRI and PET first, before using your brain. And what could be done within 2 weeks, could also take 4 weeks and 28 days of blood control...

Well known facts:

- 2 thirds of all diseases /disorders which are shown to a doctor are of psychosomatic nature or temporary pathophysiology
- 90% of a diagnosis will bring the accurate interview and history of the patient

2. Always be aware of the „Lustwurm“ . This strange parasite may appear everywhere, where the art of surgery is luring...

Well known facts:

- A knee once touched with an operation, will follow its natural career of becoming replaced by an endoprosthesis much faster. Conservative orthopedy is forgotten more and more and fashion medicine is full of risks...



The “proactive” treatment offer...

A few recommendations from the Handbook for successful physicians (2):

3. Train yourself a language which avoids the term „cancer“, by making all the time visible to the patient that you are afraid of detecting it...

Well known facts:

- To exclude a cancer in early stages requires a full blown diagnostic and costly overkill . This is a revenue driver even for old fashioned diagnostic techniques.

4. Sell medication to the patient which serves for a one years treatment - who knows whether in the homeland drugs will be available in such a quality...

Well known facts:

- International pharmacies can bring everything everywhere.



The “proactive” treatment offer...

A few recommendations from the Handbook for successful physicians (3):

5. Hire a highly skilled communication agency to build up your brand – even and especially if your homeland reputation is lousy

Well known facts:

- Modern marketing machines are working outside the homeland legislation which may ban shrill marketing wording (*enthusiastic, amazing, surprising, thrilling, unique, brand new, extraordinary...*)

6. Do never communicate with the homeland doctors about their previous workup: this could end up in the awareness, that your contribution would be only marginal. Insist on the „second opinion“ fashion.

Well known facts:

- Unnecessary double examinations are quite a big revenue factor



Who is responsible for organizing a supervision model?

Patients referred by embassies, consulates, national health , social services or by themselves:

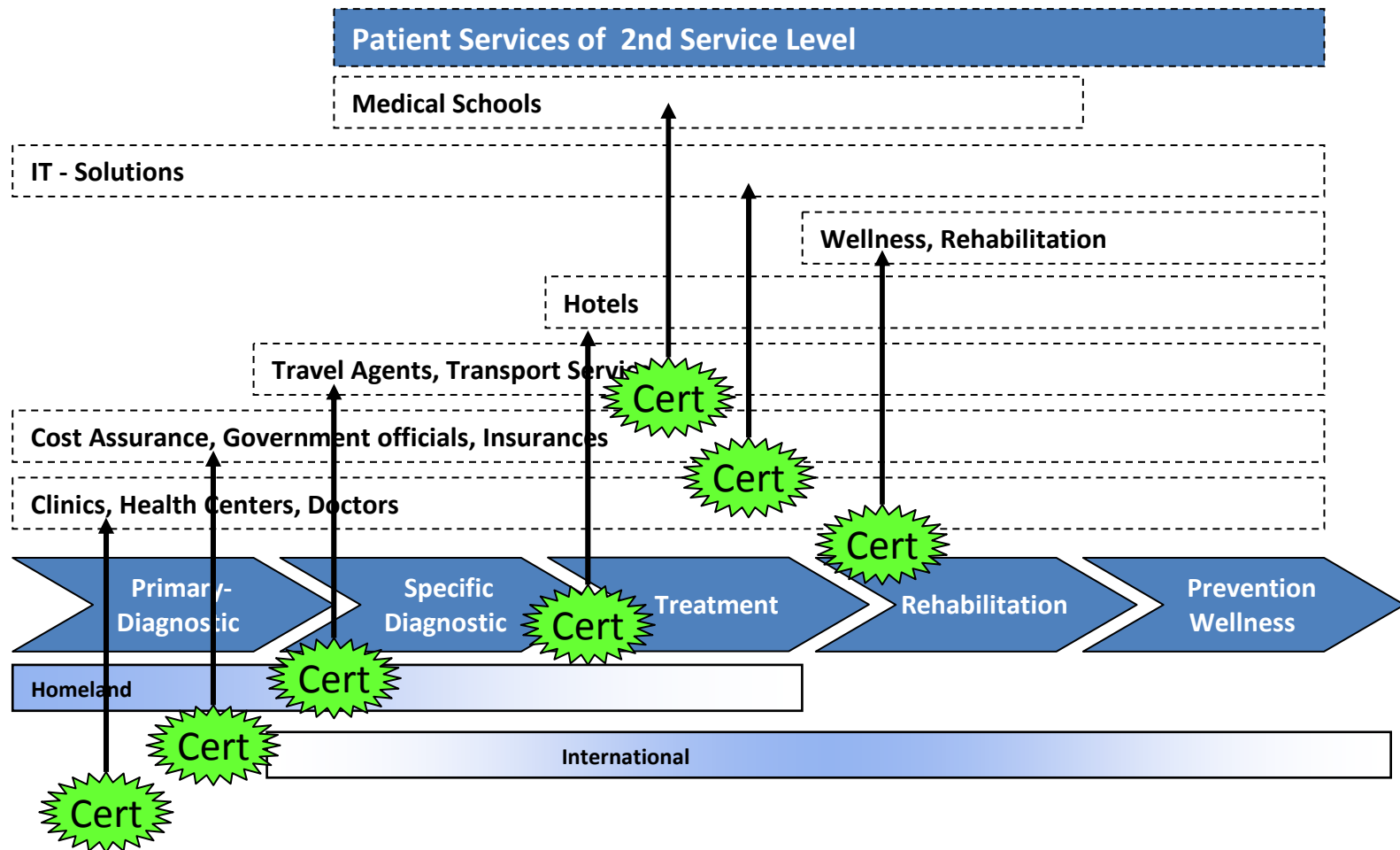
- Privately run facilitator companies?
- Agents?
- Marketing associations?
- Would it be helpful to train them all up to a MBA level and then expect things to happen?

Hippokratia e.V. is promoting a non-profit controlled setup, working according to internationally committed and „living“ guidelines, which receive their intelligence from the parties involved: patients, referrers, facilitators, health care industry, national associations.



$$\Sigma \text{ Cert } = \text{ HEALTHY !? } ?$$

Medical Tourism today is more complex:

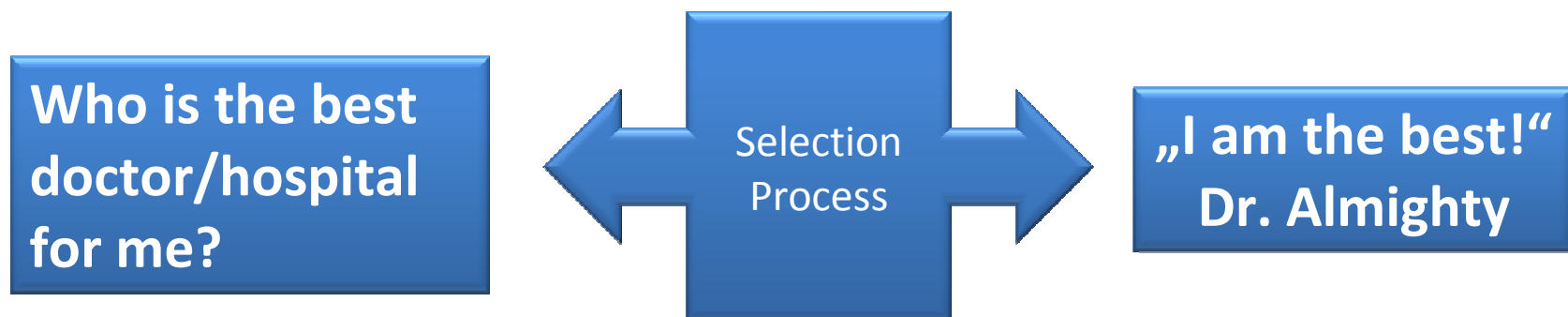




Q and simple A

**The question of a
medical traveller**

**The answer of
a provider**



- We need to educate patients better and make sure that they understand
- We need to select providers and license them as single individuals and/or organisations



Who is responsible for organizing a supervision model?

Looking to the referral process:

- Would you like to send a patient to a tourist office, located at the main station, which lets you look into a kind of a yellow book?
- Or would you like him to see in the „advisory hands“ of a commercial patient service who has a business plan with a stock market option in its back counter?

*As his doctor you would like to talk to your colleague directly and exclude commercial medicine applied to him.
and you would expect to stay in touch with the treatment process in the other region: ensuring continuum of care.*

Hippokratia is working on setting up such processes with its members



The business model and its impact on medical quality

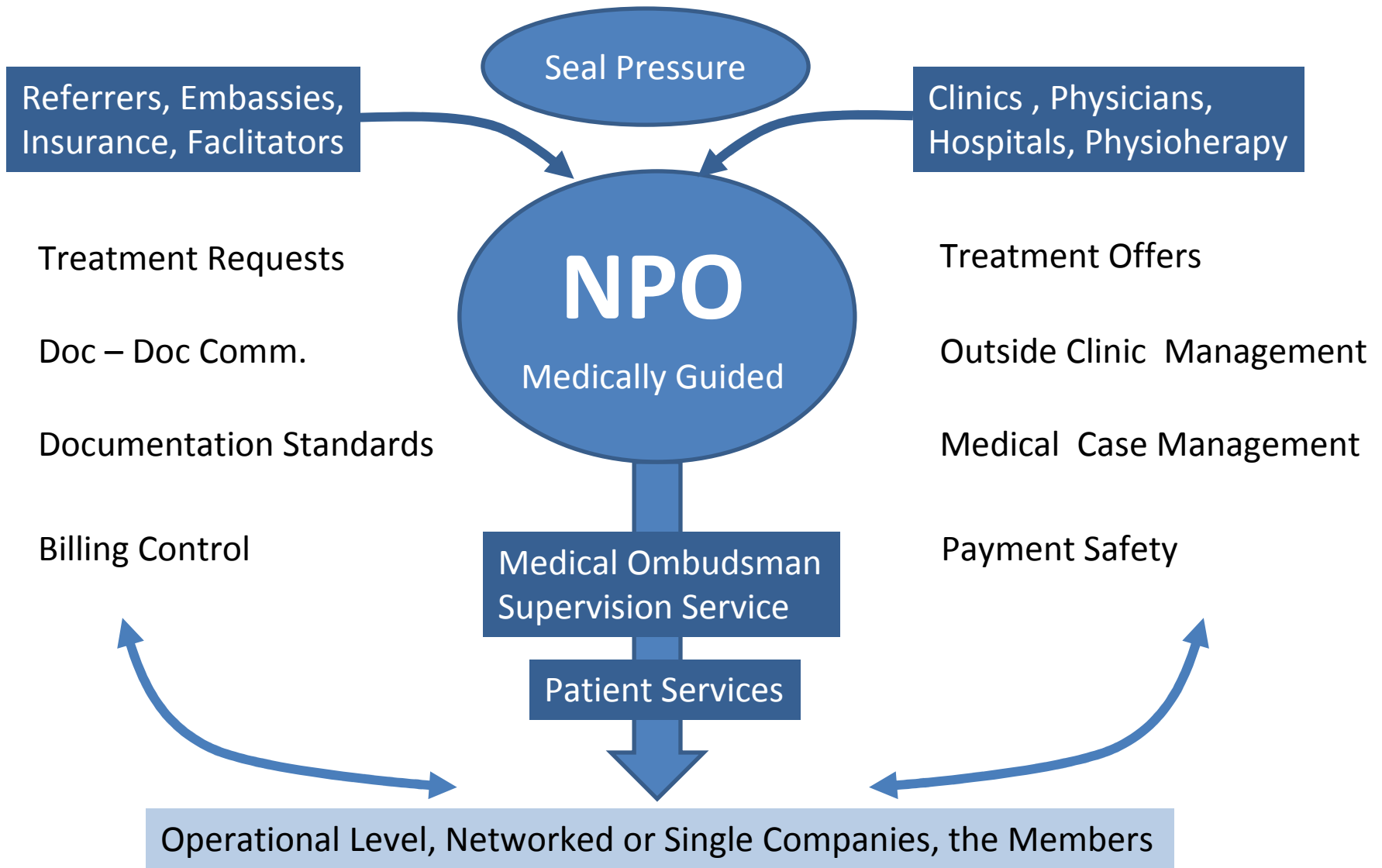
Business models based on any kind of provision/commission/referral fees are out, because:

- They can lead to illegal money handling practices: EHCN
- They cause price spirals with „stretching“ the legal framework for billing regulations
- They lead to legally bizarre and odd „exemption rules and legislations“
- They encourage medically uneducated and unexperienced single players / interpreters with a mobile and a FAX machine to create big business

Hippokratia e.V. works only with facilitators who have banned provision models from their business policy. We will provide them with a quality seal. They are been paid for services.

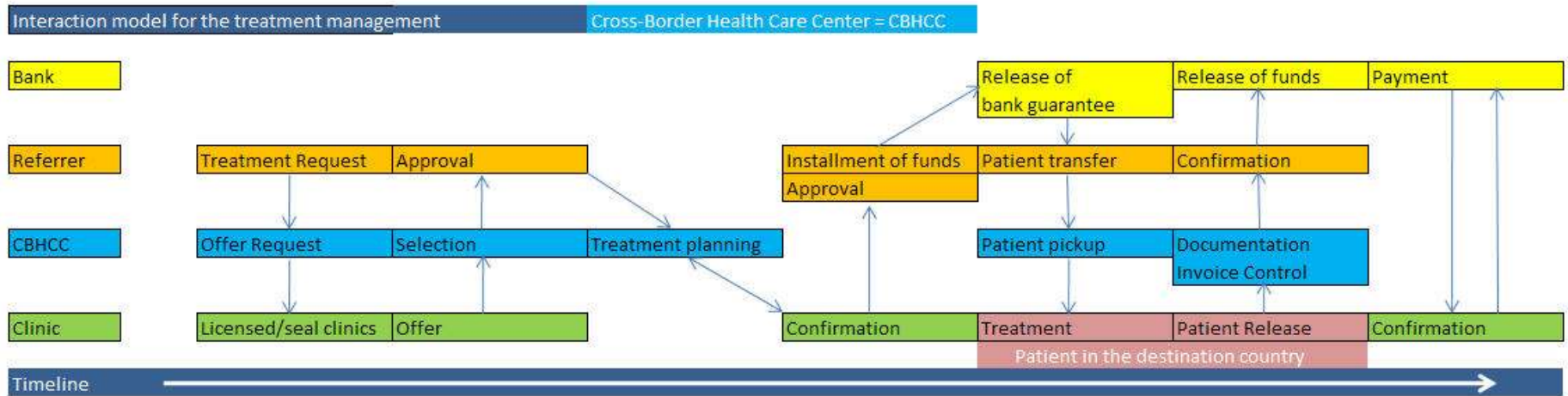


Non-Profit Mediator and Moderator for WIN WIN Results





The critical parts of the process



Whereas a CBHCC can set generic requirements as fix standards it has to find a way of operation with a multitude of various providers and referrers, which will and cannot submit themselves all under the same standard

Therefore: a seal , based on shared quality requirements and standards



Hippokratia e.V. - A model for organizing cross-border health care in Europe in a better way

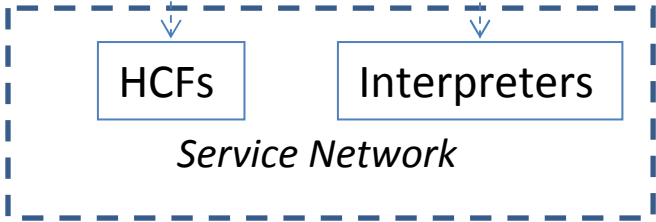
The Hippokratia structure

International Supervisory Board
Members
EU Gov.
MoH's

A regional /national non-profit org,
here: Hippokratia e.V.

A non-profit company for operations

Treatment Offers, Guidance



Marketing

Accountant Services

Logistics
(Telemed, Docu)

Medical Advice,
Supervision



- Defining Quality Standards
- Definition and Accreditation of Seals
- Definition of Medical Supervision
- Addressing Patient Complaints
- Moderation of Pricing Policies
- Interstate Conflict Regulation



Basic fact: the doctor is responsible for the patient

The idea of the „EU Physician“

An EU physician would need to be certified by additional courses and have more competencies than others:

- Dealing with international patients
- Having a telemedical technology installed
- Being skilled enough in English
- Showing intercultural competence/soft skills
- Proving a feasible and transparent business model
- Being responsible for the case management
- Having knowledge on the various social systems and compensation models in Europe
- Having knowledge about the intra-european facilities and options in high end medicine



Resumee

The quality of care in medical travel has become the quality of cooperation between different players under the orchestration of a non-profit entity

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