

AOK Rheinland, Germany – GesundheitsCard Europa (GCE), access to healthcare abroad D/NL/B

Until 2004, the administrative procedures for acute treatment of citizens from EU member states when abroad were dominated by various 'E' paper forms. The most common is the E111 form for short period visits, such as holiday travel. On average, about 200,000 citizens insured by AOK Rheinland, a large public insurance fund, were issued an E111 for travel to the Dutch or Belgian coastal regions every year. In 2004, the European Health Insurance Card (EHIC) was introduced in 13 EU member states, including Germany and Belgium. It is a longer-lasting version of the original E-forms.

The EHIC is meant to speed up the reimbursement system, by avoiding problems with incomplete or illegible forms and reducing administrative costs. However, the payment settlement process is very bureaucratic and still takes up to two years. Also, introduction of the EHIC has not resolved the serious problem of low acceptance levels, about 50%, of the E-forms. Preliminary data indicates that EHIC performs even worse. Neither has it reduced significantly the risk of fraud. Most EHICs are issued for a specific short journey, yet they are valid for a longer period of time.

Physically, the GesundheitsCard Europa (GCE) is the national health insurance card issued by AOK Rheinland since 2003. The German Techniker Krankenkasse (TK) joined the project in 2004, so the TK insurance card is also a GCE. The GCE was developed and implemented unusually quickly, because AOK Rheinland had previous experience and a good partner network in the field of cross-border healthcare between Germany, the Netherlands, and Belgium. It has been involved in cross border co-operation activities for 15 years, including the development of the GesundheitsCard International, an insurance card issued jointly by AOK Rheinland and Dutch insurance CZ Actief in Gezondheid to citizens in the Limburg/Aachen border regions, which is being replaced by the GCE in 2006.

The ICT application that makes the GCE service a good practice case of eHealth is the multilingual website <http://europa.aok-tk.de>. Through this web service, staff in 14 hospitals on the Dutch and Belgium coast regions can instantaneously confirm the insurance status of patients

presenting a GCE. Also, reimbursement is processed and completed within 3 months using the web-portal in co-operation with partner insurances in the Netherlands and Belgium.

The advantages of the GCE solution can be seen in light of current practice among non-participating healthcare provider organisations. The low acceptance levels can be explained to a great extent by sheer ignorance and additional administrative costs involved for the healthcare provider organisation. For example, paper copies of the EHIC and valid identification are required, increasing paperwork, staff effort and administration time. The procedure with GCE is paperless and instantaneous. This gives the citizen access to acute healthcare whenever in need of treatment. The insurance fund has

the benefits of providing a better service package and the associated gain in competitive advantage, as well as a reduction in the administrative costs of issuing tens of thousands of insurance certificates every year. In addition, because insurance status confirmation is instantaneous, the GCE secures payment guarantees for the healthcare provider organisation and reduces the risk of fraud and error.

Core impact:

- Acceptance rate of patients' insurance certificates or EHIC by HPOs increased from 50% to 100%
- No advance payments by citizens, no need for
- AOK to reimburse them later
- No additional insurance certificate required for travel abroad
- Instant insurance validation at the point of care
- Reduced bureaucratic effort at Healthcare Provider Organisation
- Reduced payment settlement time from up to 2 years to 3 months
- Reduced risk of fraud and error.



Main beneficiaries:

- Some 200 000 citizens travelling to the Dutch and Belgium coast receive healthcare in case of need as conveniently as at home in Germany
- AOK Rheinland benefits from
 - › Gain in competitive advantage
 - › Drastically reduced costs for insurance confirmation abroad
 - › Reduced risk of fraud and error
- Participating hospitals benefit from
 - › Faster payments and
 - › Time savings in administration procedures.

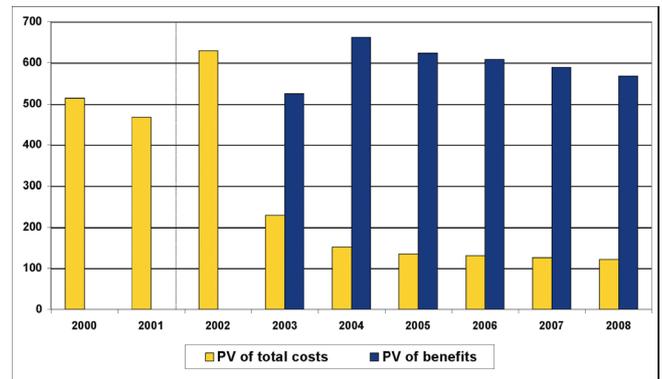
Lessons learned:

- Clear, pragmatic goal for eHealth project, which addresses specific needs, is essential
- User-driven solution has a high probability for high acceptance rates: the application was developed for the benefit of citizens and hospital staff
- eHealth can help overcome constraints of national borders
- A successful eHealth project is a series of continuous investments over time – an eHealth dynamic
- A successful eHealth project is part of a chain of activities.

Economic Results:

- First year of annual net benefit, i.e. when annual benefits exceed annual costs: 2003, year 2
- Estimated annual net benefit for the year 2008: approximately € 450 000
- First year of cumulative net benefit: 2004, year 3
- Estimated cumulative benefit by 2008: approximately € 3.5 million
- Cumulative investment costs, including operating expenditure, by 2008: approximately € 1.5 million
- Estimated productivity gain, measured in decrease in unit costs of providing an insured with a valid and accepted insurance validation certificate for travel abroad: 65%
- Distribution of benefits (direct positive gains) to 2008: Citizens – 96%; Hospitals – 4%

Chart: Present values of estimated annual costs and benefits -2000 to 2008, in € 000s



Note: The development of the application started in 2002. The costs of providing insureds with valid and accepted insurance certificates for 2000 and 2001 are shown for comparison purposes only.

FIGURE: HOSPITALS ON THE DUTCH AND BELGIAN COAST WITH AOK CONTRACTS



www.aok-rheinland.de

<http://europa.aok.de>

www.ehealth-impact.org/case_studies/index_en.htm