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.

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

<table>
<thead>
<tr>
<th>INDIVIDUAL SAVINGS</th>
<th>HEALTH CARE SYSTEM SAVINGS</th>
<th>SOCIETAL SAVINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>94%</td>
<td>94%</td>
<td>92%</td>
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</tbody>
</table>

- **Medical costs - health care system**: 230 €
- **Societal savings**: 3,810 €

METHODOLOGY

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

**TYPES OF COSTS**

- Direct medical costs (medication, diagnostics, time of health professional)
- 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 (2000-2006). The views expressed herein can in no way be taken to reflect the official opinion of the European Union. For the purpose of this project, the European Union and IOM are not responsible for any use that may be made of the information contained therein.

POLICY BRIEF

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, implementation, monitoring and evaluation accordingly.

**Public health policy level**

- Provide a common policy for monitoring of health care needs, health care provision and cost of care to create evidence and data for better planning services.
- Keep public health agendas of irregular migrants central and raise awareness on the need for health communication and collaboration between public health and immigration authorities, e.g. by setting up or using an interdisciplinary health care provider task force.
- Ensure 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 equality improvement, using instruments of quality management, public health indicators, migrant health issues, existing quality management and information procedures and instruments.

**Community level**

- Include service users and community members (e.g. migrants that have been in a state of irregularity or have been involved in conflict) in 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) specialized care based on easy-to-use decision rules.

**Public health policy level**

- Set regulations accordingly by defining the range of primary health care services accessible to all and areas of eligibility, uninsured and uninsured (e.g. travel costs).
- Implement structures that support communication and sharing of knowledge and experiences between public health policy and immigration policy representatives.
- Set regulations accordingly by defining the range of primary health care services accessible to all and areas of eligibility, uninsured and uninsured (e.g. travel costs).

**Health care provider level**

- Include irregular migrants and EU citizens ineligible for or without insurance in health care needs and expectations about service provision.
- Include community members in developing and facilitating the provision of health care services, e.g. as interpreters, informal or formal mediators, and community health educators.

**Community level**

- Inform health policy and health care management about health care provision, including present and envisaged challenges and possible practical solutions, as well as costs of health care non-accessible.
- Inform irregular 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.

**Public health policy level**

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

**Health care provider level**

- Define guiding elements for case-by-case decisions (e.g. expected treatment adherence necessary for the successful completion of treatment processes as well as providers and responsibilities related to decision making).
- Implement structures that support communication and sharing of knowledge and experiences between public health policy and immigration policy representatives.

**Community level**

- Inform health care providers about decision elements related to accessibility and affordability 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**

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 is included in health care policies formulated in the new health strategy agenda. On the practice level, NGOs especially are experienced in serving vulnerable groups on a high professional level, among them irregular migrants and people without insurance. Specific recommendations are formulated to facilitate a public health policy directly addressing health care provision for irregular migrants and to link public health services to existing NGO structures and develop models of public private partnerships (PPP) for service provision.

Reproduced by WHO/EMCDDA, Migration Health Champion in the framework of the EU-Health project: “Facilitating health promotion for migrants, the Roma and other vulnerable groups”.

Developed and implemented by C-HM under the overall guidance of IOM MHD RO Brussels in 2013.

PATIENT LIVING & WORKING DIAGNOSIS CARE SETTING CARE SETTING

AUSTRIA Hungary Black labour market Homeless 50 years 1980, 2014

IRREGULAR MIGRANTS ROMA ASYLUM APPLICANTS

12.40% 8,506,889 (min. estimation for 2008) 0.22% 0.24% (max. estimation for 2008) 0.65% 0.36% 2014 2015 28,035 88,160

POPULATION MIGRANTS