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 case 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

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SPAIN

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, evaluating, and evaluating accordingly.

Public health policy level
• Provide a system based on transparency of health care needs, health care provision and cost of care to create consensus and data needed for planning purposes.
• Keep the public health agenda simple, i.e., immunization services should be free and basic communicable interventions and non-communicable disease prevention in primary care.
• Define guiding elements for case-by-case decisions, i.e., expected treatment adherence necessary for the success of the health care provided (preventive or curative) as well as prerequisites and requirements related to decision making.
• Establish a multidisciplinary tool for transfer and documentation, diagnosis, treatments, and decisions made, including complex care for these outcomes.

Community level
• Establish a literacy library of irregular migrants and EU citizens ineligible for or without insurance.
• Develop community members in organizing 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
• Ensure the public health system with evidence on figures, health problems, and treatments of 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 intersectoral policy decisions.

Health care provider level
• Establish health policy and health care management about health care services, including present and envisaged challenges and possible practical solutions, as well as needs of health care professionals.
• Employees in communities to share models and services available to irregular migrants and EU citizens ineligible for or without insurance, regulations on in-home care, and practices guidelines on how to consult and how to interact with health care providers.

Community level
• Improve health care services providers about decisive elements relevant to accessibility and appropriateness of services, e.g., language of health care.
• Provide information to irregular migrants and EU citizens ineligible for or without insurance that enables them to utilize the health care systems appropriately, e.g., concepts of primary care, general practitioner, and so on.

SPECIFIC NATIONAL RECOMMENDATIONS

Prior to the adoption of the Royal Decree-Law 16/2012, all categories of migrants were fully entitled to access health care coverage. Ranged in the economic crisis and subsequent austerity measures, the Spanish health access to health care has been reduced. For irregular migrants this means access to emergency services and maternal and child care only, unless they register and provide financial guarantees for any eventual expenses. As a consequence, the health care landscape has been characterized by an increasing concentration of patients and services in the public sector, especially in terms of job satisfaction, commitment and work ability of staff.

Specific recommendations are to assess the policy shift by conducting an economic analysis on its effects. To see the economic impact and economic benefits of providing health care to irregular migrants and EU citizens ineligible for or without insurance, the study should be carried out in Spain and other regions where the findings can be generalized.