

# Survey National Health Services/Systems in Europe Reimbursement of Pathology

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# Outlines

- UEMS
- Aims
- Materials and Methods
- Results
- Molecular Pathology in Germany
- Conclusions and perspectives

# **U. E. M. S.**

- **Union Européenne des Médecins Spécialistes**
- **European Union of Medical Specialists**

**Umbrella organization of National Associations of Medical Specialists located in Brussels**

1957 EEC

## Treaty of Rome

Foundation of the UEMS in 1958  
by the professional organizations  
of medical specialists of

Belgium  
France  
Germany  
Italy  
Luxembourg  
the Netherlands



## Objectives of the UEMS

- The study and promotion of the highest level of training of the medical specialists, medical practice and health care within the European Union.
- The study and promotion of free movement of specialist doctors within the European Union.

# Structure

National Medical Associations

Sections and Boards

EACCME

ECAMSQ

# National Medical Associations

- 28 EU Full Members
- 3 EFTA Full Members
- 4 Associate Members
- 4 Observer Members

# National Medical Associations

Meet in the Council of UEMS

Parliament of the UEMS

Can adopt or endorse documents presented by other organs of the UEMS to be distributed on to the National Medical Associations



# Sections and Boards

Are a fundamental and specific structure

Are the backbone of the UEMS

Propose minimal training schemes for specialisation

Facilitate the harmonisation of training

About 2000 specialists active in the work in Europe

# Sections and Boards

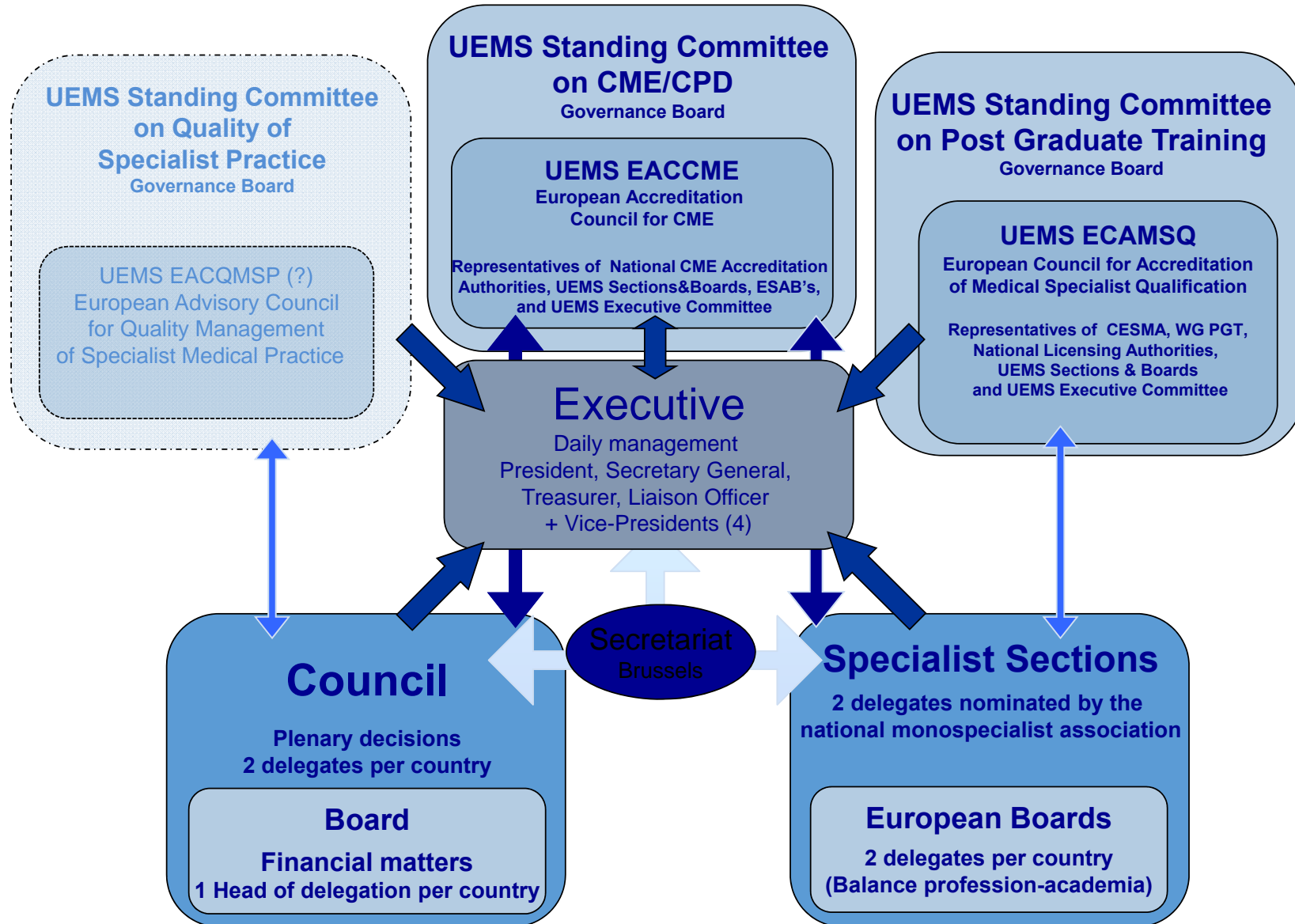
42	Sections <i>Divisions</i>
14	Multidisciplinary Joint Committees
4	Thematic Federation

Section of Pathology

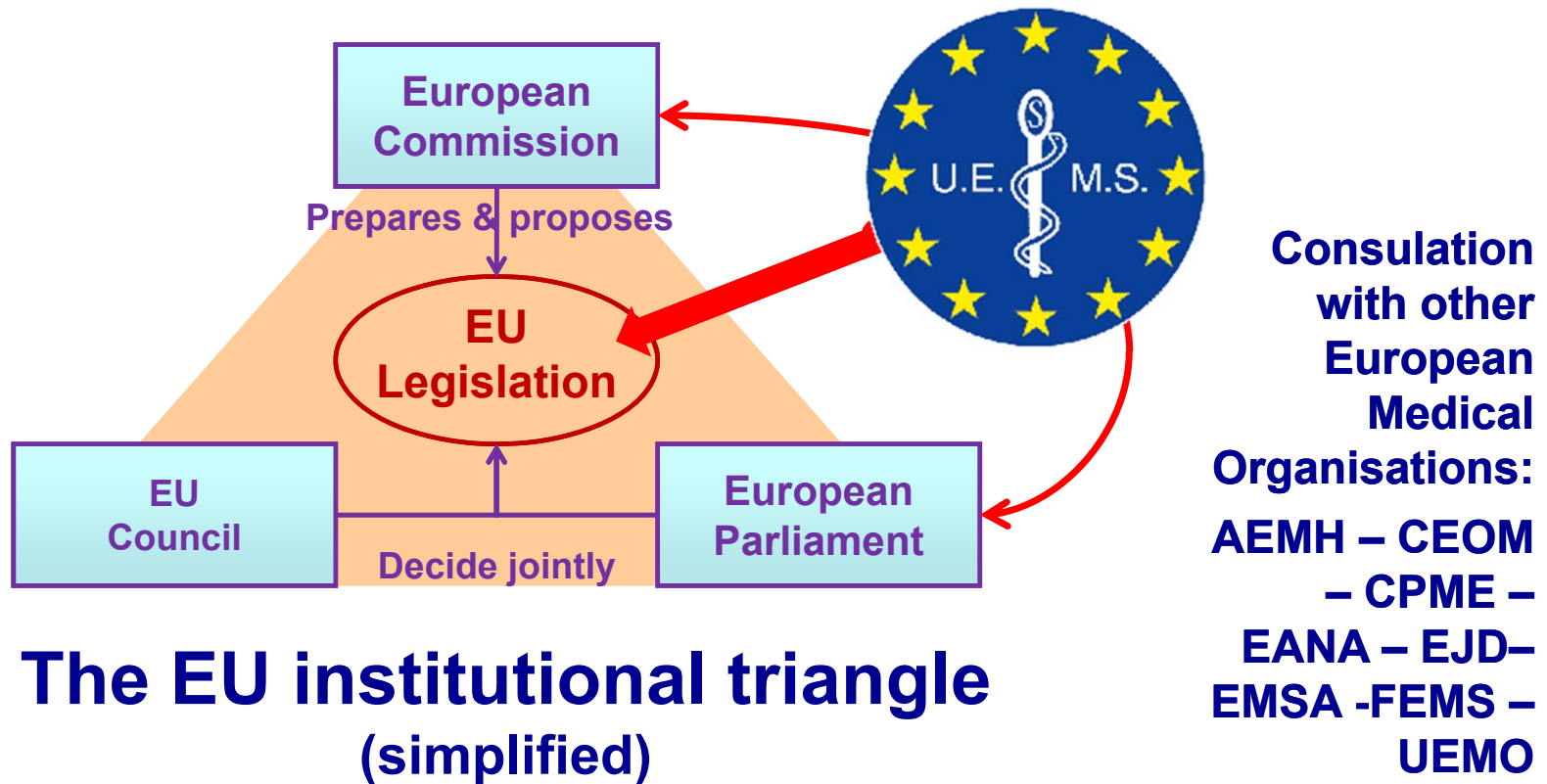
*Division of Neuropathology*

# Tasks of Sections and Boards / MJC's

- Determine Core Curriculum for training
- Propose a log-book
- Helps in the harmonization of training and qualification
- Helps in the harmonization of health care services with visitation
- Key role in the evaluation of CME activities



# UEMS political involvement in EU Affairs



# Preambles

- Not complete, limited number of countries replied
- Not exhaustive, questionnaire only 10 simple questions
- Not in depth study, given the huge variety of countries and complexity of health systems in Europe

# Aims

- To compare the different European health care systems
- To get knowledge of the position of pathology in different European countries by understanding reimbursement regulations
- To try and see strenghts/weaknesses in pathology reimbursement in Europe

# Materials and methods

- Questionnaire sent out to all members of UEMS Section of Pathology (each EU member state and the EFTA countries have voting members, candidates for EU have observer members)
- 10 questions
  - 6 concerning the general aspects of medical care,
  - 3 regarding pathology reimbursement
  - One general open question allowing any relevant/significant comment concerning Health Care System in the respective countries



# Questions on Health Care System

- Is there a national healthcare insurance/national health service?
- Are all medical costs covered by the insurance?
- How are medical costs reimbursed?
- Is medical insurance mandatory for everyone?  
If not, has the patient to pay for the treatment him/herself? Completely or partially?
- Is private medicine existing separate from a national healthcare system?  
In that case is private medicine reimbursed completely/partially/not at all?
- Are there any peculiar aspects in your national healthcare services?

# Questions with regard to the specialty Pathology

- Are there peculiar reimbursement rules concerning pathology examinations?
- Is there a refund of special stains? Histochemical and immunohistochemical?
- Is molecular pathology reimbursed?

# General concluding question

- Any other relevant/specific facts regarding health insurance and reimbursement in your country

# Results

- Responses from UEMS Section of Pathology members of 21 countries Austria, Belgium, Croatia, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Lithuania, Luxemburg, The Netherlands, Norway, Poland, Portugal, Romania, Spain, Turkey, United Kingdom
- No response or no delegates in UEMS Section of Pathology from 10 countries: Cyprus, Czech Republic, Estonia, Iceland, Latvia, Malta, Slovakia, Slovenia, Sweden and Switzerland

# Is there a national healthcare insurance/national health service?

- Yes in 20/21 countries
- No in the Netherlands where health care is taken care of by different insurance companies, but everybody is obligatory insured

# Are all medical costs covered by the insurance?

- Yes but the reimbursement varies
  - Completely in 13 countries and according to list/contract in 3 countries (Germany completely or depending on contract; Turkey complete reimbursement in public hospitals, no refund in private hospitals)
  - France: varies, Sécurité Sociale covers 30%, 50%, 70% or 100% depending on severity of disease
  - Romania: with quota per month, if exceeded, the patient has to pay for him/herself
- No, deductibles apply in Austria, Belgium, Finland, Greece, Ireland and The Netherlands

# How are medical costs reimbursed?

- Via taxes or subsidized: 7 countries
- Insurance/National Insurance: 10 countries
- Treshold per hospital (Croatia), diagnosis related groups (Lithuania), contributions from employers/employees (Germany and Spain)

Is medical insurance mandatory for everyone?  
If not, has the patient to pay for the treatment  
him/herself? Completely or partially?

- Yes in 17 countries
- No in The Netherlands, Norway, Ireland and UK
  - Yes completely if not insured (The Netherlands)
  - Yes partially (Norway)
  - No in Ireland and UK: NHS
- In some countries patients have to pay for hotel component of the costs but this can be covered by private insurance (A, B)
- No costs if jobless (F), very poor (GR), old, chronic illnesses or poor (I) or in emergency (Neth)



Is private medicine existing separate from a national healthcare system?

In that case is private medicine reimbursed completely/partially/not at all?

- Yes in 19 countries
  - Completely reimbursed in 8 countries
  - Partially in 11 countries
- Poorly developed in Croatia
- No in The Netherlands

# Are there any peculiar aspects in your national healthcare services?

- Outsourcing is trend in Portugal, Spain, UK
- Self-administration more or less autonomous, councils decide on distribution of resources in Germany, comparable with Austria and Belgium (RIZIV/INAMI)
- Total volume limit/month for cases/unit/service/diagnose. Exceeding results in less financing in Hungary
- In Ireland 45% of population holds private insurance though all citizens are entitled free healthcare
- Medical treatments have been translated into DOTs (diagnosis treatment combination) in The Netherlands

# Are there peculiar reimbursement rules concerning pathology examinations?

- Included in in-patients fee in 6 countries (Greece, Lithuania, Luxemburg, The Netherlands, Poland, Romania)
- In Hungary in- and out-patient are separately financed
- In UK private services often delivered via local NHS labs. Pathologist or hospital will bill private hospital separately

# Is there a refund of special stains? Histochemical and immunohistochemical?

- Services paid according to load of stainings in Denmark
- No refund in five countries (Lithuania, Luxemburg, The Netherlands, Poland and Portugal) and limited and low reimbursement in France
- In Romania Histochemistry Yes, Immunohistochemistry for out-patients only
- Yes in form of package but does not cover real expenses in Turkey
- Yes some added in basic price, others as an extra bill in UK

# Is molecular pathology reimbursed?

- Yes in 12 countries (very well in Germany!)
- Partially in 3 countries (Croatia, France, Norway)
- No in 4 countries (Ireland, Luxemburg, Poland, Romania)
- In Lithuania testing for targeted therapy is sponsored by pharma!

Any other relevant/specific facts regarding health insurance and reimbursement in your country

- Croatia: money does not follow patient, bad for secondary and tertiary hospitals
- Finland: 650 € cost limit, higher cost is free
- Germany: no NHS, self-regulating-administration functions as cooperation of insurers, doctors and hospitals paid by ministry of Health (similar to Belgium's INAMI/RIZIV)
- Hungary: tendency of outsourcing pathology units in hospitals

Any other relevant/specific facts regarding health insurance and reimbursement in your country

- Ireland: not a stable system, evolving rapidly following economical crisis
- Italy: territorial network referring to Sistema Sanitario Nazionale, very expensive and strong regional differences
- Poland: lack of balance of access to national and private insurance money for public and private medicine

# Molecular Pathology

## Status quo in Germany

- Legal framework
  - tumour genetic investigations including microdissection and tumour board activities have to be done by pathologists only
  - tumour genetic investigations do include in-house molecular processing of tissues and cells
  - no substantial professional difference between hospital, private and university institutes



# Molecular Pathology Status quo in Germany

- Professional landscape
  - Out of 450 Pathology Institutes 150 provide tumour genetics and guarantee nationwide services
  - 20 institutes deal with BRCA Companion Diagnostic
  - 40 institutes deal with liquid biopsies (T790M)
  - QuIP GmbH establishing nation-/and Europe-wide system of EQA

# Remuneration of Molecular Pathology in Germany

New system of tariffs started in July 2016

1. regulates Molecular Pathology out-patient care for the public health insurance (90% of population)
2. new sub-chapter on „in-vitro-diagnostic of tumour-genetic alterations“ within the main chapter of pathology
3. remuneration for services vary roughly from EUR 150,- to 3.500,-
4. sufficient remuneration to fund further expansion

# Remuneration of Molecular Pathology in Germany

## 1. New system (public health insurance)

Examples:

- RAS: about EUR 400,-
- BRCA 1/2 for Companion Diagnostic: about EUR 2.000,-
- Panels more than 20 kb coding sequences: about EUR 3.000,-

## 2. From start on molecular pathology reimbursed for private patients (10% of population)

Examples:

- RAS: about EUR 1.400,-
- BRCA 1/2 for Companion Diagnostic: about EUR 4.300,-
- Panels more than 20 kb coding sequences: no special limit

# Outlook

- status quo of molecular pathology in Germany is sufficient in a professional, technological and financial way
- keen competition with the geneticists
- presence in all regions vs. ideology of centralization

# Conclusions

- Very diverse medical refunding systems!
- In general, Pathology is reimbursed completely or for the bigger part but in some countries it has to be shared with clinical disciplines
- In most countries IHC is reimbursed
- The reimbursement of Molecular Pathology is being introduced in many countries, often with requirements of quality control

# Conclusions and future perspectives

- Molecular Pathology reimbursement should be sufficient to allow further investments in personalized medicine (cf. Germany)
- Introduction and reimbursement of new molecular techniques with therapeutic intention (NGS, liquid biopsy) is needed to enter the future of molecular diagnostics and oncology treatment
- This may be the best way to serve the patients of today but also those of tomorrow

**Go raibh maith agaibh**

**Vielen Dank**

**Благодаря**

**Muito obrigado**

**Merci**

**Dekuji**

**Gracies**

**Dank U**

**сбасиво**

**Paldies**

**Tānas**

**Teşekkürler**

**Hvala**

**Thank you**

**شكرا جزيا**

**Grazzi**

**Tack**

**Dakujem**

**Muchas gracias**

**Multumesc**

**Takk**

**תודה רבה**

**Grazie mille**

**ευχαριστώ**

**Faleminderit**

**Kiitos**

**Köszönöm**

**Dziękuję**

**Dékoju**