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Health Consumer Index and MRI legislation

Austria runs a healthcare system that is consumer friendly and provides excellent results, according to the Euro Health Consumer Index, which nominates the country as the winner in its latest annual survey. It is placed narrowly ahead of the Netherlands, France, Switzerland, Germany and Sweden. At the other end of the table are several "new" European Union countries: Latvia, Bulgaria and Poland with Lithuania, Romania and Hungary only narrowly ahead.

Now in their third year, the rankings were produced by the Brussels-based analysis and information organisation, Health Consumer Powerhouse. Placement is determined by 27 indicators grouped into five categories: patients' rights and information, waiting times, outcomes, the generosity of public healthcare systems and access to medication. Indicators are selected to evaluate the extent national healthcare systems are userfriendly. They do not take into account whether the system is publicly or privately funded.

The findings, according to the authors, suggest that the Bismarck healthcare system, widely used on the continent, based on social insurance with many insurance institutions, delivers better customer value than the Beveridge model where, as in the UK, financing and provision are handled within one organisational system.

The commentary accompanying the index notes: "It is very hard to avoid noticing that the top five countries, which fall within 36 points on a 1,000 point scale, all have dedicated Bismarckian healthcare systems. There is a gap of 30 points to the first Beveridge country in sixth place."

The survey reveals major differences in waiting times for medical treatment. For major non-acute operations within 90 days, Belgium, Germany and Switzerland all fare well. The Czech Republic, Estonia, Hungary, Ireland, Italy, Latvia, Luxembourg, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden and the UK do not.

When it comes to more serious treatment, cancer therapy can be provided within 21 days in only Austria, Belgium, Cyprus, the Czech Republic, Finland, France, Germany, Luxembourg, Malta, Norway and Switzerland. The divide is even greater for MRI scans. Only Austria and Belgium can offer them within seven days, while the situation is considered "poor" in 15 of the countries surveyed. These include many of the new EU members, but also Denmark, Finland, Greece, Italy, Spain, Sweden and the UK.

The authors note that, in some respects, progress is not only slow but lacking. They conclude that "MRSA infections in hospitals seem to spread and are now a significant health threat in one out of two measured countries". The only countries to be given a "good" rating in this regard are Denmark, Estonia, Finland, the Netherlands, Norway and Sweden.

The survey acknowledges that the countries covered have very different levels of health expenditure, ranging from around \$600 per capita in Bulgaria and Romania to between \$4,000 and \$5,000 in Norway, Switzerland and Luxembourg with most European countries averaging around \$2,500 to \$3,000.

To take this financial factor into account, they have worked out a general value for money table. While well-established healthcare systems in countries such as Austria, the Netherlands, Finland, France and Germany perform strongly, Estonia comes out on top. In contrast, the UK emerges fourth from bottom.

Meanwhile, the European Commission is recommending that EU health and safety legislation which should take effect next April, and would have unintentionally restricted the use of Magnetic Resonance Imaging (MRI) in patient care and scientific research, should be postponed for four years.

The proposal, which will be formally approved by EU governments and the European Parliament in the coming weeks, follows a determined campaign by the Alliance for MRI – a coalition of Euro MPs, patient groups, scientists and medical professionals. It had pointed out that the legislation would have unnecessarily limited the amount of time operators could spend near MRI machines to the detriment of patient care and research.

The four-year delay will be used to carry out further research in this area and to draft entirely new legislation.

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