

# **1. Willingness of Maltese Patients to Access Cross-border Health Care**

## **1.1. Purpose**

The purpose of this document is to outline the findings that were collected between January and March 2015 on patients that have experienced treatment abroad in an acute general hospital in Malta. This research study was performed as part of a Masters Degree in Health Services Management.

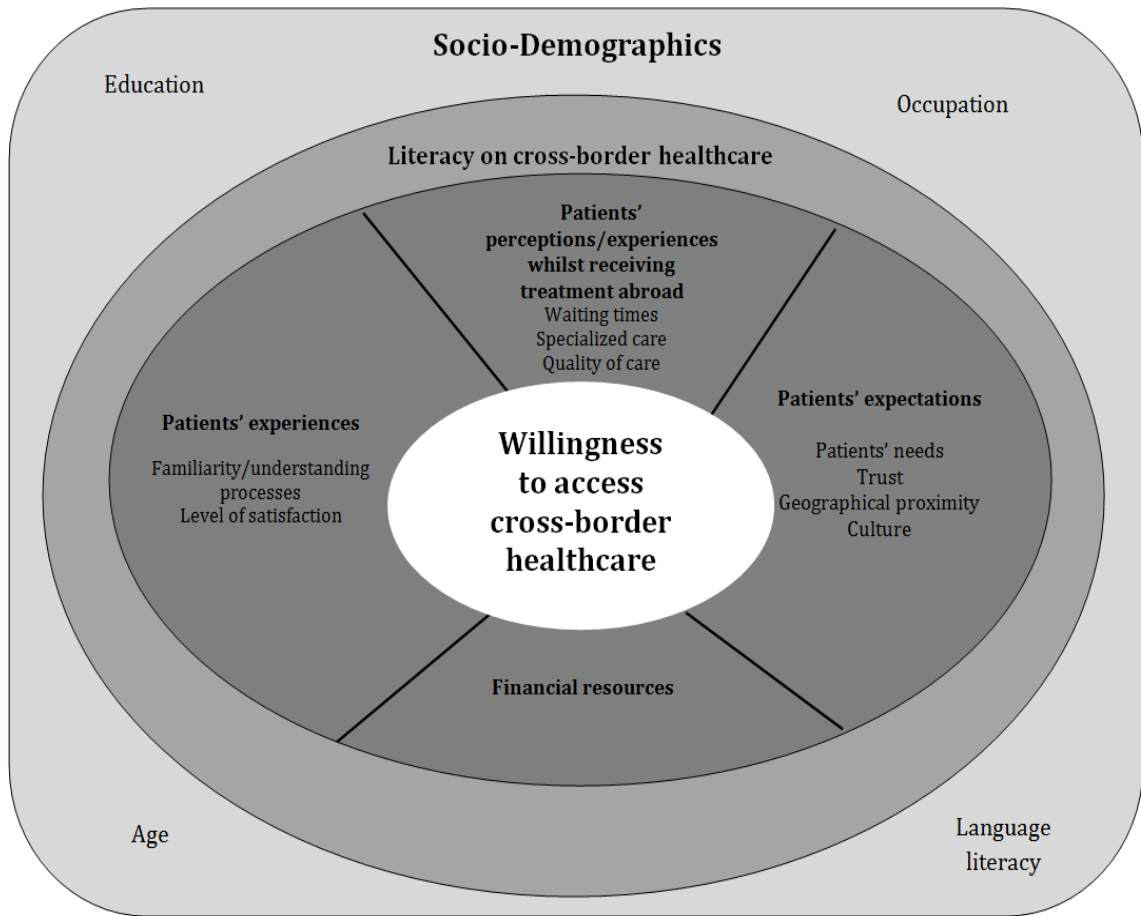
The purpose was to include patients who did and did not experience treatment due to history of organised cross-border care that Malta has with the United Kingdom and other countries, which could possibly present variants in willingness to access cross-border healthcare. This population will provide evidence on socio-demographic issues, financial issues, literacy on cross-border healthcare, patients' experiences and patients' expectations which are domains that affect willingness to access cross-border healthcare. This paper will mostly focus on the findings of the patients that experienced treatment abroad for to access specialised care in a foreign country.

## **1.2. Historical Background**

Malta has over a 30 year history of cross-border collaboration with the United Kingdom (Azzopardi-Muscat, Grech, Cachia & Xuereb, 2006). Azzopardi-Muscat et al. (2006), describe how since the first half of the 20<sup>th</sup> century Maltese patients have sought treatment abroad through bilateral governmental arrangements with the United Kingdom. Directive 2011/24/EU has therefore in the case of Malta been implemented in a context where a long standing history of arrangements for cross-border care exists and this research study is designed to explore how willingness to access cross-border healthcare is experienced within this particular context now that the directive has been implemented. In the Maltese context, one could use previous patients' cross-border experiences and current patients' expectations as research ground.

## **1.3. Summary of Literature Findings**

Figure 1-1 represents the conceptual framework of this study as borne out by the literature reviewed in this Chapter. The outer box represents the population characteristics that are education, occupation, language literacy and age. The outer circle represents literacy on cross-border healthcare. The domains that lead to identifying the constituents of willingness to access cross-border healthcare are: 1) patients' perceptions'/experiences whilst receiving treatment abroad; 2) patients' expectation; 3) financial resources and 4) patients' experiences (in Malta).



**Figure 1.1: Conceptual framework to quantify willingness to access cross-border healthcare.**

#### **1.4. Methodology**

This study employed a quantitative cross-sectional approach to measure willingness to access cross-border health care by patients in Malta and to identify the factors that are associated with willingness. The target population included patients from the outpatients department of the public hospital. In fact the sampling procedure of the target population was designed to capture both the patients that were never exposed to treatment abroad and the patients/relatives of patients who did experience treatment abroad via institutionalised exits. The sampling procedure that was implemented was quota sampling which is a strategy to obtain representatives of a target population in proportions similar to the whole population (Robson, 2011).

The inclusion criteria for the population sampling were:

- I. Patients waiting for their appointments in the waiting rooms of the outpatients departments of the local hospital.
- II. Patients aged 15 years or over. This criterion was used so that the participants would be able to read the questionnaire independently. In the case of paediatric patients the relatives of patients were approached directly.

There were no exclusion criteria in this study.

The outpatient department provides healthcare services from Monday to Saturday. Patients attending the outpatient department in this local public hospital include persons who have experienced treatment abroad via institutional exits.

The records of patients who received treatment abroad via the organised governmental arrangements could be accessed via a treatment abroad list which is available at the entitlement unit that is managed by the Ministry responsible for Health. The list of patients

who did receive treatment in a foreign country (via governmental arrangements), during 2014, was retrieved and analysed. After permission was granted from the data protection officer, the officer of the entitlement unit handed the list of 2014 to the researcher who then analysed the patients' figures. The number of patients within each speciality was counted and the five speciality clinics that resulted in having the biggest cohort of patients receiving treatment abroad were selected and these were; 1) cardiac laboratory, 2) medical outpatient department, 3) ophthalmic outpatient department, 4) paediatric outpatients department and 5) surgical outpatient department. Table 1-1 summarises the data on the speciality clinics which assisted in the initial scheduling of the fieldwork.

<b>Total Number of patients receiving treatment abroad</b>	<b>Speciality</b>	<b>Outpatient Department</b>
26	Paediatric Cardiac Surgery	Cardiac Laboratory Department
46	Oncology (Haemtology)	Medical Outpatients
18	Neuro-Surgery	Surgical Outpatients
36	Ophthalmology	Ophthalmic Outpatients
22	Oncology	Paediatric Outpatients

**Table 1-1: Summary of data from treatment abroad list for 2014.**

The research tool was a self-designed survey that was developed on the conceptual framework developed via the literature analysis (Creswell & Clark, 2007). The survey was modelled to conform to the quantitative research approach, to allow objective measurement of relationships between variables. The first draft of the research tool was developed primarily from the literature available mostly based on the Euro barometer survey (reference) and two unpublished dissertations using qualitative methods (Borg, 2013; Said Pullicino, 2013).

<b>Euro barometer Survey Question</b>	<b>Self-designed Survey Question</b>
I am entitled to receive medical treatment in another EU country and be reimbursed for that treatment by my national health authority or health care insurer.	<p><u>Question 1.2:</u> I have the right as a Maltese/European Citizen to seek healthcare in any Member State of the European Union.</p> <p><u>Question 1.5:</u> I will be reimbursed for my:</p> <ul style="list-style-type: none"> <li>• Travel expenses</li> <li>• Accommodation</li> <li>• Expenses of the person accompanying me</li> <li>• Healthcare expenses</li> </ul>
Have you, yourself, received any medical treatment in another EU Member State in the last 12 months?	<p><u>Question 1:</u> Have you received healthcare in a foreign country?</p> <p><u>Question 2:</u> Have you received emergency care in a foreign country?</p> <p><u>Question 3:</u> Have you received planned care in a foreign country?</p> <p><u>Question 4.17:</u> Has any of your close relatives and close acquaintances received healthcare in a foreign country?</p> <p><u>Question 4.19:</u> Have your relatives or close acquaintances received emergency care in a foreign country?</p> <p><u>Question 4.20:</u> Have your relatives or close acquaintances received emergency care in a foreign country?</p>
Would you be willing to travel to another EU country to receive medical treatment?	<p><u>Question 3.5:</u> I am willing to seek cross-border healthcare in:</p> <ul style="list-style-type: none"> <li>• United Kingdom</li> <li>• Italy</li> <li>• Germany</li> <li>• France</li> <li>• Eastern Europe</li> <li>• Others please specify:</li> </ul>
For which of the following reasons would you travel to another EU country to receive medical treatment?	<p><u>Question 3.6:</u> I would consider seeking cross-border healthcare to treat:</p> <ul style="list-style-type: none"> <li>• Joints and Muscular Conditions</li> <li>• Disorders of the Nervous System</li> <li>• Lung Conditions</li> <li>• Liver Conditions</li> <li>• Kidney Conditions</li> <li>• Cancer</li> <li>• Rare Disease</li> <li>• Sports Injuries</li> <li>• Permanent Disability</li> <li>• Dental Problems</li> <li>• Eye Problems</li> <li>• Mental Health Problems</li> <li>• Ear, Nose and Throat Problems</li> <li>• Paediatric Conditions</li> <li>• Others please specify:</li> </ul>

**Table 1-2: Comparison of questions identified from Euro barometer survey (2007) and questions included in the self-deigned survey.**

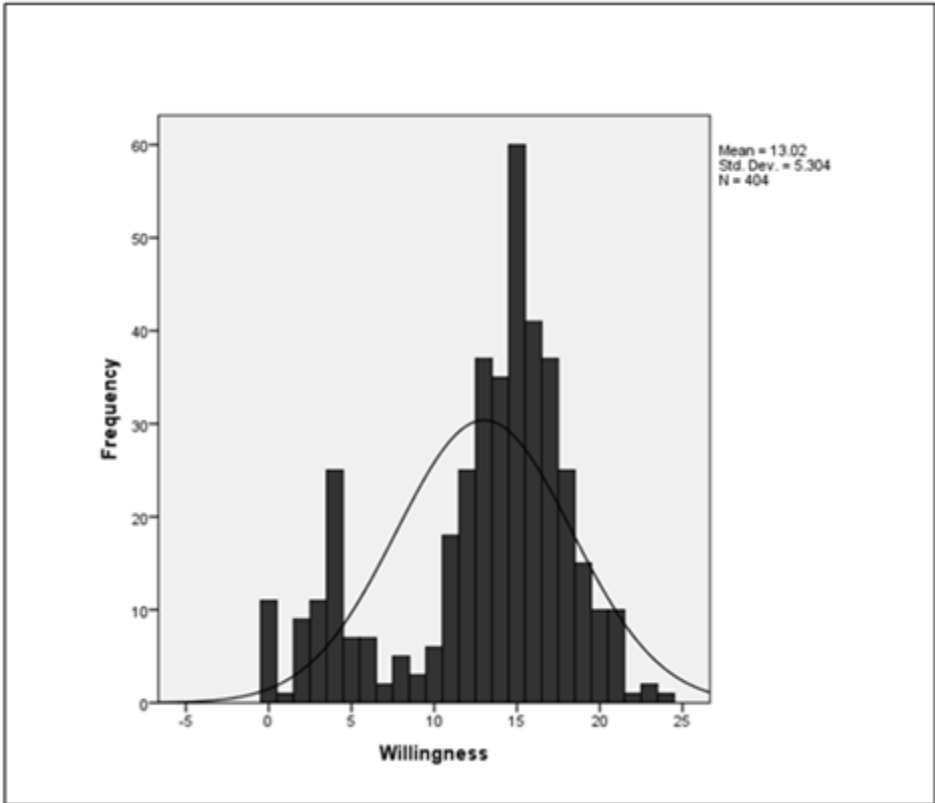
The first draft of the research tool was then analysed by four experts in the field, which gave rise to the development of the second draft that was then analyzed by a focus group of stakeholders within the cross-border healthcare sector in Malta. This version was then translated and through the back to back translations procedure the final version of the tool was used for data collection of this study.

The data collected from the surveys was inputted in IBM SPSS Software © and, subsequently, analysed via quantitative statistical analysis.

**1.5. Willingness to access cross-border healthcare**

**1.5.1. Distribution of willingness**

Willingness to access cross-border healthcare amongst the respondents depicts an asymmetrical distribution (Figure 4-3), with a mean score of 13.02 (standard deviation [SD] 5.30) out of 24. Since the distribution is not normal, non-parametric tests were used for further analysis.

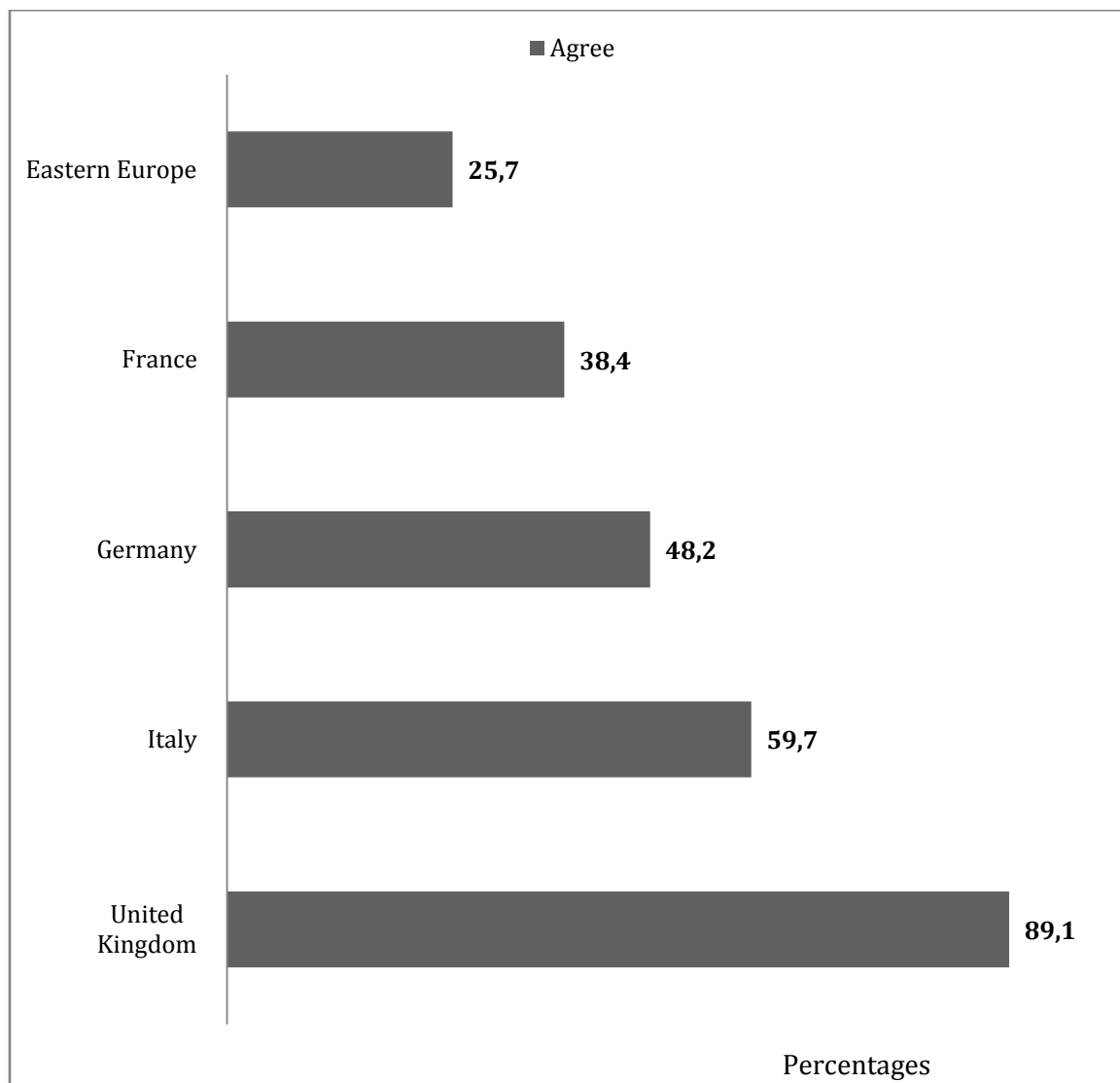


**Figure 1-2: Distribution of willingness showing how different patients groups answered the survey.**

### 1.5.2. Patients' expectations and willingness to access cross-border healthcare

This section presents the results of the patients' expectations which compromise patients' medical needs, trust and geographical proximity.

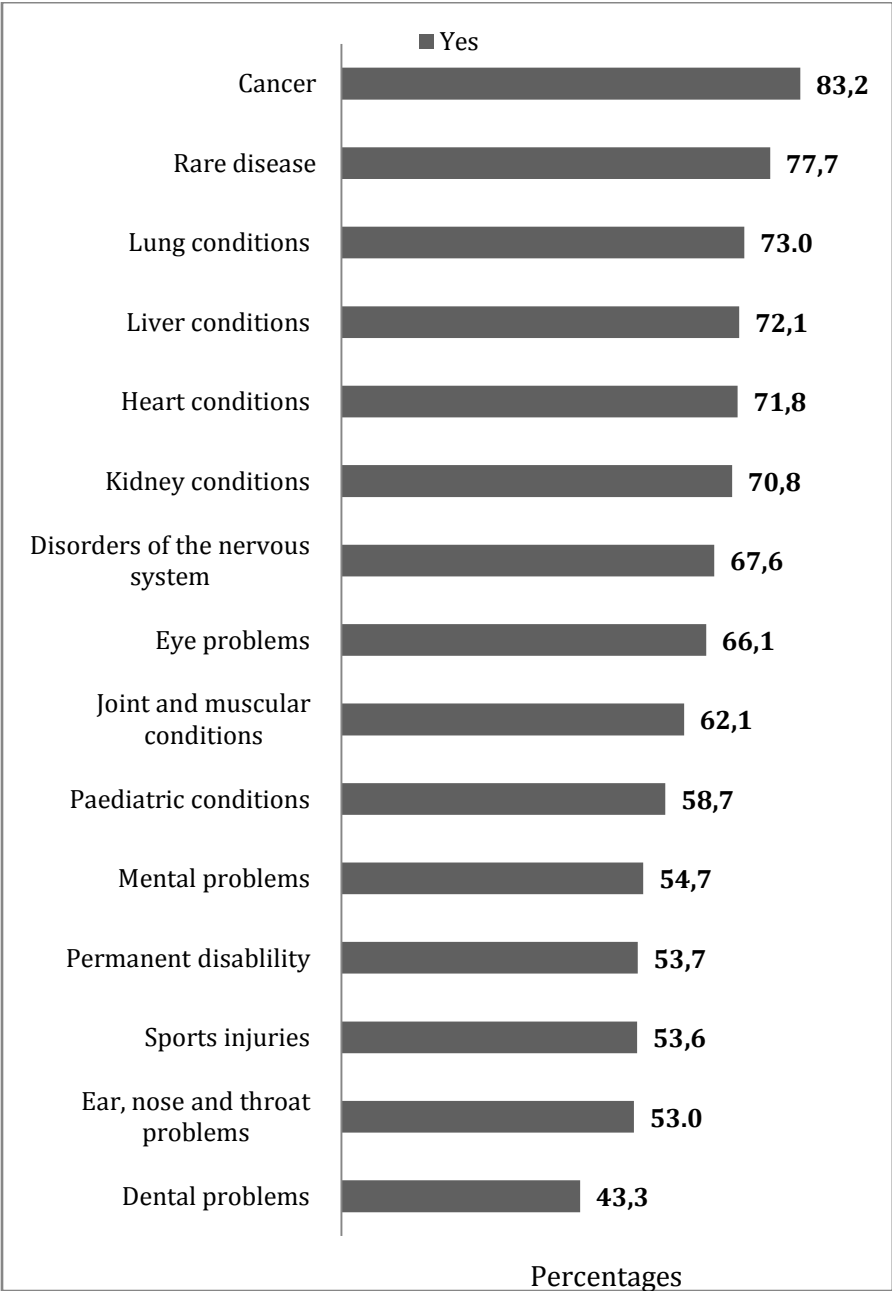
89.1% of respondents are willing to seek cross border care in the United Kingdom (Figure 4-7) even though this country is the farthest away from Malta amongst all the listed countries. Italy which is geographically the closest country to Malta has placed as second option of country where to seek treatment abroad.



**Figure 1-3: Countries in which respondents are willing to access treatment abroad.**

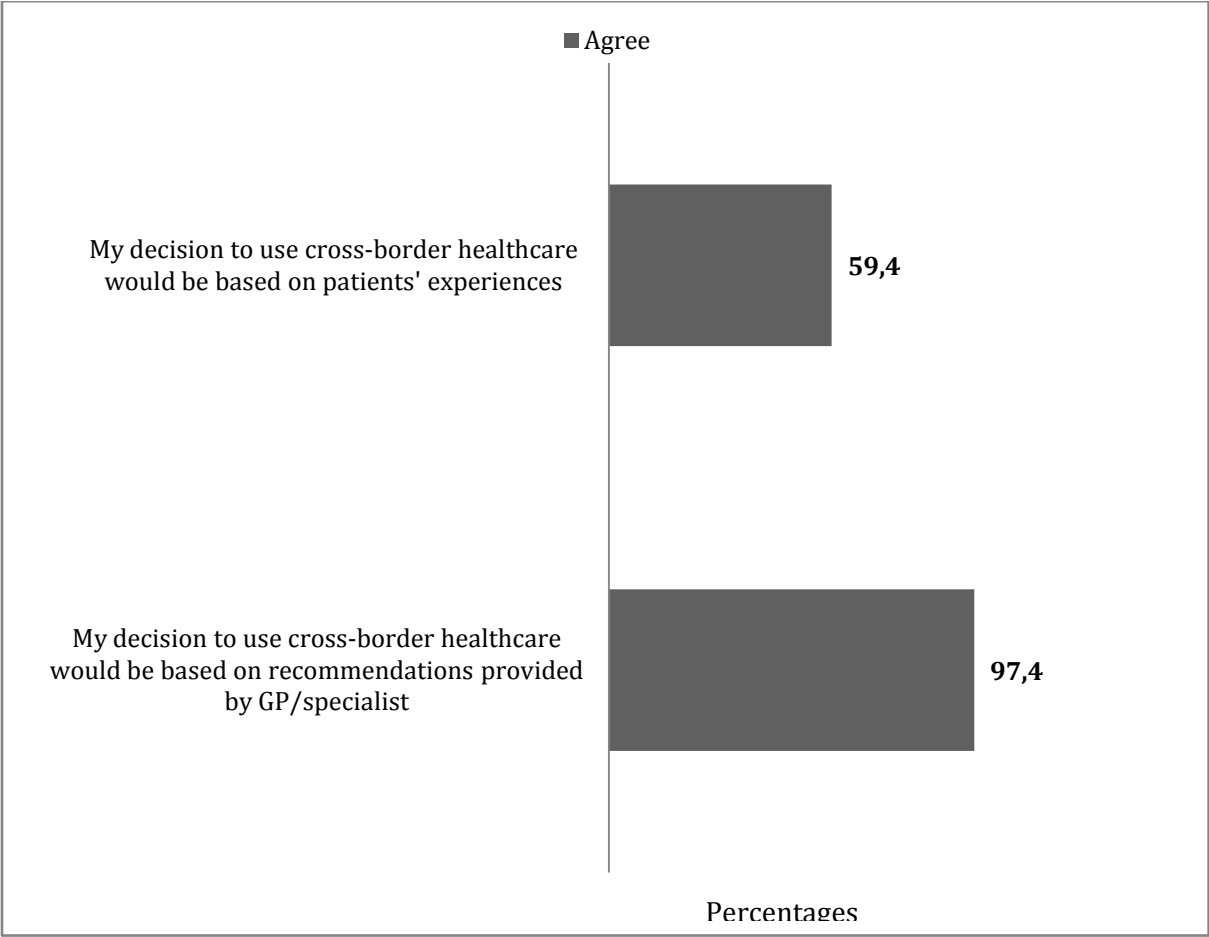


Regarding patients' medical needs, Figure 1-4 shows that respondents are most willing to consider cross border care for cancer (83.2%), rare disease (77.7%) and lung conditions (73.0%). Dental problems were the only disease category for which a minority of respondents are willing to access treatment abroad (43.3%). For all the other conditions the majority of respondents stated that they agreed to access treatment abroad.



**Figure 1-4: Disease/conditions that would lead to seeking treatment abroad.**

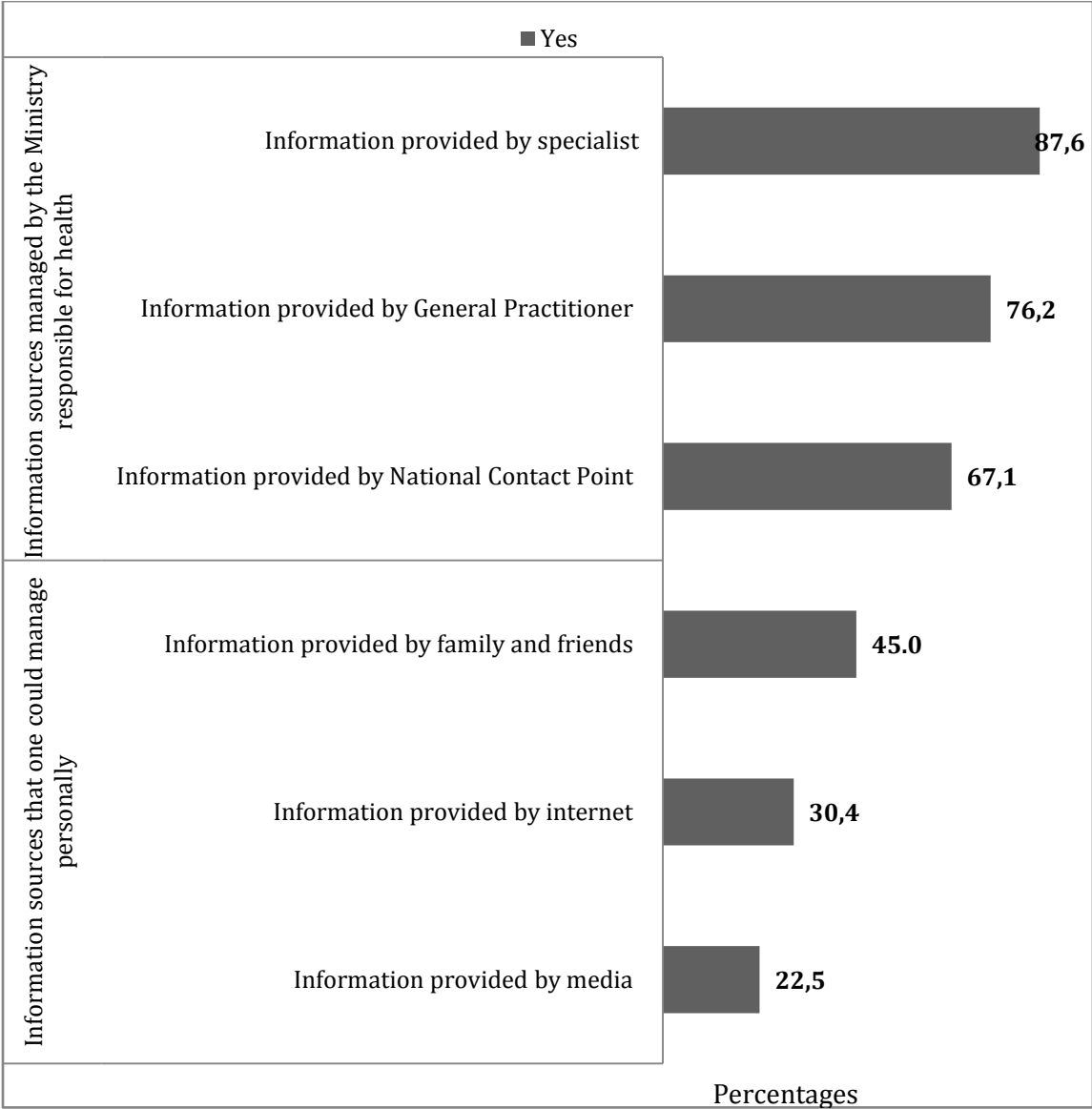
Respondents were asked to indicate what they would base their decision on whilst seeking healthcare in a foreign country. Figure 1-5 presents the results which included two options 1) to rely on patients' experiences of treatment abroad and 2) to rely on the recommendations from the general practitioner/specialist.



**Figure 1-5: Profile on trust with regards to decision making processes of the respondents.**

In terms of sources of information on treatment abroad the respondents were asked to indicate which source of information they would use to learn more about their treatment abroad. Figure 1-6 presents the results which include options; 1) to rely on information

sources managed by Ministry responsible for health and 2) to rely on information sources that one could manage personally.



**Figure 1-6: Profile with regards to sources of information used by respondents.**

**1.5.3. Patients’ experiences and willingness to access cross-border healthcare**

75.2% (304 respondents) never received treatment abroad, 19.1% (77 respondents) were patients who had received treatment abroad, and 5.7% (99 respondents) were relatives of patients who had received treatment abroad and, therefore, were considered as having

experienced treatment abroad indirectly. Figure 1-7 describes the response rates with reference to experience of treatment abroad. The symbol “X” means that the respondents were guided to skip the rest of the questions in Section 4 and move onto Section 5 of the survey.

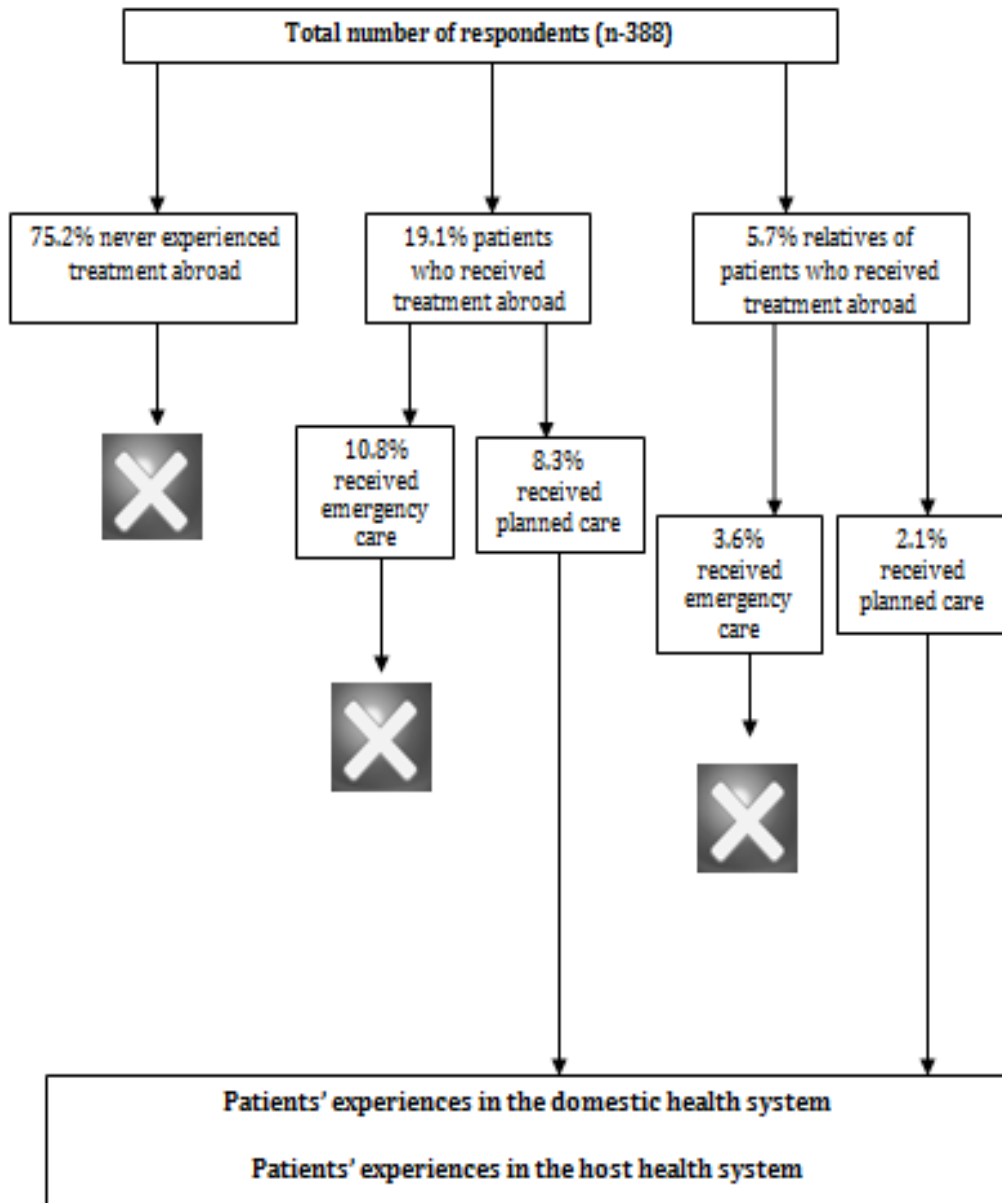


Figure 1-7: Flow chart showing how different patients' groups answered the survey.

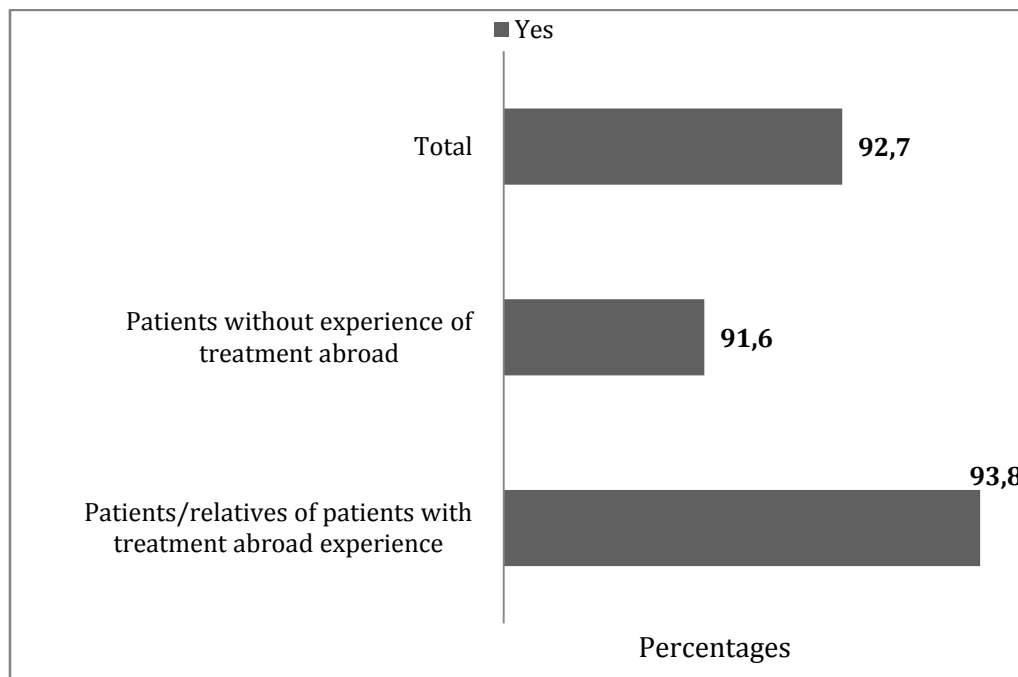
Respondents who had not experienced treatment abroad reported a mean willingness of 12.82 (SD 5.345) while respondents who had experienced treatment abroad had a higher mean willingness of 13.34 (SD 5.24). The result for the Mann-Whitney U-test was  $p=0.310$  indicating that there is no significant difference between reported willingness to access cross-border healthcare and the two groups of respondents.

## 1.6. Patients experiences in the domestic health system

This domain consists of 1) familiarity with an understanding of processes and 2) level of satisfaction.

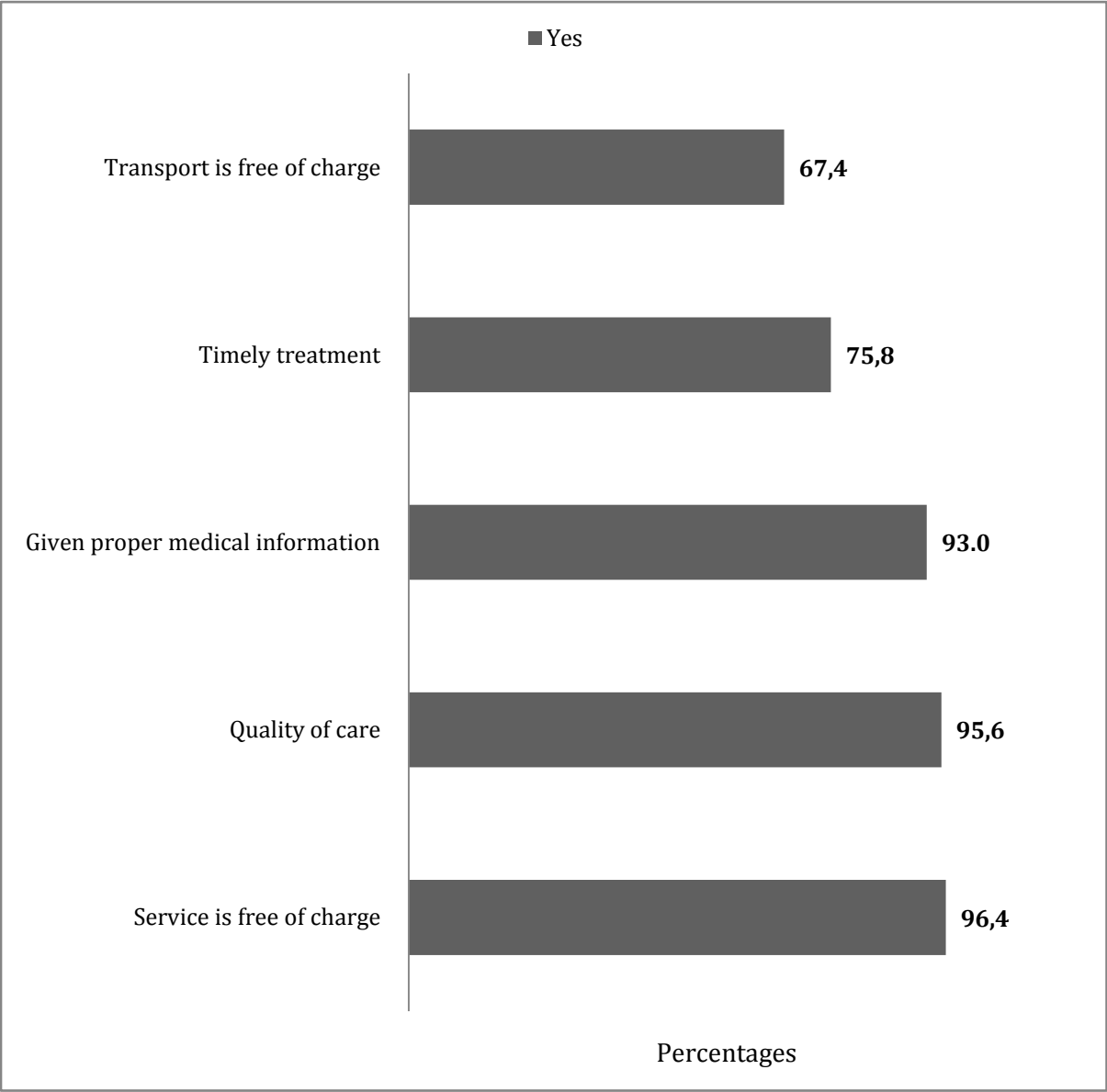
### 1.6.1. Descriptive analysis

Figure 1-8 summarises the findings regarding the level of satisfaction, with regards to the service received in the public hospital, whereby 92.7% of the respondents claimed to be satisfied with the treatment provided.



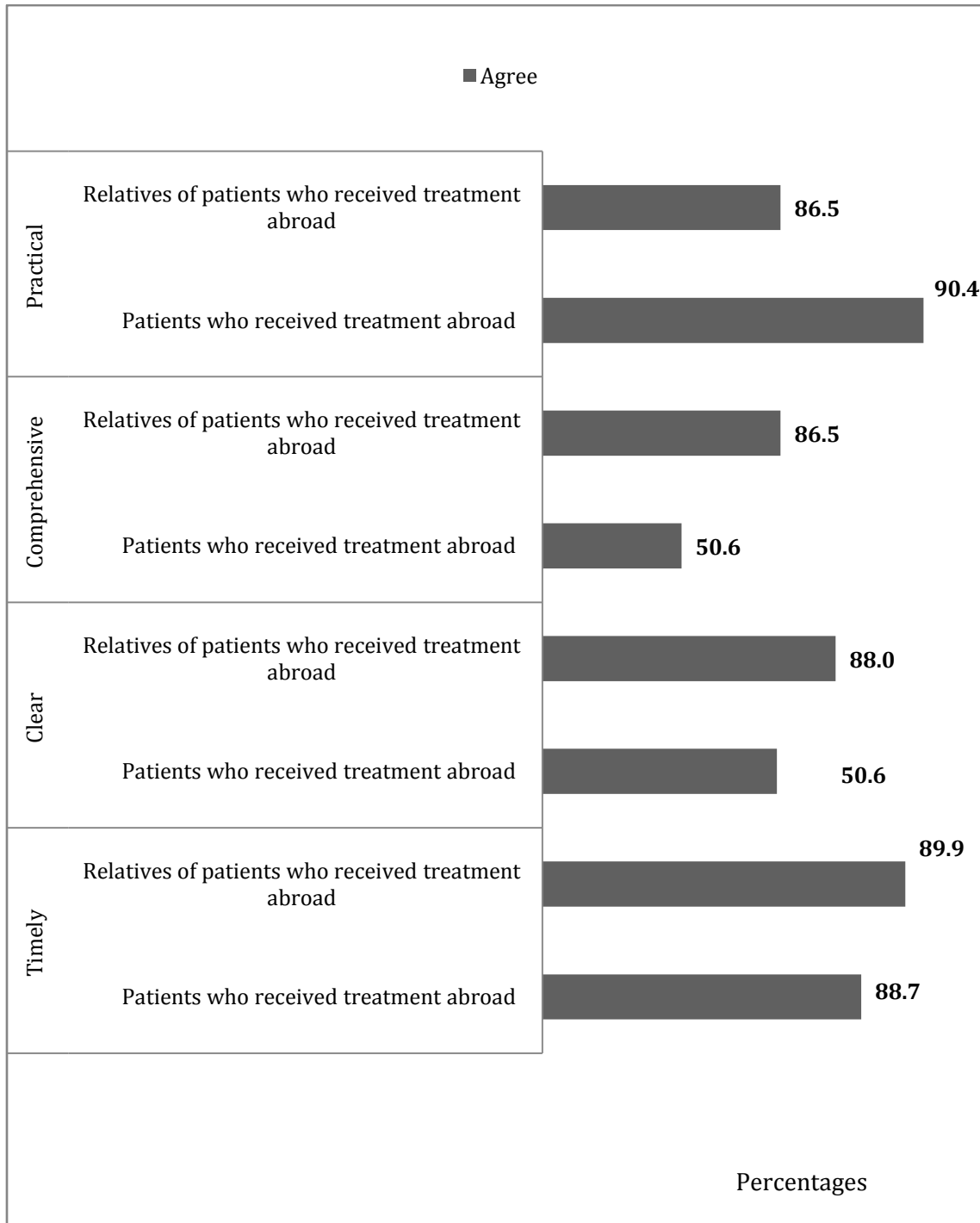
**Figure 1-8: Level of satisfaction in different groups of respondents.**

Figure 1-9 includes the results on ratings of the characteristics of the local public hospital for all the target population. With regards of aspects on patients' satisfaction for the whole group of respondents, the highest scores is for "service is free of charge" (96.4%– agree) and the lowest score is "transport is free of charge" (67.40% – disagree).



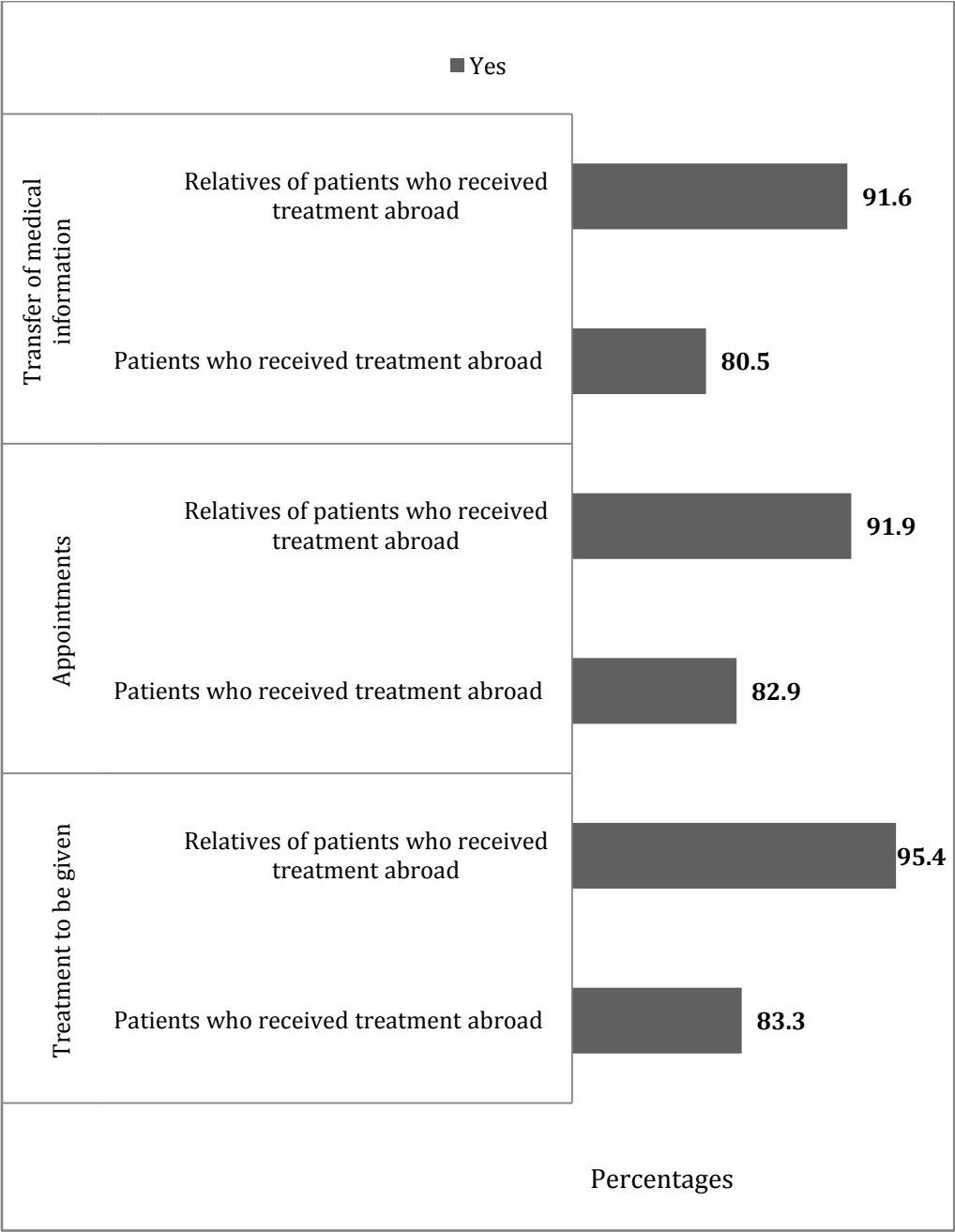
**Figure 1-9: Factors constituting level of satisfaction.**

Figure 1-10 presents the results on the information provided prior to leaving Malta where “practical” information (90.4%) scored highest and “comprehensive” information scored lowest.



**Figure 1-10: Profile of information prior to leaving Malta.**

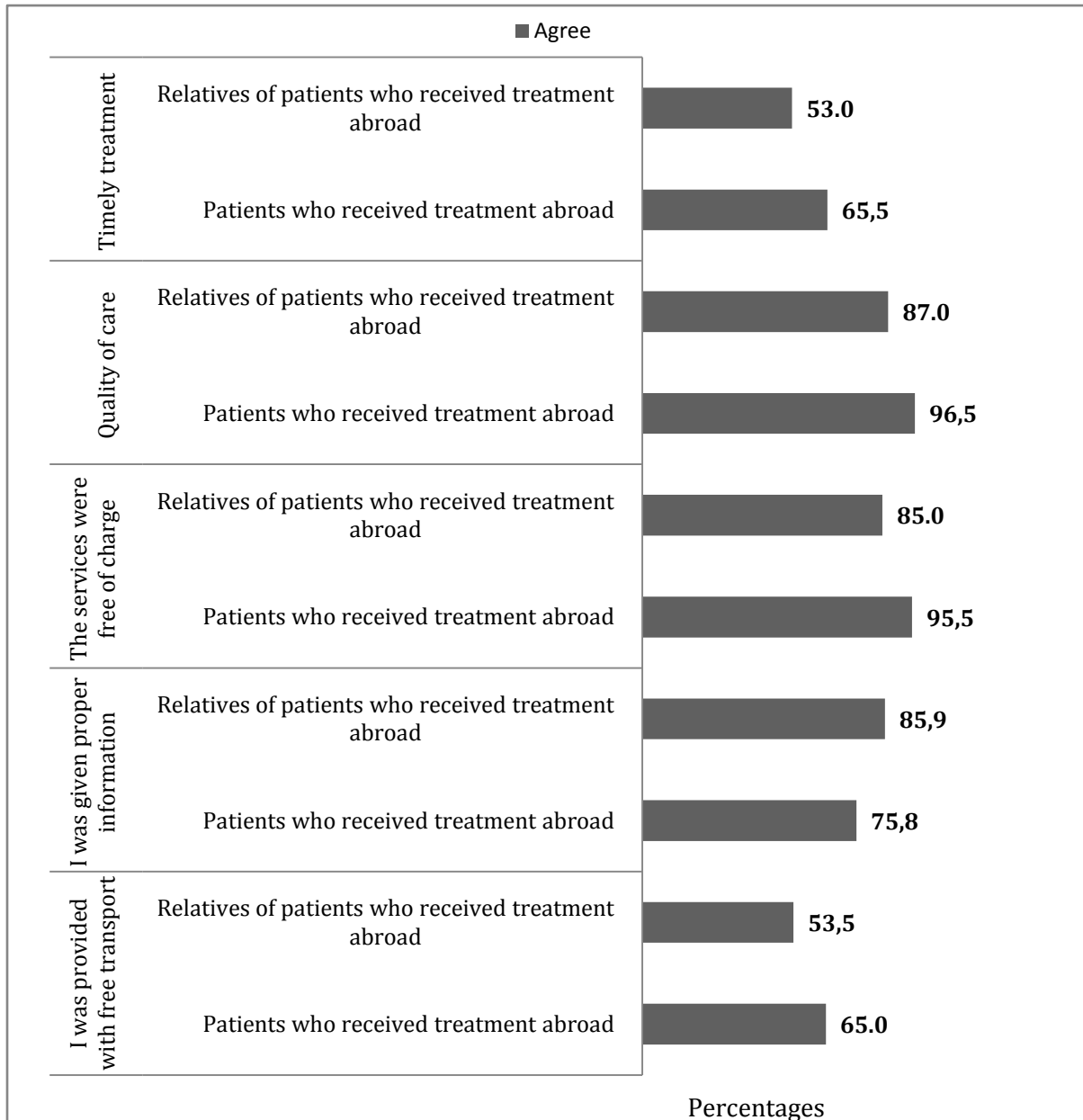
Figure 1-11 presents the results on the provision of assistance given to patients prior to leaving Malta. The highest score is for “*information on the treatment to be given*” (95.4%), whilst the lowest score is for “*transfer of medical information*” (80.5%).



**Figure 1-11: Level of assistance received prior to leaving Malta.**



Figure 1-12 includes the results on the level of satisfaction of the patients/relatives of patients, when receiving treatment abroad. The highest score is “*quality of care*” 95.9% (agree) and the lowest score “*provided free transport*” 65.0% (agree).



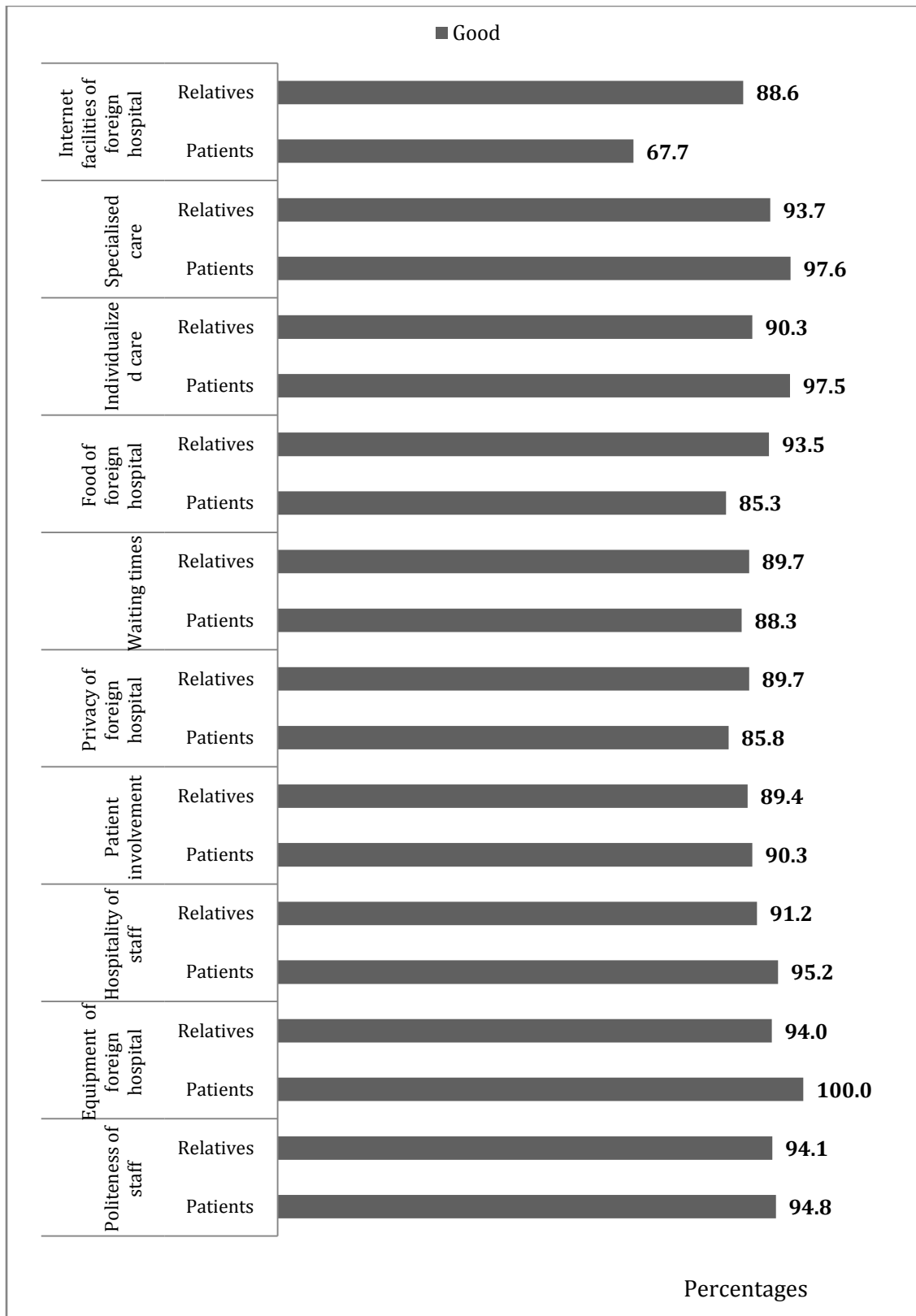
**Figure 1-12: Level of satisfaction on the treatment abroad submitted only by the respondents who did experience treatment abroad (patients or relatives).**

## **1.7. Patients experiences in the host health system**

This domain comprises of waiting times in the host health system, specialised care in the host health system and quality of care of the host health system.

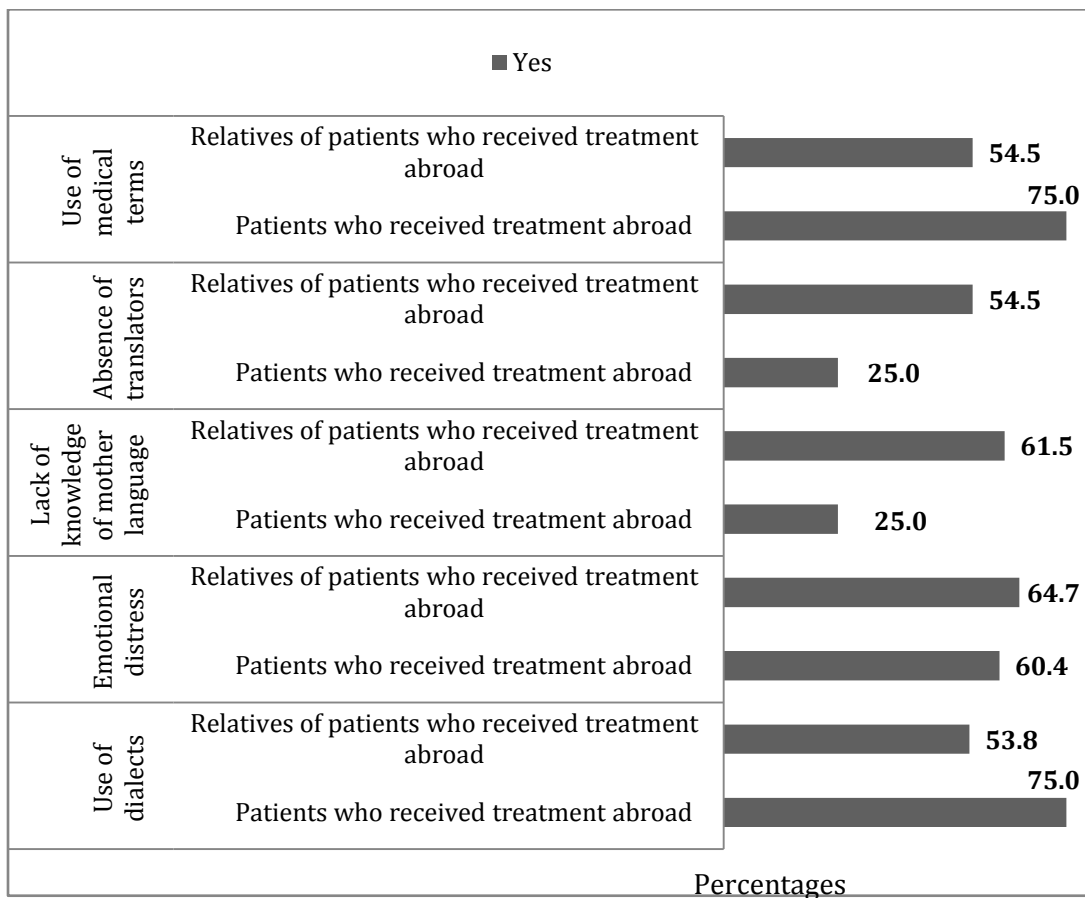
### **1.7.1. Descriptive analysis**

Figure 1-13 includes that data on quality of care that was submitted by the respondents who did experience treatment abroad as patients or relatives of patients. Waiting times within the host health system placed amongst the three lowest characteristics, whilst specialised care was rated as second most important characteristic to consider prior to going for treatment abroad. The highest score (100.0% for patients) was for "*equipment of the foreign hospital*". In the data presented in Figure 1-13 there are no obvious differences between the patients' and the relatives' views expect for the characteristic "*internet facilities of foreign hospital*" which scored amongst the lowest. The other characteristics have a difference of not more than 10.0% between patients' and relatives of patients' results.



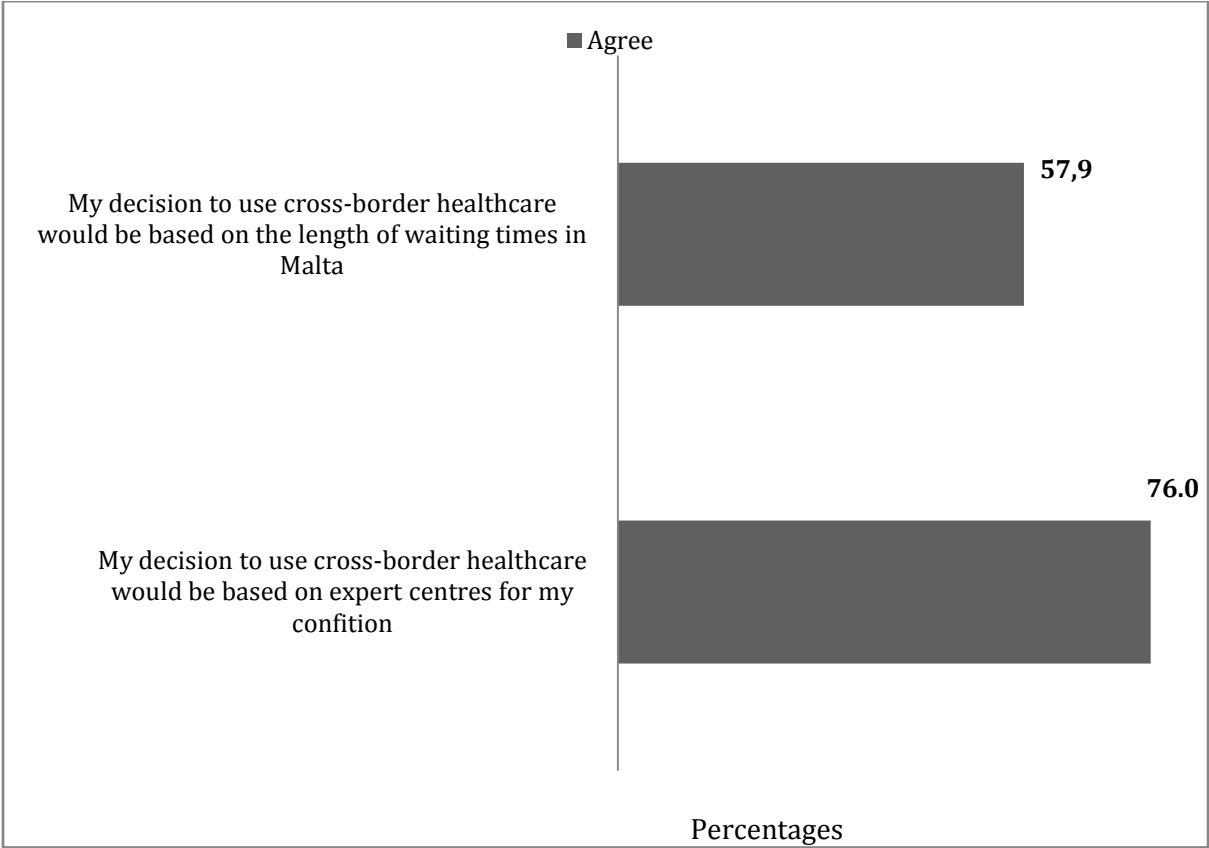
**Figure 1-13: Level of satisfaction of the received treatment in the foreign country.**

Figure 1-14 includes results on the various aspects of information and communication channels that patients and relatives of patients experienced whilst receiving treatment abroad. The highest scores for the language/communication barriers encountered are, “*use of medical term*” (75.0% – yes) and “*use of dialects*” (75.0% – yes), and the lowest score was for “*absence of translators*” (75.0%), implying that patients had translation resources available. Patients have disagreed with not receiving translation facilities (75.0%) and with not having enough knowledge of the mother language (75.0%). Regarding the emotional distress induced due to the language and communication barriers both patients (64.7%) and relatives of patients (60.4%) have agreed that this element of care was experienced whilst receiving treatment aboard.



**Figure 1-14: Language barriers whilst receiving treatment abroad.**

Figure 1-15 includes results on the motivations that would lead Maltese patients to seek treatment abroad. 76.0% of the respondents would access treatment abroad for specialised care whilst only 57.9% would access treatment abroad due to the length of waiting times in local hospitals.



**Figure 1-15: Motivations to access cross-border healthcare.**

**1.8. References**

Azzopardi-Muscat, N., Calleja, N., Calleja, A., & Cylus, J. (2014) Malta. In A. Dixon (Ed), *The European Observatory on health care systems – Health care systems in transition – Malta*. Denmark: WHO Regional office for Europe.

Robson, C. (2011) *Real World Research*. United Kingdom. International Ltd.

