

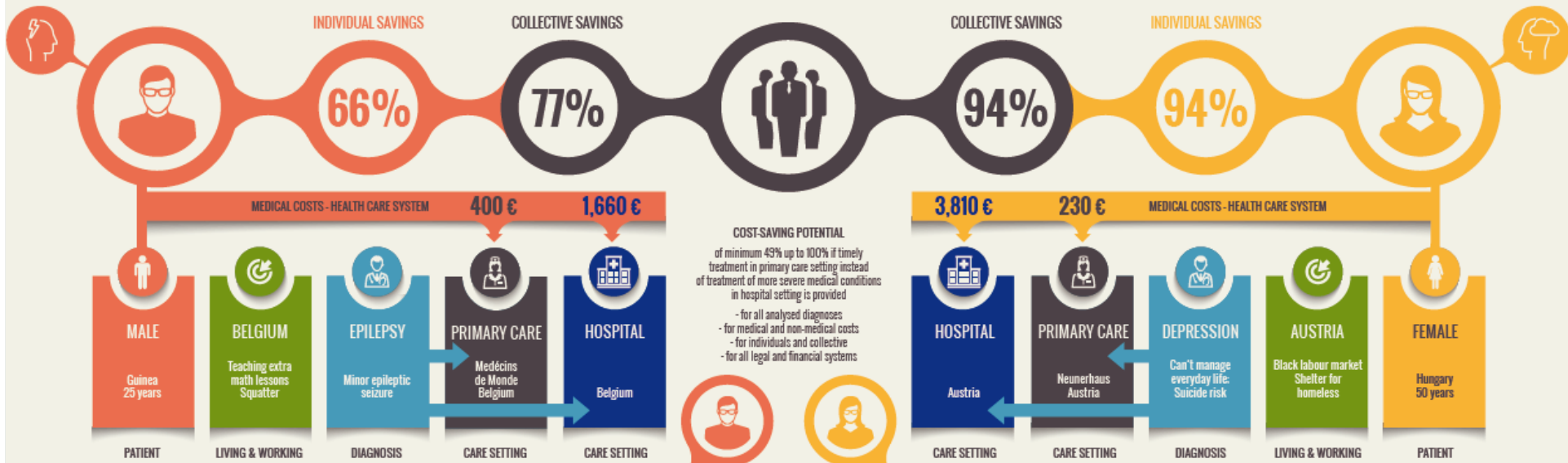
# Access to health care for vulnerable migrant groups: the economic argument

HPH Workshop of the Task Force Migration,  
Equity & Diversity  
11 April 2017  
Vienna, Austria



**CENTER FOR HEALTH AND MIGRATION**  
Research for Practice

**Ursula Trummer**



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

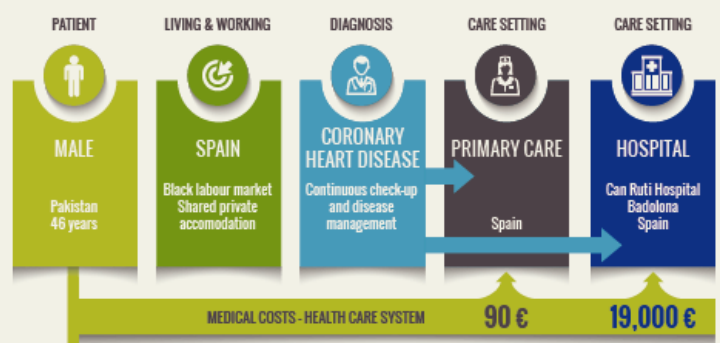


**TYPES OF COSTS**

- Medical costs (care by health professionals, medication)
- Loss of productivity, as sick persons have restricted ability to contribute at labour market

**LEVELS OF ANALYSIS**

- Individuals (patient)
- Collective (health care system and society)



**METHODOLOGY**

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

4 countries: Austria, Belgium, Italy, Spain

Project partners: 4 implementation partners, 7 practice partners





# Thematic study on cost analysis of health care provision for migrants and ethnic minorities

Commissioned by IOM RO Brussels, co-financed by DG Sanco, as part of the EquiHealth project.

## Objectives

compare cost of timely treatment in primary care to cost of treatment of severe condition in hospital setting

## Methods

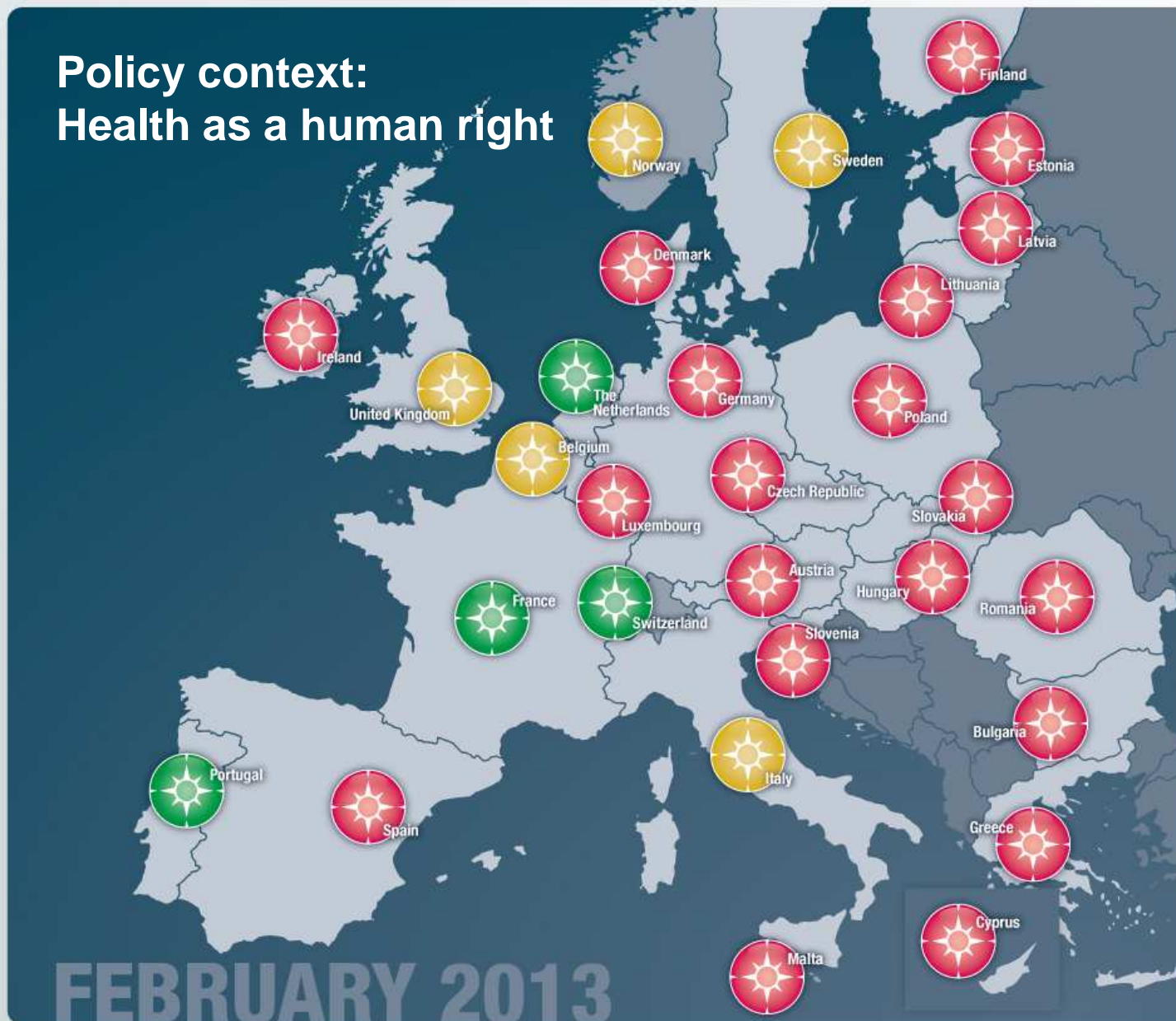
design of vignettes out of random sampled treatment cases  
cost analysis using primary data of health care providers

## Tools produced

new approach of cost analysis in health economics



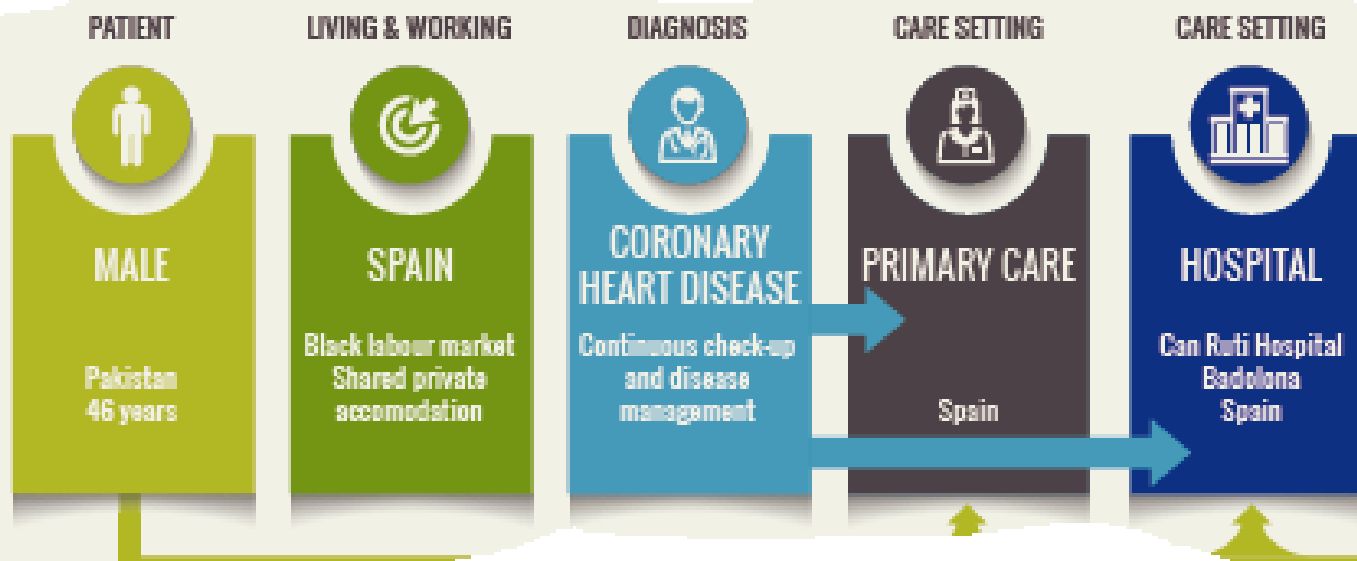
## Policy context: Health as a human right



FEBRUARY 2013

European Parliament resolution of 8 March 2011 on reducing health inequalities in the EU, 010/2089(INI):

“Calls on the Member States to ensure that the most *vulnerable groups, including undocumented migrants, are entitled to and are provided with equitable access to healthcare*”



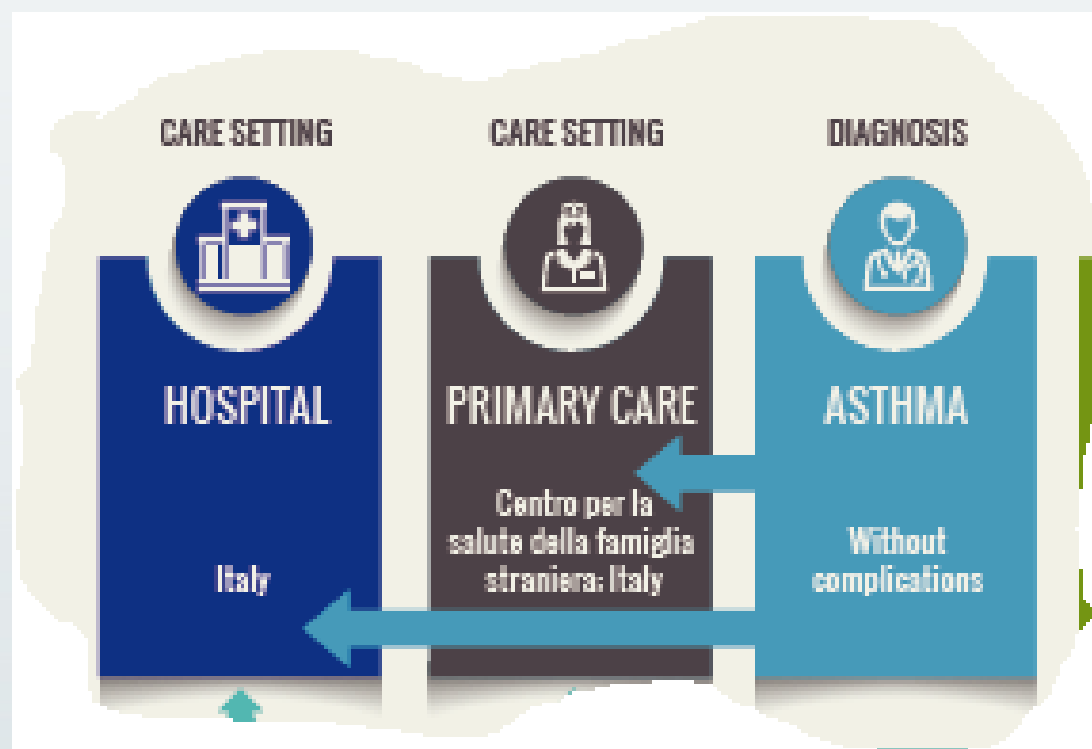
## Data collected

- health problems and **treatment** (diagnosis, therapy, facilitating services) and related **costs**
- **wider determinants of health** (living condition, work, income, ...)



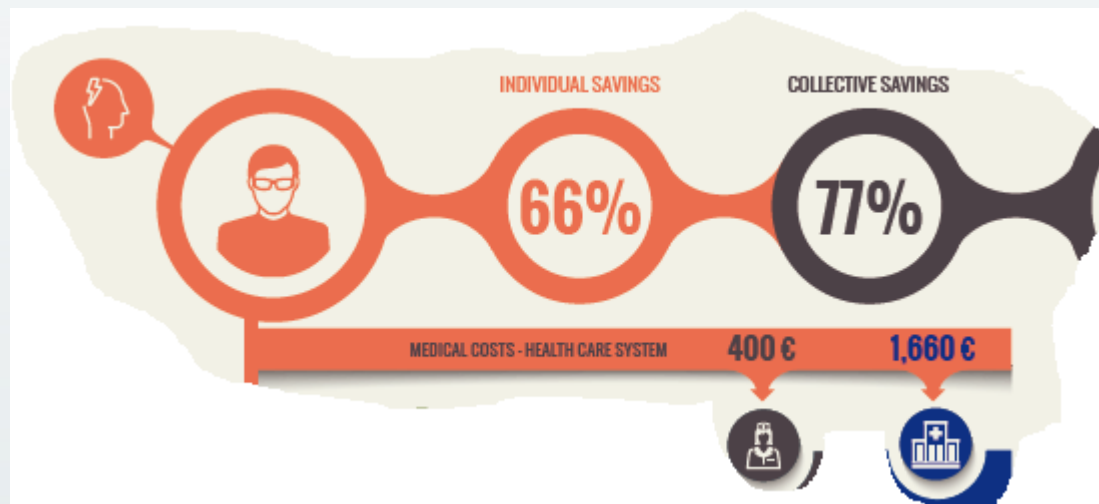
## Diagnosis selected for vignettes

- Asthma
- Coronary Heart Disease
- Depression
- Diabetes
- Epilepsy
- [Tuberculosis]





# Economic Analysis



## Micro-costing approach

Types of costs	Parameters	Patient	Health care system	Society
Direct medical costs	Medication, diagnostics, time of health professionals	(X)	X	X
Direct non-medical costs	Time of patient (travel and at health care provider), travel costs	X	(X)	X
Indirect costs	Loss of income/ productivity	(X)	-	X



## Main Conclusions

**Providing primary care is cost saving (in given EU policy context)**

### **Gaps identified/ difficulties faced**

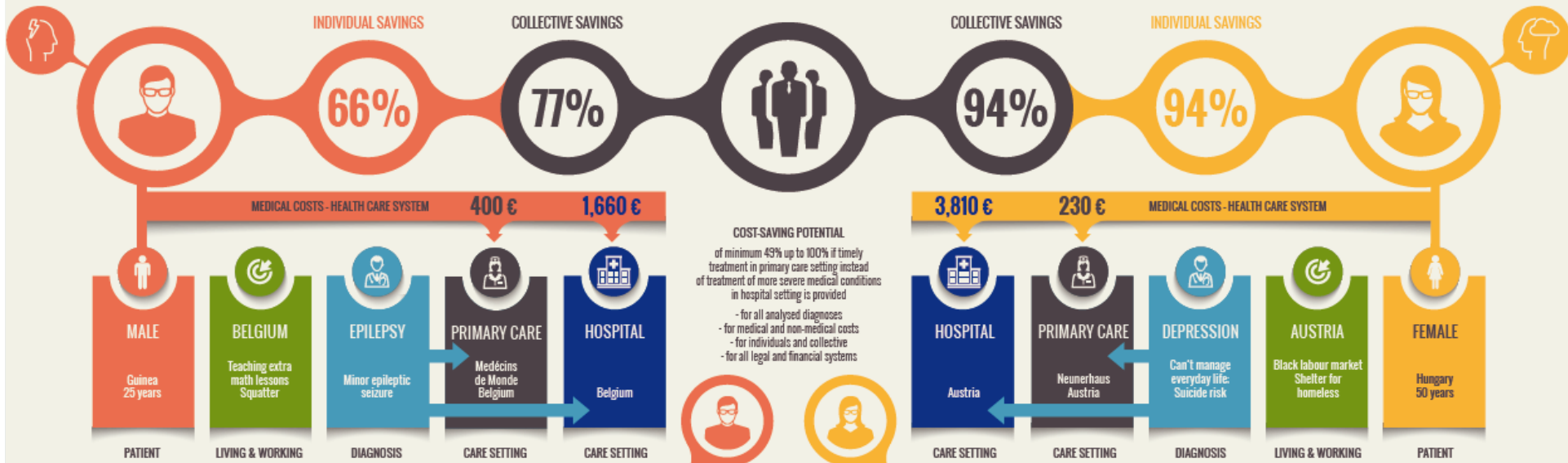
access to primary data/vulnerable space  
integration of interdisciplinary approaches  
assumptions on population level

**NEWS: working group on “economic arguments” –  
subscribe at [the\\_economic\\_argument@c-hm.com](mailto:the_economic_argument@c-hm.com)**

### **Priorities for future interventions**

translate/transform evidence into relevance





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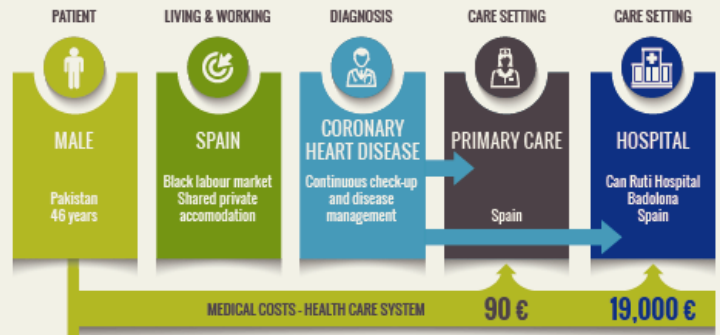


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