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 care setting. The vignettes were then used to compare treatment costs in primary care and hospital settings.

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

<table>
<thead>
<tr>
<th>Year</th>
<th>IRREGULAR MIGRANTS</th>
<th>EU CITIZENS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>46,512,199</td>
<td>10.10%</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>5,615</td>
<td>1.73%</td>
<td>14,780</td>
</tr>
</tbody>
</table>

INDIVIDUAL SAVINGS

- 90% for individual savings
- 100% for health care system savings
- 99% for societal savings

MEDICAL COSTS - HEALTH CARE SYSTEM

- 90 € for male
- 19,000 € for female

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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METHODOLOGY

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

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. Rivaling in the economic crisis and subsequent austerity measures, the economic 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 regular migrants, this means access health care coverage. Rooted in the economic crisis and subsequent austerity measures, the Royal Decree-Law 16/2012 limits access to health care to insured persons. For irregular migrants this means access to health care only if they register and provide financial guarantees.

PUBLIC HEALTH POLICY LEVEL

- Increase public awareness raising with evidence on figures, health conditions, and treatment status of irregular migrants and EU citizens ineligible for or without insurance, including an economic analysis on benefits of inclusion of these groups in health care primary care.
- Implement structures that support communication and sharing of knowledge and experiences between public health policy and intergovernmental policy of health care.

HEALTH CARE PROVIDER LEVEL

- Improve health policy and health care management about health care services, including present and envisaged challenges and possible practical solutions, as well as means of health care professionals.
- Inform migrant communities about range of services available to irregular migrants and EU citizens ineligible for or without insurance, including a brief overview of the services and regulations that exist. This includes specific rules about health care and immigration and their interrelationships.

COMMUNITY LEVEL

- Facilitate information sharing between all stakeholders, including the general public and (irregular) migrant communities, with the specific goals of transparency and empowerment.

GENERAL RECOMMENDATIONS

Facilitate information sharing between all stakeholders, including the general public and (irregular) migrant communities, with the specific goals of transparency and empowerment.