



## IMPACT OF COVID-19 ON HEALTH INSURANCE FUNDS AND HEALTH MUTUALS

### *AIM member's survey*

#### I. Introduction

The Coronavirus pandemic is shaking our healthcare and economic systems. It is deeply affecting our organisations' activities and our lives as individuals. Health will be in the centre of this term of the European Commission and it is a perfect occasion for AIM to be in the frontline and advise the European institutions and provide input from the perspective of mutual health insurers and health funds. What is more, AIM should become the platform for its members to learn from each other and exchange on their experiences. Therefore, we have developed this questionnaire to gather information, good practices and get an overview of the impact of the pandemic on our members.

#### II. Summary

In view of the deep changes brought about by this healthcare crisis and the necessity to adapt, AIM has put together a database of best practices from its member organisations. We are convinced that solidarity and collaboration will, as usual, help us overcome this crisis faster and prepare ourselves for future ones. The input from members helped us to analyse lessons learned and to make concrete requests where and how a European approach is more sensitive than a mere national one.

The main challenges for AIM members in Europe were the question of how to guarantee continuity of access to healthcare and the financial situation. The crisis has made clear that it is important to set up the necessary equipment and provision to ensure that both medical care and the administration of the social insurance institutions can be maintained with as little physical contact as necessary.

Within the organization, the main challenges were that the digitalization of work has led to an important increase of IT capacity and had to be organized in a short delay. Health insurance funds and health mutuals tried to guarantee the continuity of most of the services. e.g. home care. Nevertheless, certain services towards the members had to be suspended or executed due to lack of capacities, e.g. in hospitals. Furthermore, it was necessary to ensure that all contracted health care providers, the clients and the employees are safe and have access to necessary health care in times of crisis. In France, for example, French health mutuals manage several hospitals, clinics, healthcare centres, nursing homes, nurseries, which were in the front line since the beginning of the pandemics. They had to put immediately all the necessary measures in place to protect their health and social care professionals as well as patients. The COVID-19 crisis has generated as well some positive effects: While in many Member States, telemedicine was blocked by doctors, it is now improving.

Although the procurement of protection material is not in the responsibility of health insurers, they compensated expenses of hospitals and expenses caused by medicines due to price increase and higher demand. In Germany, health insurance funds were obliged to pay for almost all Covid-19-tests, which would have been - under normal circumstances - the task of the state through the finance of taxes. The social distancing has led to a new financial burden for health insurers and health mutuals. In many Member States, newly found solutions, especially rescue funds and financial aids for care institutions were established to support them. Many health

insurance funds and health mutuals expect reduced contributions by the insured and their employers due to high unemployment.

Agricultural social insurance schemes in Europe were more affected than many other organizations. This is because, in addition to the challenges of protecting its own employees and maintaining its services, it has to fulfil its special tasks as a health insurance and accident insurance institution.

## 1. Austria

### Main challenges during the pandemic

The crisis has made clear that it is important to set up the necessary equipment and provision to ensure that both medical care (e-medication, online visits with doctors) and the administration of the social insurance institutions (home office for the employees, online services for the clients) can be maintained with as little physical/direct contact as necessary.

Another main challenge was being able to support our clients who are facing severe losses of income while securing a high-quality health system. Furthermore, it was necessary to ensure that all contracted health care providers, our clients and the employees are safe and have access to necessary health care in times of crisis.

### Measures implemented, new or accelerated innovations during the pandemic

In order to protect their clients, the SVS (Social Insurance for Self-employed in Austria) introduced various measures: foremost it was and is important to reduce the risk of spreading the virus. To prevent this all, social contacts should be minimised. This led the SVS to allowing prescriptions via tele-prescription or the online service e-medication connected with the electronic health record. Electronic prescriptions saved on the insurance card what enabled patients to go directly to the pharmacy without having to go to the doctor's office, therapy sessions via phone or Skype. When it came to medications, the necessary authorizations from the SVS' chief medical officer had also been reduced.

To prevent patients from getting sick from other patients or ill health care professionals, doctors could consult patients via telephone, skype or other medias. We also asked our clients to only go to hospitals or doctors' offices in urgent cases.

The SVS had cancelled all their health actions (at least until the end of April). They had paid all cancellation fees for the actions cancelled at the last minute, and where possible offered alternative dates and postponements. As those farmers and their family members who once took part of health actions were normally invited to follow up appointments, the SVS was forced to cancel all of these check-ups. In order to help their clients to stay committed to their health goals, they had increased the information they had sent to them including practical tips and recommendations.

When it came to their offices, there was the attempt to make home office possible for the SVS' employees. For one moment, the focus was on employees with children, pregnant women and with underlying health conditions. The customer centre was closed until May 18th following the government's recommendations to protect our co-workers and insured people. They informed the latter that they could still reach the SVS online or via phone when any questions arised. Via [www.svs.at/corona](http://www.svs.at/corona) the clients could also access scientifically founded, reliable and verified information concerning COVID-19. The SVS specifically pointed out and promoted our homepage and available online services to their clients.

SVS clients could apply to the SVS for the deferral of the payments or if they experienced financial problems due to COVID-19. The SVS will not pursue any recovery measures or attachments, executions or file for bankruptcy for the time of the pandemic.

## Lessons learned and good practices in the own country

Certain already long-known weaknesses in the national health system were suddenly more evident (the number of the various payers and the allocation of competences often hindered the possibility to decide promptly and uniform procedures e.g. provisions concerning the costs of the COVID-related medical visits). On the other hand, circumstances that were once seen as weaknesses or poor organization were now helpful (e.g. the high amount of available hospital beds compared to the citizens in Austria).

## Financial impact due to the crisis on the longer term

Broader acceptance of telemedicine and other electronic forms of services in the health area. Questioning budget cuts in the health system, recognising the importance of all “essential” workers. As the contributions for the social insurance in Austria is linked to the income with our clients’ loss or decrease of income following the lock down, the SVS will have a smaller budget. It will depend a lot on when and how quickly the economy recovers after the lock down.

## Impact of the pandemic on the employment within the organisation

It is still to be seen if working from home will be possible also in times after the pandemic. Meetings are now hold as video conferences a lot.

### **Role of the European Commission to support mutuals to be able to take more efficient measures**

Ensuring that the Member States have sufficient protective equipment to make sure all health service providers have the necessary equipment. Ensuring that there is no lack of pharmaceuticals in the EU. Laws regulating that one Member State cannot access or hold back another’s stored supplies. It would be helpful if the EU / EC would promote the cooperation and networking in the areas of science, research and development across the EU (e.g. sharing of data).

### **Mutuals propose improvements for a future pandemic seen the experiences that were made with the current COVID-pandemic:**

- In order to realise the wishes for more support from the EU and it being more effective, an improved, cross-border management of crisis and communication would be necessary for the Member States to coordinate their measures faster and more effective.
- It would be helpful if there would be a uniform procedure regarding testing in place in the EU and an EU-wide uniform statistic. Only when the same requirements exist for all statistics, the data can be interpreted correctly, and the true situation of each Member State is accessible.
- Another area where good coordination on EU level would be a uniform approach to the distribution of testing materials, protective equipment and closing borders.

Even though the first Covid-19 cases where public at the end of December 2019 and beginning of this year, the EU did not take any measures sooner. It would be better if the EU could timely prepare itself if an epidemic is spreading even if only outside from Europe. Once it reaches the Europe, the EU would be already prepared.

## 2. Belgium

### Main challenges during the pandemic

One of the main challenges for Belgian mutuals was the digitalization of work within the organisations. The IT capacity increased and had to be organised in a very short time. The rapid rollout of telemedicine had to be integrated in the IT-systems of mutuals. However, not every care was digitally possible and had to be postponed. To be able to set up contact tracing of COVID-19 patients within a very short deadline, mutual health insurance funds created consortiums with call centres in the regions of Belgium and were awarded public procurement. Given the experience of the mutuals in the care landscape, their extensive network in the healthcare sector, and their experience in handling sensitive data of people with different profiles, mutual health insurance funds could guarantee that people who had been in contact with COVID-19 patients were contacted via phone, or via home visit to trace back their contacts.

For the employees who continued to work at the office, the necessary measures had to be taken (guarantying social distancing, foreseeing the necessary disinfection gels, ...). The return to the office had to be planned carefully, while respecting preventive measures. Certain services towards the members were suspended or executed otherwise to try to guarantee the continuity of service such as for example home care.

Another task was the monitoring of the effect of COVID-19 in healthcare (sector and professions), health insurance and benefits (incapacity for work benefit due to COVID-19) and involvement on negotiating new measures or policies. In Flanders, the mutuals were involved in care centres where patients would go to take pressure of the hospitals. Main role of the mutuals was to identify social needs of patients with COVID-19 who could leave the hospital but not return home yet. A mutual convalescent center is partly dedicated to becoming temporarily “a healthcare intermediate structure” for COVID-19 patients after their stay at the hospital.<sup>1</sup> Mutuals also had to nourish the debate on life after COVID-19 (installing more solidarity and ecological sustainable society) and the influence on healthcare and on the pharmaceutical policy.<sup>2</sup> Lots of activities planned by social movements linked to the mutual (seniors, young organization, sport sessions, holidays) were cancelled.

### Measures implemented, new or accelerated innovations during the pandemic

Within the organisation, telework was rolled out to maximum level. To ensure care for patients, teleconsultations were installed for different care professionals, of which instalment needs to be followed up (financial sustainability). To evaluate the experience of patient, mutuals planned to conduct a survey on their experiences with telemedicine during the pandemic so improvements can be made. For example, the project of contract tracing had to be implemented, with an important role for the mutual who had to provide field agents to visit people who had been identified as a potential COVID-19 patients.<sup>3</sup> Christian mutuals made, earlier than planned and for free, available a secured system of teleconsultation to healthcare professionals.<sup>4</sup> Mutuals paid attention to the well-being of their teams with an increased focus on the frontline staff by setting up a large range of accompanying and supportive measures (tools,...).

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1. [https://www.mc.be/liege/actualites/niveze\\_structure\\_intermediaire\\_de\\_soins](https://www.mc.be/liege/actualites/niveze_structure_intermediaire_de_soins) <https://www.enmarche.be/services/soins-de-sante/niveze-pour-desengorger-les-hopitaux.htm>

2. <https://www.sampol.be/2020/05/een-nieuw-pact-met-big-pharma>; <https://www.sampol.be/2020/05/the-price-we-pay> <https://www.lejournaldumedecin.com/actualite/l-europe-peut-elle-nous-aider-a-creer-un-environnement-de-vie-plus-sain/article-opinion-46955.html>

3. More info on the contact tracing: [here](#) and [here](#)

4. See <https://www.mc.be/actualite/communiqu-presse/2020/teleconsultations>.

## Communication with member organisations and affiliates

Belgian mutuels had regular coordination meetings on measures taken at federal and regional level, and on how to communicate to the citizens.<sup>5</sup> When communicating to their affiliates, Belgian mutuels informed about different topics related to COVID-19: about services of the mutuels<sup>6</sup>, COVID-19<sup>7</sup>, sensitization, support & outreach (in general and target groups in society), local initiatives from movements/associations<sup>8</sup>, mental healthcare<sup>9</sup>, the involvement of mutuels in contact tracing<sup>10</sup> and about the support to diverse initiatives and international cooperation<sup>11</sup>.

## Best practices, mutuels would like to be interested in learning from

Belgian mutuels would like to learn about the:

- Containment of the pandemic in different member states- experiences in contact tracing.
- Telemedicine roll-out in different countries (how to ensure interoperability between member states in the future)
- Communication of mutuels towards their member on COVID-19; how services towards members were continued and ensured.
- Mental healthcare initiatives.

## Role of the European Commission to support mutuels to be able to take more efficient measures

According to the Belgian mutuels, they do not need Europe to be able to take more efficient measures on national level for the functioning and activities as a mutual. The European Commission should analyse the lessons learned and evaluate some measures that were not taken or taken too late, like:

- The European coordination on closing the borders/ halting travel, the purchase of medical (safety) material, better exchange and reporting of data, exiting lockdown (installing contact-tracing to avoid separate interpretations and measures that will be complicated when free movement of people is allowed again);
- A swifter approach to member states in need, like Italy that was hit hard as one of the first member-states.
- The use and interoperability of telemedicine throughout Europe (infrastructure, platform...) that was initiated via the eHealth action plan 2012-2020, could be evaluated in the light of the pandemic and subsequent roll-out of telemedicine throughout the EU.
- An evaluation of the impact of separate initiatives of closing the borders during the pandemic on movement of patients and healthcare professionals, after years of trying to advance cooperation on this matter.
- An ambitious EU budget (MFF) that includes a contingency plan that attributes and enlarges budget on health research, support for prevention and reaction to sort-like crisis. A structural budget line on health to support member states and set-up (cross-border) projects on health.

5. Development of common information tools on specific COVID-19 topics. For examples, see: [here](#) and [here](#).

6. Communication on adapted services from our mutuels, e.g. individual consultation is possible on appointment: [DeVoorZorg](#), [Solidaris](#), [Partenamut](#), [MC](#), [EnMarche](#)

7. Communication on the rights of the affiliates in link with COVID concerning incapacity of work, healthcare: [MC](#), [MLOZ](#)

8. Services of local offices of our mutual and social assistants are also available via mail or telephone. The use of this [application](#) is also promoted in communications.

9. Free online [Application](#) on tackling corona related stress (4themes: wellbeing, positivity, work or education at home, contact) that tests and offers tips and tricks to cope; The [website](#) gives tips and support to manage stress, emotions during the confinement for example for parents.

10. <https://www.mc.be/actualite/articles/2020/faq-detection-covid-19-suivi-contacts>.

11. Sensitization on effects Covid pandemic in world at large, via partner organisations in international solidarity – highlighting importance of social protection: <https://fos.ngo/nieuws/opinie-stevige-sociale-bescherming-om-covid-19-het-hoofd-te-bieden/>  
- Le virus ne connaît pas de frontières, heureusement la solidarité non plus : <https://www.cncd.be/appel-virus-frontieres-solidarite-covid-19>



### **Mutuals propose improvements for a future pandemic seen the experiences that were made with the current COVID-pandemic:**

- European coordination, cooperation and solidarity needs to be re-examined and streamlined. Whether this is on data (comparison) to define incidence and deaths of the pandemic, measures as closing the borders, joint procurement and access to medicines and medical devices. A European action plan should be ready for implementation in case of a next wave or pandemic.
- Clearer visualisation of the role of the EU, institutions and agencies. Better collaboration with WHO.

### **3. Estonia**

At the moment, the health insurance fund in Estonia did not have a long-term plan or decisions, for how the health insurance fund will behave, as the situation changes every day and it is difficult to make decisions. The fund paid for the treatment of COVID19 patients who were not insured. They also paid dental clinics for unavoidable dental treatment for all patients. From April 1st, the fund increased the salaries of all medical staff as planned on the basis of a collective agreement. Hospitals in Estonia moved very quickly to remote consultations for outpatient care and the health insurance fund is supporting that. On the one hand, Estonia will struggle to get enough tax money to finance healthcare (unemployment will raise significantly, and the fund is financed mainly from labor taxes). The health insurance fund asked some additional funding for Estonian Healthcare system from county additional budget from government. The fund is expecting that the budget is shrinking and waiting lists for treatment may be longer in the future.

### **4. France**

#### **Main challenges during the pandemic**

The main challenges for the members in France were the management of several hospitals, clinics, healthcare centres, nursing homes, nurseries, which are in the front line since the beginning of the pandemics. They had to immediately put in place all the necessary measures to protect health / social professionals as well as patients.

#### **Measures implemented, new or accelerated innovations during the pandemic**

Mutual Hospitals have re-organised their work to welcome patients affected by covid-19, postponing the non-urgent operations and treatments. Moreover, mutual nurseries have remained operational, to take care of health professionals' children.

Several online platforms and dedicated phone numbers have been put in place to assist and take care elderly people and vulnerable people, mostly isolated. In nursing homes, the professionals have operated to ensure elderly people can maintain a contact with their families during the lockdown, when any external visit was forbidden.

Mutual clinics have broadly used telemedicine to ensure the continuity of healthcare during the lockdown. Some mutual pharmacies have put in place a delivery service addressed to most vulnerable people.

## Communication with affiliates

The French mutuals mainly communicated through newsletters (Flash Info) and articles published on a common online platform (Mutweb). They also send a summary Info mail to the CEO's of our member mutual, summarising the main updates from all services of the French umbrella organisation Mutualité Française (FNMF). On the top of that they used social media (mainly Twitter and LinkedIn) to spread information. All those tools were already in place before the pandemic, they had just increased the use of some form of communication such as videos.

## Lessons learned and good practices in the own country

The COVID pandemic caught France by surprise: lack of protective equipment (masks among others) for the health professionals as for the population, a special committee within the French National Assembly has been set up in order to investigate the matter.

## Financial impact due to the crisis on the longer term

At this stage it is too early to assess the financial impact. Huge financial losses both on the insurance activity as well in the healthcare facilities are expected.

### **Role of the European Commission to support mutuals to be able to take more efficient measures**

The French mutuals are of the opinion that the European Commission could provide clear information and guidelines to member states regarding the measures to contain the virus, in order to act in a coordinated manner at EU level. That would help national governments and hence healthcare professionals to take adequate measures to prevent a second wave of contamination and eventually face it on time. However, as healthcare is a national competence in the current EU treaty setup, the European Commission's action remains limited.

### **Mutuals propose improvements for a future pandemic seen the experiences that were made with the current COVID-pandemic:**

- To be prepared to react to similar crisis in the future, the EU should set up a proper crisis management system led by the European Commission to ensure a prompt and coordinated response in all EU countries as well as the timely production of the necessary material.
- In the case of covid1-19 an EU common strategy on pandemics, including the existence (before the spread of the virus) of a proper stock of medical material and of personal protective equipment, could have allowed to act immediately and probably avoided the worst consequences.
- Some of those measures have been taken, but too late and others have not been taken up by member states. A common stock has been put in place by the European Commission but after the pick of contamination and deaths were reached. Regarding the coordination of member states, the European Commission does not have any competence to bind EU countries to follow its recommendations. That is the case of the "European roadmap to lifting coronavirus containment measures" of 15th April: a series of recommendations, that member states have no obligation to comply with. That is why it is necessary to put in place an EU crisis management system and confer a stronger role to the European Commission on health.

- Disposing of a common EU stock of personal protective equipment for healthcare and social professionals at EU level, managed by the European Commission would have allowed the most affected countries to timely get the material they needed. This would have not only protected our professionals working in hospitals, nursing homes and nursery, but also prevented a further spreading of the virus among workers and patients. In fact, many health/ social professionals who have contracted the virus have been forced to stop working because sick or because in preventive quarantine. That has increased the shortage of healthcare professionals and at the same time put more pressure to those who were in office.

## 5. Germany

### Main challenges during the pandemic

Umbrella organisations of health insurance funds in Germany have been extremely busy with changes and adaptation to the German regulatory framework with regards to the new situation. They have been working closely with their member insurances and all the other actors of health care like hospitals, doctors, long term care givers etc. Many practical solutions have been found and agreed on all sides. There have also been rapid changes in the regulatory framework and law to enable care in the COVID-world.

Care via distance has been a big topic: For example, sick leaf via telephone was a big debate. Before Corona it was necessary to see a doctor in person to be put on sick leaf. Now it is possible to be put on sick leaf after a phone call with a doctor. Many new rules are limited and run out in a couple of months or at the end of the year. Sick leaf via phone for example ran out at the end of Mai 2020.

Another big topic has been the “Krankenhausrettungsschirm”, rules implemented to “save the hospitals”, and many other rescue funds for example for dentists and other healthcare professionals. For example, hospitals were being paid for empty beds which were being kept free for possible COVID-patients.

Now the focus of the German statutory health insurance is shifting towards the financial situation of the insurances. The newly found solutions, especially rescue funds and financial aids for care institutions to help them over the “time without patients” because of social distancing, are a very important new financial burden for the insurances. The situation is worsened by the starting economic crisis that has direct impact in reduced contributions by the insured and their employers. Furthermore, they will now be obliged to pay for almost all Covid-19-tests, which is usually the obligation of the state and financed via taxes. The German statutory health insurances are now fighting politically for more state aid with regards to their finances.

#### *Agricultural social insurance schemes*

As an agricultural social insurance scheme, the Sozialversicherung für Landwirtschaft, Forsten und Gartenbau (SVLFG) was more affected than many other organisations. This was because, in addition to the challenges of protecting its own employees and maintaining its services, it had to fulfil its special tasks as a health insurance and accident insurance institution.

### Measures implemented, new or accelerated innovations during the pandemic

To react on the financial challenges for the insurances there were ongoing negotiations with the ministry of health about financial aids and a fitting distribution of costs originating from COVID-19. The outbreak of coronavirus had to be taken into account when reviewing the economy for long-term regulation beyond quarterly needs. Monthly payments to clinics guaranteed their liquidity.

Patients with mild upper respiratory tract disorders could consult their doctor over the phone for a certificate to be issued for incapacity to work for a maximum of fourteen days not days. They didn't have to go to the



doctor's office for this. Special procedures for the retrieval of protective equipment (e.g. mouth and nose protection, safety glasses, special respiratory masks), for distribution to the contract doctors as well as for billing and financing were established. Information on the effects of Coronavirus on drug delivery was distributed. Advice to affiliates was given online and a hotline for COVID-19 questions was established. Better use of digital communication is introduced.

Recommendations on the implementation of quality audits in outpatient care were issued. Due to the risk of infection for the vulnerable group of people in need of care and in order to relieve the burden on care services and facilities, it was recommended to do without partly and fully inpatient care facilities. In addition, outpatient and inpatient care facilities were entitled to reimbursement of their expenses incurred because of COVID 19 and which were not otherwise financed. They were also entitled to claim reduced income towards the long-term care insurance. Furthermore, outpatient and inpatient care facilities received corona-related additional financial expenses for non-bureaucratic items such as protective clothing, mouth protection, safety glasses and disinfectants. Non-compliance with nursing staff lower limits were exempted from sanctions.

#### *Agricultural social insurance schemes*

Approximately 80% of SVLFG employees work successfully and almost trouble-free in their home offices after the outbreak of the pandemic. It can already be seen that a considerable number of them appreciate working from home: better protection against infection, no loss of time on the way to work, better compatibility of private life and work, relief for the environment.

### **Communication with members and affiliates**

A group room was set up on the member portal, in which all information about the pandemic and the COVID-19 virus was published by the National Association of Statutory Health Insurance. Members of the group room received information by email on a regular basis.

The objective was to keep an overview on the rapidly changing landscape and to give member organisations of the umbrella organisations ongoing reports on the different solutions that have been found within a very small-time scale.

#### *Agricultural social insurance schemes*

The SVLFG communicates directly (in particular via the website, members' magazine, telephone conversations, company visits) and indirectly (for example via press releases) with its insured persons. The primary aim is to maintain a high level of infection protection. Therefore, most communication activities concern practical advice. These are of a general nature, but also tailored to the specific needs of the respective occupational groups.

### **Lessons learned and good practices in the own country**

Early reaction to the virus was key. Apparently, the availability of a big number of tests for COVID and the possibility to do a lot of testing has been a very important factor in the relatively positive developments in Germany. Communicating well with the population is another key to changing the situation to the better. Many people in Germany could get motivated to adopt to a new lifestyle and stop the virus.

#### *Agricultural social insurance schemes*

The SVLFG, as an employer, but also as a service provider for its insured persons, was able to use the technical possibilities of digitalization faster and more effectively than expected, to its own surprise. Surprisingly, potential economic benefits can be realized earlier than planned.

## Financial impact due to the crisis on the longer term

The financial situation of the health insurances will be deeply impacted. The newly found solutions, especially rescue funds and financial aids for care institutions to help them over the “time without patients” because of social distancing, are a very important new financial burden for the insurances. The situation is worsened by the starting economic crisis that has direct impact in reduced contributions by the insured and their employers. Furthermore, they will now be obliged to pay for almost all Covid-19-tests, which is usually the obligation of the state and financed via taxes. The German statutory health insurances are now fighting politically for more state aid with regards to their finances.

Expected is a decrease in tax revenue in 2020 in the amount of € 84.6 billion. Statutory health insurance companies will have an additional demand for COVID 19 cases due in 2020. The forecast is about € 14 billion. The Statutory unemployment insurance will have a COVID 19-related additional demand in 2020 in the amount of € 30 billion (forecast) and the Statutory pension insurance will have a COVID 19-related drop in revenues in 2020 in the amount of € 8 billion (forecast).

### *Agricultural social insurance schemes*

This question cannot be answered seriously because the political conclusions are still unclear. If more attention were to be paid to disease prevention, the financial burden on health systems would increase in the short term, but in the long-term expenditure would probably be massively reduced. This is because the current crisis has made it clear that not only the direct costs of illness must be taken into account, but also the impact on the economy as a whole. This aspect has been neglected so far.

## Impact of the pandemic on the employment within the organisation

There is no direct impact of the pandemic on the employment within the umbrella organisations or on the insurances for the moment. It remains to be seen how strongly the financial situation will worsen and weather it will have an impact here.

A practical field for developments will be to improve the occupational safety regulations for pandemic crises.

### *Agricultural social insurance schemes*

The practical possibilities of digitisation, which have become visible, are likely to lead to a faster and more comprehensive replacement of human labour in the administration. The competition for digital solutions and process automation will accelerate. At the same time, the demand for individual health advice and professional expertise will increase.

### **Role of the European Commission to support mutuals to be able to take more efficient measures**

The measures the German health insurance funds have mostly been busy with were not related to the European level. Some measures could be done at European level:

- Joint European stockpiling of protective material
- Monitoring compliance with the regulations of the GDPR, especially with regard to the intended introduction of tracing, tracking or classification apps

### **Mutuals propose improvements for a future pandemic seen the experiences that were made with the current COVID-pandemic:**

- Stockpiling and sourcing of medicinal products and equipment is an important question that could be looked at not only nationally, but also on European level.
- The question of relocation production to Europe is being debated publicly. It needs to be assessed

weather the production of medicinal products and for equipment (i.e. masks) in Europa does bring advantages in a crisis like this. European countries have made it difficult for equipment to be brought across borders. Production in Europa would not have helped in this case.

- Complement the European Semester with minimum standards for sustainable healthcare systems.
- On the one hand the taken measures by the government might be successful but they have to be evaluated. On the other hand there has to be a better observance of fundamental rights, more proportionality deviations in the measures are necessary and the consideration of the social impact of measures has to be observed.
- Every effort should be made to prevent future pandemics. This includes massively increased health education. The positive effects of health education should be proactively highlighted. Building health literacy in all generations and all social groups will become one of the major challenges.

## 6. Italy

### Main challenges during the pandemic

The members of the mutuals had to get used to new ways of approaching each other different from meeting in person. They were facing the challenge of organizing their territorial activities by newly devised ways of relation (web-linking, gathering preferably in open spaces and smaller groups).

### Measures implemented, new or accelerated innovations during the pandemic

Fimiv (Italian umbrella organisation of health mutuals) has implemented meetings and discussions by video conference which was also the main innovation the Covid19 pandemic brought in. The Italian healthcare mutuals had disposed of IT services for some time now even if their members had found it hard to use them widely. The pandemic accelerated the process.

### Communication with affiliates

Fimiv communicated via IT tools: video conference when gathering members is required and e-mail when information circulars or personal requests were concerned. They also communicated about national and international measures and provisions concerning mutuals, far-reaching projects and initiatives involving mutuals and critical issues as well.

### Lessons learned and good practices in the own country

Only together can difficulties be overcome. This is an old lesson that mutuals can teach. People have generally learned to be careful, when it comes to public health and environment. It means taking care of their own life even at the cost of their material gains. Masks are still widely used even if they repress the Italian natural leaning to people-to-people contacts.

### Impact of the pandemic on the employment within the organisation

If unemployment grows, less money will be at disposal for the families to pay mutual contributions too. The government thinks that more money should be provided for public healthcare leaving behind complementary healthcare. But if the economic system doesn't change its way of doing and doesn't take the road of growth and sustainability, in a short time money will be lacking again. When this moment comes, let's hope that mutuals still exist. Mutuals must be recognized as structural tools to the health system.

## **Role of the European Commission to support mutuals to be able to take more efficient measures**

- The European Commission should put pressure on the states as to the acknowledgment of the complementary role mutuals play in the national healthcare and social systems showing their best particularly during the lock-down months.
- Even the Italian undersized mutuals operating at a local level have been fully and voluntarily involved through their members in healthcare protection activities and in aid of the population.

## **Mutuals propose improvements for a future pandemic seen the experiences that were made with the current COVID-pandemic:**

- As to Covid-19 pandemic, more information should be given to the young people that, if they don't take care about their own health, they are responsible for affecting their parents' and grandparents' lives much more than theirs.

Generally, the healthcare system should better monitor to what happens on the territories. Family doctors must be the first ear and eye to detect what may be wrong and must dispose of the effective tools (diagnostic centres, nursing services, home services ...) to play a front-line role. Mutuals can play their part. Hospitals should be the last resort.

## **7. Lithuania**

### **Main challenges during the pandemic**

Rising unemployment and shrinking economy have led to a reduction in income collection (82% of planned funds collected as of 01/05/2020). In order to assure financial sustainability of the healthcare system the National Health insurance fund implemented these measures:

- The regular payment system has been supplemented by additional funding for medical staff working directly with infected people and organizing activities in that field. These additional resources allocated from the reserve of Compulsory Health Insurance Fund.
- The payment terms to healthcare facilities working directly with COVID-19 patients have been brought forward in order to ensure the operational funding of the healthcare institutions involved in the fight against pandemic (for example, the purchase of additional security aids).
- The financing of the institutions whose activities were reduced due to the suspension of scheduled services was ensured by paying 1/12 of the contractual amount per month regardless of the number and scope of services provided. If more services are provided per month and their costs exceed 1/12 of the contracted amount, the NHIF reimburses the costs of all actually provided services.
- Payment for screening and treatment of uninsured persons, foreigners for COVID -19 is covered from Compulsory Health Insurance Fund. Later these expenditures will be compensated from the State budget.

Other challenges:

- There is a risk of medicine shortages due to disruptions in the supply chain of active substances,
- New functions not related to direct activities of the NHIF have been assigned to our institution (for example, to monitor the number of infected employees in medical institutions, workload of

medical staff, intensity of use of existing artificial lung ventilators and balance of unused equipment).

- After the suspension of the physical service to the population, the number of electronic inquiries, letters and calls increased significantly. It was important to ensure the quality of administrative services, data protection although the work was organized from home offices.

### **Measures implemented, new or accelerated innovations during the pandemic**

- Efficient use of the Compulsory Health Insurance Fund reserve.
- Additional allocations of funds from the state budget to meet additional needs
- Telework to ensure functions.
- In order to ensure the protection of persons remaining abroad, work was also organized on weekends (hundreds of certificates replacing EHICs had been issued immediately after receiving request).
- More communication with territorial units to ensure a coherent approach and find optimal solutions to emerging challenges.

### **Communication with affiliates**

- Coordinated unified communication strategy with healthcare providers to eliminate difference in quality of services (, claim management; ) provided by the Territorial Health Insurance Funds (THIFs) as sometimes THIFs have different approach and vision that might not be in line with central office.
- Mutual communication schemes have been established to ensure operational funding of medical institutions.
- Unified information of the population.

### **Lessons learned and good practices in the own country**

It is necessary to set up a crisis management body that, with the help of scientists, epidemiologists and medical staff, makes operational decisions that are binding on all sectors and administrative units. Teleworking can be more efficient than work from office.

### **Financial impact due to the crisis on the longer term**

Economic recession and increased unemployment may lead to a decrease in NHIF budget revenues, which may lead to the need to review / reallocate medium-term expenditures.

### **Impact of the pandemic on the employment within the organisation**

All jobs were maintained. The work was organized from home offices. Staff who had to come to the office due to the nature of their work were provided with safety equipment (masks, gloves, disinfectant fluids). Special attention was paid to data security and secure connection to IT systems. Communication was ensured through remote virtual meetings (via Microsoft teams). The Lithuanian Health Insurance Fund hopes that teleworking will become a daily / norm in the future. Part of the workload increased due to new functions, the need to make urgent and non-standard decisions.



## **Role of the European Commission to support mutuals to be able to take more efficient measures**

This question is more for policy makers. Each Member State decided independently on measures for economic recovery as well as measures and actions to ensure the functioning of the health system. The extent and nature of the assistance required will vary depending on the effectiveness of these measures.

A strategy is needed to strengthen the European Union's resilience to crises by reducing dependence on third-country economies. The crisis caused by the pandemic has shown the extent to which EU Member States are dependent on China and not only in the field of health care (medical aids, equipment, active pharmaceutical ingredients imported from this country) but also in all other sectors.

## **Mutuals propose improvements for a future pandemic seen the experiences that were made with the current COVID-pandemic:**

In retrospect, it can be assumed that there was a lack of leadership and coordination at the beginning (from WHO, EU) - different decisions were taken by the countries regarding border closures or regarding the benefits of wearing masks and due to these inconsistencies emerged (hundreds of Lithuanians stuck on the Polish-German border after Poland had closed the borders and banned crossing the country's territory. There was a lot of panic and mistrust in society, especially when one week it was recommended not to wear masks and the next day they became mandatory).

Today also States have different views on the need for COVID-19 testing for migrant people.

## **8. Luxembourg**

The Luxembourgian health insurers do not expect any financial impact this year. Due to the fact that many unnecessary operations were postponed, and people could not go to the dentist, many things were currently not charged.

It is the government that was taking care of the COVID-19 crisis. The Luxembourgian health insurers did not have any layoffs at the moment, but still had people signing up for a 'mutual' for non-commercial work.

## **9. Poland**

### **Main challenges during the pandemic**

The main challenges for the Polish Health Insurance Fund during the pandemic were:

- a) To ensure the availability of health-care services for citizens during the pandemic, including the possibility to deliver health-care services to (selected) patients through tele-consultations/tele-advisory.
- b) To change the organization for delivering services under drug and chemotherapy programmes to ensure their availability and provide patients with necessary drugs for therapies.
- c) To formulate and actualise rules for reporting and conditions for settling health-care services in relation to preventing, counteracting and combating the COVID-19 virus.
- d) To ensure a continuous and timely operation of institutions working remotely, including the provision of their personnel with technical equipment and resources to effectively communicate and deliver results in this manner.

- e) To adjust the IT systems of the NFZ for the purposes of remote work, including the processing of an increased volume of remote connections, the strengthened resilience of systems against threats, i.e. data leaks, the implementation of technical solutions for the purposes of remote work, etc.
- f) To manage a team which is dispersed geographically.
- g) To optimize the process for examining and collecting evidence to establish the factual state in terms of exercising control over health-care service providers, with an aim to perform a reliable and objective assessment of the activities of the controlled entity by simultaneously limiting the exposure of employees to biological factors.
- h) To ensure the availability of continuous information for patients (the Telephone Information for Patients (TIP)) about the manner of proceeding during the pandemic, including the continuous delivery of psychological advisory services.
- i) To provide patients with reliable educational materials about the pandemic and staying in a good physical and mental condition during its period (access to a free channel with workouts, diets, recommendations about what should be done while in quarantine, etc.).
- j) To ensure the continuous performance of the tasks related to directing patients for treatment and covering the related transport costs for health-care services in foreign countries.
- k) To ensure that the claims related to the coordination of social security systems are processed on an ongoing basis despite the absence of many employees and technical difficulties in remote work.
- l) To change the manner for communicating with the EU/EFTA Member States to maintain a smooth process for reimbursing treatment costs abroad to the insured during the pandemic.

### **Measures implemented, new or accelerated innovations during the pandemic**

a. On 1 March 2020 (28/2020/GPF), a team was appointed to monitor the regularity of the proceeding for the suspected or factual infection with SARS-CoV-2 (the Crisis Management Team), which operates 24 hours 7 days a week, in cooperation with the Ministry of Health, the Chief Sanitary Inspectorate, voivodeship offices, and is tasked mainly with:

- 1) monitoring the proceeding of service providers for the suspected or factual infection with SARS-CoV-2;
- 2) designing and implementing organizational and legal and operational solutions;
- 3) monitoring and supervising the delivery of health-care services and other activities for the suspected or factual infection with SARS-CoV-2;
- 4) conducting and monitoring the information policy;
- 5) coordinating and monitoring the performance of tasks for the suspected or factual infection with SARS-CoV-2 in the Headquarters and Voivodeship Branch Offices of the NFZ;
- 6) cooperating with the entities which are competent for establishing and formulating material, technical and financial needs;
- 7) keeping and actualising databases for contact data, materials and equipment, and medical procedures;
- 8) compiling current and regular reports on the performance of tasks in relation to the suspected of factual infection with SARS-CoV-2;
- 9) cooperating with health-care service providers and competent bodies and entities to optimize the proceeding for the suspected of factual infection with SARS-CoV-2.

b. On 7 July 2020 (103/2020/GPF), a team was appointed to formulate a plan for restoring the full availability of health-care services financed from public funds, limited by the ordering of the state of epidemic threat or epidemic, which cooperates with external experts in medical science, public health and the management of health protection to:

- 1) establish the current availability of health-care services for different types of services, including the usage of available resources and the performance level of contracts for the delivery of health-care services;
- 2) identify limitations in the delivery of health-care services for different types of services;
- 3) assess the risks related to restoring the full availability of health-care services for different types of services;

4) formulate proposals for financial and organizational solutions for settling the performance of contracts for the delivery of health-care services in the state of epidemic threat or epidemic.

- c. Most employees of the NFZ switched to remote work.
- d. Digitization of the flow of documents - speeding up the implementation of the electronic flow of documents in certain areas.
- e. Using any legal instruments, which are available under the Act on the electronic communication with controlled entities (the so-called "e-control"), for the external communication with the entities controlled by the Fund.
- f. Using a range of IT tools to work and communicate online.
- g. Speeding up the proceeding of changes to the Act on health-care services, which make it possible to submit electronic requests to the Fund, e.g. for cost reimbursement, approving a planned treatment.
- h. Speeding up work on the electronic exchange of data in the framework of adjusting the IT systems of the NFZ for the purposes of the electronic exchanges of data under the EESSI EU system.
- i. Speeding up the implementation of a solution under which any electronic requests for issuing the EHIC document are transferred to the Shared Services Centre which is responsible for generating cards.
- j. For drug and chemotherapy programmes, it was made possible:
  - 1. to distribute drugs to patients for 6-month therapies, based on an individual assessment of the patient's treating physician - necessary reporting and settlement systems were adjusted accordingly,
  - 2. that hospitals deliver drugs directly to the place of residence of the patient or of his or her legal representative,
  - 3. that hospital pharmacies give out drugs to the patient, his or her legal representative or authorized person,
  - 4. that service providers complete data in an IT system for drug programmes (i.e. in the electronic system for monitoring drug programmes (SMPT)), which makes it possible during the pandemic to flexibly enter data in relation to possible postponements of control appointments under which testing takes place.

### **Communication with affiliates**

- a) Affiliates communicate electronically, with the use of qualified signatures, e-mail, video conferences, e-PUAP and partially by post (in paper).
- b) The communication refers, among other things, to the medical treatment outside of the country and the obligatory reporting, the settlement of service costs, the issuance of entitlement documents and the guidelines and procedures for performing tasks.
- c) Available applications are used for the purposes of oral communication (Cisco Webex, Cisco Jabber, Microsoft Teams, Zoom, Go to meeting, etc.).
- d) The available means of electronic communication were used to implement tools in relation to professional trainings. Trainings take place over the Internet. They are recorded and placed on a dedicated platform afterwards. Each of the trainings may be accessed by any employee across the country (by over 5000 people). Trainings may also be used for the induction of new employees.

### **Lessons learned and good practices in the own country**

- a) Disseminating the use of electronic means of communication, including the teleconferences, WEBINARS (which are not fully useful during discussions and should be replaced rather by trainings and moderated discussions).
- b) Speeding up the digitization of electronic health-care services (however not fully).
- c) Improving the abilities to transfer documents by electronic means, and to communicate with other people more effectively and swiftly.
- d) Extending the scope of the electronic data exchange between the Polish liaison institution and competent institutions and between the Polish liaison institution and foreign liaison institutions by simultaneously reducing the traditional correspondence in paper.

- e) Disseminating the hygiene rules in public spaces, work establishments (comp. Example 1) and strengthening the adherence to sanitary rules.
- f) Making the public more sensitive to their own health-related needs and to the needs of their family members, being responsible for own health and the health of others (organizing neighbourhood assistance, e.g. shopping for seniors).
- g) Formulating operational procedures for the organization.
- h) Strengthening the role of social campaigns which are conducted by the Ministry of Health, the NFZ and the Sanitary Inspectorate, among others.
- i) Continuing the digitization of offices, making it possible to complete most activities without the necessity to visit an office.
- j) Development of courier services operating mail orders.
- k) Disseminating the practice of creating collections of rules and good work practices during the pandemic (from service providers up to producers and white-collar workers, etc.).
- l) Disseminate the knowledge about correct procedures under a sanitary regime (including the Rules of the Ministry of Health concerning the division of Poland into zones (green, yellow and red), with new sanitary rules for the poviats which recorded the greatest increase in new infections with SARS-CoV-2; comp. Example 2).

### **Financial impact due to the crisis on the longer term**

It is difficult to predict, GDP may fall down and inflation may go up.

### **Impact of the pandemic on the employment within the organisation**

It is difficult to predict, there may be organizational and payroll-related changes.

### **Role of the European Commission to support mutuals to be able to take more efficient measures**

- a) To provide financial support and to exchange knowledge about conducting research on the prevention of the pandemic and its effects.
- b) To exchange good practices and to deliver financial support to remove health-related disparities which result from the limited availability of health-care services during the pandemic and the digital exclusion of part of the society not being able to use electronic health-care services.
- c) To support the development of electronic solutions - tele-medicine, tele-diagnostics (to equip the payer with systems for monitoring and financing digital diagnostics, rules, goods practices in the field of financing e-services, equipping/providing the service providers/employees of clinics and hospitals, in particular the basic health-care services, and their patients with tools for measuring health parameters to be registered and home and submitted to the medical practitioner (e-stethoscopes, e-manometers, e-EKG, etc.).
- d) To provide financial support to improve the equipment of the Covid-testing laboratories with devices and to conduct trainings for their staff.
- e) To support the procurement of personal protection equipment at the central level (to reduce the purchase cost of masks, disinfectants, etc.).
- f) To support the implementation of cloud-based solutions - guidelines, recommendations, etc.
- g) To continue online trainings and meetings in relation to international cooperation and cross-border settlements.
- h) To intensify the electronic exchange of medical data between health-care service providers and offices in other EU Member States.
- i) To implement electronic billing by the service providers, which would enable to digitize the reimbursement of the cost of services under the cross-border directive.

- j) To urgently proceed to include the electronic exchange of documents in any regulations, including the introduction of an alternative form of the EHIC electronic document.
- k) To urgently change the form of communication between the institutions of the Member States which perform tasks in relation to the coordination of social security systems to replace it with the electronic one - with the available s-Testa EU server in the first step and afterwards with the use of the electronic exchange of data under the EESSI system of the liaison institutions of the EU/EFTA Member States which continue communicating through traditional channels (by post, in paper).
- l) To speed up work to introduce an electronic version of the EHIC Temporary Replacement Certificate.

**Mutuals propose improvements for a future pandemic seen the experiences that were made with the current COVID-pandemic:**

- a) To adjust facilities and offices for work during a pandemic (disinfection with greater frequency, isolation, and appropriate equipment for the personnel).
- b) To adjust work processes for the purposes of a flexible work model - stationary work only in exceptional situations, to ensure the possibility to work remotely and/or in a mixed mode. In case work must be performed in the stationary mode, to ensure that work may be performed subject to a greater isolation, stringent sanitary requirements, in building which guarantee a correct and safe ventilation.
- c) To pay particular attention to internal communication in case employees are dispersed geographically, including the use of effective notification methods, clear (user-friendly) communication methods, and to intensify integrating activities and to strengthen a positive atmosphere.
- d) To develop the IT equipment of the staff towards mobile tools (hardware and software) and to adjust budgets to these needs.
- e) To formulate and implement business continuity procedures for the occurrence of following waves of the pandemic, including the possibility to work in any place and to continue operating when resources are limited.
- f) To increase the flexibility of cross-border health-care services (e.g. to reimburse the cost of services even if delivered after the deadline specified by law).
- g) To automatically suspend the deadlines specified in the provisions on the coordination of social security systems to carry out settlements between liaison institutions in case the pandemic prevents the performance of tasks.
- h) To facilitate telephone and electronic means of communication with service providers, including the possibility to book a tele-appointment through the Internet or by means of an application of the service provider.
- i) To establish a platform to monitor the stages of examination and to publish the test result in case it is necessary to make a COVID-19 test.
- j) To document current experiences and the implemented activities in relation to the COVID-19 pandemic in the form of a procedure to strengthen the business continuity capacity of an organization for the occurrence of a pandemic in future.

## 10. Portugal

### Main challenges during the pandemic

The majority of the members of the APM-REDEMUT are health care providers and the home confinement that this pandemic imposed resulted in a significant reduction in the activity provided by the cancellation of consultations and medical treatments by patients and the reduction of consultations by the physicians



themselves.

On the other hand, some members have social support responses such as day care centers, leisure activities, day centers, which were forced to shut down their equipment by governmental determination.

This reduction, and in some cases suspension, of the activity had a strong impact on labour relations, leading to the use of the layoff of a large part of the workers. However, other responses such as homes and home support, which saw their activity double, had to work with staff reduced by family support (children under 12 years old).

Another difficulty that was posed to some members was the increase in costs led to cash difficulties.

## **Measures implemented, new or accelerated innovations during the pandemic**

Most of the associates said in a survey about the impacts of the pandemic that they have been in the making for more than three months. However, some of them have already used state-backed credit lines, moratoriums on existing credits and deferral of social security benefits.

## **Communication with member organisations**

Communication has been done by email and through the digital platform Zoom.

## **Lessons learned and good practices in the own country**

- Self-sufficiency in the production of essential goods. Valuing the proximity of responses and not over-relying on imports.
- The solidarity (formal and informal) that this crisis has generated is worthy of great note. Social institutions have been able to restructure services to give more answers to people. Companies and industries have started production processes, in some cases almost from scratch, reinventing themselves to give answers to the needs of the national health service and the fight against the pandemic provoked by COVID-19.

## **Financial impact due to the crisis on the longer term**

Too early to be evaluated. It largely depends on how quickly treatments or vaccines will arise, but also the economic recovery from the economic downturn.

## **Impact of the pandemic on the employment within the organisation**

For the time being, all jobs were maintained, although 38% of the members who responded to the survey resorted to lay off in the form of suspension of the employment contract, in relation to 151 workers. This implies the loss of 1/3 of the income.

### **Role of the European Commission to support mutuels to be able to take more efficient measures**

Non-repayable grants to guarantee employment.

### **Mutuals propose improvements for a future pandemic seen the experiences that were made with the current COVID-pandemic:**

The experience gained with the procedures and contingency plans and hygiene protocols implemented will forever be a practice and an added value for the activity of the institutions, which have become more prepared and safer.

## 11. Spain

### Main challenges during the pandemic

Spanish mutuals had not noticed a strong impact. In terms of solvency the entity is free of any risk arising from this pandemic. Divina Pastora has clearly noticed an increase of up to 300% in death claims which will increase the cost of this item. The private health sector has been made available to the Spanish Ministry of Health since the beginning, but it had not been used by the ministries. This left a great number of private hospitals without income and forcing them to prepare entire plans to receive patients with the coronavirus.

These being the most direct impacts that the sector had received, Divina Pastora understands that the excess of deaths should be recognized by law to mitigate the extra costs that mutuals and insurers will have to face. On the other hand, the economic deterioration, suffered mostly by private hospitals, should also be taken into account by the government due to the fact that these hospitals were forced to deprogram all interventions from the state of alarm and didn't get patients with coronavirus referred. In addition, messages against the private sector have been launched in parallel from media that are similar to (and subsidized by) the government, in an attempt to completely nationalize health care. This would be particularly serious for mutual and health insurance companies and would bring down a sector that has traditionally functioned more effectively and efficiently than the publicly managed one. The situation in Catalonia, where most health coverage is provided by mutual insurance companies, is particularly relevant. As for the actions that could be taken, Spanish mutuals believe that the main one is the monitoring and control by the EU of the nationalising risk of this government which could end up in the intervention of the mutuals or even in their absorption."

### Financial impact due to the crisis on the longer term

The financial consequences in Spain are as follows:

- **New production:** Sales advisors have reduced their new production by approximately 50% in the case of direct sales and 25% in the case of online sales. The impact, the Spanish expect to have is a reduction of 500 thousand euros per month. This impact on premiums would obviously be reduced by the corresponding impact on claims and technical expenses.
- **Cancellations:** Divina Pastora has not received any communications of cancellations greater than what we can understand as "normal".
- **Accident rate:** As far as the accident rate is concerned, Divina Pastora can make an estimate based on the reduction in calls to its contact centre and to the health care authorisation area. Incoming calls for any reason have been reduced by half, and in particular those requesting medical authorisations have fallen by more than 85% (of some 700 calls we were receiving at this time, nearly 80 are coming in). Divina Pastora estimates that this will mean a lower expenditure of at least about 3 million per month.
- **From April 1st,** Divina Pastora will apply discounts on those insurance products whose coverage they understand will not be available during these months of confinement. They are aware that it is not economically fair to charge the policyholder for risks that cannot be given or risks that are significantly reduced by being in confinement. These discounts have been analysed in terms of the coverage and the distribution of the premium established in the technical note for each product. These products will in turn have a savings due to the non-injury of these coverages, so they expect that the impact will be zero on the income statement and at the net cash level.

## 12. Switzerland

### Main challenges during the pandemic

santésuisse primarily supported its members during the Covid-19 crisis. The focus was on the implementation of appropriate measures taken by the authorities.

### Measures implemented, new or accelerated innovations during the pandemic

santésuisse took appropriate measures during the Covid-19 crisis. The entire operation was switched to a home office. The crisis has massively accelerated digitalisation. This movement will be sustainable.

### Communication with member organisations and affiliates

Primary support was given to members in dealing with the crisis. The focus was on measures taken by the authorities. This concerned the remuneration of health services in the context of the crisis by compulsory health insurance in Switzerland. santésuisse has regularly informed its members in their concrete management of the crisis. This was primarily about helping with the performance of the service.

### Lessons learned and good practices in the own country

The health service has reacted relatively well to the crisis.

### Financial impact due to the crisis on the longer term

The long-term effect of the crisis cannot yet be estimated. santésuisse assumes that the reserves of health insurers are sufficient for the short-term management of the crisis.

### Impact of the pandemic on the employment within the organisation

The digitalization of the healthcare sector will be a strong demand for santésuisse.

#### **Role of the European Commission to support mutuals to be able to take more efficient measures**

Support from the European Commission is less important for santésuisse.

#### **Mutuals propose improvements for a future pandemic seen the experiences that were made with the current COVID-pandemic:**

The digitisation of the health sector should be stepped up. In addition, prevention needs to be massively expanded.

## 13. The Netherlands

### Main challenges during the pandemic

The main challenge for the Dutch health insurers was to guarantee continuity of (access) to healthcare during and after the pandemic.

### Measures implemented, new or accelerated innovations during the pandemic

New measures were developing systems to finance all healthcare providers in the Netherlands, whether they can do their work or not.

### Communication with member organisations and affiliates

Dutch health insurers do not only communicate with their members, but they also work very intensively together. The board of the umbrella organisation, that normally meets once a month, meets now twice a week!

### Lessons learned and good practices in the own country

E-health is very important, only effective and efficient healthcare is needed; less hospital-care is important.

### Financial impact due to the crisis on the longer term

For the moment, Dutch health insurers cannot really give an answer. They realized that they need more IC-capacity in their country.

### Impact of the pandemic on the employment within the organisation

The employees had to work harder during this time and at home.

### Role of the European Commission to support mutuals to be able to take more efficient measures

For the Dutch health insurers there are no specific issues in this area. But the pandemic will have consequences for the European cooperation in healthcare.

Answers are from June – August 2020

The replying organisations were : Austria (Sozialversicherungsanstalt der Selbständigen (SVS) ; Belgium (Alliance Nationale des Mutualités Chrésiennes (ANMC), Union Nationale des Mutualités Libérales, Union Nationale des Mutualités Libres (MLOZ), Union Nationale des Mutualités Socialistes (UNMS), Union Nationale des Mutualités Neutres (UNMN), Estonia (National Health Insurance Fund) ; France (Mutualité Française (FNMF) ; Germany ( Gemeinsame Vertretung der Innungskrankenkassen (IKK e.V.), Knappschaft-Hauptverwaltung Bochum; Sozialversicherung für Landwirtschaft, Forsten und Gartenbau (SVLFG); Verband der Ersatzkassen e. V. (vdek); Italy (Federazione Italiana Mutualità Integrativa Volontaria (FIMIV); Lithuania (Valstybinė Ligonijų Kasa (VLK) (National Health Insurance Fund)); Luxembourg (CMCM); Poland (Narodowy Fundusz Zdrowia (NFZ) – National Health Fund); Portugal (AMP Redemut), Spain (Divina Pastora); Switzerland (santésuisse); The Netherlands (Zorgverzekeraars Nederland (ZN)