

CHIS Bull'

BULLETIN OF THE CERN HEALTH
INSURANCE SCHEME

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RETROSPECTIVE

2015 STATISTICS

INFORMATION NOTES

SERIOUS CASES AND RECURRING
OUTPATIENT EXPENSES

PREVENTION

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SATISFACTION
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EDITORIAL



We hope that you liked the new design of the *CHIS Bull'* that you saw in the last edition...

In this second *CHIS Bull'* of the year, we present and comment on the expenditure statistics from 2015. Remember that these statistics concern the amounts reimbursed during the year, and that around 25% came from expenses incurred in 2014 or earlier. As every year, around a quarter of reimbursements are made in the year following the treatment. Overall expenditure rose again in 2015; nothing alarming, but we must all do what we can to limit this increase as much as possible. A number of simple actions can help, such as taking the trouble to buy medication and have tests done where the prices are lower... Don't forget the 5% reimbursement bonus!

In 2015, the quality of the service provided by our third-party administrator, UNIQA, was fully in line with the terms of the new contract, which came into effect in January the same year. A system of digitally processing documents was also put into place, which allows you to follow your requests for reimbursement on the UNIQA website. You can also download certain forms and attestations from the website. If you don't yet have an account, you can create one in a few clicks: <https://extranet.uniqua.net>

We are busy preparing a new version of the CHIS Regulations, which we hope can be approved before the end of 2016 and come into force sometime in 2017. First and foremost, these Regulations have been completely rewritten to make it easier for you to find the information you need. This redrafting was highly necessary, as many changes have occurred since they were first written, some of them, like the introduction of long-term care benefits (LTC), significant. Some fundamental changes will also be made in order to make certain points of the Regulations more consistent; at this very moment they are being discussed by the CHIS Board and the Standing Concertation Committee (CCP). Of course, we will let you know as soon as they are finalised.

Following a first set of three information notes, which you can find on the CHIS website (www.cern.ch/chis), two new notes will soon be published. One concerns third-party payers for certain outpatient treatments, and the other concerns the procedure to be followed to obtain 100% reimbursement in serious, long-term cases, where outpatient expenditure exceeds 80,000 CHF.

Please note that UNIQA is preparing to conduct a satisfaction survey of all CHIS members, like they did some years ago. We hope that you will take advantage of this opportunity to express your opinions on the services of our third-party administrator. If you are a beneficiary of the Pension Fund, you will find the paper version of the survey attached. If you are an active member, a link to the electronic form will be sent to you shortly.

The CHIS Board members and I wish you an excellent end to 2016. Happy reading!

Philippe Charpentier,
Strategic Advisor to the Director-General on health insurance matters
and Chair of the CHIS Board

2015 STATISTICS

Slightly later in the year than usual, the *CHIS Bull'* looks back at the trends in healthcare reimbursement costs (HIS) and long-term care benefits (LTC) during the previous year.

A MODERATE RISE IN REIMBURSEMENTS

Although the increase in reimbursements in 2015 was moderate compared to the year before (1.9% or 1.4 MCHF more than in 2014), it must be borne in mind that the increase in 2014 was substantial (9.9% or 6.8 MCHF more than in 2013).

The rise in 2015 can be explained by several factors:

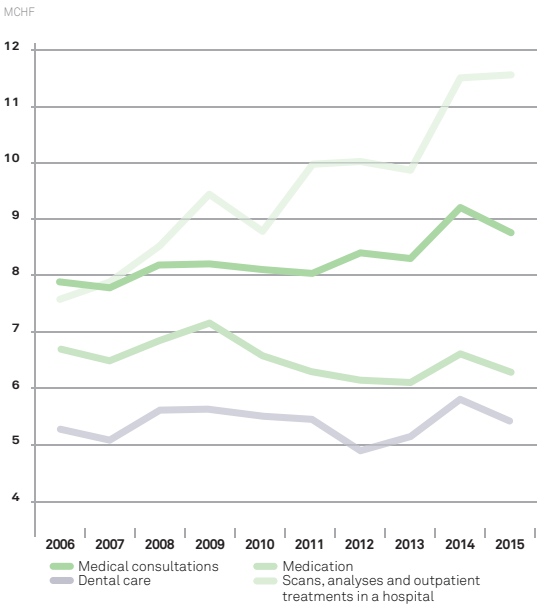
- there were even more deaths in 2015 than in 2014 (128 compared to 106, an increase of more than 20%), 2014 having already been a particularly bad year from this point of view (prior to this there had only been more deaths in 2012, when there were 114);
- reimbursements for non-professional accidents exceeded the record set in 2014 (3.5 MCHF compared to 3.3 MCHF); and
- serious cases were even more of a drain on resources than in 2014 (+2.3%, and the number of serious cases was already particularly high that year).

In order to curb these increases, we must all take care when choosing our healthcare providers. Do you always automatically choose providers who will charge you (and the CHIS) less for an equivalent service? Do you think ahead about healthcare as much as you should?

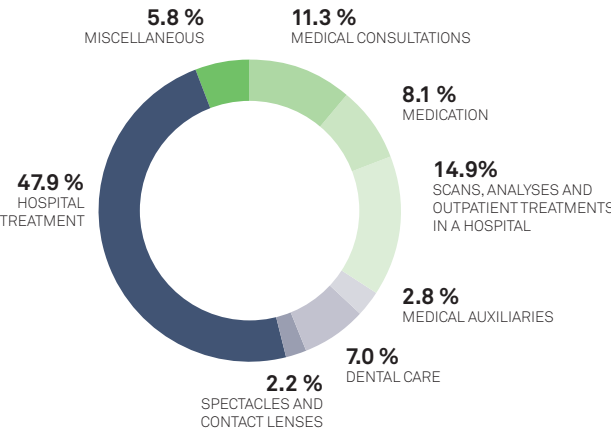
Asking yourself these questions and acting sensibly is not only a question of money. Making alterations to your home using your long-term care allowance also means that you can avoid spending more time than necessary in hospital and rediscover a better quality of life more quickly. Getting yourself screened for cancers or vaccinated against the flu means that you increase your chances of beating or avoiding these illnesses. Going the extra mile to get a service that offers better value may primarily be a question of money, but it also means that you can be proud that you have done something which benefits us all. These actions are first and foremost good for you, but they are often also good for your wallet and the CHIS's coffers. So, take action to live well!

TAKE
ACTION TO
LIVE WELL...
AND REDUCE
COSTS

MAIN CHIS EXPENDITURE
(EXCLUDING HOSPITALISATION)



BREAKDOWN OF HEALTH
EXPENDITURE IN 2015



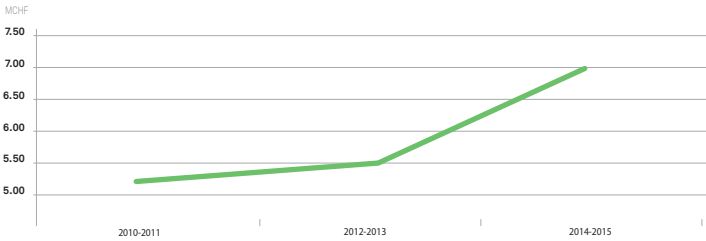
DID YOU KNOW?
Outpatient treatment received in hospitals (such as dialysis, cataract operations and endoscopies) is eligible for the reimbursement bonus. In fact, like GP consultations, medication, medical imaging and other care, it is of an equally good quality but much less expensive in the Member States where the bonus applies. So, if you can, why not receive care where you get a good quality service **and** the reimbursement bonus?

Countries in which the reimbursement bonus applies: Austria, Belgium, Bulgaria, Czech Republic, Finland, France, Germany, Greece, Hungary, Israel, Italy, Netherlands, Poland, Portugal, Romania, Slovak Republic, Spain, Sweden and the United Kingdom.

OUTPATIENT TREATMENT COSTS HAVE FALLEN, BUT...
... not across the board. As a whole, outpatient treatment expenses increased particularly drastically between 2013 and 2014 (12.2%, while the increase of all reimbursable expenses was 9.9%), and so it is quite a relief to see that between 2014 and 2015 they were 3.7% lower than their highest point. This reduction includes all types of outpatient treatment, representing at least 1% of all expenditure, with the exception of outpatient treatment received in hospitals. Since outpatient care in hospitals and doctors' fees are respectively the highest outpatient care expenditure items, the subject warrants further discussion (see box).

HOSPITALISATION COSTS ARE STILL ON THE RISE!
Just over a year ago, we wrote: *"Although a much less significant contributing factor than outpatient treatments towards the overall increase in healthcare expenditure, costs linked to hospital care increased by 7.3% compared to 2013. However, like last year, the increase was no doubt due in large part to late billing. In fact, some public hospitals did not start using the 2014 tariffs until well into the year."* Unfortunately, this has proven to be the case as hospital care was almost entirely responsible for the rise in reimbursements in 2015. At 8.8%, the increase is significant, and is partly explained by the delay in billing from the previous year. Nevertheless, in only two years, reimbursements for hospitalisation costs have increased by 16.7%!

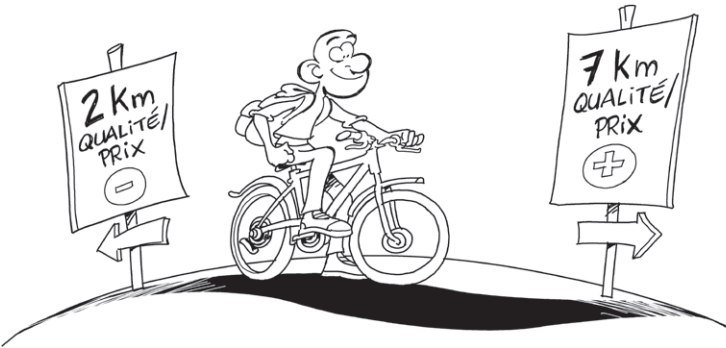
ACCIDENTS! BEWARE!
Non-professional accidents are costing the CHIS more and more...



...so we must all be extra careful and take all possible precautions! In addition to being costly for the Scheme, accidents cause pain and disability and possibly also complicated or painful treatment. Avoiding accidents must therefore be one of our priorities.



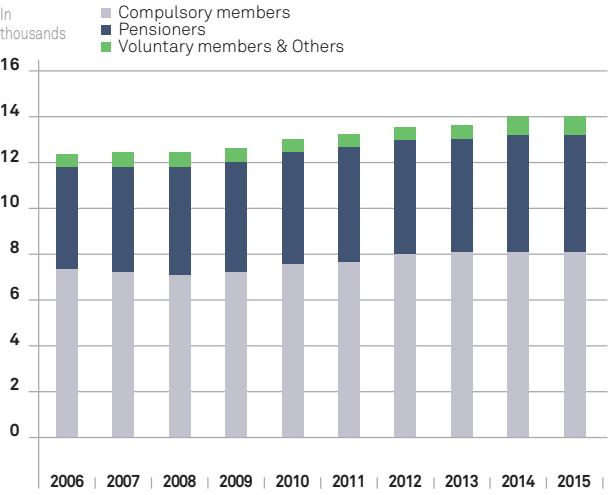
The introduction of three new tariff agreements with hospitals in 2014 certainly contained this increase, but couldn't stave it off entirely. To avoid such increases in the future, all CHIS members must remember that several clinics, both private and public, have recently opened in Haute-Savoie, not far from Geneva. We must all use them when we can, even if it means going a few kilometres out of our way, as they are all approved by the CHIS and offer value for money that is unbeatable elsewhere in the region.



A SMALL RISE IN LONG-TERM CARE EXPENDITURE
As the size of the older section of the population grows, the daily allowances, which help to avoid more costly hospitalisations for this age group, also continue to increase somewhat (+3.0%), although the rise was smaller than in 2014 (+7.8%) or in previous years (+14%). A total of 565 people have now been granted long-term care (LTC) benefits since their introduction. The detailed figures show that 429 of these beneficiaries have experienced only one level of dependence, 117 have progressed through two levels and 19 have experienced all three levels. It should be noted that the number of people claiming these benefits is forecast to continue increasing until around 2025-2030.

FIRST DECREASE IN THE TOTAL POPULATION
For the first time in more than ten years, the total number of CHIS members fell. The decrease is small (-0.1%) but nonetheless historic, and results mainly from the fall in the number of retired members since 2012.

MEMBERS BY CATEGORY 2006-2015



The numbers include the dependants.

MEMBERS BY CATEGORY

	2014		2015	
Compulsory members	8350	59.4 %	8405	59.8 %
Pensioners	5000	35.6 %	4956	35.3 %
Voluntary members & Others	709	5.0 %	685	4.9 %
	14 059	100 %	14 046	100 %

The numbers include the dependants.

POSITIVE FINANCIAL RESULTS
On 1 January 2015, the last of the increases in contributions decided in 2014 to maintain the financial balance of the Scheme in the medium term came into effect. Combined with the cumulative effects of previous increases, this allowed the HIS to remain in the black, despite the increase in reimbursements. The overall surplus for the year was slightly more than 15.6 MCHF. The LTC scheme also did well, achieving a surplus of slightly less than 3 MCHF but, as predicted in the studies performed when it was implemented and as has been the case for some years, the surplus is lower than the previous year (-3%).

THE CHIS FUND IS OUR SOCIAL SECURITY SCHEME, AND WE MUST MAKE IT LAST!
As in the past, the HIS and LTC surpluses have been paid into the CHIS Fund set up in 2008. In 2015, the investment performance of the CHIS Fund was not as good as in 2014 (-1.97%). This reflects the particularly difficult circumstances faced by the financial markets over the course of the year. As of 31 December 2015, the Fund's assets were made up of nearly 123 MCHF from the HIS and close to 82 MCHF from the LTC (compared to 109 MCHF and nearly 81 MCHF respectively at the end of 2014). We remind you once again that, like any insurance provider, the CHIS (which, as part of CERN, is its own insurer) must have at its disposal sufficient funds to guarantee its commitments to the members in any situation (e.g. the outbreak of a serious epidemic). We are also obliged to have sufficient assets to be in a position to reimburse expenditure incurred but not yet claimed. Finally, these funds must also help us to deal with future increasing costs. This is why the increase in contributions between 2011 and 2015 was necessary: to ensure sustainable cover for us all, in a spirit of solidarity. For the protection offered by the Fund to last, we must all be proactive to make sure that expenditure doesn't spiral out of control.

WHAT IS AN ANXIETY ATTACK?

COULD IT HAPPEN TO ME?

X sits down, exhausted, at the bus stop. Since he moved from his home country to Switzerland, he has had to cope with everything by himself: a new job, a new language and way of thinking, the health problems of a close relative, an argument with his neighbour last week... and, to top it all, having to finish his report a week earlier than expected!

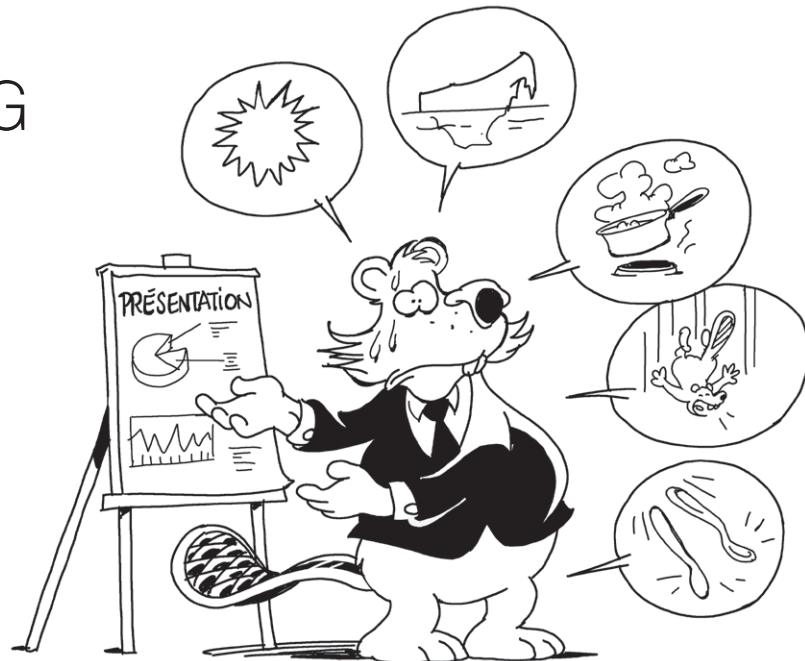
He waits outside the meeting room for a few minutes, trying to find the composure and courage to go in and discuss the team objectives for the next month with his colleagues. Everybody is there. The room is hot. The atmosphere feels stifling. He feels tired, almost unwell. He's sweating. His heart is beating very fast. His head starts to spin and waves of nausea sweep over him. He hopes he won't faint in front of everyone.

He can't hold out much longer. He can't breathe. He gets up and rushes out of the meeting room; he stumbles along, desperate for fresh air, his vision is blurred. Finally outside, he crouches down against the wall, holds his head in his hands and waits – seconds seem like hours – until he starts to feel calm again.

WHAT IS AN 'ANXIETY ATTACK'?

An **anxiety attack** (also called a **panic attack**) often occurs without warning. It begins suddenly, is short-lived, and peaks quickly, usually in under ten minutes. People experiencing an anxiety attack feel in danger and generally want nothing more than to escape from wherever they are.

FEAR IS AN INTEGRAL PART OF LIFE, OFTEN DRIVING OUR RESPONSE TO A WHOLE RANGE OF SITUATIONS. IT ALERTS US TO DANGER, TRIGGERING THE PHYSIOLOGICAL REACTIONS THAT ENABLE US TO RESPOND APPROPRIATELY.



An anxiety attack is characterised by a combination of feelings and thoughts, such as:

- Palpitations or an accelerated heart rate
- Perspiration
- Trembling or twitching
- Feelings of breathlessness, suffocation or strangulation
- Chest pain or discomfort
- Nausea or stomach pain
- Dizziness, loss of balance, light-headedness or a fainting sensation
- Feelings of unreality or detachment from oneself
- Numbness or pins and needles
- Shivering or hot flushes
- Fear of losing self-control or going mad
- Fear of dying

WHAT SHOULD YOU KNOW?

Fear is an integral part of life, often driving our response to a whole range of situations. It alerts us to danger, triggering the physiological reactions that enable us to respond appropriately. The fear we feel on a high cliff saves us from falling to our death, and the fear of failure pushes us to spend long hours studying for exams.

Fear helps us to detect potential danger. Our body has an automatic alarm system that kicks in when our brain identifies an unusual situation as potentially dangerous. It tells our respiratory system to alter the amounts of oxygen and carbon dioxide in our blood. Various physiological reactions then occur. Our heart rate accelerates, increasing the blood flow to our muscles and brain. This enables us to run away or do whatever is necessary for our survival, or that of others, as quickly as possible.

HOW DOES THE FIRST ANXIETY ATTACK OCCUR?

'Normal' fear is only one step away from 'pathological' fear. Anxiety attacks are common (affecting one person in seven!). How they develop depends on biological, psychological and social factors. Intense fear triggers various physiological mechanisms that are harmless but very real. These can often be distressing and can therefore trigger a vicious circle of anxiety. The first anxiety attack can occur anywhere. It is often preceded by periods of stress such as conflicts at work, childbirth, serious health problems, family difficulties, financial worries, or an accumulation of stressful, frightening, intense and unsettling situations over a period.

WHAT SHOULD YOU DO IF YOU SUFFER FROM ANXIETY ATTACKS?

- Unwind as much as possible to let your body calm down!
- Delegate tasks
- Get rid of any needless psychological strains
- Take regular holidays
- Do some sport (a very important and effective way to reduce stress!)
- Learn to relax (yoga, meditation, sophrology, mindfulness, breathing techniques)
- Learn to do nothing
- Get enough sleep
- Pamper yourself as often as possible (massages, visits to the spa, days out, listening to good music, etc.)!

If you continue to have anxiety attacks in spite of this, a doctor or psychologist can help you learn to control them. Effective treatments are available!

Christiane Reis
Medical Service psychologist

IN BRIEF

WWW.CERN.CH/CHIS

General information, procedures, forms, the CHIS Rules and other official documents

[HTTPS://EXTRANET.UNIQA.NET/](https://EXTRANET.UNIQA.NET/)

Your personal account with your reimbursement statements, periodic account statements, insurance card and certificates

UNIQA REMAINS AT YOUR DISPOSAL FOR FURTHER INFORMATION CONCERNING THE CERN HEALTH INSURANCE SCHEME (CHIS)

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