

CHIS Bull'

CERN HEALTH INFO SANTÉ

Bulletin of the CERN health insurance scheme

No. 29 – December 2008

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It's already been ten years since the CHIS Bull' started bringing you regular news of our Health Insurance Scheme and suggesting ways of keeping it in shape. Time passes by but some concerns remain. That is why we felt it necessary, in this issue, to recall a few basic principles, the true pillars on which our mutual scheme is founded.

The entire system relies upon solidarity - every member of the Scheme has an influence on the expenditure or savings of the entire insured population. In other words, the attitude and degree of responsibility displayed by each individual has a crucial bearing on everyone's future. Whether it's choosing a generic medicine, asking for an estimate, striking a balance between spending in Switzerland and France, not switching doctors on the slightest pretext or checking invoices before paying them – each and every one of these simple, everyday reflexes can make a huge difference.

Naturally, our Scheme is affected by a host of outside factors on which we have no influence, such as the increase in life expectancy, the rise in health costs and the ageing of the CERN population. But one thing is clear: our contributions are not rising in line with medical inflation and the financial position of the CHIS is gradually deteriorating. This further underlines the importance of our individual actions, aimed not at reducing the quality of treatment but at giving our Scheme a much-needed shot in the arm.

There is some good news to report - a brand new long-term care facility, « le Clos Chevalier », has just opened in Ornex, in the Pays de Gex. Four members of our Scheme are already enjoying the benefits of the restful environment provided by this pleasant establishment, which places patient needs at the top of the agenda.

In our health tips and prevention column we focus on two diseases that are sadly all-too common - breast cancer and Alzheimer's. In both cases, early screening is possible and can be effective in combating the onset of the disease, hence the importance of promptly consulting your GP, as your first port of call. He knows you best and can advise you more efficiently than anyone else. If necessary, he will refer you to a specialist and help avoid the unnecessary duplication of medical procedures.

Finally, a reminder to keep copies of your treatment and medicine bills, which are an integral part of your health file and might, for expenditure exceeding CHF 75,572 per case, entitle you to 100% reimbursement. Take as good care of your paperwork as you do of your health!

To conclude we would like to wish you all a very happy festive season. May 2009 bring health and happiness to you and your nearest and dearest.

Thomas Pettersson, Chairman of the CHIS Board

EDITO

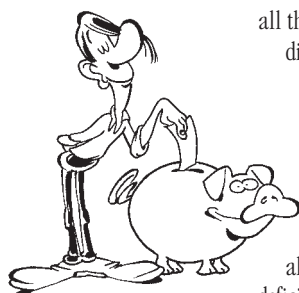


Everyone contributes according to his or her means...

We have now been regularly sending the CHISBull' to your private address for 10 years. Over this period we've covered quite a lot of ground together! This seems to be a suitable moment to reiterate a few points, particularly for those of you who've joined the scheme since then. From the very first issues we decided to emphasise the strongly mutualist nature of our health insurance scheme and the particular characteristics of the region in which we live which is affected by what we refer to as the "Geneva effect". Here then is an updated summary of what we considered very important to communicate to you in 1998 and which we consider to be still valid today.

An equitable scheme

The principle of mutuality implies solidarity. This form of voluntary provident scheme entails spreading the burden of each member's expenditure over the whole of the insured group: there is solidarity between all the members of the group, between people of different ages, between those of us with families and those of us who are single and between people in different grades and salaries. To operate optimally, such a scheme implies that every member feels a sense of responsibility for the health costs he or she incurs, since we all collectively benefit from any overall savings and bear any overall expenditure deficit. That's why mutual schemes are often rightly described as schemes where everybody contributes according to his or her means and uses the scheme according to his or her needs.



Our scheme is our business

That's why our health insurance scheme is really our business. Throughout Europe medical expenditure is rising at an alarming rate, inciting governments to take measures to contain the increase in health insurance costs. There are two reasons for this: the increase in life expectancy and the increased cost of health care as the services available become more and more sophisticated. The members of CERN's health insurance scheme are by no means exempt from the impact of these developments.

Evidence of this can be found in the 10-year statistics which show an annual increase in the cost per insured member of +1.5% due to the ageing factor and a +2% increase due to medical inflation which includes individual consumption and new tariffs. In contrast, income has not increased by the same amount, since it is essentially calculated on salaries and pensions that are adjusted according to the general rate of price inflation, which has remained at a very low level in recent years.

The financial position of the scheme has been positive for many years but is now deteriorating. The statistics for the first half of 2008 show that costs are increasing at the same rate as in 2007. As explained in the last CHISbull', the rise is mainly due to the astronomical increase in hospitalisation costs and this trend has been confirmed in recent months. Other areas of expenditure are also on the increase, reflecting the current overall economic situation.

Demography, an unavoidable parameter

We should underline at this point that our population is atypical at all levels. Thus, CERN's demographic group is not spontaneously renewed by the birth-rate but depends mainly on the Organization's recruitment policy.

When CERN was founded, it recruited young people. Thus for a long period of time the average age remained lower than that of national populations. But today our population has aged as a relatively hermetic block with an average age that is significantly higher than that of the national populations. Currently there are as many retired members as active members! Fifteen years ago there were four active members for every retired member. Today the ratio is 1:1.

Our insured population is ageing and naturally health-care expenditure increases with age. Our retired members, who through their work have made CERN a centre of worldwide reputation, also created our scheme and they now deserve recognition and solidarity. And we will all be old one day. However, that means that we need to make an effort to address the impact of these trends and to contain medical expenditure as much as possible.

The "Geneva effect"

In addition, the so-called Geneva effect can have a strong penalising effect on our scheme, which, we should remember, is based on the principle of equity and mutual responsibility, meaning that each person contributes according to his or her means and uses the scheme according to his or her needs.

Health-care costs per inhabitant in Geneva for all forms of health-care provision and for the entire resident population are 33% higher than the equivalent costs for Switzerland as a whole, which are themselves 25% higher than the average cost in France. As, for various reasons, members of the CERN health insurance scheme incur three-quarters of their health-care costs in Geneva, irrespective of their place of residence, our overall health-care expenditure is strongly affected by the Geneva effect.

Higher invoicing for international civil servants?

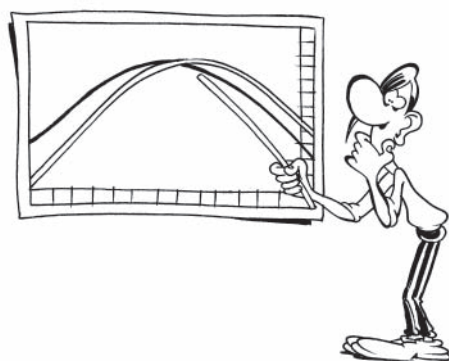
We have already had occasion to point out in various articles concerning the TARMED or APDRG* tariff systems that local health-care providers are often tempted to apply higher tariffs to international civil servants (whose health-care schemes are entirely private) than to nationals who are members of Swiss health-insurance schemes benefiting from tariff agreements. You should also be aware that, although there are no official separate statistics for the local areas of France, the tariffs applied in these areas are affected by the proximity to Geneva and are approximately 10% higher than the French average. The Geneva effect is therefore exacerbated by an over-invoicing effect, whose overall impact, though certainly not homogeneous since it varies from case to case, is not negligible.

An appeal for solidarity

In accordance with the principle of mutuality, each franc of expenditure on health-care costs is paid out of a common pot for the entire insured group and, in addition, we all contribute on the same terms to covering health-care costs, the collective contribution, consisting of our contributions, our annual deductibles, our personal contributions to our expenditure and the ceilings,

amounting to 47% of total health-care costs. It is therefore incumbent on each and every one of us to use our health insurance scheme responsibly.

This now means finding the best health-care cost deal, as for any other purchase. Please note that this does not mean making false economies to the detriment of quality, since health is the most precious commodity we have. It simply means comparing prices and avoiding overmedication. In the final analysis, each and every one of us has a role to play in offsetting the Geneva effect.



In fact most of the national health insurance schemes' regulations include provisions relating to financial control and the quality of health-care provision. Thus, for instance, in Switzerland the Federal law on health insurance (LAMal) stipulates that:

For example:

- request estimates for all non-urgent surgery;
- try to achieve a better balance between expenditure you incur in France and Switzerland;
- consult a general medical practitioner, who is in a better position to advise you on whether you need to consult a specialist, rather than consulting a specialist directly;
- avoid consulting a different doctor on any pretext; stick with your chosen family doctor whom you and your family trust: being aware of your medical history, he or she will be in a better position to provide you with appropriate treatment or referral.
- choose health-care providers who do not overcharge (e.g. those applying TARMED in Switzerland or the official tariffs in France - consult the list on the CHIS website);
- check that your invoices correspond to the treatment received and request further explanations if necessary (if need be, with UNIQA's assistance);
- by requesting explanations of the proposed treatment, show health-care providers that you are keen to ensure that your medical problem is addressed effectively;
- wherever possible, request prescriptions for generic medication.

If we all implemented this advice (and this is not an exhaustive list!), we are convinced that it would contribute to restoration of the financial balance that we've enjoyed over the last 10 years without any reduction in health-care provision or in the quality of treatment. Bear it in mind the next time you need to see a doctor.

...everyone uses the scheme according to his or her needs

"The provider must limit the services he provides to the extent required by the interests of the insured member and by the purpose of the treatment. Reimbursement for services provided that exceed these limits may be refused."

"Health-care providers and insurers... shall ensure in particular that they avoid useless repetition of diagnostic procedures when insured members consult several health-care providers."

What concrete action can we take?

After a long period in which we have benefited from a favourable demographic situation, the demography of CERN's insured population is beginning to enter an unfavourable phase. And technological and pharmaceutical progress in medicine also comes at a price. Naturally we cannot avoid the cost impact of these developments.



So what can we do today to try to alleviate some of the impact? We can't possibly aim, and we're certainly unable, to reverse these trends, but we can have an impact on the other "controllable" parameters.

We cannot conceal the fact that a deficit in 2008 cannot be excluded. If it does materialise, it will be offset by the reserves built up from previous years in which the accounts were in the black. But this can only be a one-off solution. For the longer term, structural measures will have to be taken and a CHIS Board working group is already seeking to identify solutions for the future. It should be remembered that the Board comprises representatives of the insured members and of the Organization for the purposes of joint discussions on health-care matters

Over the coming months we will keep you informed of the working group's progress and at some stage we will be seeking your input, which will be invaluable to us. For in order to cure our health insurance scheme, which is beginning to show some symptoms of ill-health, we must all pull together to find a suitable treatment!

* **TARMED**: the Swiss tariff system for outpatient treatment by medical practitioners
APDRG: the Swiss tariff system for medical treatment by public hospitals, based on pathologies.

➤ FIRST CHIS MEMBERS MOVE INTO THE "CLOS CHEVALIER"

The *Clos Chevalier* opened its doors on 6 October 2008. Four members of the CERN Health Insurance Scheme had the privilege of being among the first to move into the brand new establishment. A third-floor room, flooded with sunlight and facing Mont Blanc, has become their new home, and they have settled in very happily.

➤ HISTORY

The first stone was laid in 2006, the culmination of work begun by SIVOM, the association of communes at the eastern end of the Pays de Gex, to prepare a new 70-person assisted-living facility, or EHPAD. The contract for the building was awarded to SEMCODA, and the facility is managed by ORSAC.

The March 2008 agreement between CERN and ORSAC gives CHIS members priority for admission (up to 5 places out of the total of 70), in exchange for the investment subsidy from CERN. In this way the CHIS is both contributing to the development of facilities for dependent persons in the Pays de Gex and guaranteeing access to them for its members.



A tour of the building's three floors

On the ground floor, after passing through the reception area and going past the coffee shop and mailbox area for residents, you come to the various administration offices, the kitchen, and other rooms for staff use. The other wing houses a unit for residents diagnosed with Alzheimer's dementia.

The first floor is the busiest, with a dining room, a large multipurpose activity room, and the offices of the various healthcare professionals, the nurses, the psychologists, kinesiologists and physiotherapists. The other wing houses eleven residents.

On the second and third floors, each of the two wings contains accommodation for 12 residents, with a central area containing communal rooms and services (such as lounges and an additional dining room). Four of the 70 places will be for short-term stays.

➤ RESIDENTS AT THE CENTRE (OF ATTENTION)

Aurélien Chatain, the Clos Chevalier's young director, and Nathalie Devienne, the nurse administrator, assure us that all staff members are dedicated to providing the new residents with care and respect, and helping them during this potentially difficult passage of life. An approximately 40-strong team of different specialists provides monitoring around the clock. The fully trained and qualified staff members have the skills, knowledge and experience to help residents retain and exercise their mental and physical capabilities, stimulate use of their senses, engage in communication – or re-learn it, if necessary – and to enjoy life.

The team also helps families with administrative matters, and encourages them to participate in the life of the establishment that has become a new home for their loved ones. A smaller dining room provides a congenial setting for family meals in privacy. A varied activity programme, special aids and equipment, and, shortly, a garden of fragrant plants all contribute to making residents feel at home.

➤ PRACTICAL INFORMATION

- To visit the facility, just call and ask for an appointment.
- Application forms can be downloaded from cern.ch/chis. Applications should be submitted directly to the facility's administration.
- Fees are set by the Conseil Général and the DDASS of the Ain region. For 2008, the residence fees have been fixed at 58.69 euros per day. Additional fees may be payable for long-term care and other treatment, depending on the coverage provided by the resident's health insurance scheme.
- The establishment's administrative services will assist residents with the various administrative formalities required for admission.

Le Clos Chevalier

7 rue du Père Adam
01210 Ornex

tel. 04 50 99 11 00 - fax. 04 50 42 19 28
accueil@lecloschevalier.fr



> THE UNIQA COLUMN

> BREAST CANCER SCREENING

For several years CERN and UNIQA have been members of the Geneva breast cancer screening foundation (FDGS), a non profit-making organisation whose goal is to provide information about breast cancer screening, raise awareness of the subject and encourage women to have regular mammograms.

To underline the importance of regular and systematic screening, it should be remembered that breast cancer is the leading cause of death from cancer among women and the second cause among the overall population. In Geneva, one in eight women contract the disease at some point in their lives. Of course, screening cannot actually prevent it, but early diagnosis by mammogram is still the most effective means of fighting its development and ensuring that patients receive effective and less aggressive treatment at an early stage.

As members of the FDGS, we play an active role in the breast screening programme: all female members of the CHIS aged between 50 and 69 and living in the Canton of Geneva receive two-yearly invitations for a screening mammogram in one of the eleven approved X-ray centres in Geneva (see <http://www.fgdc.ch/participer/radiologue/> for the full list).

The results are not available immediately as the X-rays must first be examined by a second mammogram specialist to guarantee maximum reliability. The final results are forwarded to the patient and her doctor about two weeks after the mammogram.

Until June 2008, mammograms were free for all women living in the Canton of Geneva. The health insurance schemes, including UNIQA, paid 90% of the fees directly to the approved X-ray centre concerned and the remaining 10% came from public funds.

The end of this public funding in June has meant that mammograms can no longer be provided completely free of charge and patients are required to pay 10% of the costs, around 20 francs, to the X-ray centre (please do not send the bill for the corresponding amount to UNIQA).

We regret that this programme is open only to women living in Geneva. However, all European countries have excellent screening programmes, and patients are referred to the competent X-ray centres by their doctors. In this framework screening requires women to take the initiative themselves and it is vitally important that they do so since, if diagnosed early enough, the chances of effective treatment are high.

CHIS members living in France

France also has a national programme offering screening every two years but it is unfortunately restricted to women between the ages of 50 and 74 who are part of the French Social Security system (holders of a "Carte Vitale"). Under this programme, X-rays for breast cancer screening are fully covered by the Departmental health insurance offices. You will find a host of useful related information on the website <http://www.rendezvousanteplus.net/>

In the case of CHIS members who are not recognised by the French Social Security system, mammograms are reimbursed by the CHIS under the usual conditions, i.e. at the rate of 90%.

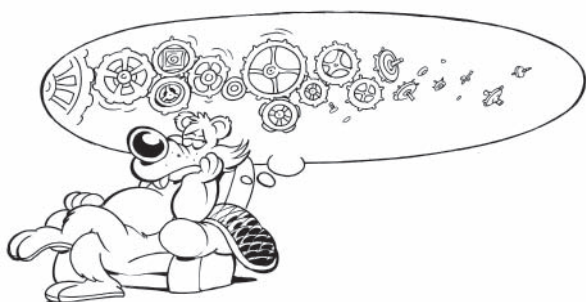
Word from the Chairman of the CHIS Board

This CHIS Board supports cancer prevention initiatives as in many cases they can help avoid treatments that are gruelling for those concerned and costly for our Scheme. The CHIS Board is therefore proposing that preventive examinations and treatments that have been proven to be effective are reimbursed at the rate of 100% in future. We will, of course, keep you informed of progress in this respect.

➤ ALZHEIMER'S DISEASE: PREVENTION STRATEGIES FOR SUFFERERS AND THEIR FAMILIES

Definition

Alzheimer's disease was first described more than a century ago by a German physician, Alois Alzheimer. It is the name given to a type of dementia that progressively affects the memory and faculties such as communication, the ability to make plans, mobility and spatial orientation. The advance of the disease cannot be halted, and typically takes less than ten years. Despite considerable research advances in recent years, science is still far from understanding the process of neuron degeneration that lies behind these symptoms. However, knowledge about the risk factors is steadily improving, so there is hope for effective prevention and an improved quality of life.



Epidemiology

The increasing life-expectancy in our countries has led to a growing incidence of age-related disease, including dementia. If present trends continue, the number of dementia sufferers in Europe will rise to 24 million in 2020 and reach 37 million in 2050. One percent of the Swiss population between 60 and 65 years of age is affected; the figure for the 80-84 age group is 13%, while for those 85 or older it is 21%. There are more than 5000 Alzheimer's disease sufferers in Geneva.

Prevention

Prevention is crucial for stopping the alarming spread of this disease. Delaying the onset of the disease could reduce the total number of cases by 50%.

A high level of education, complex professional activity that demands mental application, a rich intellectual life involving a variety of different mental exercises, particularly in the second half of life, regular physical exercise, and a diet that includes fish and fresh fruit: all of these are thought to delay the onset of Alzheimer's disease. The concept of brain reserves among some highly intelligent people may explain why the disease progression varies from one segment of the affected population to another. However, it appears that such reserves may only serve to mask the onset of the disease, with the result that it is diagnosed only when more serious symptoms emerge.

Risk factors

The identification of risk factors, some of which can be avoided, preferably before reaching an advanced age, may be used as an effective primary prevention measure for an entire population. Of all the risk factors that are known to be linked to the emergence of Alzheimer's disease, particular attention should be drawn to cardiovascular pathologies because of their significance the onset of the disease and because they are easily treated: obesity, untreated high blood pressure, untreated high blood cholesterol, smoking, diabetes, and lack of physical activity. Taken together, the first three increase the risk of Alzheimer's by a factor of six.

First signs

These include: persistent erratic behaviour patterns, such as time or spatial disorientation, memory difficulties (especially short-term memory), and difficulties dealing with everyday life. These apparently dissociated symptoms are often played down by the sufferer's family, who frequently attribute them to old age. On the other hand, if you notice that you are having difficulty memorising things, that does not necessarily mean that you are suffering from dementia. In many cases such difficulty is associated with a hidden anxiety-depression syndrome. It is therefore important to consult your doctor as soon as you notice these early symptoms. Early referral to a specialist facility, like the memory centre operated by the Genevan teaching hospitals (HUG), often provides reassurance by establishing that dementia is not the cause of the problem. If it is, the onset of dementia can then be treated at an early stage.

Treatment

Early diagnosis of the first symptoms of the disease allows the patient to be provided with the most suitable types of treatment at each stage of the disease's development, postpone the onset of disability, improve quality of life, assist the family and diminish the burden on them, and reduce the costs of the disease and the toll it takes in human terms. For the time being it is not possible either to cure the disease or stop its progression, but certain types of medication may provide relief from some symptoms, or slow down the progression of the disease.

Resources

* Address of the memory clinic at the HUG: Consultation de la mémoire 69, rue des Vollandes, 1207 Geneva. Tel. 022 718 45 90 (No self-referrals, you must go through your doctor.)

Websites providing useful information and links to other resources

Prevention and health management (French only):

www.prevention.ch/encasdalzheimer.htm

Swiss Alzheimer association (French, German and Italian): www.alz.ch

French Alzheimer association (French only): www.francealzheimer.org

Alzheimer's Society (English only): www.alzheimers.org.uk

Drs Eric Reymond & Véronique Fassnacht
CERN Medical Service

➤ FIRST PORT OF CALL? YOUR GP – BUT WHY?

Back pains, skin problems, heart palpitations? Who should I see? Without a doubt, your first port of call should always be your general practitioner, or GP.

Your GP will see you without delay, give you the necessary primary care and prescribe any additional examinations you might need. He's capable of treating most ailments he encounters that do not require referral to a specialist; he knows better than you do where you should go for treatment and can thus help you avoid needless specialist consultations.

But when it's really necessary, he can act on your behalf to get you an early appointment with the right specialist for your condition. And by ensuring a coherent flow of medical information, he can also help you avoid undergoing certain diagnostic procedures twice, thereby cutting costs and saving time.

Unlike specialists who each deal with only one health issue, your GP is the only doctor who knows your full medical history and your personal and family background! The more you use him as the automatic medical reference for you and your family, the more efficient he'll become.

Consulting a GP in the first instance means:

- giving true meaning to the term "patient-doctor relationship" and thereby improving the quality of care;
- taking the long-term view of your health, promoting the continuity of care, and at the same time paving the way for prevention;
- making your GP the central player in your health care; thanks to this primary medical reference, your medical history will be properly passed on to other health-care professionals;
- avoiding needless and redundant medical procedures through referral to the right specialist, ensuring well-organised and properly transmitted medical data;
- returning the GP to his rightful position as primary, general health-care provider;
- contributing to keeping a lid on health-care costs, which we all have to bear.

➤ SNOWBOARDING – HAVE FUN BUT TAKE CARE!

Exhilarating, breathtaking! There's no shortage of adjectives to describe the sensations of snowboarding, all the rage among the young and the not-so-young... However, the rise in the popularity of this pastime has triggered a rise in the number of accidents, mainly among beginners - most accidents occur during the first three days. Most resorts offer basic lessons with ski-school instructors or official snowboarding clubs where you can learn the correct techniques and proper slope etiquette. And don't forget to warm up properly before you take to the slopes, like you do for skiing...

Lack of experience isn't the only issue. Using unsuitable equipment can also be dangerous. Most accidents take place on borrowed boards. Only one in five victims of such accidents are familiar with the type of snowboard or bindings they were using. So particular care should be taking in choosing adequate equipment, which will vary according to the type of use (freestyle or downhill) and the snowboarder's weight and proficiency level. If in doubt, always seek advice from a specialised shop or snowboard instructor.

1	Ice hockey	9.0%
2	Snowboarding	8.8%
3	Football	8.0%
4	Handball	7.3%
5	Equestrianism	4.6%
6	Lawn hockey or rink hockey	4.1%
7	Ice-skating, including figure skating	3.7%
8	Combat sports, including self-defence	3.5%
9	Skiing, including cross-country	3.2%
10	Volleyball	2.9%
11	Basketball	2.8%
12	Roller-skating, including inline skating	2.7%

Source: Senso - Helsana
Source: Swiss Office for Accident Prevention



➤ SPORT IS GREAT FOR YOUR HEALTH... BUT PLEASE BE CAREFUL!

In Switzerland, some 300,000 people are injured every year in the pursuit of some kind of sport or another, usually of the mass-participation kind. A study over the years 2001-2005 by the Swiss Office for Accident Prevention ranks as follows the twelve sports with the highest accident rates (percentage of injured participants per discipline):

› REMEMBER TO KEEP COPIES OF YOUR INVOICES!

All members, and in particular those with a long-term condition likely to require expensive long-term treatment, such as diabetes, should always keep their own copies of medical certificates and invoices for treatment and medicines just in case since, pursuant to Annex 1 of the CHIS Rules, we are entitled to 100% reimbursement of expenses exceeding 75572 CHF per case, for an unlimited duration.

This provision covers well identified conditions diagnosed on a specific date and generating long-term costs. However, the 75572 CHF threshold does not take account of any associated hospitalisation costs but only the fees and expenses covered by the first five items of the reimbursement claim form.

In short, if you discover that your bills for a single illness, excluding hospitalisation, add up to this amount or more over one or several years, get in touch with UNIQA to arrange to be reimbursed accordingly. Keeping track of your payments over the years and months is your best guarantee of receiving your full entitlements.

› CHIS MANAGEMENT CONTRACT

The contract with our current manager, UNIQA, will expire at the end of 2009. As required by the CERN Financial Rules, a market survey has been sent out and an international call for tenders will follow. More news next spring.

› HOSPITALISATION IN NEIGHBOURING FRANCE

Hospitals in the neighbouring French departments of Ain and Haute Savoie are automatically considered as approved establishments if they have concluded a tariff agreement with the French social security system, which is the case for almost all of them. In addition, French hospitals outside the local region charging less than 450 CHF a day for board and accommodation in a two-bed ward (excluding nursing costs) are also **CHIS-approved**. If you are hospitalised in one these establishments, you will not only be entitled to third-party payer (*tiers-payant*) arrangements but your share of the costs will be limited to 2000 CHF per year per person (see Article II 1.10 of the CHIS Rules).

The French hospitals are currently undergoing all sorts of transformations. It should be noted that, since summer 2008:

- › a brand new 979-bed hospital centre for the Annecy Region has been opened. The centre, built according to today's best practices, has all the latest hi-tech equipment. See: www.ch-annecy.fr/
- › a new home hospitalisation service allowing 20 seriously ill people to remain at home with their families has been launched by the Saint-Julien General Hospital. See: www.ch-st-julien.fr/



FOR THOSE OF YOU HEADING OFF FOR SUNNY CLIMES...

If you are unlucky enough to experience health problems while abroad, remember that our health insurance scheme has

an emergency 24-hour hotline:

Tél. No ++43 (512) 224 22

(This number is also printed on the back of your membership card)

Les spécialistes d'UNIQA sont là pour vous aider!