

CHIS Bull'

CERN HEALTH INFO SANTÉ

Bulletin of the CERN health insurance scheme

No. 30 – May 2009

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30... Now into its thirtieth issue, the CHIS Bull' has become a veritable institution! At any rate, this short newsletter allows us to keep you regularly informed of trends in our Scheme and is sometimes the starting point for highly constructive dialogue with you. We hope you will continue to read it, and please don't hesitate to send us your comments.

In the CHIS year, spring is the time for statistics. This year, we regret to inform you that the climate is not very favourable, in fact there are distinct signs of rough weather ahead: in 2008, for the first time, the Scheme was in deficit to the tune of some 1.35 MCHF. This unfortunate state of affairs is, of course, a consequence of the inexorable rise in health costs across the board.

At this point we should remind you that the CHIS is a mutual scheme in which the contributions of the insured members and the Organization are the only means of ensuring that it is kept in balance on an annual basis. Each and everyone of us has a responsibility to maintain this vital balance. In a system like ours, the verb "waste" must be banned from our vocabulary, yet some seem to think that UNIQA offers a good rate of reimbursement and they can therefore do what they like. It only takes a few to take this attitude for us all to be in trouble. We simply cannot afford to behave like this.

For the first time, the CHIS is an integral part of the five-yearly review scheduled to be completed by the end of 2010. There are only two ways in which the Scheme can be brought back into balance: by increasing income or by reducing expenditure, i.e. the level of reimbursements. We should thus endeavour to send the Council a strong message by bringing our expenditure under better control in 2009 through a collective and individual effort.

In this issue, we also remind you of the obligation to attach proof of payment to your reimbursement claims, as well as reminding you that medicines purchased on the Internet are not reimbursed and that you are strongly advised to avoid them for safety reasons. In the UNIQA column, our Administrator sets out the various conditions governing the reimbursement of spectacles and contact lenses.

The measles epidemic has unfortunately been particularly virulent this year, and it has been widely reported in the media. The doctors of the CERN Medical Service have taken the opportunity to explain the symptoms and consequences of the virus, thought to be benign but potentially fatal in certain cases. Vaccination is the only means at our disposal for eradicating the disease.

All this somewhat gloomy news should not stop us from relishing the prospect of the return of the sunny weather and the nice spring evenings to come. Make the most of them and keep fit!

Philippe Charpentier, Chairman of the CHIS Board

EDITO



The 2008 statistics

With an overall increase in expenditure of 6.1% compared to 2007, the 2008 statistics are yet another sign of the inexorable rise in health costs we have been witnessing for the last few years.

The figures below clearly underline this general trend, which concerns all

the main routine health expenditure headings (outpatient treatment). However, it should be noted that the rise in hospitalisation costs (see page 4) has levelled off following last year's explosion. But let's pause here for a look at the general context surrounding these trends.

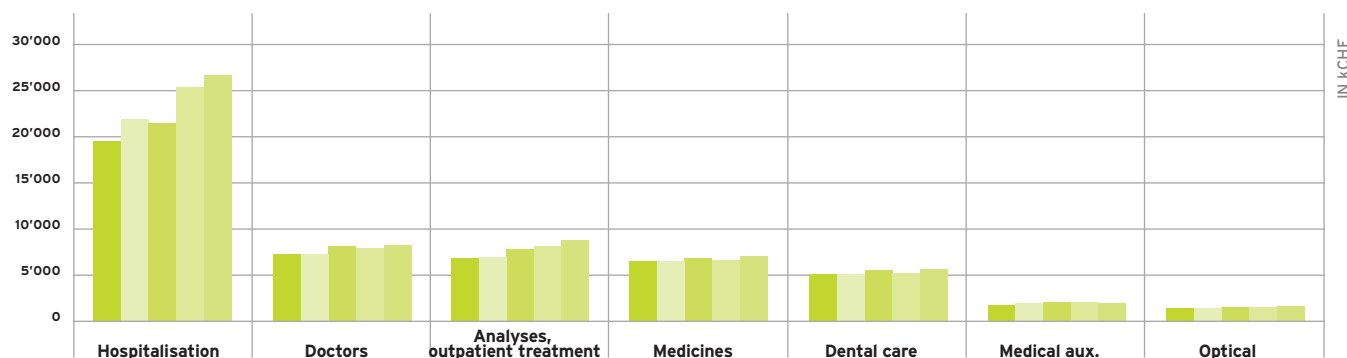
> COST VARIATIONS

Here are the observed variations for each type of medical expense except hospitalisation from 2007 to 2008 (compared to the variations 2006-2007):

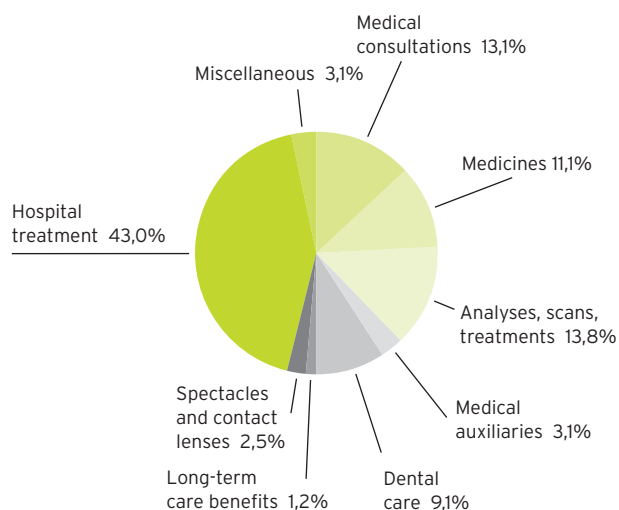
Doctors: +4.3% (-1.7%), Medicines: +5.7% (-3.9%), Analyses, medical imaging, outpatient treatment: +8% (+3.7%), Dentists: +9.4% (-3.7%), Ophthalmology: +1.7% (+1.5%)

As in the past, our Scheme is subject to significant variations from one year to another. The following table showing the trends in our main expenditure headings over five years provides a more comprehensive picture for our analysis:

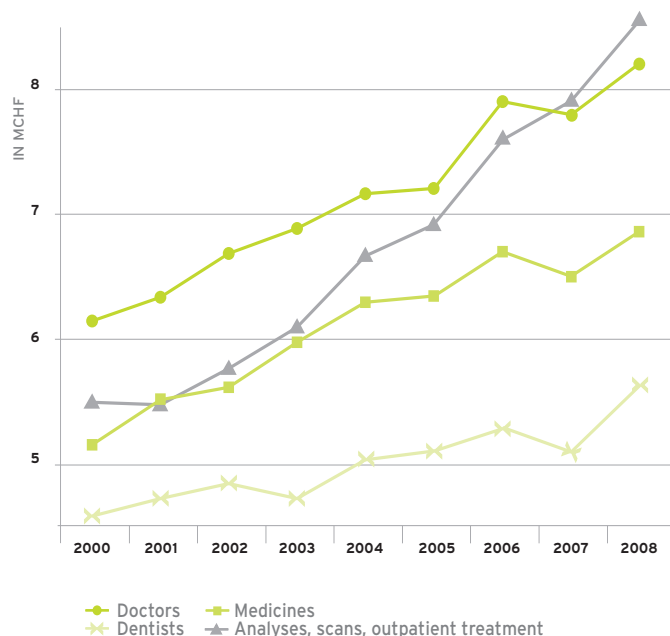
Trends in the main expenditure items from 2004 to 2008



> BREAKDOWN OF TOTAL EXPENDITURE IN 2008



> TRENDS IN THE MAIN EXPENDITURE ITEMS FROM 2004 TO 2008, EXCLUDING HOSPITALISATION



Over the years, the entire healthcare market has taken on huge financial importance for the big industrial and financial concerns. Technical advances in the medical field (analyses, medical imaging, operations) and pharmaceutical research (new treatments) have resulted in a stampede to grab as much profit as possible, as quickly as possible, whatever it takes. The West's rapid rise in life expectancy has also whet a lot of pecuniary appetites. For several years now, speculation in private specialist clinics has been rife. These establishments are bought and sold like any other business, invariably generating profits that make the shareholders happy... but less so the consumer.

> THE LIMITS HAVE BEEN REACHED

This market-driven environment, which fuels medical inflation, is obviously a contributory factor to the rise in CHIS expenditure, but our behaviour, choices and habits also come into the equation and this is where we can – and must – act!

A sharp rise of 7.1% in 2007, followed by another of barely 1% lower in 2008, has confirmed that our Scheme is reaching its financial limits. After a long period of stability, it has recorded a 1.35 MCHF deficit for 2008. The deficit will be financed through the special provisions set up for such an eventuality

but this is only a stopgap. Other measures will have to be taken to bring the CHIS back into financial balance in the long term. As you know, the CHIS Board is working on a series of different proposals as possible alternatives to simply increasing contributions.

Raising contributions would certainly be the simplest means of building up the coffers but such a solution would not necessarily go down well with the Member States for a start. It should be borne in mind that the Member States are also responsible for deciding the level of CHIS benefits and that some see them as a potential source of non-negligible savings. The Member States have already requested that health insurance be included in the topics to be studied in the framework of the next five-yearly review of employment conditions, on which a decision will be taken in December 2010. At the same time, rather than simply perpetuating the present system, we want to adapt it to today's needs and, where possible, anticipate future needs.

There will be a lot of discussion on this subject over the coming months, and we will naturally keep you informed of developments. In the meantime, with a view to containing costs to the greatest extent possible, let's try to follow the advice given on page 8, bearing in mind that the CHIS is OUR scheme!

> LONG-TERM CARE BENEFITS

Benefits paid out in 2008 (in kCHF)
(long-term care allowances and paramedical care)

Level of dependence	Daily allowance	Paramedical care	Total LTC expenditure
Low-level dependence	630.0	112.5	742.5
Moderate dependence	783.2	239.7	1022.9
High-level dependence	857.6	414.5	1272.1
Total	2 270.8	766.7	3 037.5

Total LTC fund as at 31.12.08: 42.5 MCHF

Number of patients in long-term care

118 patients were in long-term care as at 31.12.08, of whom

- 48 in a low level of dependence
- 39 in a moderate level of dependence
- 31 in a high level of dependence

In 2008, the CHIS medical-social panel assessed (or reassessed) the situation of 34 patients.

In conclusion, the above figures indicate that our long term care scheme is fulfilling the role for which it was created and is evolving in line with forecasts.

> AMOUNTS REIMBURSED AND AVERAGE AMOUNTS PER CATEGORY OF MEMBER

Amounts reimbursed in CHF
after deduction of annual deductible
Excluding long-term care benefits

Compulsorily insured members and their dependants
Pensioners and their dependants
Other categories and their dependants

2007			2008		
Total	Average amount per member		Total	Average amount per member	
16 978 054	29.89%	2 332	17 197 226	28.62%	2 428
37 857 437	66.66%	8 145	39 982 096	66.55%	8 330
1 959 107	3.45%	2 996	2 901 061	4.83%	3 837
56 794 598	100%		60 080 383	100%	

> NUMBER OF PEOPLE INSURED PER CATEGORY OF MEMBER

Compulsorily insured members and their dependants
Pensioners and their dependants
Other categories and their dependants

2007		2008	
7 280	57.9%	7 084	56%
4 648	36.9%	4 800	38%
654	5.2%	756	6%
12 582	100%	12 640	100%

>TRENDS IN HOSPITALISATION COSTS...

Although the 5.7% increase in hospitalisation costs in 2008 represents only a third of the 2007 increase of 19%, it is still a significant figure with a big impact on the Scheme's total expenditure, of which it represents 43%.

88% of hospital expenses are incurred in Switzerland, 9% in France and the remaining 3% in the rest of the world. Expenditure at the Geneva Cantonal Hospital (HUG) rose by close to 14% in 2008, as a foreseeable consequence of the introduction, in stages, of the APDRG tariff system*. The year also saw a decrease in expenditure at the La Tour hospital and, to a lesser extent, the Clinique Générale-Beaulieu. As a corollary, however, expenditure increased at the Genolier and La Colline clinics. Only a more detailed analysis of the statistics will enable us to understand this

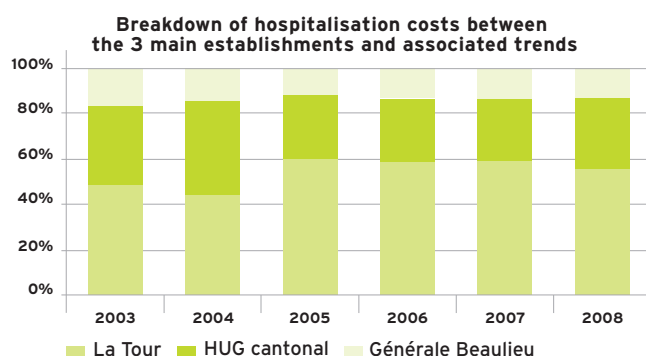
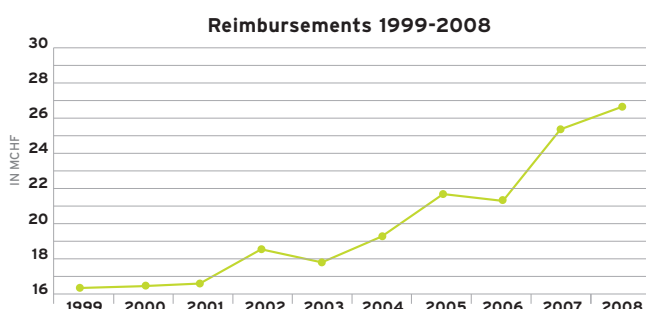
phenomenon properly and thus take account of it, if necessary, in our ongoing discussions on the future of the CHIS.

Last but not least, we note an increase in the number of reimbursements of 25 000 CHF or more. Against 176 cases costing a total of 7.2 MCHF in 2007, the 2008 figure is 204 cases (+16%) totalling 9.5 MCHF (+31%), with the highest reimbursement claim amounting to 68 747 CHF. The highest settled invoice from a health-care provider was 205 607 CHF.

*APDRG tariff system: see CHISBull' No. 28, page 5

>TOTAL HOSPITALISATION EXPENDITURE IN 2008: 26,603 MCHF

TRENDS IN HOSPITALISATION EXPENDITURE



OBITUARY

The members of the Committee have been saddened by the death of our retired colleague and friend, **Robert Muzelier**, who passed away on 15 February at the age of 75. Robert joined CERN in 1957 as a member of the Finance Department, where he remained throughout his career, contributing greatly over the years to the construction of the sound administration our Organization needed. After retirement, he devoted much of his time to the CERN Pensioners Association (GAC). Elected as a member of the GAC, then appointed delegate to the Staff Council, he was a member of the CHIS Board from 2001 onwards. Behind a highly courteous, quiet, almost retiring exterior was a man who knew how to speak up when necessary, utterly devoted to helping others. We will miss him, and our thoughts are with his wife Mady, whom we wish to assure our support at this very difficult time.

>THE ASSISTED-LIVING FACILITY "LE CLOS CHEVALIER" IS A RESOUNDING SUCCESS!

The new assisted-living facility for elderly and dependent persons, "Le Clos Chevalier" in Ornex (Pays de Gex, France), welcomed its first residents in October 2008 and has been full to capacity since March this year. The only remaining vacancies were 6 places in the special unit for Alzheimer's sufferers, which opened at the end of January.

Today the facility is home to 14 CHIS beneficiaries. The residents are happy not only with the quality of the infrastructure but also the care they receive from the qualified personnel, who tend to be in short supply on the labour market.

The CHIS Supervisory Board can therefore be pleased with its decision to sign an agreement with ORSAC, the association that runs the facility, in 2008. It is currently looking into the possibility of similar agreements with other facilities in the area.

For information: The 2009 accommodation rate, set in agreement with the Conseil-Général of the Ain, is 60.12 euros a day, on top of which there is a lump sum for general care and long-term care (N.B. In 2008, the average tariff in Switzerland was 230 CHF/day).

For more information see
cern.ch/chis/EHPAD.asp

> ATTACHING PROOF OF PAYMENT TO YOUR REIMBURSEMENT CLAIM IS COMPULSORY!

Since the beginning of this year, UNIQA has been strictly enforcing the obligation to attach proof of payment to reimbursement claims. This requirement, which some people find excessive and even authoritarian, has sparked a number of comments to which we are happy to respond.

The end of an era...

The decision wasn't one that was taken lightly as we were aware that it would interfere with the habits of some of our members. But yes, what was tolerated for many years is no longer possible, even though we're sure that most members who were reimbursed without supplying proof of payment always paid their doctors cash on the nail as soon as they received the money. Times have changed and so have the standards of behaviour of certain healthcare providers and insured members alike. That's just the way things are and, unfortunately, there can't be two different sets of rules. So, in a desire to be fair to the overwhelming majority of members who were already supplying proof of payment, we decided to do something about it.

Thank you, doctor!

As we've already mentioned on several occasions, certain care providers who "care" much more about keeping their clients than about their professional code of ethics offer some of their patients discounts that are not indicated on the invoice. We hardly need to say that we totally condemn such practice.

The Health Insurance Supervisory Board (CHIS Board) wishes to remind you that the CHIS is a mutual fund and that savings must benefit all members. At a time when health costs are continuing to rise, as the 2008 statistics clearly show, deviations from this elementary rule cannot be tolerated. In other words, should your doctor offer you a discount, make sure that it's recorded on the invoice, and that way we will all benefit.

This member cannot be reached...

We have also noted an increase in the number of complaints from doctors regarding invoices that CHIS members have failed to settle. Despite the fact that UNIQA has already reimbursed them, they take their time paying what they owe. Although it is in no way to blame, UNIQA is then obliged to reply to the doctor, as well as prompting the member concerned to rectify his omission (always assuming he or she is still here), all of which involves unnecessary costs and bureaucracy. As this is a private legal matter between the member and the doctor, the invoices often go unpaid. Legal wrangles of this sort are clearly bad for the reputation of the CHIS and CERN alike.

In this connection, it should be remembered that fraud – or attempted fraud – is a serious offence, which may result in disciplinary action in the case of members of the personnel and in exclusion from the CHIS in the case of pensioners and their dependants. Fortunately for all the honest members of the Scheme, UNIQA's staff are highly trained and well equipped to detect misdemeanours of this kind...

So what next?

The Board wishes to take the opportunity to remind you that, under Article IX 1.02 of the CHIS Rules, all relevant supporting documents must be attached to the medical expense claim. On CERN's instructions, the Administrator has strictly enforced this rule since 1st January 2009. Incomplete claims are not dealt with until the required proofs have been supplied, which can significantly delay reimbursement.

We are confident that the overwhelming majority of our members understand the situation and support this move, especially since many were already complying with the requirement prior to 1st January.

Difficulties in paying?

Members encountering financial difficulties, especially when faced with large bills, always have the option of contacting UNIQA to request special arrangements (see Article IX 1.03 of the CHIS Rules). You will be given or forwarded an advance reimbursement application form and will be guaranteed a quick response.

e-banking: wait until the amount has been debited...

Supplying proof of payment is a simple matter, whatever the means of payment you choose, even in the case of e-banking. In this specific case, you just need to wait until the amount has been debited from your account (generally one or two days after the payment order is entered), then print out the proof of payment. As far as we know, all banks offer you the possibility of consulting and printing individual transactions by simply clicking on the relevant line of your statement.

> Buying medicines on-line

A reminder of why we are against it!

Many websites offer attractive commercial terms (favourable tariffs, acceptance of orders without a prescription, fast and confidential delivery, etc.) for the purchase of health products, especially medicines and contact lenses. Mainly for health and safety reasons, CERN's health insurance scheme advises you not to purchase products from these websites and has taken a stand against reimbursing them. Similarly, the French and Swiss social security systems do not reimburse health products bought over the Internet. Accordingly, UNIQA will not reimburse members for products purchased from websites anywhere in the world.

The World Health Organization also recommends against the purchase of medicines and health products on the Internet and has published detailed information on the associated risks and warnings on its website: <http://www.who.int/mediacentre/factsheets/fs275/>

Below is a summary of the WHO's main recommendations:

Internet pharmacies operate illegally by selling medication without prescriptions and using unapproved or counterfeit products. These illegal Internet pharmacies are operated internationally, have no registered professional address and sell products of unknown or doubtful origin. By purchasing products on the Internet you may be exposing yourself to risk. Moreover, there are many risks associated with self-medication, including:

- > lack of awareness of interactions with other medicines,
- > masking of the clinical symptoms of the pathology from which you are suffering,
- > products sold require a medical prescription, dosage and recommendations for use.

On the other hand, some pharmacies offer mail-order services and can deliver to your door. These pharmacies are perfectly legal and operate under strict legislation. They require medical prescriptions and deliver medicines that are officially recognised in the countries where they operate and manufactured by authorised producers. Purchases from these pharmacies (which sometimes offer on-line services) are reimbursed by UNIQA.



> THE UNIQA COLUMN

REIMBURSEMENT OF OPHTHALMOLOGICAL COSTS

We often receive enquiries about the reimbursement of ophthalmological costs, by which we mean spectacles (lenses and frames) and contact lenses.

Eye surgery (such as laser surgery) is not part of this reimbursement category but falls under the outpatient treatment heading. Although this kind of surgery is increasingly common in the treatment of myopia, hypermetropia and presbyopia, it is only covered by the CHIS in very specific circumstances. The prior approval of UNIQA's consulting medical practitioner is always required, for which a detailed medical certificate must be presented.

When it comes to the reimbursement of **spectacles**, a distinction is made between lenses and frames.

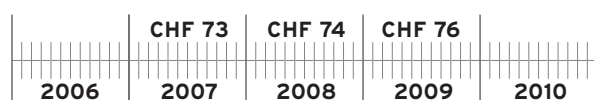
> **Lenses** are reimbursed on presentation of the invoice and a prescription specifying the required dioptre drawn up by a qualified ophthalmologist or optician. After the purchase of the first pair of lenses, which is reimbursed at the rate of 90%, subsequent lenses are reimbursed only when the prescription changes by at least a quarter of a dioptre compared to the previous reimbursement. This means that lenses are not reimbursed if glasses are lost or broken.

> The reimbursement of **frames** is not dependent on the requirement for new lenses. You can therefore buy a new frame and put your old lenses in it if your prescription hasn't changed, for example.

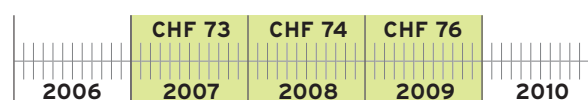
> Frames are reimbursed at the rate of 90%, subject to an annual ceiling (2009 ceiling: 76 CHF). This entitlement can be cumulated over a rolling period of three consecutive years, provided of course that you have valid insurance cover for at least the three years concerned. If you are not insured for the whole of the current year, the reimbursement is calculated prorata temporis as a function of the number of months for which you are insured.

The following concrete examples help to illustrate how the reimbursement is calculated:

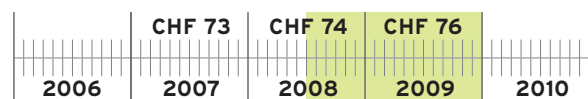
Annual ceiling per calendar year



> You are insured for an indefinite period and you buy a frame costing 300 CHF in 2009; your last reimbursed purchase dates back to 2004: your total reimbursement in 2009 will be 73 CHF + 74 CHF + 76 CHF = 223 CHF.



> If you purchase a new pair of frames in 2010, your reimbursement will be limited to the 2010 ceiling since you will not be entitled to the maximum three-year ceiling until 2010.



> If, for example, you became a member of the CHIS on 1st July 2008 and your insurance cover terminates on 31 December 2009, your reimbursement will be calculated as follows if you buy a frame costing 300 CHF in 2009: $(74 : 12 \times 6) + 76 = 113$ CHF.

For the reimbursement of **contact lenses**, a distinction is made between traditional and disposable lenses.

The reimbursement of **traditional (non-disposable) lenses** is subject to the same conditions as spectacle lenses, i.e. a prescription specifying the required dioptre must be presented for the first pair of lenses and subsequent lenses are reimbursed only if there is a change in dioptre. The rate of reimbursement is 90%. The reimbursement of traditional contact lenses cannot be cumulated with the reimbursement of spectacles of the same dioptre.

The reimbursement of **disposable lenses** (at the rate of 90%) is not subject to submission of a prescription specifying the dioptre nor to any other specific condition but an annual ceiling of 500 CHF applies. The reimbursement of disposable contact lenses cannot be cumulated with the reimbursement of traditional lenses.

We hope this article has covered all your questions about the reimbursement of ophthalmological costs, from which many of you benefit, but feel free to contact us if you have any further queries.

UNIQA Assurances SA

> THE MEASLES EPIDEMIC AND WHAT YOU SHOULD DO

Measles is a viral infection often considered to be benign and classified as a children's disease. But an alarming epidemic of this most common and contagious eruptive fever has broken out, mainly in Switzerland.

According to the World Health Organisation (WHO), 90% of the cases have been recorded in six countries of Western Europe where vaccination rates are low (Austria, Germany, Italy, Spain, Switzerland and the UK).

This alarming report from the WHO, an agency of the UN, goes on to say that the Swiss epidemic, which peaked in March 2008, is now spreading to neighbouring countries, as the Swiss strain has been identified notably in Germany (50 cases), Austria (202 cases) and Norway (4 cases).

At the beginning of this year at the Geneva Teaching Hospital (HUG), an unvaccinated girl of 12 died of encephalitis, a complication caused by a bout of measles. This was Europe's 7th recorded fatality as a result of measles in two years (probably an underestimate), which vaccination could have prevented.

Since November 2006, some 3,400 cases of measles have been recorded in Switzerland, and 93% of these concerned patients who had not been vaccinated. More than 500 led to complications (143 cases of pneumonia, 8 of encephalitis), many requiring hospitalisation. Fifty cases were reported in January 2009 alone.

The present epidemic may spread further still because in Switzerland nearly 250 000 people under the age of 20 have not been vaccinated, plus a good number over the age of 20.

Why has the vaccination rate fallen ?

The WHO puts the decline in vaccination rates down to two factors: "scepticism about the vaccine for ideological reasons and, paradoxically, the success of the vaccination programmes on previous generations."

The Federal Office of Public Health, in agreement with the WHO regional office for Europe, recommends the systematic vaccination of children with two doses of the MMR vaccine (Measles, Mumps, Rubella) the first at the age of 12 months followed by a booster between the ages of 15 and 24 months, together with boosters for anyone born after 1963 who has either not had measles or does not have a documented immunity (antibody or documented two-doses of vaccination). This will make the immunity definitive.

Before the introduction of the vaccine, measles was a world-wide children's disease to which practically all infants were exposed. Since its introduction, infection rates have fallen sharply. In industrialised countries, the mortality rate is 1 to 3 in 10 000. In the third world, the rate can rise to 300 to 500 deaths or more per 10 000 patients. Even in years without an epidemic, Switzerland has some fifty cases of measles annually. When an epidemic strikes, this figure can rise to 2 000.

This highly contagious and infectious disease is primarily transmitted by the projection of droplets when the infected person sneezes or coughs.

So what are the symptoms?

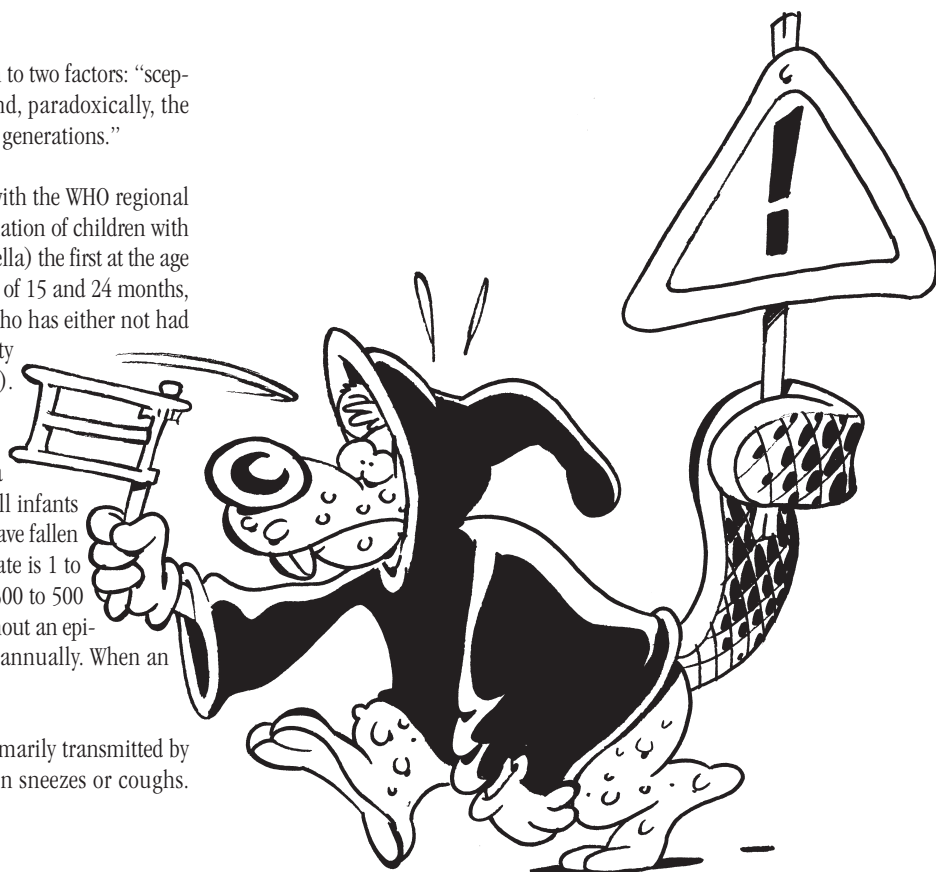
Measles generally appears in two stages - the first starts 7 to 18 days after infection and is characterised by fever, fatigue, abdominal pains, excessive sensitivity to light, inflammation of the mucous membrane in the mouth and often coughing, sneezing and a sore throat. Two to four days after the symptoms appear, the second stage begins with a new bout of fever. The existing symptoms worsen and a rash appears. In cases where no complications arise the symptoms disappear quite quickly and there are no long-term side-effects. Potential complications include encephalitis (1 case in 1 000), middle-ear infection or pneumonia (5-15%). Unlike other viral illnesses, there is no known treatment against the measles virus. It is only possible to relieve the symptoms.

To eradicate measles in Switzerland, as in the Americas and Finland, it is essential to increase the vaccination rate among infants to 95% (nationwide it currently stands at 86%). This is the only way to avoid measles epidemics and their sometimes fatal consequences.

We strongly recommend you mention this to your GP, and take along your children's vaccination record, together with your own if you were born after 1963.

Dr Véronique Fassnacht and Dr Eric Reymond,

CERN Medical Service



> CHIS: COMPOSITION OF THE CHIS BOARD IN 2009

Every spring we remind you that the CHIS Board (CERN Health Insurance Supervisory Board) is a sub-group of the Standing Concertation Committee whose members are appointed partly by the Management and partly by the Staff Association and the CERN/ESO Pensioners Association. The members of the Board in 2009 are:

Chairman: Philippe Charpentier

Manager of the contract with UNIQA: Erwin Mosselmans

Members appointed by the CERN Management: Mark Büttner, Daniela Macina, Matti Tiirakari,

Members appointed by the Staff Association and the CERN/ESO Pensioners Association: Jean-Paul Diss, Sébastien Evrard, Joël Lahaye, Pierre Lazeyras

Alternate Member: Alain Burlet

Ex officio Members: Gianni Deroma, Sigurd Lettow

Standing invitations to attend: Véronique Fassnacht, Eric Reymond, Carmelo Saitta

Secretary: Marcel Aymon

> UNITED HEALTH CARE

UNIQA's experts are there to help you!

UNIQA has a telephone number you can call at any time for help when travelling:

Emergency 24-hour hotline:

Tel. +43 (512) 224 22

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

We recommend you to call this number if you need to be hospitalised outside Europe. **You must do so** if you are hospitalised in the **United States** so that your file can be handled by **United Health Care**, UNIQA's partner. This will avoid you having to pay a deposit, and the cost of your hospital stay will be significantly lower.

Before you travel, UNIQA can provide you, on request, with a United Health Care membership card, which will simplify the procedures to be followed with US doctors and hospitals.

This card is free of charge and is issued irrespective of whether or not you have signed up for extended medical cover.

> SOME ADDITIONAL ADVICE...

Health is a personal matter, so it's up to each of us to find our own ways of keeping costs to a minimum. In a mutual scheme like ours, this is doubly important. Here are a few suggestions you can start to implement immediately for all non-urgent health problems:

- > Try to ask hospitals and clinics for an estimate and compare their offers before undergoing major treatment;
- > Make sure that doctors, both GPs and specialists, are aware of your concern to find a solution that makes financial sense;
- > Where possible, purchase your medicines in France, choosing generic medicines whenever you can; the same applies to dental treatment, X-rays and laboratory analyses;
- > Ask to have the various treatments and their consequences explained to you;
- > Request an explanation of fees if you are surprised by the size of your bill and if you are still not convinced contact UNIQA for advice before paying;
- > Avoid prolonging hospital stays for the sake of convenience;
- > Remember that medical files, other than doctors' personal notes, are the patient's property. You are also entitled to request that X-rays and the results of laboratory analyses be sent to you. By keeping them, you can avoid having to repeat them unnecessarily in the future.

All these tips serve to underline that savings can be made without undermining the quality of care. We hope you will find them useful.

