1 editorial Focus on the financial balance | 2 a must read Our future financial balance
3 fact file Pharmacists and medication | 4-5 practical tips The UNIQA column: Doctors’ fees during hospitalisation
6-7 prevention Beware of burn-out! | 8 greetings

This final CHIS’ Bull of the year contains some particularly important information, and we especially recommend you pay close attention to the article on page 2, which addresses the issue of the Scheme’s financial balance, a matter that must always be at the forefront of our minds... and the main objective for us all!

We have to announce that, for 2007, the annual deductible must be doubled. The aim of this measure, which we are happy to say is only temporary, is to preserve the long-term balance of our Scheme. Of course it’s bad news, but if it helps us keep our heads above the water in the coming years it will be a price worth paying. Also in 2007 we will be initiating a comprehensive review of our Scheme, which should lead to measures that will guarantee this all-important financial balance, in the interests of all CHIS members.

There’s good news on the hospital costs front, where, judging from the first nine months of the year, a downward trend has begun. This deserves to be underlined as it is quite a rare occurrence. Could it be that CHIS members are being more frugal about their health expenditure? We certainly hope so, as our Scheme relies first and foremost on the sense of mutual responsibility of its members.

We mainly wanted this issue of the CHIS’ Bull to be factual and practical. That’s why we’ve returned to the familiar topic of the cost of medication and pricing policies from one country to another, as well as how to make savings in our region. In its column, UNIQA give us tips on how to avoid nasty surprises with certain doctors’ fees. They draw our attention to a set of simple rules to follow, which can save thousands of francs in some cases and make life a whole lot easier!

We hear of more and more cases of “burn-out”, but it is a condition that is still not well understood. How do we detect the first signs of burn-out? How can we prevent it or deal with it? These are the important issues to which CERN’s doctors reply with tact and clarity.

On a lighter note, we look forward to the festive season. Depending on how you like your presents — under the Christmas tree or down the chimney — the whole CHIS team offers you a good dose of optimism, your hearts’ desire and a gift-wrapped box-set of health, happiness and good fortune!

Above all, we wish you a very merry Christmas and a happy New Year.

Sylvain Weisz, Chairman of the CHIS Board
THE FINANCIAL BALANCE OF THE CHIS IS A PERMANENT OBJECTIVE!

The main task of the CHIS Board, the joint committee responsible for keeping an eye on our mutual health insurance scheme, is to seek and identify ways of maintaining the long-term financial balance of our scheme.

Established in 1992 on the proposal of the Standing Concertation Committee, this body is composed of representatives of the Management, the Staff Association and the CERN Pensioners Association and meets once a month. It has many varied tasks such as the periodic review of the CHIS Rules, relations with our manager UNIQA and the drafting of the CHIS Bulletin you’re reading now. However, its main objective remains the preservation of the financial balance of our Health Insurance Scheme. To achieve that, it regularly analyses the statistics, makes projections and proposes solutions to the Management whenever it deems it necessary to do so.

When in 1995 the CHIS Board became aware that the increase in the number of pensioners would rapidly pose a problem, it proposed and obtained direct payment by the Organization of two thirds of pensioners’ contributions, as for the active staff. Hitherto when staff took their retirement, the employer’s contribution disappeared and the cost was then borne by the members. Another major achievement, which entailed a slight increase in contributions in 2001, was the introduction of long-term care (LTC) benefits.

The main financial consequence of the timely introduction of these two important measures has been that to date we have not had to modify the contribution rates despite soaring health costs. But health-care inflation that is higher than the annual indexation of salaries and pensions is never good for our scheme which derives its income from these two components. Another factor whose impact cannot be avoided is an aging insured population. Using simulations, the CHIS Board has reached the conclusion that, if nothing is done, the financial balance will be broken in about 2008/2010. In view of the importance of the subject, we must therefore resolutely apply our minds to what is just round the corner!

The Five-yearly Review of Employment Conditions which is currently coming to a conclusion without a salary increase, and thus without fresh income for the scheme, has provided the opportunity to draw the Management’s and the Member States’ attention to the short-term outlook of our Health Insurance Scheme. Several decisions have already been taken. Thus, as an immediate measure, the CHIS Board has decided to double the annual deductible from 100 to 200 CHF for 2007 only. This measure will yield approximately one million Swiss francs and, in parallel, the Organization will pay an equivalent amount into the CHIS. However it should be noted that this measure can only be temporary since it primarily penalises those insured members who are making the greatest efforts to achieve savings.

CERN’s governing bodies have also asked for a complete study of our scheme together with proposals aimed at maintaining the long-term financial balance, for implementation from 2008. Everything, from deductible and benefits to contributions, will be reviewed. The CHIS Board will therefore have to get to work once again and propose equitable solutions that are acceptable to both the insured staff and the Organization. All the other conditions will remain unchanged until the study is completed and new decisions are taken.

If the trend of the first nine months of 2006 is confirmed, this study will start in a climate that is already less difficult. At the end of September the overall increase in reimbursements was only 2.3% with respect to the same period in 2005, which, barring a series of financially onerous cases, suggests that 2006 will be a good year from the accounting point of view. It should be noted that hospitalisation costs are declining across-the-board, even at the Hôpital de La Tour, which gives good grounds for hoping, subject to confirmation, that we will be able to renew our agreement with that establishment. But we should not fool ourselves into a false sense of security: there is still an overall increase, albeit less marked than in previous years.

We must remember that UNIQA is only our manager and that the benefits and contributions are fixed by the CERN Council. We must also remember that our scheme is managed on a mutuality basis, with considerable solidarity between insured groups, and that it depends on each one of us individually to succeed in making savings for the benefit of all. How can we do this? By being intelligent consumers as for all our other purchases! Unfortunately, we have to wake up to the fact that, in many instances, the notion of patient was long ago replaced by that of client!

The doubling of the deductible in 2007 somewhat blurs the message, albeit temporarily. However, we can never repeat often enough that the immediate proximity of France can potentially generate substantial savings if only we take the trouble to think twice before acting. For starters, acquiring the habit of consulting a French doctor, going to a French laboratory or making a little detour to purchase the necessary medication that is 20% to 50% cheaper than in Switzerland is a straightforward way of alleviating the burden on the CHIS to the tune of a few million Swiss francs. However our statistics unequivocally show that, despite the fact that the majority of insured members live in France, very few take the trouble to do so, irrespective of their place of residence.

The freedom of choice in health care has a price which many of our countries have already deemed too high. So from now on let’s all make the necessary effort to be worldly wise consumers in order to place our scheme and its many high-quality benefits on a firm financial footing. The study that is to be conducted over the coming months will show whether we can still pay for all of them in the future and whether the Member States are still prepared to grant them all to us. Let’s fully appreciate our current good fortune and all act responsibly in our best interests.
PHARMACISTS AND MEDICATION: A DIFFERENT APPROACH

For many years pharmacists have based their incomes on the profit margins on the medication they sold. However, in several countries, the situation has already changed or is rapidly in the process of doing so. In the interests of making savings, some countries have changed the method of remunerating pharmacists by making remuneration less dependent on the price and volume of medication sold. Here is a brief overview.

The example was set by the Province of Quebec, in Canada, which in 1978 was the first to move away from a system of remuneration based purely on sales. Since then, pharmacists in Quebec have been paid fees that are independent of the price of medication, namely 7.80 Canadian dollars per medicine prescribed, irrespective of the price and the quantity supplied.

Since 1993, the Netherlands has also completely decoupled pharmacists’ pay from the price of medication. Whatever the price of the medicine, the health insurance schemes reimburse the price of the medicine plus a fixed sum of 5 euros to the pharmacist for each medicine. Moreover, sales of generic medication are high in the Netherlands.

> IN SWITZERLAND TOO!

In 2001, as CHIS members witnessed, it was Switzerland’s turn to change the system. A distinction is now made between the advice and work of the pharmacist and the cost of manufacturing and distributing the medication. The service provided by the pharmacist is remunerated according to a “pharmacist” flat rate for his work in monitoring, providing advice and substituting a generic drug (sales of which are strongly increasing) for the one prescribed and a “patient” flat rate for maintaining a patient’s file. However, the pharmacist retains the margin on the medication sold, albeit reduced compared to that previously obtained. This system has resulted in a 500 MCHF reduction of national healthcare costs in four years.

Since 2004, pharmacists in Germany are also paid on the basis of a dispensing fee and a margin of 3% on the wholesale price.

Next year, Belgium is also expected to switch from remuneration based mainly on the profit margin to one based mainly on fees. One special characteristic of the system is that it will apply to medication sold with and without prescription.

The role of pharmacists in the United Kingdom, whose pay comprises reimbursement for the cost of the medication and a fee for dispensing them, goes far beyond that of dispensing medication. Provided they have the appropriate training, they can be paid for monitoring patients suffering from chronic diseases, treating minor pathologies or even for initiating a consultation with a patient who wishes to stop smoking.

However, there is no mistaking the fact that this change in the way pharmacists are remunerated is a general trend. France is still holding out against these changes and most French pharmacists are opposed to being paid on the basis of the services provided. Fortunately, to a large extent the sale prices of medication available on prescription are regulated by the French Social Security system and the market in generic drugs is booming, allowing some containment of costs.

> ... WHAT ARE THE EFFECTS ON THE CHIS?

Obviously, our insurance scheme has no power to influence how pharmacists are remunerated and the only room for manoeuvre it has is to adapt by seeking the most favourable financial conditions. As was indicated in our Switzerland or France Fact File in issue No. 23 of the CHISBull’, CHIS members living in Switzerland purchase only 8% of their medication in France, even though the same medication is considerably less expensive across the border. Therefore, the Scheme has not accepted the tariff agreements offered by some Swiss pharmacy groups as, even with a 10% reduction, their prices are still too high. Another important source of savings is for members to ask their doctor to prescribe a generic medication or, failing that, to ask their pharmacist for it whenever possible.

(Information drawn from the magazine Que Choisir No. 435 – March 2006)
Doctors’ fees in Switzerland are categorised according to two types of treatment:

- Doctors’ fees for outpatient treatment, i.e. treatment received at the doctor’s surgery not requiring hospitalisation and to which the TARMed applies;
- Doctors’ fees for surgical procedures requiring accommodation in the establishment where the procedure took place. In this case, the TARMed does not apply and the doctors’ fees are invoiced at the private rate, based on a tariff agreement or not, depending on the insurance scheme.

However, owing to their status, UNIQA Assurances SA and the CHIS are not signatories to this agreement. As a result, we cannot insist that doctors apply these tariffs. Neither does the law allow an insurer to appeal against a private tariff in the courts. Either the insurer accepts the tariff invoiced, or it refuses to reimburse the costs. In contrast, the law allows the patient, if he deems himself to have been the victim of exorbitant rates, to appeal to a court which will decide whether the tariff is standard and reasonable. We would agree with our members that the latter solution puts CHIS members in an unenviable position, to say the least.

**USEFUL INFORMATION IN THE EVENT OF HOSPITALISATION**

**CURRENT PRACTICE IN THE CANTON OF GENEVA**

Several years ago, the Federal Competition Commission ruled that the private tariff for medical practitioners should be subject to competition law and that as a consequence a single tariff could no longer be allowed.

Since then, Cosama, the Association of Swiss Private Insurers has negotiated on behalf of its members an agreement with the Geneva Doctors’ Association (AMG) entitled “The Modes of Operation of Complementory Insurances for Private and Semi-private Hospitalisation” which sets price brackets for a comprehensive list of medical and surgical procedures in the event of hospitalisation.

This agreement enjoys widespread recognition and is applied as a standard and reasonable tariff by a majority of doctors in Geneva and even in Vaud. We have noted that a majority of doctors in Geneva also apply these tariffs to CHIS members.

**FLAGRANT OVERCHARGING**

In order to help you avoid this unpleasant outcome, we would like to issue a warning to our members following cases in which some doctors have regularly charged exorbitant rates. On a case by case basis, we have used the path of negotiation to bring fee invoices back to within acceptable limits. However, the results are unpredictable, especially where the invoices have already been settled with the doctor. For example, after several months of hard negotiations, we succeeded in having an invoice for surgical fees reduced from 6,800 CHF to 2,800 CHF. This type of discrepancy is unacceptable and jeopardises both the financial position of the CHIS and the CHIS members who anyway directly contribute 10% of these fees in addition to their regular contributions to the CHIS. Unfortunately, these cases are not rare and we cannot in any case guarantee that such subsequent intervention will be successful in all cases.

How to avoid
> SOME SIMPLE RECOMMENDATIONS

For this reason, we all need to follow a few straightforward recommendations in order to avoid unpleasant surprises when we receive an invoice:

- In the event of a planned surgical procedure, we strongly encourage you to exercise your right to ask the doctor for an estimate for the procedure and the associated fees (surgical assistance, anaesthesia), indicating the exact nature of the treatment, with a confidential copy addressed to UNIQA’s consulting medical practitioner, if you so wish;
- we ask you to submit the estimate with sufficient notice (at least 15 days if possible) so as to allow time to check that the tariff proposed is standard and reasonable;
- we will do our best to process urgent cases (where only a few days’ notice are given) as rapidly as possible, by fax* and e-mail* if necessary;
- where the cost estimate is exorbitant, we will inform you as well as the doctor prior to the surgery, and request that the estimate be rectified;
- upon receipt of the invoice, we would request members to check, before submitting their request for reimbursement, that the doctor has indicated the nature of the procedure in the invoice. In all cases, the information is handled with the requisite level of confidentiality. Should your doctor refuse to do so, he must forward the information in a sealed letter marked “Confidential” to UNIQA’s consulting medical practitioner;
- without this information, we are obliged to delay payment for the invoice pending checks, which can take time.

We hope that this advice will help safeguard the financial balance of the CHIS as well as limit your personal financial contribution.

Of course, you are free to contact us to discuss your individual circumstances, which will be treated with complete medical confidentiality.

UNIQA Assurances SA

unpleasant surprises?
In recent decades, new types of mental disorders and illnesses have appeared. Burn-out is one of the most recent. How can we prevent it?

Burnout is defined by Schaufeli and Enzmann (1998) as a permanent negative state linked to work in “normal” individuals; it is essentially characterised by general fatigue, stress, a feeling of loss of competence, demotivation and the development of a dysfunctional attitude towards work.

Burnout has three components: the person feels emotionally (and physically) exhausted, becomes disillusioned and cynical and no longer derives any satisfaction from work.

> WHAT ARE THE SYMPTOMS?
The following symptoms may be encountered: pronounced chronic tiredness, insomnia, migraines, eating disorders, digestive problems, feeling discouraged, powerless and distressed, sudden and uncontrollable fits of weeping, irritability, anxiety or panic attacks, a feeling of being undervalued, a strong sense of guilt.

> WHAT ARE THE CONSEQUENCES?
In the workplace, burnout may result in more frequent instances of wrong decisions, the appearance of aggressive behaviour and reduced professional performance and flexibility, and may lead to long-term sick leave.

Outside the workplace, it results in disruption of the work-life balance, little or no social life, cutting out sports or cultural activities, no holidays and, ultimately, family conflicts.

Burnout is not a fashion but an illness of our times to which the most productive individuals in society are particularly susceptible. Those suffering from burnout tend to have similar predominant characteristics: they tend to be perfectionists, very ambitious, strong willed and even idealistic, who do not know how, or are unable, to say no or to delegate.

The main difference between burnout and depression is that burnout is a form of exhaustion that is specifically linked to work and occurs after professional over-investment. However, this illness is not yet listed in the international classification of mental illnesses. In the professional context, frequent causes of burnout are a feeling of lack of recognition and support, communication problems, a lack of clear objectives and unresolved conflicts.

> HOW CAN BURNOUT BE PREVENTED?
If burnout cannot be avoided by a healthy lifestyle and work-life balance, it is important to recognise its earliest symptoms even though they may not necessarily be burn out-related.

This is an area where friends, family and colleagues have an essential role to play in helping the person to react before exhaustion is too far advanced.

The individual’s attitude to work is the key to preventing burnout. We must ask ourselves the following questions:

- To what extent do I define myself by my professional activity?
- How can I recharge my batteries? Do I tend to neglect the opportunity to recharge my batteries when I feel overloaded?
- To what extent do I pay attention to my colleagues and those with whom I work?

It is often easier to identify the signs of overwork in others than oneself. Observing them and talking about them can make an important contribution to preventing burnout. By doing so, we are indicating that the human being is just as important as performance.

Dr Veronique FASSNACHT and Dr Eric REYMOND, CERN Medical Service
**PERSONAL CHARACTERISTICS**
- Overinvestment
- Perfectionist
- Inability to say no
- Feeling undervalued
- Feeling guilty
- Loss of motivation
- Strong-willed
- Inability to delegate

**PROFESSIONAL CAUSES**
- Feeling of lack of recognition and support
- Communication problems
- Lack of clear objectives
- Unresolved conflict

**IMPACT OUTSIDE WORK**
- Disruption of work-life balance/cessation of sporting and cultural activities
- No holidays
- Less or no private/social life
- Family conflicts

**PATHOLOGIES**
- Lack of energy
- Sleeping disorders
- Concentration difficulties
- Digestive disorders
- Irritability
- Anxiety – Panic attacks
- Depression
- Eating disorders
HEADING FOR SUNNIER CLIMES?
If you experience a serious medical problem while you are travelling abroad, don't forget that the CHIS has a telephone number that you can call 24 hours a day in the event of an emergency:
Tel. +43 (512) 224 22
(This number is also printed on the back of your membership card.)
UNIQA's experts are there to help you!

"The entire CHIS Board team wishes you a very merry Christmas and a good start in 2007!"