
EHFCN
European Healthcare
Fraud & Corruption Network
GKV
Spitzenverband

SUMMARY


Bytes Without Borders
PREVENTING AND COUNTERING HEALTHCARE FRAUD AND CORRUPTION IN THE DIGITAL AGE.
18-19 NOVEMBER 2019
BERLIN GERMANY

Contents

Program of the 13th EHFCN Conference

This summary report has been kindly drafted by Alessandro Fiorenza, Coordinator for the Fight against Fraud and Enforcement Policy at Intermut (Belgium).

Find below the program of the 13th EHFCN Conference that was hosted in Berlin (Germany) on 18 and 19 November 2019 by GKV-Spitzenverband, the National Association of Statutory Health Insurance Funds.

Day 1 - Monday November 18

08:30	**Coffee & Registration**
09:00	**Welcome and introduction to the program**
	Conny Czymoch, journalist and moderator
09:10	**Formal Opening of the Conference**
	Vassilis Plagianakos, President EOPYY (Greece) and President EHFCN
09:15	**Opening speech**
	Dr. Doris Pfeiffer, Chair of the Board, GKV- Spitzenverband (Germany)
09:30	**Digital Transformation of Healthcare Systems: risks and opportunities**
	Prof. Franz Benstetter, Hochschule Rosenheim (Germany)
10:00	**Challenges for international cooperation in a changing environment (panel)**
	• Jo De Cock, CEO NIHDI (Belgium) • Drs. Bart Combée, Member of the NZa board of directors, Dutch Healthcare Authority (The Netherlands) • Dr Doris Pfeiffer, Chair of the Board, GKV-Spitzenverband (Germany) • Vassilis Plagianakos, President EOPYY (Greece) and EHFCN • Nicolas Revel, CEO Cnam (France)
10:55	**Preventing corruption in the public sector: the perspective of the Council of Europe's Group of States against Corruption (GRECO)** Gianluca Esposito, GRECO's Executive Secretary and Head of the Council of Europe's Action against Crime Department
11:15	**Coffee break**
11:30	**The work and results of the Anti-Misconduct Office for the German Healthcare System** Gernot Kiefer, Vice-Chair of the Board, GKV- Spitzenverband (Germany)
11:55	**The Act to Combat Corruption in the German Healthcare System** Prof. Dr. Kirsten Graalmann-Scheerer, Chief Public Prosecutor Free Hanseatic City of Bremen
12:20	**Corruption in the German Healthcare System. The example of "Medical Tourism"** Prof. Dr. Hendrik Schneider, University of Leipzig Faculty of Law
12:45	**Interactive discussion**

13:00	**Lunchtime**
14:00	**Interactive breakout sessions** **New ways to counter fraud, waste and corruption in changing societies** Speakers share their best innovative practices in interactive parallel sessions focusing on practical tools and innovative solutions *Organized by Marieke Koken, Advisor at Zorgverzekeraars Nederland (ZN), (The Netherlands)* **Session I (14:00-14:35)** ***Belgium: Inspection activities based on data mining or ad hoc information: which gives the best results?*** Philip Tavernier, Acting medical director-general, Medical Evaluation and Inspection Department, NIHDI *Moderator: Professor Graham Brooks, University of West London (UK)* ***USA: Health Care Fraud Analytics*** Ekin Tahir, PhD, Associate Professor of Quantitative Methods, Texas State University, Author of "Statistics and Health Care Fraud" *Moderator: Rob de Ridder, Senior Strategic Policy Advisor at NZa, Dutch Healthcare Authority (The Netherlands)* ***Lithuania: Corruption Risks in Lithuanian Healthcare System. The Case of Public Procurement and Sponsorship*** Dr. Margarita Svedkauskiene, Head of the Strategic Analysis Division, Special Investigation Service, Lithuania *Moderator: Francesco Macchia, President ISPE Sanità and Ordinary Member EHFCN (Italy)* ***USA: How Data Analytics can be the Key - Opioid Overprescribing and Misuse*** Christopher Brossart, Senior Principal Healthcare Integrity and Fraud Prevention, The MITRE Corporation *Moderator: Hans Nagels, Counselor, Ministry of Social Affairs and Public Health, and Asylum Policy and Migration (Belgium)* ***Greece: Key Challenges for Developing Policies to Tackle Fraud and Eliminate Waste Based on Machine Learning and Artificial Intelligent Algorithms: The Experience of the Hellenic National Healthcare Organization (EOPYY)*** Vassilis Plagianakos, President EOPYY (Greece) and EHFCN *Moderator: Dimitra Lingri, Head Legal Affairs EOPYY (Greece)*
14:40	**Session II (14:40-15:15)** ***Estonia: Using data to run health care smart*** Kadri Haller-Kikkatalo, MD, PhD, Head of Department of Analytics, Estonian Health Insurance Fund (Eesti Haigekassa) *Moderator: Marta Gonçalves, Treasurer EHFCN (Portugal)* ***Belgium: Hospital Audit*** Dr. Nick De Swaef, NIHDI-FPSH-Famph *Moderator: Tom Verdonck, Vice-Chair EHFCN (Belgium)* ***USA: Track and trace methods for prescription drugs, digital benefits and IOT solutions*** Atac Aytac, PhD, Vice President, EMEA & APAC, Head of Germany Office, Supply Chain Wizard *Moderator: Alessandro Fiorenza, Coordinator for the fight against fraud and enforcement policy at INTERMUT (Belgium)*

Ukraine: Prevention is the Cure: Corruption Ends with Open Access to Healthcare
Dr. Ulana Suprun, Former Acting Minister of Health of Ukraine
Moderator: Laura Roberta Ferrario, Vol. Researcher, ISPE Sanità (Italy)

France: Challenges of litigation control in risk management within healthcare institutions
Doctor Valérie-Jeanne Bardou, Head of the Department in charge of controls related to healthcare institutions - Direction of Audit, litigation and fraud control - French national health insurance fund (Cnam)
Moderator: Julie Galodé, Information Officer EHFCN

15:20 **Session III (15:20-15:55)**

Parallel Board meeting
Parallel to the interactive breakout sessions, all present board members in their respective organisation are kindly invited to attend the Board meeting for strategic consultation.

During this board meeting we will discuss the following questions:
- What connects all individual members in carrying out regulatory and enforcement practices?
- What do EHFCN members need and expect from EHFCN?
- What clear arrangements can we make to increase the networks added value for her members?

Organisors: Nathalie De Wulf, Managing Director EHFCN (Belgium) and Marieke Koken, Advisor at Zorgverzekeraars Nederland (ZN), (The Netherlands)

Sweden: Joint agreements in health care and in social services between the central contracting authorities and the tenders to combating corruption together
Ann Sofi Agnevik, Senior Legal Counsel, Legal Affairs Division, Swedish Association of Local Authorities and Regions (SALAR)
Moderator: Hanna Ternes, Expert from Liaison Agency Health Insurance - International (Germany)

Australia: Machine Learning to identify Fraud
Roy Shubhabrata, Head of International Growth, Lorica Health
Moderator: Alessandro Fiorenza, Coordinator for the fight against fraud and enforcement policy at INTERMUT (Belgium)

Germany: Fraud detection in prescriptions - an advanced analytics use case of Techniker Krankenkasse
Hubertus Brandner, data scientist and Katharina Ackermann, data scientist, TK
Moderator: Johannes Eisenbarth, GKV-Spitzenverband (Germany)

The Netherlands: Collaboration is Key for succesfull fraud detection
Gerwin Marskamp, Product Manager SIU and Wouter Joosse, Product Manager Claims FRISS (The Netherlands)
Moderator: Dr. Stephan Meseke, GKV-Spitzenverband (Germany)

16:00 **Outcomes of the interactive sessions**

Prof. Franz Benstetter, Hochschule Rosenheim (Germany), Rapporteurs

16:30 **2 final Winners of the New Ways and Innovation Award 2019 present their projects**

EOPYY (Greece)
The uncovering of a big fraud case using the data and tools of the new EOPYY medical devices and FSMP's Registry
Dr. Konstantinos Zacharopoulos, Inspector, YPEDYFKA-EOPYY

	IGAS (Portugal) IGAS Antifraud Unit Pedro Luiz, Inspector, General Inspectorate of Health
16:50	**Closing**
17:00	**EHFCN Extra-Ordinary Session of the General Assembly** EHFCN Executive Committee and Delegates
18:00	**End of the General Assembly**
19:30	**Networking Dinner (Käfer Berlin GmbH of the German Parliament)**

Day 2 - Tuesday November 19

08:30	**Coffee & registration**
09:00	**Opening, retrospect on day 1**
09:15	**Plenary Session: innovative strategies and responses on a European and international level** *Moderator: Paul Vincke, former President of EHFCN, Honorary Member*
09:20	***The International Social Security Association (ISSA)*** *Guidelines on error, evasion and fraud in social security* Professor Dr. Joachim Breuer, President
09:40	***The European Commission*** *Study on Cross-Border Cooperation: Capitalising on existing initiatives for cooperation in cross-border regions (Fraud and Fraud mitigation)* Dr. Corina Vasilescu, Policy Officer, DG SANTE, European Commission
10:00	***The Benelux Union*** *Benelux, healthcare and cross border fraud* Alain de Muyser, Deputy Secretary General
10:20	***Transparency International Germany*** *Whistleblowing in Health - a systemic approach and the challenges of subsidarity* Wolfgang Wodarg, board member of Transparency International Germany (TI-D) and head of the working group on Health - Annegret Falter, president of the Whistleblower Netzwerk e.V. in Germany and member of the TI-D working group on Whistlebowing
10:40	***Interactive discussion***
11:20	**Coffee break**

11:35	**The Financial Cost of Healthcare fraud 2019: what the latest data from around the world show**
	Prof. Mark Button, Director, Centre for Counter fraud at the University of Portsmouth (UK)
12:00	**Cybercrime and Healthcare**
	Jim Gee, Partner and National Head of Forensic Services at Crowe UK LLP (UK)
12:25	**Interactive discussion**
12:40	**EHFCN Guidelines on Promoting integrity in the Healthcare Sector**
	Dr. Tilman Hoppe, Anti-corruption expert - Nathalie De Wulf, Managing Director EHFCN - Laura Roberto Ferrario, Voluntary Researcher, ISPE Sanità (Italy)
13:00	**Outcomes of the conference - Where do we stand?**
	Professor Graham Brooks, University of West London (UK) - Observer at the conference
13:20	**Conclusions**
13:30	**Light lunch**
	End of the conference

Day 1 – Monday November 18 2020

09:00 Welcome and introduction to the program - Conny Czymoch, journalist and moderator

The participants were welcomed by Conny Czymoch, the moderator of the conference. She introduced the program for both days of the conference, bringing us smoothly to the formal opening by the President of EHFCN, Vassilis Plagianakos.

09:10 Formal Opening of the Conference - Vassilis Plagianakos, President EOPYY (Greece) and President EHFCN

Mr. Vassilis Plagianakos opened formally the 13th international conference of the EHFCN by reminding all participants the values of the EHFCN. He mentioned the exchange of good practices and the importance of cooperation between all the members of the EHFCN. He also talked about the different outputs the EHFCN has delivered in the past or will deliver in the future, like training programs, toolkits and publications.

A factor that takes an important role nowadays is technological advancement in data analytics. According to our President we all will have to use these new techniques (predictive analytics, artificial intelligence, machine learning, real time controls on invoices,…) to combat fraud more efficiently. This focus can clearly be noticed in the program of the conference – *Bytes without borders: Preventing and countering healthcare fraud andcorruption in the digital age.* With these thoughts in mind, Mr. Vassilis Plagianakos welcomed the participants and gave the word to Dr. Doris Pfeiffer.

09:15 Opening speech - Dr. Doris Pfeiffer, Chair of the Board, GKV- Spitzenverband (Germany)

Dr. Doris Pfeiffer, Chair of the Board of GKV- Spitzenverband and co-organisator of the conference had the honor to give the opening speech. You can find the opening speech below:

It is my pleasure to welcome you here at the premises of German Statutory Health Insurance Funds. It is our honour to act as the co-organiser of the 13th international EHFCN conference and host the event in the heart of the capital of Germany.

It is the GKV-Spitzenverband's statutory task to represent the German health insurance vis-à-vis the European Union and at international level. In accordance with regulations in our German Social Code, it is also one of our statutory tasks to combat misconduct in the German healthcare system, especially fraud and corruption. We thus feel honoured that the organisers have expressed such great interest in our work and have chosen Germany to be the focus of this conference.

Let me draw your attention to our latest Report to the Administrative Council on the work and results of the Anti-Misconduct Office for the Healthcare system. You will find that we already have substantial and quite detailed information on the extent of misconduct at the national level. My colleague, Gernot Kiefer, will elaborate on this subject in his intervention and we have a copy of the full report in English for all participants.

So far, there is not a single information on the magnitude of fraud and corruption in cross-border healthcare.

Our figures further show that the total number of reports on misconduct from external sources is more than three times higher than the number of reports from within our organizations. Thus, statutory health insurance funds are heavily dependent on whistleblowers in order to start investigations. We are not yet using the full potential of our own data, to say the least.

It was important to us that this conference titled "Bytes without Borders" focuses on the forthcoming challenges and opportunities for preventing and countering healthcare fraud in the digital age. The interactive breakout sessions will be an excellent opportunity to learn from each other and to share practical experiences from other European countries.

We are particularly happy that we were able to win Prof Dr Benstetter. He will share with us his thoughts on the risks and opportunities of the digital transformation of healthcare systems and set the overall framework of the following program.

Let me briefly shed some light on key developments in the German healthcare system.

In June 2016, a German Act to combat Corruption in the Healthcare Sector entered into effect. It has incorporated the new criminal offences of taking and giving bribes in the healthcare sector into the German Criminal Code, the Strafgesetzbuch.

The German Federal Court of Justice, the Bundesgerichtshof, had already criticised in 2012 that private practitioners could not be held criminally liable as perpetrators according to German law, since they are neither public officials nor employees or agents of a company. The Court therefore called on the legislator to counter effectively the misconduct and corruption in the healthcare system with all means available to criminal law.

We are very pleased that German legal experts will share today their analysis on how Germany is countering and preventing Healthcare Corruption at national level. We are delighted to have with us today Prof Dr Gralmann-Scheerer. She is the Chief Public Prosecutor of the Free Hanseatic City of Bremen with a national perspective. Prof. Dr. Schneider from the Faculty of Law of the University of Leipzig will provide us with a cross-border perspective on "Medical Tourism". I am positive that we will have further fruitful discussions on this during the conference.

From the long-term care sector, I have chosen one prominent example: Three weeks ago, newspapers all over Germany reported on a large-scale operation in Bavaria. 630 police officers and 33 public prosecutors performed a search on 213
premises of so called "Russian long-term care services", doctors, and patients. They obtained evidence on fraudulent billing. It was one of the most extensive operations against healthcare fraud in Germany ever.

According to the German Federal Criminal Police Office, the Bundeskriminalamt, organized crime is increasingly engaging in various forms of fraud against the social benefits systems. So far, we only detect a very small portion of these irregularities. The Bundeskriminalamt estimates that the financial damage caused by fraudulent billing comes close to one billion Euros per year.

The infiltration of the healthcare and long-term care sector offers new opportunities for organized crime. It promises significant profits, a low risk of detection and much lower penalties than traditional organized criminal activities, if at all.

The "Third Long-Term Care Strengthening Act" has incorporated new rules to close legal loopholes identified by the statutory health insurance funds. However, we still have to see whether this is a successful step towards combating organized crime in German Healthcare system.

After the Bavarian large scale-operation, now tons of paper bills and written signatures have to be analyzed. This may last for years, if it is possible at all.
Long-term care is a prominent example for an obvious need for digitalizing the overall invoicing procedure. However, let me also point out that there are other sectors in the German healthcare system, were the overall invoicing procedure is far more developed. For example, for medicinal products or hospital treatment invoices are digitally available and thus usable for the detection of error and fraud.

As in this conference we want to "overcome borders" let me now shift the focus to the European level and cross-border healthcare.

The Council Regulations (EC) No 883/2004 and (EC) No 987/2009 on the coordination of social security systems enable patients to receive healthcare treatment when they stay in another EU Member State.

According to the "Decision No H5" of the Administrative Commission for the Coordination of Social Security Systems from 2010, the authorities and institutions of the Member States shall cooperate in relation to combating fraud and error for the purposes of the correct implementation of the Regulations. This aims at guaranteeing that contributions are paid to the right Member State and that benefits are not unduly granted or fraudulently obtained.

Based on this decision, a European Platform to combat social security fraud and error has been established. The European Commission has financed a project to strengthen cooperation between national contact points to combat fraud and error. An online discussion platform with a working group on healthcare is part

of this project. We participate in this working group via our Liaison Body Health Insurance-International, which is part of the GKV-Spitzenverband.

In order to ensure that the coordination mechanisms are effective, they must be refined continuously. Therefore, the Commission's proposal for new Regulations on the coordination of social security includes a legal definition of "fraud".
According to this definition, fraud means any intentional act or omission to act, in order to obtain or receive social security benefits or to avoid paying social security contributions, contrary to the law of a Member State.

Furthermore, the European Commission has proposed changes concerning the legal value of documents. Those changes would add to a common understanding and impede the misuse of documents. Thus, we welcome these proposals in our position paper on the reform of the coordination rules, which, by the way, is available also in French and English.

In 2011, the EU Directive on patients' rights in cross-border healthcare further expanded the options for the insured to seek treatment in another Member State. According to this Directive, transparent complaint procedures and mechanisms for patients need to be in place. Furthermore, EU Member States should have transparent mechanisms for the calculation of the costs of cross-border healthcare.

To this day, not only in Germany, but also at the European Level there is no sufficient evidence on cross-border healthcare fraud in the EU. Largely, Crossborder fraud is neither registered nor reported. There is no specific information on its magnitude and therefore its scale remains unclear.

In order to effectively detect and combat cross-border healthcare fraud at national and EU level we suggest the following points to be addressed during this conference and in the further political debate.

- *We need a common interpretation of the EU law and the way cross-border healthcare is being provided.*

- *We need a common definition of cross-border healthcare fraud in all its different forms and a clear set of sanctions.*

- *We need a stocktaking, assessment, and if necessary an adjustment of the instruments that already exist in the field of cross-border fraud mitigation, such as the European Platform to combat social security fraud and error or the measures the Directive on patients' rights in cross-border healthcare provides for.*

- *We need EU-funded criminological research regarding scale, patterns, and types of cross-border healthcare fraud.*

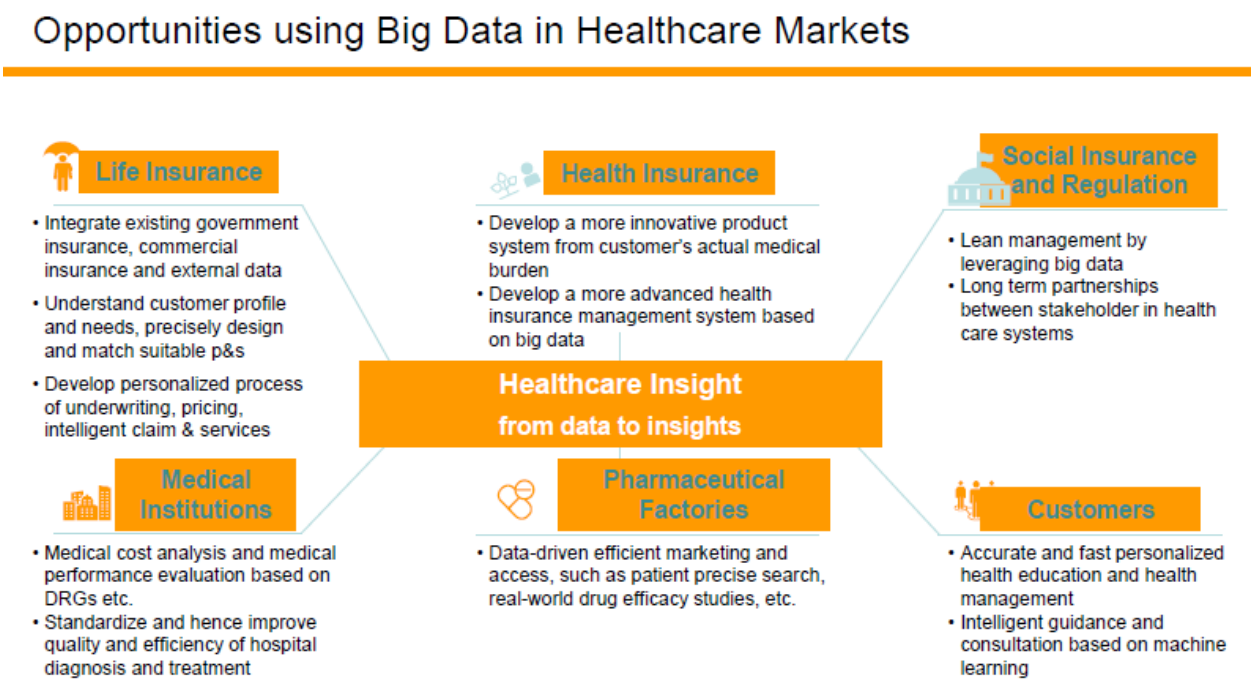
We should take this conference as an opportunity to address our common challenges, to discuss these recommendations in detail and to join forces to
combat fraud and corruption in Europe together. I wish you all a fruitful conference and a pleasant stay in Berlin.

Thank you for your kind attention.

09:30 Digital Transformation of Healthcare Systems: risks and opportunities - Prof. Franz Benstetter, Hochschule Rosenheim (Germany)

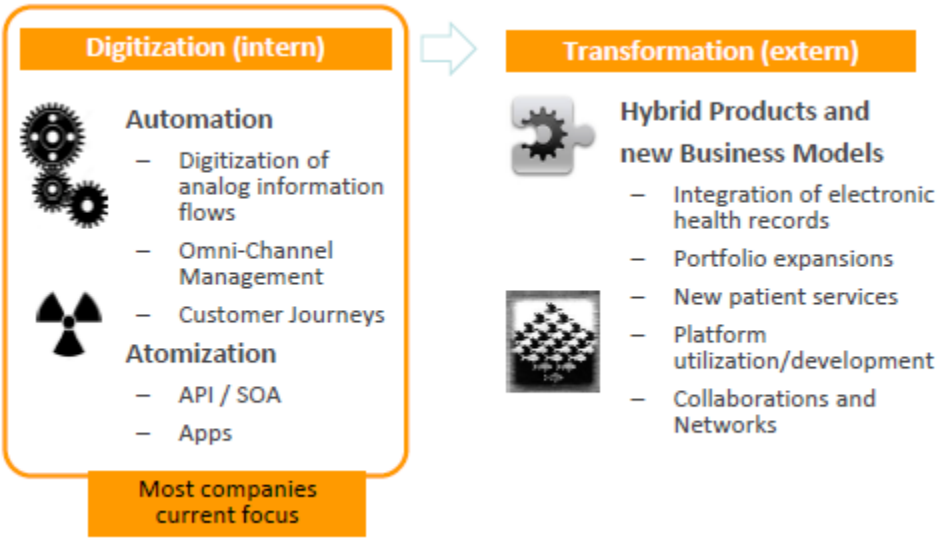
Prof. Franz Benstetter gave a presentation about the change of behaviour induced by digital transformation of healthcare systems.

He explained that many things are happening simultaneously, which brings many opportunities. For example: we want to predict when people will come in a healthcare problem so that we can do prevention (possibility). But to be able to do this we need data (claims data, medicine data,…). This again brings a risk of it coming in the wrong hands.

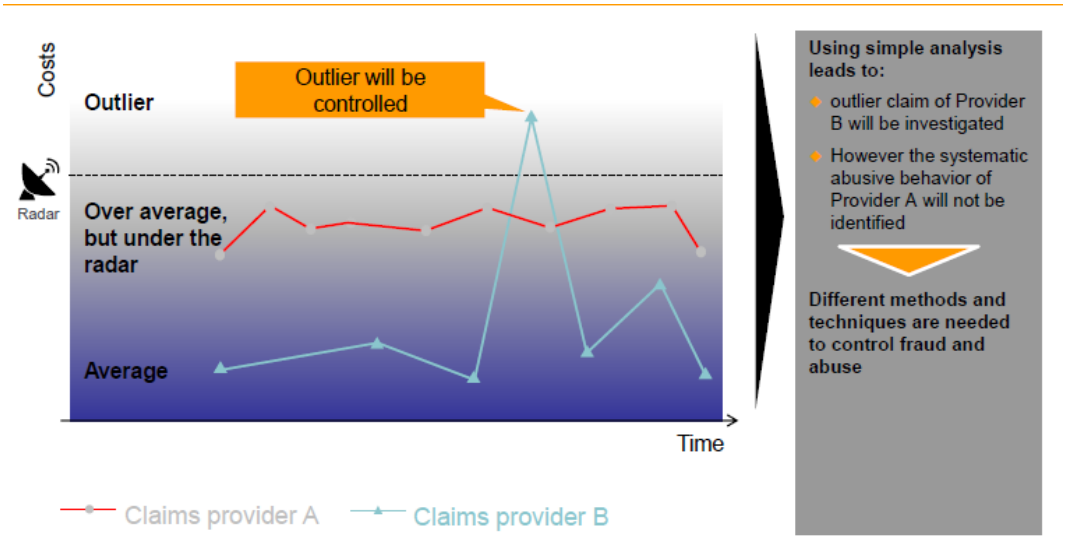


Most companies in the health insurance industry focus currently in the internal opportunities that digitalization brings (e.g. automation). These opportunities bring more efficiency. The more important opportunities however, lie in the external opportunities: new products, new business models, new services for patients, new collaborations that was not possible before,… These are the opportunities with

the greatest relevance for the patients. Therefore will the focus in the future shift from internal to external opportunities?



The second part of the presentation of Prof. Franz Benstetter focused on provider- and insured behaviour in health insurance markets – management by data. He told his audience that management by data is key to steer the health care management effectively. Therefore, it is important to analyse and predict behaviour using advanced analytics. Because of this, we need a lot of data. The challenge is to be able to identify this kind of behaviour that is just below the radar. Types of systematic fraud who are not detectable using simple outlier analysis.



Now we have different tools to do it: internal control systems, anonymously leaked information, digital image input management, IT-supported analysis. Everywhere where manual interaction is needed, are weak spots. In these areas are the most opportunities. In an ideal world, we should be able to detect fraudulent behaviour in real time.

The presentation ended with examples of how analytical tools can help in detecting fraud.

10:00 Challenges for international cooperation in a changing environment (panel)

In the next part of the conference moderator Conny Czymoch asked to a panel a couple of questions about the challenges for international cooperation in a changing environment. The panel consisted of:

- Jo De Cock, CEO NIHDI (Belgium)
- Dr. Bart Combée, Member of the NZa board of directors, Dutch Healthcare Authority (The Netherlands)
- Dr Doris Pfeiffer, Chair of the Board, GKV-Spitzenverband (Germany)
- Vassilis Plagianakos, President EOPYY (Greece) and EHFCN
- Nicolas Revel, CEO Cnam (France)

The first question was about the changing environment in the different countries and how each individual country tried to cope with it.

Dr. Bart Combée of the Netherlands kicked off with saying that they are all confronted with a rising cost and that keeping the things like they are today is not feasible. The only solution is to look for another way of organization, other types of solutions, and more importantly, digital developments. The last is lagging in the healthcare sector. He believes that digital development is needed and has to be encouraged in the healthcare sector. Because of this other actors are entering the playing field of healthcare (they see possibilities!), but they fall out of the legal framework.
Another important thing, besides digitalization, is preventing, and linking to it: good governance.

Jo De Cock from Belgium agreed with Dr. Combée: digitalization in healthcare is needed in every country. He thinks that digitalization will not change healthcare itself, but more the behaviour of the patients. They will expect more and more individualized and new types of care (cfr. telemedicine). This will make it more complex. It will no longer be evident who is responsible in case of fraud. New regulations will be needed. In Belgium for example they introduced a maximum amount of billing in the field of home nursery. If a nurse exceeds this limit he/she has to justify it.

Mr. De Cock also agreed that prevention is a keyword. He also adds that there is a need for more social control: patients have to control and if needed signal fraud (Cfr. Belgian online fraud report point). Finally, he talked about the need of using data. Patients want transparency. That's the reason why the insurers in Belgium are benchmarked.

Nicolas Revel from France agreed by saying that digitalization is an opportunity: it makes our controls better. He gave some examples from France where 90% of the invoices are now electronically and they are starting the use of e-prescription which makes falsification theoretically impossible. They are also developing datamining tools and already tested big data on medicine. The challenge is to always comply to the GDPR. Mr. Revel concluded by saying that the digital tools are the main tools to combat fraud now.

Dr. Doris Pfeiffer from Germany explained they had a new law to control the billing of the hospitals, but the hospitals complained that the controls were too strict. The law was later replaced by another which restricts the controls: if a health insurer controls a hospital, but doesn't find an error, then the health insurer has to pay 300 euros to the hospital.
Dr. Pfeiffer also explained that the German government tries to support digitalization in healthcare. But according to GKV- Spitzenverband it for the moment is not going in the right direction.

Vassilis Plagianakos of Greece told the audience that they also use e-prescription and control the invoices with digital techniques. Their main priority now is to use datamining techniques, because they gave possibilities to the patients to detect fraud, but it was not fruitful.

For the next round, Conny Czymoch asked the panel if they agreed with the following statement: More cross-border cooperation is needed.

Nicolas Revel immediately agreed and exposed two examples.

Jo De Cock went even further and said that cross-border cooperation is key. He gave the example of false websites for medical tourism. The only way to combat this is by exchanging information between countries on a fair and secure basis. The emphasis lies here again on the need of more data. Mr. De Cock also talked about a serious problem with cross-border fraud: special systems and mechanics are used in cross-border fraud. Every country has to be aware of it and together take care of it.

Dr. Bart Combée put things into perspective and says that the majority of fraud happens within the border. It's only at border regions that the Netherlands observes cross-border fraud. He gave the example of foreign healthcare providers in border regions that are for-profit (in contrast to the Dutch healthcare providers who are non-profit). It's therefore important to have a good view on their funding. He agrees however that we need international standards and very good structures. The main challenge is to act fast, because digital evolution goes fast.

Dr. Doris Pfeiffer agreed with the statement but said that we do not have sufficient data on cross-border fraud, we don't have a definition, no statistics and no clear sanctions. A research on cross-border is needed.

Conny Czymoch jumped in and made the observation that research takes a long time, but according to Dr. Combée we don't have that time, we have to act fast. She asked Dr. Pfeiffer how we can combine both. Dr. Pfeiffer answered that it makes sense to spend money on research to look at the reasons for fraud, to look for the nuclei of fraud. The only way to prevent fraud is to combat the roots of it.

The last question of Conny Czymoch was about the implementation of the combat of fraud in cross-border regions.

For Vassilis Plagianakos it is important to change the culture of the patient.

Dr. Bart Combée agreed with Vassilis Plagianakos and added that we have to involve the public with good governance, responsabilisation, transparency and benchmarking.

Jo De Cock added that awareness is also important. He also answers that it is a good idea to organize a conference with health professionals, because there is a big gap between the macro-dimension and the individual approach that we have to narrow. It is also important to show what can be done better instead of shaming one person.

Nicolas Revel states that we have two solutions against the high costs of healthcare: reimburse less or combat fraud. For him the choice is easy.

10:55 Preventing corruption in the public sector: the perspective of the Council of Europe's Group of States against Corruption (GRECO) - Gianluca Esposito, GRECO's Executive Secretary and Head of the Council of Europe's Action against Crime Department

Gianluca Esposito introduced himself as an outlier of the conference, as he is not a health professional. He then proceeded to introduce the Council of Europe's Group of States against Corruption (GRECO): a cooperation between all the countries on the European continent + the United States. They look at issues in the public for more than a decade now and focus on the individual for whom they try to develop a set of rules.

He does not agree with the statement that more legislation is needed. He believes that it is enough to ratify and implement what GRECO has developed. He also emphasized the importance of prevention. "If something bad happens, we're all losers." Sanctioning has to be the last resort.

According to Mr. Esposito, everybody needs to implement a code of conduct as a prevention mechanism. Risk assessment is another key element. He is also an advocate of lobbying regulations as long as they are transparent. Whistleblowers protection is also important, so they are brave enough to speak up.

You only need sanctions if prevention fails. He also adds that if the sanctions are big enough, people will think twice before committing fraud.

Mr. Esposito also has a word about the recent digitalization trend. He sees warning signs: tech-fraud. Here again prevention is the key.

A known discussion is about the difference in the amount of corruption between small-decentralized countries and big-centralized countries. The extent of fraud is in his opinion not determined by the structure of a country but by the kind of measures you adopt. In a centralized country you need measures at the central level and in a decentralized country you need measures at the local level. One is not better that the other.

Mr. Esposito ended his presentation stressing that public-private communication is very important, because profit has to be mitigated when something is about public interest, like healthcare. This communication happens not enough.

11:30 The work and results of the Anti-Misconduct Office for the German Healthcare System - Gernot Kiefer, Vice-Chair of the Board, GKV- Spitzenverband (Germany)

Gernot Kiefer started with explaining the history of the anti-misconduct legislation in Germany:
In 2004 were the first organizational structures created to react on misconduct. Everything had to be noted to the public prosecutor. Every two year a report was published. Before 2004 the government said that fraud was non-existent or such a minority that it was unnecessary to act. It took whistleblowers to change this perception.
In 2011 a data protection regulation was added. Since 2016 a more precise and better defined criteria catalog for combating fraud is used. GKV-Spitzenverband also became the umbrella organization of all health insurers in Germany. In 2019 another precision step was added. Detection became more important.

The second part of the presentation was about the findings: All the health insurers have to report to GKV-Spitzenverband since they became the umbrella organization. They have, like mentioned above, the task to report every two year. Of these reportings, they noticed a rising trend (the number of complaints have increased). They understood that the claims are only the tip of the iceberg. The most difficult part is to measure how big is the part hidden under water. They have determined that their biggest issues are located in the area of home care, more specifically, the use of medicine.

In the last part of the presentation Gernot Kiefer tried to make a prediction for the future evolution in Germany: GKV-Spitzenverband tries to take a more important role on the political scene. They want a whistleblower protection law, because they believe that the success of past actions lies in the information the whistleblower gave. They see a whistleblower as the most crucial source of information. Another big issue for the future is data protection. The regulations have to change. Now it is possible for healthcare workers to close in South-Germany after committing fraud and reopen in another region with another name. They want a "fraud-database".

11:55 The Act to Combat Corruption in the German Healthcare System - Prof. Dr. Kirsten Graalmann-Scheerer, Chief Public Prosecutor Free Hanseatic City of Bremen

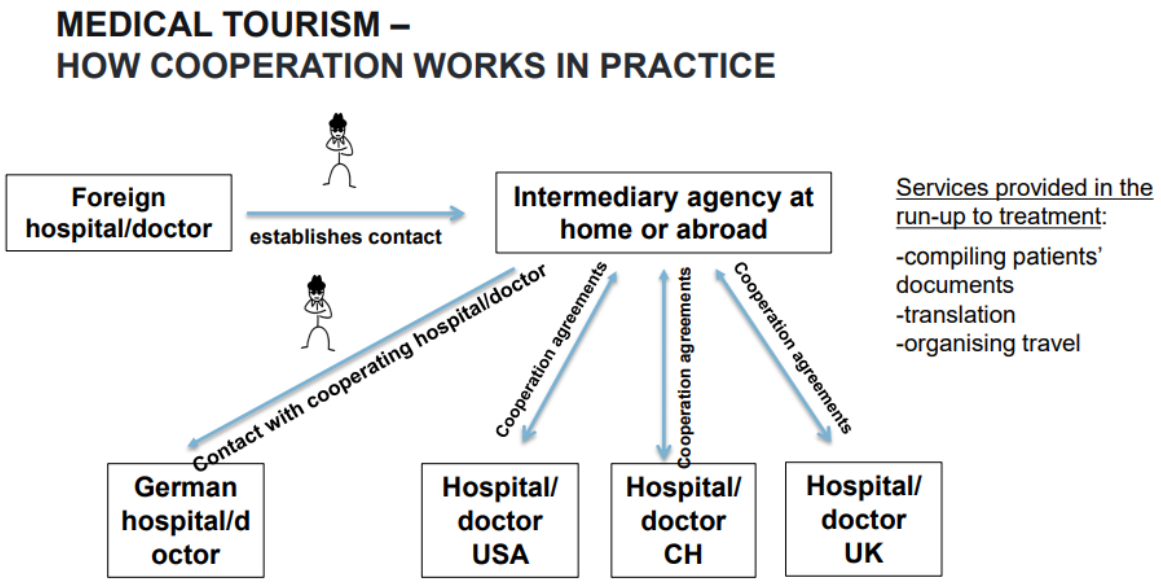
Prof. Dr. Kirsten Graalmann-Scheerer spoke about combatting corruption in Germany. After a long time and a hearing with experts in the parliament, a new legislation was approved to combat corruption. Corruption is seen as a wrongful arrangement; a mutual exchange that leads to an unfair advantage. the ability to sanction, by the prosecutor has to find evidence of the unfair advantage. This seems often to be a problem.

There are still uncertainties in the sector. The need to provide more information is big. The physicians are interested. Now there is still a preventive effect, but it is unclear how long it will last. The main reason for this is that the sanctions for the moment are not high.

12:20 Corruption in the German Healthcare System. The example of "Medical Tourism" - Prof. Dr. Hendrik Schneider, University of Leipzig Faculty of Law

Prof. Dr. Hendrik Schneider began his presentation by showing the audience the relevance of medical tourism. Before 2007 this practice happened more often in eastern countries. 2007 was a turning point: Germany attracted the most medical tourists. The cost of this was estimated at 1.2 billion euros. These means it is a great financial potential.

Prof. Dr. Hendrik Schneider went on to explain how the patients find their way to Germany. Patient-agents have a key role in this. Those people have agreements with one or more hospitals and they decide which patients goes to which hospital. These agents can be in the country or abroad and provide some services in the run-up to treatment (compiling patients' documents, translation, organizing travel,…). Countries with the most liberal standard allow the corporation with agencies have advantage in the market of patient tourism.



There are both legal and illegal variations of medical tourism. In the legal variant the patient has an agreement with the agent who searches for the best hospital for the treatment. In this case the patient pays the agent for the service. The costs of the treatment is paid to the hospital.

In the illegal variant the agent has an agreement with the hospital. The hospital pays in that case the agent to send them as much patients as possible.

There is however a loophole in the German Legislation. As long as it concerns a legal person prosecution is possible. If it is about one individual, then the legislation is not sufficiently designed.

The presentation ended with a word about the additional services linked to medical tourism, like translation. If the agent is the translator it can be seen as problematic. Money laundering was also mentioned as risk: Payment for treatment → treatment is canceled → money is sent back.

14:00 Interactive breakout sessions

In the afternoon, several interactive presentations were organized at the same time. The participants of the conference could choose which they wanted to attend. The presentations were divided in 3 sessions, so that every participant could attend up to 3 presentations. You can read the abstracts of the presentations bellow.

SESSION I

1. **Belgium: Inspection activities based on data mining or ad hoc information: which gives the best results?**

   Philip Tavernier, Acting medical director-general, Medical Evaluation and Inspection Department, NIHDI

   Moderator: Professor Graham Brooks, University of West London (UK)

Are you trying to fight waste and fraud in healthcare based on a huge amount of data at your disposal? Let's exchange some experiences (bad and less bad) on how an increasing amount of data does not mean automatically an easier job in fighting wasted spending. Should we wait for external complaints/notifications or can we develop our own ideas/analysis based on existing rules (compliance/reality) and evidence based medicine (unnecessary and inefficient care)? Do we need super-inspectors or should we replace them by data analysts? How can we match field experience, knowledge and analytical skills in order to get more impact?

2. **USA: Health Care Fraud Analytics**

   Ekin Tahir, PhD, Associate Professor of Quantitative Methods, Texas State University, Author of "Statistics and Health Care Fraud"

   Moderator: Rob de Ridder, Senior Strategic Policy Advisor at NZa, Dutch Healthcare Authority (The Netherlands)

The size and complexity of the health care programs and insurance schemes make comprehensive audits challenging, requiring the use of analytical methods to detect overpayments due to fraud, waste and abuse. This workshop presents analytical methods to describe health care billing patterns and detect unusual activities when labeled data is not available. These so-called unsupervised methods can help the medical fraud analysts to analyze massive amounts of data and provide information about relationships that exist within the data that might otherwise be missed. These generally serve as pre-screen filters that list the potentially fraudulent claims before the actual audit. This initial screening can decrease personnel costs as less transactions are reviewed. They are not dependent on a particular labeled data set. Therefore, they can be used to help detect changing fraud patterns. In particular, participants discussed the use of methods to group health care claim billings and to reveal abnormal activities. The workshop concluded with a discussion of opportunities and challenges of using health care fraud analytics.

3. **Lithuania: Corruption Risks in Lithuanian Healthcare System. The Case of Public Procurement and Sponsorship**

   Dr. Margarita Svedkauskiene, Head of the Strategic Analysis Division, Special Investigation Service, Lithuania

   Moderator: Francesco Macchia, President ISPE Sanità and Ordinary Member EHFCN (Italy)

Special Investigation Service of the Republic of Lithuania (hereafter – STT) has conducted an analytical anti-corruption intelligence (hereafter – AAI) in the area of the transparency of public procurement and support in Lithuanian public health care institutions.

AAI is a new function of the STT introduced in 2018 and can be described as an analytical activity comprised of the collection, processing, integration and analysis of information on corruption and related phenomena, integrating it with state registers and information systems, as well as other public or classified information available to the STT. Produced analytical reports are provided to the Governmental and municipal institutions, as well as other officers authorised to make decisions significant to the reduction of corruption. Reports may be also used for other lawful objectives of collecting information in line with the remit of the STT defined by the Law on the Special Investigation Service of the Republic of Lithuania and other regulations.

AAI allowed to integrate data from different state registers and information systems, and to reveal that a small proportion of the legal entities that get awarded public procurement contracts in Lithuanian hospitals account for the most of the value of public procurement. Moreover, contracted companies provided sponsorship to the respective hospitals, which was considered as a corruption risk. When providing sponsorship to the contracting authority legal entities may find themselves in a more favourable position in its organized procurement.

4. **USA: How Data Analytics can be the Key - Opioid Overprescribing and Misuse**

Christopher Brossart, Senior Principal Healthcare Integrity and Fraud Prevention, The MITRE Corporation

Moderator: Hans Nagels, Counselor, Ministry of Social Affairs and Public Health, and Asylum Policy and Migration (Belgium)

States require data and public/private collaboration to reduce overprescribing and misuse of opioids to assist in reduced substance abuse disorder and deaths associated with opioids. Data analytics along with machine learning is providing new insights into how prescribing patterns are fuelling the opioid crisis. This presentation will provide a review of several analytics developed, the data, political, and organizational challenges a State faces in addressing this epidemic that touches so many of our lives.

The presentation will look at several algorithms that identify clinicians that are willingly or unwillingly providing excessive opioid prescriptions. In addition, a sample public/private partnership will be covered that utilizes a performance characterization framework with key performance indicators are used to better understand the state of opioids. A demonstration will be presented of the performance characterization framework.

5. **Greece: Key Challenges for Developing Policies to Tackle Fraud and Eliminate Waste Based on Machine Learning and Artificial Intelligent Algorithms: The Experience of the Hellenic National Healthcare Organization (EOPYY)**
   Vassilis Plagianakos, President EOPYY (Greece) and EHFCN
   Moderator: Dimitra Lingri, Head Legal Affairs EOPYY (Greece)

Healthcare data are traditionally difficult to be cross-referenced through automation, and investigators cannot manually monitor transactions and crimes in real time. Thus, fraud prevention is more like "pay and chase", because the criminal is long gone by the time the fraud is detected. However, nowadays, fraud prevention technology has made enormous strides from advances in computing speeds (faster CPUs and GPUs), Machine Learning and other forms of Artificial Intelligence. Machine Learning is a field of Computer Science and Artificial Intelligence focusing in giving computers the ability to learn by feeding them data and information in the form of observations and real-world interactions. The goal is to make computers act like humans without being explicitly programmed. On the other hand, Data Mining is an interdisciplinary field of Computer Science with an overall goal to discover patterns and intelligently extract information from a large data set and transform the information into a comprehensible structure for further use. The aim of this breakout session is to discuss ways to combine Big Data and Machine Learning to gain a very significant opportunity in the antifraud efforts. With Big Data analysis, we have access to so much more information in real-time. Applying Machine Learning algorithms to that data can gives us the ability to not only create more advanced and accurate analytics, but also to do so in a much faster way.

SESSION II

6. **Estonia: Using data to run health care smart**
   Kadri Haller-Kikkatalo, MD, PhD, Head of Department of Analytics, Estonian Health Insurance Fund (Eesti Haigekassa)
   Moderator: Marta Gonçalves, Treasurer EHFCN (Portugal)

The department of analytics at Estonian Health Insurance Fund (EHIF) was brought together this year. The department is run by Dr. K. H-Kikkatalo, MD., PhD and it consists of 5 colleagues with master's degree in mathematical statistics (4) or mathematics (1). We have a quite unique database to analyze – about 98% of Estonian population has the medical insurance covered by EHIF. Data from medical claims, prescriptions and sick leave documents are electronic data and are collected into the database since 2004. Our focus is to provide quality information to EHIF colleagues and board, as well as to other authorities in Estonia.

7. **Belgium: Hospital Audit**
   Dr. Nick De Swaef, NIHDI-FPSH-Famph
   Moderator: Tom Verdonck, Vice-Chair EHFCN (Belgium)

In Belgium, the new service audit hospitals will reach cruising speed in 2020. We want to identify and promote best practices.
The supervision of hospitals by the Belgian federal government will change significantly in the coming years. The NIHDI, the FPS Public Health and the Federal Agency for Medicines and Health Products (FAMHP) have jointly set up the new service 'Audit Hospitals'. The project is gradually reaching cruising speed: the methodology for the audits has been determined, a first desktop and on site audits have taken place and the department is recruiting staff. The Belgian health administrations are going through a redesign process. This requires a new form of supervision of the hospitals, apart from the previous inspections. The aim is to ensure that patients in each hospital receive optimal care along with the best possible use of resources. This is how the 'Audit Hospitals' project came into place. The purpose is to develop a new audit department that will improve the efficiency and effectiveness of hospital care. The three health administrations will bring together their competencies and data in a first phase. Other administrations may join subsequently. The Belgian federal government prefers a steering supervision through an integrated approach. Feedback and benchmarking should bring about a prospective and adjusting result, rather than the retrospective and sanctioning approach. The new hospital audits will be thematic and data-driven. After a desktop study, on site hospital visits will follow suit. Clear, intentional violations of the regulations of the three institutions do not belong to the scope of the audits.
A global report is published with the anonymous findings of each hospital with regards to the other hospitals. In recent months, this method has been used for the first time in a proof of concept. Both the methodology and findings were explained in the Break Out Session.

8. USA: Track and trace methods for prescription drugs, digital benefits and IOT solutions

Atac Aytac, PhD, Vice President, EMEA & APAC, Head of Germany Office, Supply Chain Wizard
Moderator: Alessandro Fiorenza, Coordinator for the fight against fraud and enforcement policy at INTERMUT (Belgium)

The forth industry revolution has arrived, very fast and for some unexpectedly. Healthcare industry has been one of the industries that is impacted by the technological enhancements within Industry 4.0. With this presentation, the systematical approach of fraud detection as a part of 4th industry revolution will be analyzed, and some practical case examples will be presented that demonstrates the visible benefits of industrial transformation. For many industrial applications, automation has been defined in the last decade. This has formed more automatic and self-driven systems. However, this also formed silos within organizations: islands systems that are not communicating with each other.
With Industry 4.0, the silos systems are now being connected. The connection opens up endless possibilities, as now there is enormous amount of data that can be correlated, further analyzed and even be used to form smart decisions. Internet of Things (IoT) plays an important role at this automation, as well as concepts like Machine Learning and Artificial Intelligence.
This workshop aimed to present the approach for fraud detection as well as operational improvement is taking in defining the next industrial revolution as well as the practical benefits of concepts like IoT and Machine Learning.

9. **Ukraine: Prevention is the Cure: Corruption Ends with Open Access to Healthcare**
   Dr. Ulana Suprun, Former Acting Minister of Health of Ukraine
   Moderator: Laura Roberta Ferrario, Vol. Researcher, ISPE Sanità (Italy)

In Ukraine, they have focused on prevention of corruption, not just punishment after the fact. By creating an eHealth system where paper and the human factor is decreased to a minimum, we have lessened the opportunity for corruption. Outsourcing procurement of medicines and medical devices to international organizations and digitizing the procurement process has cut 40% in costs and led to increasing the supply of medicines. Transparency is our main weapon against corruption. After all, darkness is afraid of the light.

10. **France: Challenges of litigation control in risk management within healthcare institutions**
    Doctor Valérie-Jeanne Bardou, Head of the Department in charge of controls related to healthcare institutions - Direction of Audit, litigation and fraud control – French national health insurance fund (Cnam)
    Moderator: Julie Galodé, Information Officer EHFCN

In France, hospital financing by the State annually represents 54 billion euro. Indeed, there are 25 million of hospital stays every year. Due to those very important financial challenges, it is important for the Authorities to monitor this financing, and precisely the price per activity (T2A) part that was implemented in 2005.

As payer and guarantor of the proper use of public finances, Health insurance is lawfully entitled to do so. It fulfills this mission with the State.

The 1st national campaign of T2A reviews was carried out in 2006. During this session, Dr Bardou firstly presented the T2A context, hospital duties required by this financing, how T2A works. Then she focused on the monitored elements, the aims of this monitoring, the profile of the monitored hospitals, the respective tasks of the State and Health Insurance in this monitoring, the possible penalties applied to hospitals. Finally, Dr Bardou presented the cumulative figures related to this monitoring since 2006.

SESSION III

11. **Sweden: Joint agreements in health care and in social services between the central contracting authorities and the tenders to combating corruption together**
    Ann Sofi Agnevik, Senior Legal Counsel, Legal Affairs Division, Swedish Association of Local Authorities and Regions (SALAR)
    Moderator: Hanna Ternes, Expert from Liaison Agency Health Insurance - International (Germany)

Stakeholders active in healthcare and social care that is financed wholly or partially by public funds are charged with a public trust. Consequently, there must be a zero tolerance policy against corrupt or improper behavior, breach of trust, such as failure to comply with laws and regulations, abuse of the tax-financed social welfare system, and criminality.

Most organizations and individual employees within health care or social care want to do the right thing and act in a professional and trustworthy manner. A natural part of the daily work involves dialogue and cooperation amongst various entities and individuals in the sector. It is possible, however, that situations can arise that are difficult to deal with, and in which an action can be perceived in a negative manner.

This jointly produced agreement by the parties, the Swedish Association of Local Authorities and Regions (SALAR), the Association of Private Care Providers and the Co-operative Employers' Association (KFO) reflects the shared views on these matters.

12. Australia: Machine Learning to identify Fraud

Roy Shubhabrata, Head of International Growth, Lorica Health

Moderator: Alessandro Fiorenza, Coordinator for the fight against fraud and enforcement policy at INTERMUT (Belgium)

Today the terms Artificial Intelligence and Machine Learning are all over the media and everyone seemingly is part of the AI/ML technology race. In this session, we separate the hype from the reality. We look at different techniques of Machine Learning that are useful in the FAWE arena, and look at specific applications of these techniques. The emphasis was on real case studies from Australia, the UK and the US, and not on the techniques themselves. Participants also looked ahead into the future and discussed the evolution of FAWE analytics.

13. Germany: Fraud detection in prescriptions - an advanced analytics use case of Techniker Krankenkasse

Hubertus Brandner, data scientist and Katharina Ackermann, data scientist, TK

Moderator: Johannes Eisenbarth, GKV-Spitzenverband (Germany)

Being part of the interdisciplinary analytics team of Techniker Krankenkasse we constantly aim for the optimization of processes with the help of advanced analytics, in this case automated fraud detection in prescriptions of medicinal products. In our session they participants gained special insights into German health care system regarding doctor's prescription, data on claims for medication, and routine data availability. Getting in touch with real world examples and learn about our most valuable approaches reproducing fraud schemes - the first steps towards a machine learning approach. Organized in teams with varied domain knowledge participants developed flags indicating prescription fraud themselves.

14. The Netherlands: Collaboration is Key for succesfull fraud detection

Gerwin Marskamp, Product Manager SIU and Wouter Joosse, Product Manager Claims FRISS (The Netherlands)

Moderator: Dr. Stephan Meseke, GKV-Spitzenverband (Germany)

Collaboration is key for insurers and other stakeholders in the health care industry to effectively fight fraud. In this workshop the participants outlined the necessary cornerstones for cooperative fraud fighting we have in the Netherlands. These cornerstones enables parties like ZN to effectively receive and combine data from health insurers and prevent/detect fraud by means of software of FRISS.

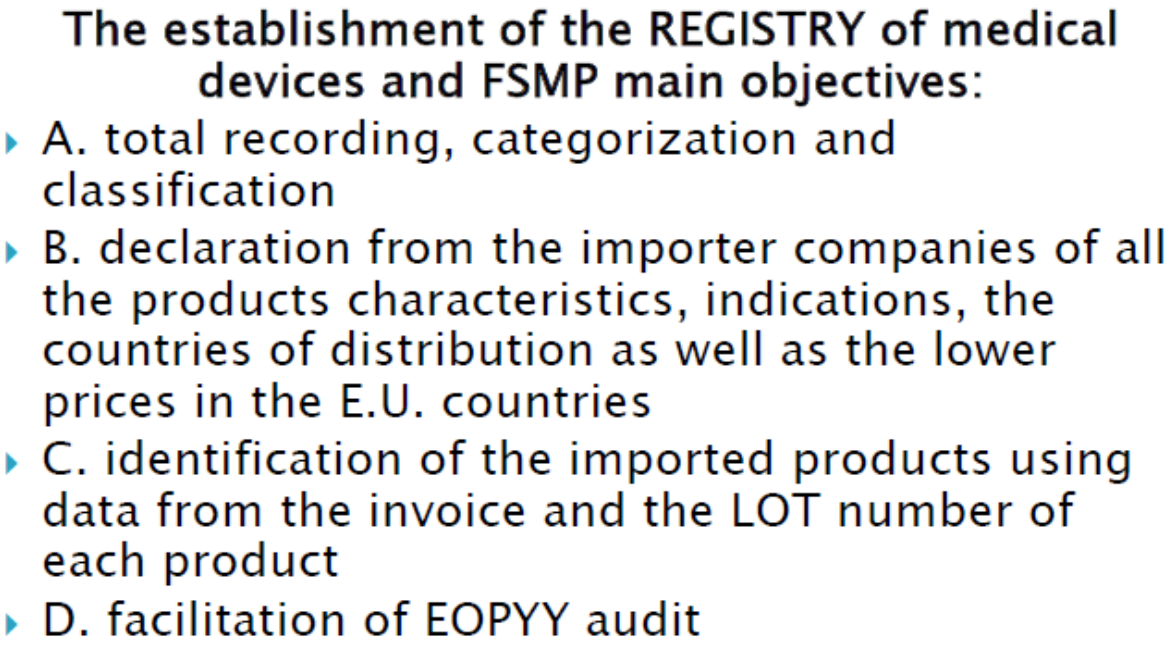
The interaction during the workshop outlined what laws, legislation and committees are present in the participants' countries with respect to healthcare fraud. Based on this they determined a collaboration maturity score. With this score next steps can be determined on how to fight fraud more effectively.

16:30 2 final Winners of the New Ways and Innovation Award 2019 present their projects

During the spring of 2019 three candidates were competing for the New Ways and Innovation Award 2019: NIHDI (Belgium), EOPYY (Greece) and IGAS (Portugal). All three of them gave a presentation at the EHFCN Open House in Utrecht. The final winners were EOPYY and IGAS, who were invited to present their project during the 13th International conference in Berlin.

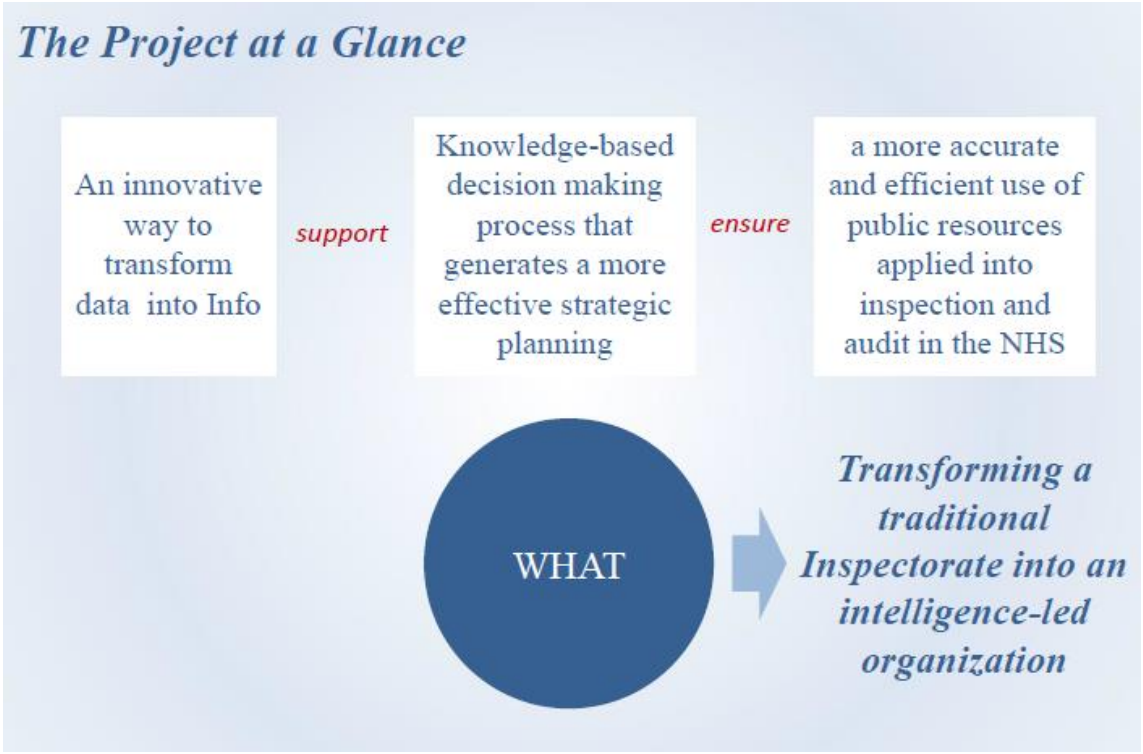
Dr. Spyridys and Pedro Luiz presented the winning project for EOPYY and IGAS respectively.

First, Dr. Spyridys explained the uncovering of a big fraud case using the data and tools of the new EOPYY medical devices and FSMP's Registry. EOPYY developed an electronic registry with information (including photos) of medicines and FSMPs. Every product is classified according its characteristics and is examined from an EOPYY committee to achieve the final approval. Their main objective is to collect more data and becoming more efficient to reveal fraud cases.



The establishment of the electronic registry gave EOPYY the opportunity to reveal a very important fraud case (10 million euros were involved) protecting patients' health and the financial means of their organization. The electronic registry showed to be a valuable tool for a better auditing in order to avoid in the future such fraud cases.

Secondly, Pedro Luiz unveiled the process of building an Anti-Fraud Unit at IGAS. IGAS is the Portuguese General Inspection of Health and has the mission to carry out inspecting actions, audits, disciplinary or un-typified actions aimed at preventing detecting corruption and fraud in the health sector. Their objective was to achieve a more focused approach to fraud without more cost. They noticed that the concept of fraud wat not evenly perceived in their organization. Often waste and fraud situations were not perceived as such, thus not reported and considered in the analysis of the phenomenon. For this reason they decided to create an Anti-Fraud Unit to fight fraud (educating, preventing and repressing) by establishing an intelligence-led approach to inspections and audits.



Finally, EOPYY and IGAS were congratulated and received their EHFCN Award:

16:50 Closing of Day 1

Day 2 - Tuesday November 19 2020

09:00 Opening, retrospect on day 1

The moderator of the conference, Conny Czymoch, welcomed the participants and opened the second and last day of the 13th International Conference of EHFCN. She summarized the first day and asked some participants what they remember from day 1.

09:15 Plenary Session: innovative strategies and responses on a European and international level Moderator: Paul Vincke, former President of EHFCN, Honorary Member

09:20 The International Social Security Association (ISSA) Guidelines on error, evasion and fraud in social security - Professor Dr. Joachim Breuer, President

Professor Dr. Joachim Breuer expressed his opinion on the creation of guidelines. He used his experience from the International Social Security Association (ISSA), which created guidelines on error, evasion and fraud in social security.

According to him, guidelines are the golden rules you need to know to find a solution. To produce good guidelines you need a specific workgroup (not a university) to work on it. They will have to make the first draft.

Generally, guidelines refer to management and management responsibility. A good guideline explains in short what and how; should present tools and a mechanism to help implementing it.

From his experience, Professor Dr. Joachim Breuer has learned that it is wrong to think that more developed countries impose guidelines to less developed countries. Most of the organizations who think of themselves as most developed are usually at risk.

In the second part of the presentation the audience got more insight in the 37 guidelines elaborated by ISSA.
These guidelines can be summarized in 3 words: prevention, detection and deterrence. The most important word here is prevention.

Finally, the five most important statements of the guidelines were shared with the participants:

1. Increasing the mobility of factors of productions (and patients) facilitate new possible fraud and errors (this is not a position against mobility, just the other side of the same coin).

2. Establishing a risk profile of various activity is needed (=prevention).

3. Datasharing and data-cross-checking, compliance by design and simplicity are the golden rules.

4. Communication is very important.

09:40 The European Commission - Study on Cross-Border Cooperation: Capitalising on existing initiatives for cooperation in cross-border regions (Fraud and Fraud mitigation) - Dr. Corina Vasilescu, Policy Officer, DG SANTE, European Commission

Dr. Corina Vasilescu presented the findings of the study of the European Commission on Cross-Border cooperation. The study was conducted in 20 member states, members of the European Economic Community and Switzerland.

As introduction an overview of the legal framework was given. The basis is the Cross-border Healthcare Directive which clarifies the information the patients need to get; the rules of reimbursement; procedural guarantees; and co-operation between health systems and complements the Social Security Regulations.

The aim of the study was to propose options and solutions for improving the status quo of cross-border cooperation in healthcare (time horizon 2030). To meet this target they defined 5 specific objectives:

1. to map health-related cross-border cooperation projects to offer a comprehensive picture of initiatives across the EU

2. to analyze potential future challenges and opportunities for cross-border cooperation

3. to provide a toolbox and general documented support for stakeholders and authorities interested in cross-border cooperation

4. to provide an overview of fraud and fraud mitigation in cross-border healthcare

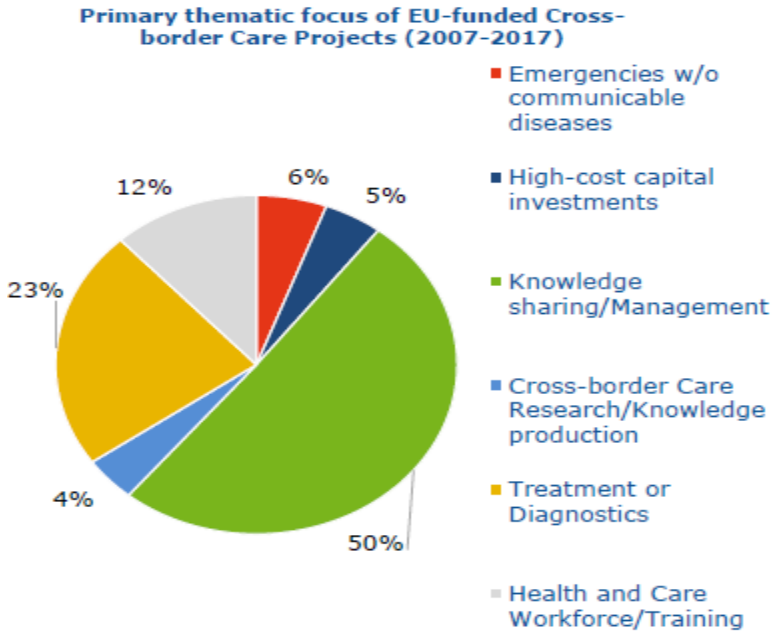
5. to assess the take-up of the Joint Action on Patient Safety and Quality of Care (PaSQ)

Before conducting the study, the European Commission mapped existing healthcare related cross-border initiatives projects which received support by European funding instruments to present a comprehensive picture of cross-border healthcare collaboration across the European Union (EU) (based on Chapter IV of Directive 2011/24/EU). In total, 423 cross-border projects were selected and divided in six different categories.

Definition of thematic categories

Category name	Short description of category	Examples	Target group
#1 Health and Care Workforce/ Training	Competency training or intercultural education for health care staff; recruitment support for remote regions, capacity building, professional exchanges	RESAMONT, Boundless Care	Health and social care providers
#2 Emergencies except communicable diseases	Collaboration in case of extraordinary events not related to communicable diseases, e.g. major traffic accidents, fires, earthquakes, landslides, ambulance deployment (but excl. initiatives not primarily developed for emergency care situations)	EMRIC+, coSAFE	Patients, general population
#3 High-cost capital investment	Collaboration regarding investments in specialised equipment, e.g. MRTs, imaging devices, cancer diagnostics, PET scans	Radiotherapy for Danish patients in Flensburg, Telemedicine Aachen - Maastricht	Hospital managers
#4 Research/ Knowledge Production	Cooperation on research projects related to cross-border care (at a meta level), particularly on pure-applied health research or problem oriented (use-inspired) basic research, as per Pasteur's quadrant	EUCBCC/ECAB	Researchers, interested public, policy-makers
#5 Knowledge sharing/ Management	Exchanging good practices (e.g. in the field of e-services/telehealth), exchange of health care data for mutual learning and building networks, excluding initiatives related to one of the fields already featured in other categories (in particular #1, #2, #3).	KFFB (Kræftforskning Femern Bælt), PHARMATLANTIC, Trans2Care	Health and social care providers
#6 Treatment or diagnostics	telemedicine services, standard care, second opinion visits, planned and unplanned care (excl. initiatives covered under ambulance deployment in Category #2).	CoSante	Patients

More than half of the selected projects record a regional focus (i.e. aimed at improving local or regional health care systems, or the health or local/regional population). Most of those projects are in Central and Western European countries. Bilateral contracts were found across the whole Europe, but mainly between neighboring countries. Mostly of these projects aimed knowledge sharing and treatment collaborations.



Central and Eastern Europe	
Bulgaria	6
Croatia	2
Czech Republic	4
Hungary	39
Poland	4
Romania	18
Slovakia	3
Slovenia	10
	86

Central and Western Europe	
Austria	26
Belgium	23
France	38
Germany	31
Luxembourg	6
Netherlands	23
Switzerland	7
	154

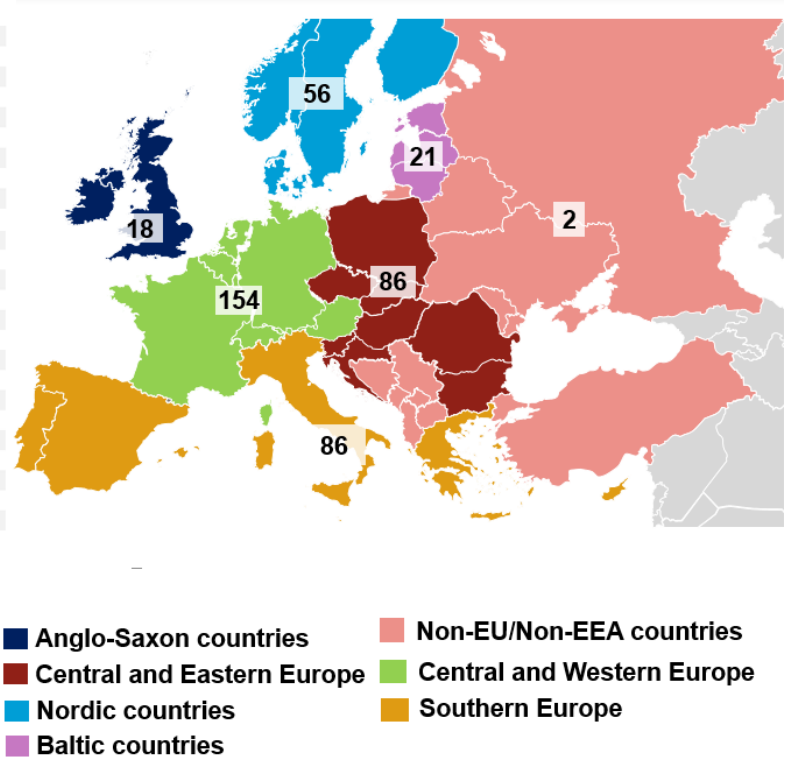
Baltic countries	
Estonia	6
Latvia	6
Lithuania	9
	21

Nordic countries	
Norway	2
Finland	15
Denmark	18
Sweden	21
	56

Non-EU/Non- EEA countries	
Serbia	1
Russia	1
	2

Southern Europe	
Cyprus	5
Greece	12
Italy	27
Malta	2
Portugal	7
Spain	33
	86

Anglosaxon countries/regions	
Ireland	1
Scotland/UK	5
United Kingdom	12
	18



A couple of limitations of the study were mentioned like for instance the exclusion of a cross-border project outside or the exclusion of projects related to communicable diseases. Dr. Corina Vasilescu also admitted they had a hard time classifying the projects.

The three main conclusions of the project were shared during the presentation:

1. Diverse pictures of collaborations across Europe, demographic challenges persist.

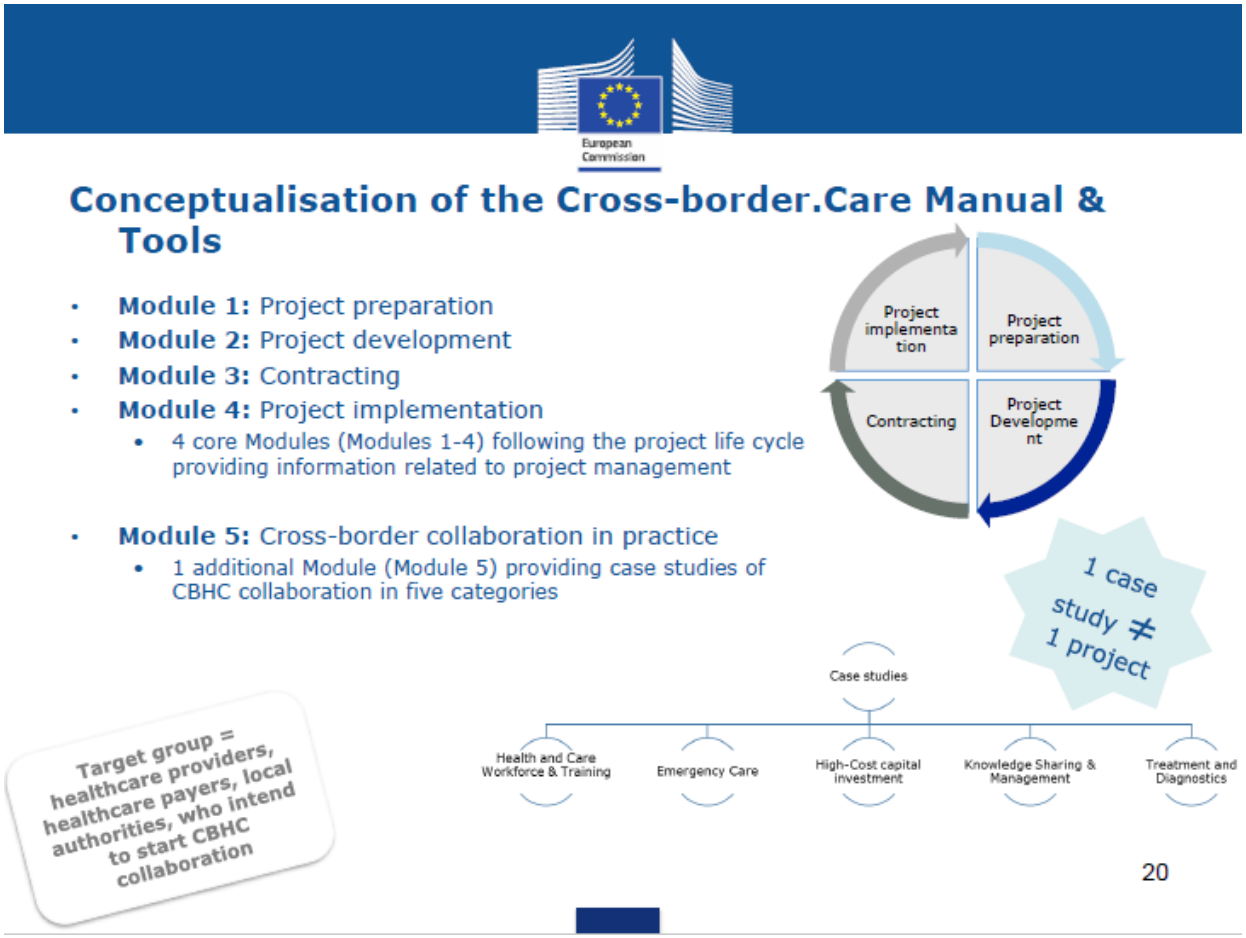
2. Cultural, historical and geographical ties remain important.

3. Central and Western European countries are frontrunners, but Central and Eastern European countries are frequently involved too.

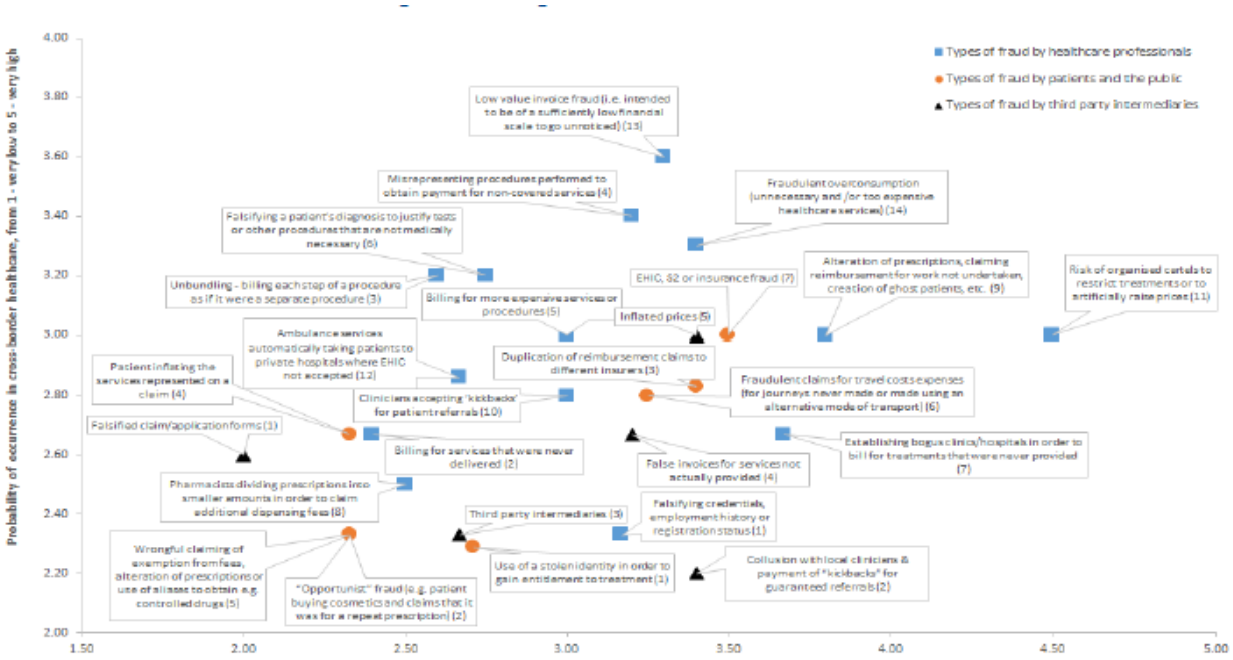
Then, Dr. Corina Vasilescu showed very briefly a foresight model of cross-border care. This model has two aims:
1. to gain insight into potential future challenges and opportunities for cross-border collaboration in healthcare; and
2. to identify ways for capacity building and to identify development needs.

The output of this foresight model were 7 scenarios. One of the most realistic ones is one which builds regional networks oriented towards addressing local and regional needs. Downsides are that they are likely to remain small-scale and they may create inequities by not benefiting all regions equally.

To end the first part of the presentation 5 modules (tools) were explained which are destined to help whoever wants to start a cross-border project.



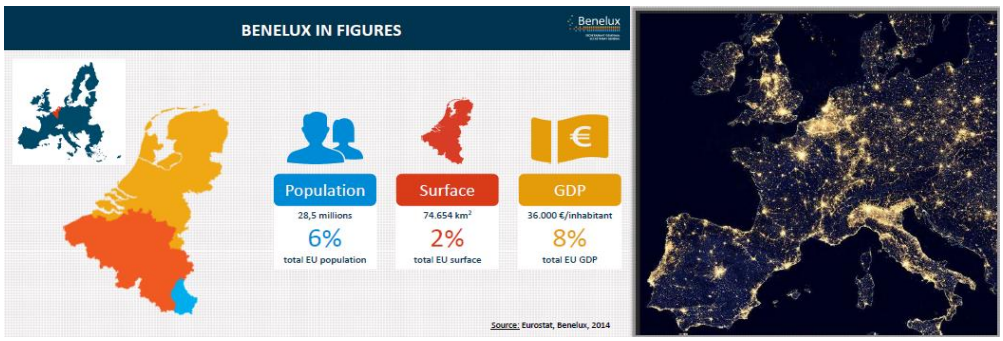
The second part of the presentation was about fraud and fraud mitigation. The aim was here to provide an overview of fraud and fraud mitigation in cross-border healthcare. The result was the HELFO risk matrix, which was developed based on the work of Paul Vincke, former Managing Director of EHFCN.



Finally, the conclusions of this study were that at present, there is no evidence to suggest that cross-border healthcare fraud is *per se* a major problem or a disproportionately greater issue in the EU than at national level. Preventing its occurrence at the national and EU level, though, remains critical.

10:00 The Benelux Union - Benelux, healthcare and cross border fraud - Alain de Muyser, Deputy Secretary General

Alain de Muyser gave more insight to the actions of the Benelux against cross-border fraud. He first introduced the Benelux: a partnership between Belgium, Netherlands and Luxembourg since 1925. He argues that the Benelux is not big, but important enough to take into account. As proof of this statement, he showed a picture of the light pollution in Europe.



He insisted on the fact that Benelux is not a mini-Europe, but instead it tries to tackle problems at the appropriate level and reach out other regional cooperations. The aim is to have an added value for its members. For this reason their projects are result-minded. Their projects can be about three themes:

- Internal market and economy;
- Sustainable Development; and
- Justice and Home Affairs.

As an organization they have two objectives:

1. to reinforce and improve cross-border cooperation;
2. to be a precursor for and within the European Union.

Every four years they work out a multiannual common work program based on two pillars. This year for example, they have 53 projects.

Their actions against fraud lie in the pillar Security & Society. It's more than only action against cross-border fraud in healthcare. It is also (and mostly) against fiscal and social fraud. Alain de Muyser explained that the point of view of the Benelux when tackling fraud is more about the patients wellbeing. They encourage patient mobility and try to facilitate information exchange/sharing. The Benelux is responsible for 1/3 of the (work)mobility in the European Union.

When analyzing cross-border healthcare they noticed that the Benelux is a hotspot for cross-border care. Therefore, it is important to act, but always in favor of the patients, i.e. facilitating cross-border healthcare and urgent cross-border healthcare transportation. Another main action they undertake is trying to enable access to expensive orphan medicinal products.

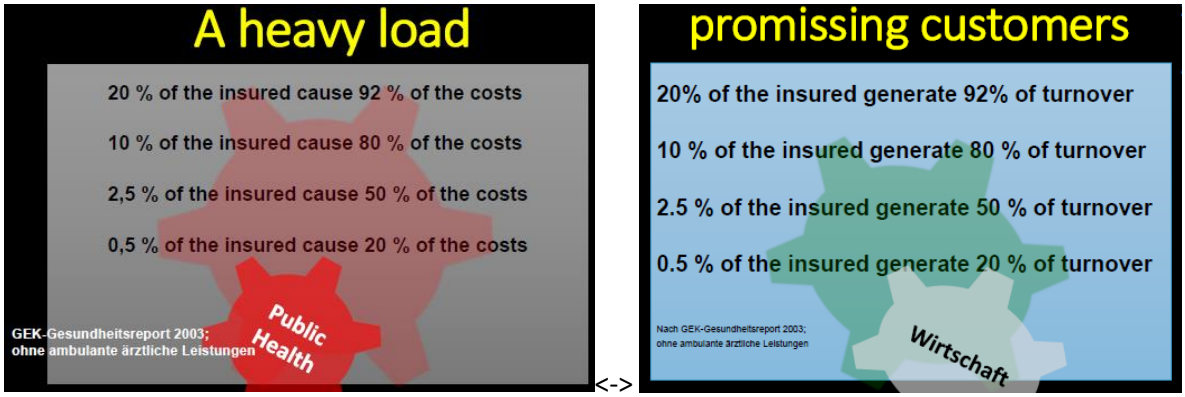
When it comes to health and digitalization, they encourage the exchange of data. The European Union develops directives but leaves out the details. The Benelux tries to fill in these details.

Finally, in term of actions against fraud and prevention they created a steering committee and two working groups. The first one is related to information exchange about sanctioned health care providers. The second one is about financial streams within the patient mobility framework.

10:20 Transparency International Germany - Whistleblowing in Health - a systemic approach and the challenges of subsidarity - Wolfgang Wodarg, board member of Transparency International Germany (TI-D) and head of the working group on Health

Wolfgang Wodarg explained the importance of whistleblowing in the process of fighting misconduct in our health systems. He compares our society to the human body: every organism needs to work properly for the body to function normally. The healthcare system is one of the organisms in our society.

The starting point of this presentation is the following precondition of trustworthiness: what is entrusted should be the primary interests. Another important point is the importance of point of view.



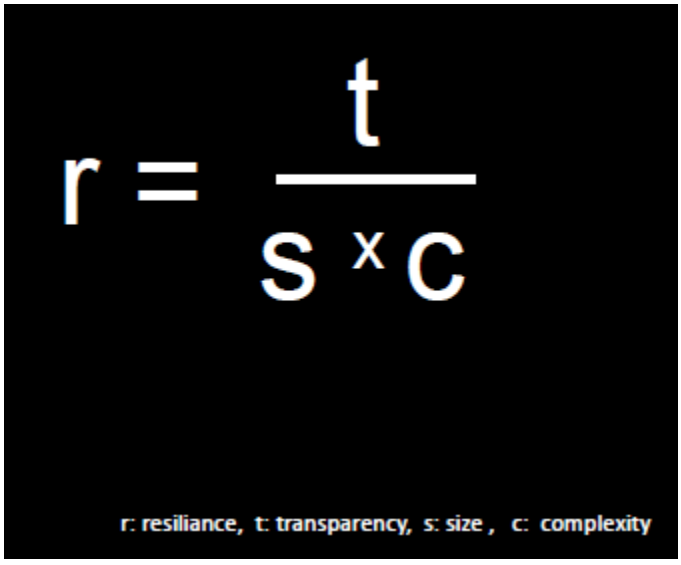
He argues that there is a systematic conflict of interests, because the health market uses the lack of health for the highest possible creation of private profit. Economic systems are good at making rational choices, but these can be very difficult in the healthcare sector. Penalties and other possible consequential damages of an action are taken into account beforehand in order to check their balance of benefits. If the balance is positive for the decision makers, the action is carried out with the acceptance of penalties and other consequences. Rational choices follow the primary interests. In a perfect society, it is better health for everyone. However, what if the whole system/institution has a different primary interest than what is entrusted (for example private profit)?

Wolfgang Wodarg went on to explain institutional corruption. This exists when there is systemic and strategic influence, even if it is legally or ethically justified (cfr. Dieselgate). The effectiveness of an institution is undermined by the fact that this reverses its purpose or weakens the realization of its purpose. In these cases, the secondary interest (making money) became the primary interest.

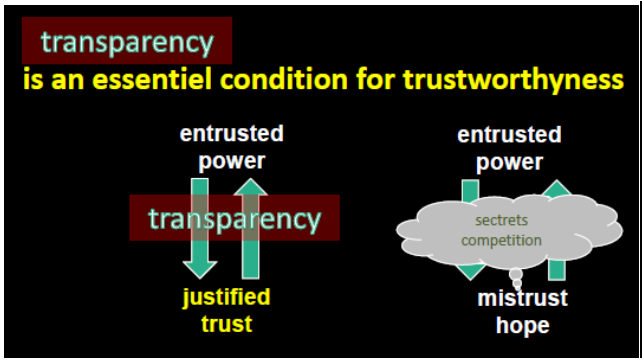
In the second part of the presentation the vision of transparency international on combatting misconduct is explained. They work with a four-step program:

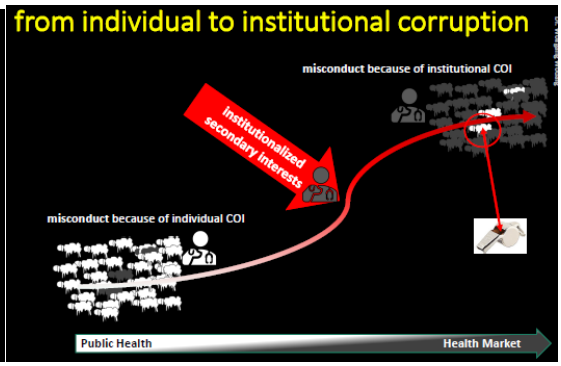
1. Give good incentives for the things to do;
2. Agree on a regulation of conflicts of interests (to ensure priority to the primary interest);
3. Insist on transparency of structures and processes (to promote legitimate trust through transparency laws);
4. Detect, investigate and sanction misconduct. Whistleblowing should only be the last alarm.

Wolfgang Wodarg proposes a simple formula for a healthy system:



It this formula, how bigger 'r' is, how better the state works. It also shows that many transparency is a good thing. Too big sizes and too much complexity on the other hand harms the good functioning. He also argued that transparency is an essential condition for trustworthiness. Without transparency, trust is only replaced by hope. He ended the presentation with the statement that a whistleblower is a very bad sign. It is an indicator for institutional corruption.





10:40 OECD - integrity in health policy making

The OECD illustrated the challenges of integrity in health policy making. The policy making is not the problem. The implementation on the other hand is more of a headache.

Many risks are involved in the implementation of a new policy. Money for example plays an important role. Therefore, it is important to know who is providing money to the system and to whom the money will flow when the new policy will be implemented. Influence is another important factor. We should always know who has influence and who could influence the implementation.

OECD focused on the influence part of the risks and exposed the top five practices to influence policy making in the health sector (this top 5 can vary by health sector, i.e. pharmaceuticals, Tabaco,…):

1. Sponsoring research and education;
2. Smokescreen: change/distort the discussion away of the actual issue;
3. Co-opting;
4. Astroturfing: those are funding patient groups (= not legitimate patient groups);
5. Traditional lobbying.

In their studies, OECD noticed that this is a global phenomenon. For this reason, we need a cross-border cooperation. The presentation ended with a call to take time to manage conflicts of interests and add integrity in policymaking.

11:00 Interactive discussion

To alternate from traditional presentations, an interactive discussion was organized. The audience was allowed to ask questions to all the speakers who already had spoken on the second day.

Mister Vincke was the moderator of this discussion and kicked off with a general question about the growing interests of different stakeholders in the EHFCN. He argues that it can come from the good work or the innovative part of the EHFCN. He asks the speakers where they situate the innovation part of the EHFCN.

Professor Dr. Breuer answered that the combat of fraud has become more of a hot topic than in the past. What is innovative in combating fraud is the use of digital tools. He also thinks that there is a certain shift in view: whistleblowers were perceived in a negative way in the past. Not anymore. So there are innovations, but not obvious ones.

Mister Wodarg added that the population also needs to take part in the combat of fraud. They should watch out for corruption. This is only possible if they have the right tools, i.e. transparency and democracy. Mister de Muyser also pointed out that innovation is essential in cross-border anti-fraud actions.

The next question was addressed to Professor Dr. Breuer: '*What is the impact of the cooperation for ISSA and EHFCN*?' ISSA and EHFCN are working together on guidelines. The next step is implementing the guidelines. ISSA needs cooperation and the expertise of the EHFCN. To combat fraud they need to identify the actors. This expertise is present in the EHFCN.

Dr. Vasilescu was asked if there is any scope for international contact points to engage more in better communication. She answered that member states have contact points where patients can ask questions. The European Commission meets them every year. The problem is that only a few people know it exists.

How can we encourage mobility in healthcare? This question was asked to Mister de Muyser. He told the audience that the Benelux only wants to allow patients to receive care in the country he/she wants. It's not their goal to encourage mobility. For BeNeLux it is more important to simplify the legislation around cross-border mobility.
Following this response a new question was asked about the problem of the difference of wages in neighboring countries and how to tackle it. Unfortunately, this question was left unanswered.

The three next questions were all asked to Mister Wodarg. The first one was if private enterprises could do better in the healthcare sector? The answer was 'yes, but they are interested in the money'. Therefore,

budget responsibility should be checked by the population through transparency. It should also never be in a competitive environment. Otherwise the prices will go up (think of an auction). Next, Mister Wodarg was asked about his opinion on the European Whistleblower directive. He thinks it is a good directive and hopes that the German Government understands it. He now waits that the directive is implemented in German law.

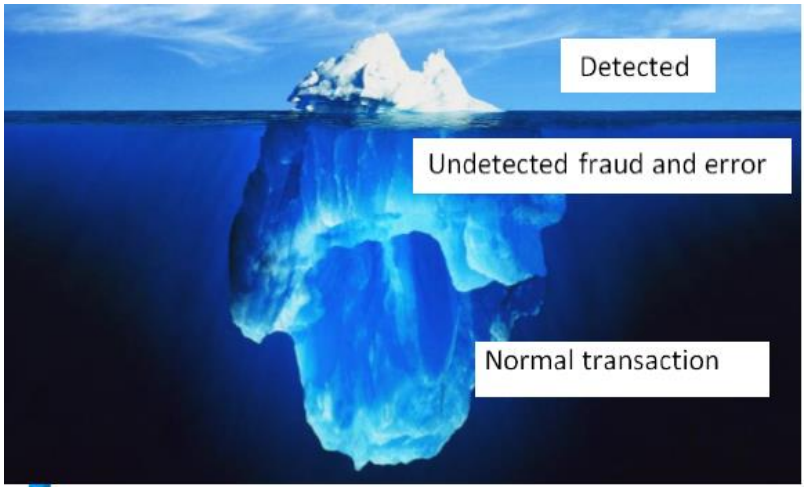
The third question asked to Mister Wodarg was if there exists any scientific study that shows that public institutions have less corruption. He doesn't believe that public institutions are less keen to corruption. They also can influence study/research. According to him, politics are weak and "puppets" of the industry, because money is the only thing that counts. Economy is the easiest system to understand: nobody wants red numbers.

The final and last question was asked by Mister Vincke to OECD: *On what should EHFCN focus for combatting fraud?* The answer is to gather more data. We have to start to look at who has data, how it is shared, what is the quality of the data? The next challenge for EHFCN is to produce and manage data (and exchange experience on it).

11:35 The Financial Cost of Healthcare fraud 2019: what the latest data from around the world show - Prof. Mark Button, Director, Centre for Counter fraud at the University of Portsmouth (UK)

Prof. Mark Button gave a presentation of the financial cost of healthcare fraud based on data from all over the world.

He started with this statement: "There's no fraud here, I've got the statistics to prove it!" He immediately added that this is a statement that is often made wrongly. It's not because you're not able to detect fraud that there is none. The fraud that is detected, if any, is only the top of the iceberg. Most of fraud remains under water, undetected.



He then went over different measures of fraud and gave his opinion about each.

- Crime statistics: useless.
- Detected statistics: only shows how much energy we put in finding it.
- Crime victimization surveys: Does not go to the middle part of the iceberg.
- Barometer: again, only shows detected fraud.
- Survey guestimates and public expenditure tracking surveys: this only tracks where the expenditures are in a specific project and shows inefficiencies.
- Fraud loss measurement: this is the gold standard.

Fraud loss measurement focuses on a particular type of expenditure or activity (payroll, procurement, social security payment, insurance claim,etc.), selects a statistically valid sample and access each case for existence of fraud, using the civil test and making higher checks than the normal audit. Each case is then identified as 'fraud', 'error' or 'ok'. Finally, the results are extrapolated to an overall level of fraud giving the statistical confidence level of the estimate. This procedure is explained in the 2010 guide '*fraud loss measurement – a short guide to the methodology and approach'* of the University of Portsmouth.

Like every method, fraud loss measurement has pros and cons. According to Prof. Mark Button the challenges and benefits are:

- **Challenges**
- Can only be used on comparable transactions: procurement, insurance claims, payroll etc
- Costly and timely
- Will end result be politically palatable

- **Benefits**
- Accurate measurement
- Enables clear ROI to be demonstrated
- Uncovers where problems are, which can then be dealt with

Before ending his presentation, Prof. Button showed an example of the use of fraud loss measurement. 690 exercises were done between 1997 and 2018 in different countries and across all sectors. 3 reports focused on healthcare. The first, in 2010, found a loss of 5,5%. The second, in 2014 and 2015, reported 6,99% and 9,91% of loss respectively. The last one, in 2019, found a loss of 6,49%. Since 2007 an upward trend can be observed. This can be relativized, as in recent years the loss percentages have plateaued.

Nonetheless, this means a loss of 96 billion euros in Europe. In fact, when taking into account the wider costs, the cost is even bigger. Once again, the focus has to be on prevention.

12:00 Cybercrime and Healthcare - Jim Gee, Partner and National Head of Forensic Services at Crowe UK LLP (UK)

Jim Gee came to give a completely different presentation than the other speakers: he focused on the risks of digitalization, more precisely about cybercrime. Cybercrime, he argued, has become a fact of life now. At least two presidential elections were influenced because of it. It is something that grows fast and evolved quickly. For this reason, we have to adapt our self quickly too. It can be described as 'low volume, high impact', because you only need to be hit once to be devastated. It's also very common, which makes the chances of being a victim of it very likely. Of course, it is possible to defend yourself, but because of the rapidly changing nature of cybercrime, it is very difficult.

Jim Gee explained different types of cybercrime, with all the same aim: the theft of valuable data. There is:

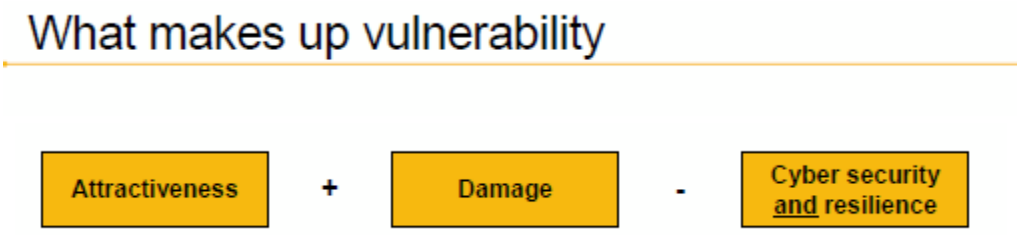
- Phishing and spear phishing: false emails that try getting your information. The 'spear' variant of it is set to target a particular individual.
- Clone phishing: a legitimate email is re-sent, but this time with a malware in it.
- Whaling: Targets are famous people.
- Link manipulation: change a link that redirects you to malware.
- Filter evasion: this is malware in pictures or video.
- Website forgery: a picture is but on top of an url, with a link to another url.
- Covert redirect: basically pop-ups.
- Social engineering: this is to find out what are the interests of people and making use of this.
- Phone phishing: another number appears and voice changing software is used.

Another aim of cybercrime is getting money. These are called ransomware. Mister Gee gave a few examples:

- Encrypting ransomware: your computed is encrypted and only accessible (maybe) when a ransom has been payed.
- Non-encrypting ransomware: this installs a lot of things on your computer to make it unusable.
- Leakware (also called Doxware): this malware looks for something embarrassing in your folders to use against you.
- Mobile ransomware: this can completely block your cellphone or delete folders/personal information.

These cybercrime attacks are planned in the Dark Web, explained Mister Gee. The Dark Web is the World Wide Web content –a series of 'darknets' -that requires specific software, configurations or authorization to access. It forms a small part of the deep web, the part of the Web not indexed by web search engines. This place on the internet is mostly known for individuals purchasing drugs, guns or sex.

A study showed that large organizations are more likely to be hacked. This is because of their attractiveness (lots of personal identity/address/financial data, lots of sensitive information, gateway to other organizations,…); a lot of damage can be done; their (weak) cyber security and cyber resilience (data mapping completed? GDPR compliant? Data backed up? Arrangements in place to manage crisis?...); or it can be seen as a challenge to hack it.



The presentation ended with an explanation of how you can protect your organization of cyberattacks. This information can be found bellow:

12:40 EHFCN Guidelines on Promoting integrity in the Healthcare Sector - Dr. Tilman Hoppe, Anti-corruption expert - Nathalie De Wulf, Managing Director EHFCN – Laura Roberto Ferrario, Voluntary Researcher, ISPE Sanità (Italy)

The very last presentation of the 13th international conference of the EHFCN was a feedback on the EHFCN project on promoting integrity in the healthcare sector.

Nathalie De Wulf, Managing Director of EHFCN, first reminded what the EHFCN is: since 2005 an international non-profit making organization, financed through subscription fees, with his headquarters in Brussels (Belgium). Its 21 (as per 2019) members are healthcare and counter fraud organizations in Europe. The aim of the EHFCN is to improve European healthcare systems by reducing losses to fraud, waste and corruption for the benefit of every patient. The actions undertaken to try to achieve these goals are connecting organizations of different European countries and encouraging the sharing of information and good practices on combatting fraud, corruption and waste through prevention, detection, investigation and repression. To encourage the sharing events and projects are organized annually. Different reports and the 'EHFCN Waste Typology Matrix' were already produced as output. The EHFCN also takes the role of online communication platform. International partners help the EHFCN achieve these goals.

Then, Nathalie De Wulf cited different projects EHFCN takes a part in:

- the Benelux project on Cross Border Healthcare Fraud, as integrated in the BENELUX Annual Plan 2020, focusing on: 1. To help the exchange of information on sanctioned healthcare providers. 2. To tackle abuse of the EHIC card. 3. To asses fraud risks in financial fluxes related to patient mobility.
- drafting the Guidelines on Error, Evasion and fraud in social security systems (ISSA): this project was presented during this event by Professor Dr. Joachim Breuer.
- the ACTA Working Group at WHO: 1. WHO Technical Meetings on advancing a WHO approach to support member states to strengthen transparency and accountability in health systems (2017 and 2018). 2. Global Consultation meeting on Anti-corruption, Transparency and Accountability in Health Systems (Geneva, 26-28 February 2019) organized by WHO, the Global Fund and UNDP.
- drafting background papers on the request of OECD in the context of the MENA-OECD project and sending out surveys to compile relevant information
- EHFCN project on promoting integrity in the healthcare sector.

This last project was the focus of the presentation: **the OECD-EHFCN Project on Promoting Integrity in the health sector** consists in developing systematic support for policymakers on conflict of issue matters in both OECD and non-OECD counties. In 2020, the project will specially focus on conflicts of interest.

In order to empower governments and service providers to effectively manage and resolve conflict of interest situation in the health sector, three mutually supportive objectives are targeted in this framework:

- ✓ to provide evidence and deepening insights on the types and frequency of conflict of interest situations;
- ✓ to offer guidance to governments and service providers on good practices to effectively manage and resolve conflict of interest situation;
- ✓ to provide country-specific recommendations and tailor-made technical guidance in selected countries.

The project activities would include the following achievements: mapping of risks and good practices and developing guidance tools for governments and service providers during 6 months for each activity. Then, during one year, countries would provide support to the project through assessments of the conflict of interest management frameworks and practices; provision of country-specific recommendations; providing a technical support to update regulations, develop guidance instruments; organizing technical workshops and trainings.

Phase	Activities	Outputs
1—Mapping of risks and good practices 6 months	- mapping of conflict of interest situations in the health care sector; - mapping of regulations and practices to resolve and manage conflicts of interest in the health care sector	• Case study/mapping report on undue influence in the health care sector • Mapping report on regulations and practices to resolve and manage conflicts of interest in the health care sector
2—Development of guidance tools for governments and service providers 6 months	- development of a comparative study/report on regulations and practices to resolve and manage conflicts of interest in the health care sector; - development of a checklist/toolkit on regulations and practices to resolve and manage conflicts of interest in the health care sector.	• Comparative report on regulations and practices to resolve and manage conflicts of interest in the health care sector; • Checklist/toolkit for governments
3—In-country support 12 months	- in-country assessments of the conflict of interest management frameworks and practices; - provision of country-specific recommendations; - technical support for updating regulations, developing guidance instruments; - provisions of technical workshops and trainings.	• Country reports • Technical workshops • Technical guidance documents • Training materials

For the second part of the presentation, Laura Roberto Ferrario interviewed Dr. Tilman Hoppe on important questions, linked to the project on integrity.

First, the importance to focus on conflict of interest is again demonstrated: public interest (good healthcare) can be very different to private interest (making money). This results in a conflict. Dr. Hoppe was asked why the EHFCN should intervene in this. He responded that integrity is the core business of the EHFCN. Integrity is nourishing the health of the people and that is one of the aims of the organization. There is a need to share common experiences about it. Moreover, a single country cannot solve the problem alone. The second question was about the checklist that will be sent to the countries in phase 2 of the project: will it be a checklist across the entire health sector, addressing all main points, and applicable across Europe? Dr. Hoppe answered that is was not possible to look at conflict of interest across the whole sector. The checklist are key questions that countries can ask themselves to know if they have a problem. For the last question Laura Roberto Ferrario asked Dr. Hoppe if he is satisfied with the way conflicts of interest are controlled in his country. He said that it is impossible to avoid conflict of interest, but some situations have to be solved.

Nathalie De Wulf ended the presentation with the information that the next 14th International EHFCN conference would be kindly hosted by the Council of Europe, creating a unique opportunity to reach out to all the stakeholders and raise awareness on a global scale.

13:00 Outcomes of the conference - Where do we stand? - Professor Graham Brooks, University of West London (UK) - Observer at the conference

Professor Graham Brooks was given the role of observer at the conference. Two days long he listened carefully and analyzed every presentation. At the very end of the conference he shared his thought on the 13th international conference of the EHFCN.

He started with congratulating everyone for the organization of the event and the different speakers for their presentations.

The first take of this conference for him is that everyone is enthusiastic to use data, but it is important to take care of who has the data. Beside this, analyzing data alone is not enough. You always need business expertise. It is also important to asses who is policing the police. From the presentation of Mister Gee we also learned that it is important to know your partners well (are they also good protected?).

Secondly, the affordability of healthcare is, as we know, threatened by the ageing of the population. Digitalization seems the answer! There are still regional issues in cross-border regions though. The access to health is not uniform in Europe, which can lead to fraud (medical tourism).

Lastly, Professor Graham Brooks noticed that there is not enough discussions about waste. This should be an important topic in the future events.

13:20 Conclusions

The conference was officially closed by Tom Verdonck, Vice-President of EHFCN, who gratefully thanked GKV-Spitzenverband, the National Association of Statutory Health Insurance Funds for its kind hospitality, allowing an extra-ordinary rich conference and excellent networking opportunities for the participants.

Join us in the fight against fraud, waste and corruption in the healthcare sector

Ask us anything: office@ehfcn.org

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[1] The European Healthcare Fraud and Corruption Network (EHFCN) is an international non-profit association formally established in 2005 under Belgian Law. Its main goal is to combat fraud, corruption and waste within the healthcare sector. The Network is membership-based and the 21 members (2019) represent public and private healthcare insurers, health financers and payers who all work on the reduction and prevention of fraud, waste and corruption in the healthcare sector as their core business or as part of their mission. The aim of the EHFCN is to improve European healthcare systems by reducing losses due to fraud, waste and corruption. Its objective is to help members to become more efficient and effective in their work of preventing, detecting, investigating, sanctioning and redressing healthcare fraud, waste and corruption, with the ultimate goal of preventing from money being wasted and returning money to healthcare services for the benefit of every patient. EHFCN provides members with high-quality information, tools, training, global links and access to professional consultancy services. It also promotes the sharing of best practices, collaboration, bilateral agreements and the development of common working standards.