European Commission

A major step towards a Europe for Health

Directive on patients' rights in cross-border healthcare

DG SANCO

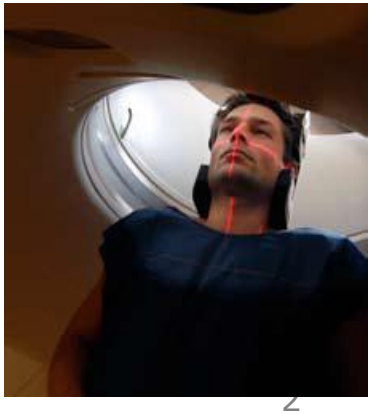
Unit D2 Healthcare systems

The 3 Aims of this Directive

1. Help patients to exercise **their rights to reimbursement** for healthcare received in another EU country

2. Provide assurance about **safety and quality** of cross-border healthcare

3. Establish **formal cooperation** between health systems



European Commission

Starting point: European Court of Justice jurisprudence

- Healthcare is a service within the meaning of the Treaty
- If a patient is entitled to a treatment at home he or she is entitled to reimbursement for that treatment abroad
- Reimbursement is up to cost of that treatment in home system
- For some treatments (“hospital” care), health systems may require patient to seek “prior authorisation”

European Commission

The path to patient empowerment

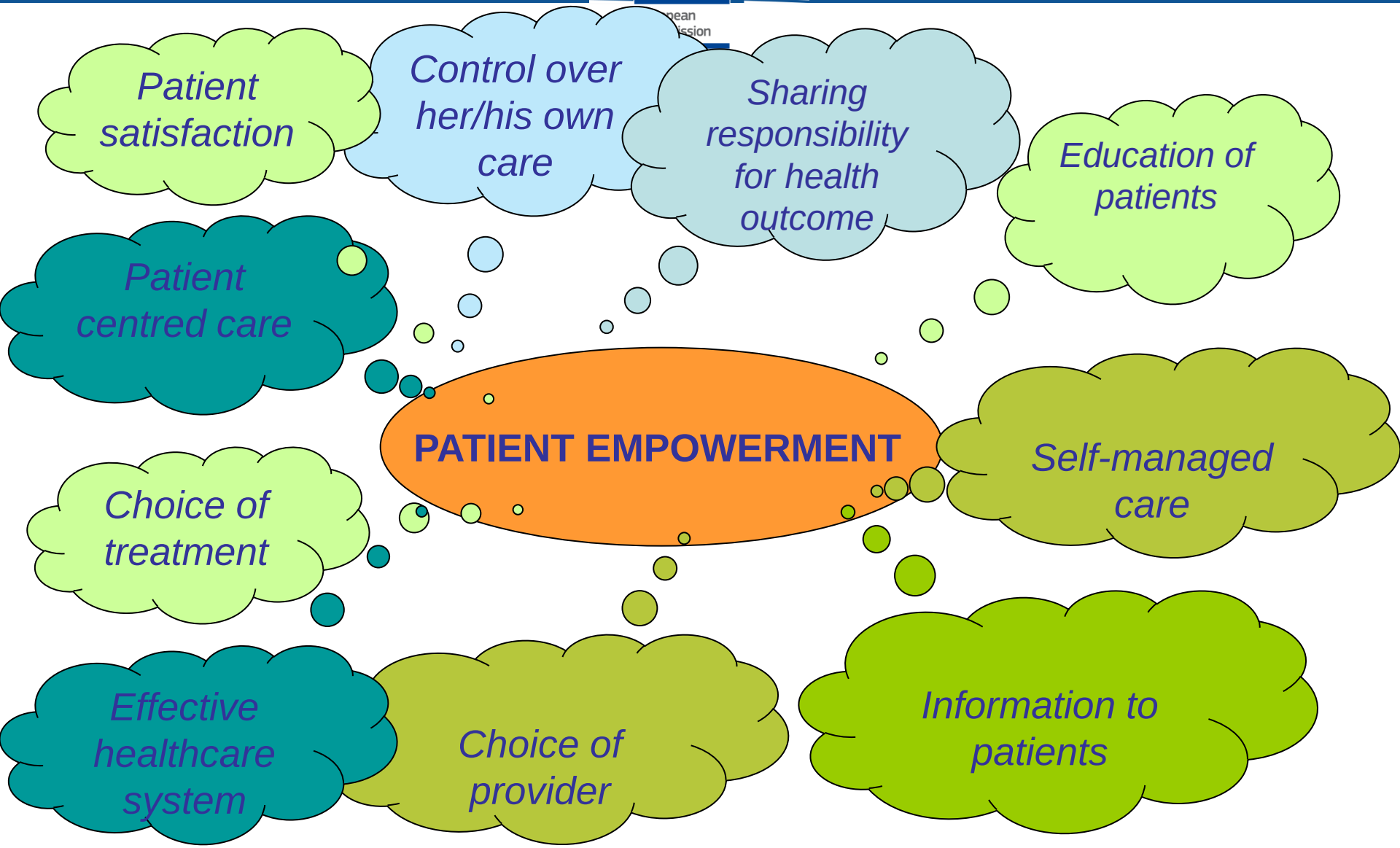
PAST

- ***Patient - passive receiver of care***

TODAY

FUTURE

Patient –partner of health professional


Patient satisfaction
Control over her/his own care
Sharing responsibility for health outcome
Education of patients
Patient centred care
PATIENT EMPOWERMENT
Self-managed care
Choice of treatment
Effective healthcare system
Choice of provider
Information to patients

1. Helping patients (1/2)

National Contact Points

To provide patients with **all relevant information on cross-border healthcare** to help patients make an informed choice

1. Helping patients (2/2)

- ***Rules of reimbursement***

  Patients will know:

  (1) need for prior authorisation;
  (2) reasons for refusal;
  (3) level of reimbursement,
  (4) need for up-front payment

- ***Procedural guarantees***

  Patients will benefit from:

  (1) clarification of responsibilities;
  (2) clear rules if something goes wrong;
  (3) right to review of administrative decisions;
  (4) right to judicial proceedings

Rules on reimbursement of care

- **Conditions of reimbursement**
  - National health authorities pay out ONLY for treatments that correspond to their basket of benefits;
  - They pay out NO MORE for treatments than they would pay for at home.
- **Maintaining of national rules**
  - Member States define the rules applicable on their territory.
  - Conditions and formalities for treatments required in Member States can also be imposed for treatments abroad (e.g. gatekeeping).
- **Prior authorisation system**
  - Member States may introduce a system of prior authorisation.
- **General safeguard**

The System of Prior Authorisation (1/2)

❑ *Scope for prior authorisation (PA)*

Healthcare that:

✓ *is subject to planning requirements:*

- one **overnight stay** in a hospital;
- use of **highly specialised or cost-intensive** medical infrastructures or equipments**;**

✓ *involves a particular **risk** to patients or population;*

✓ *is provided by a healthcare provider who raises **concerns over quality and safety** of care.*

The System of Prior Authorisation (2/2)

❑ *Obligation of granting PA*

If the healthcare in question cannot be provided within a reasonable time limit (undue delay).

❑ *Reasons to refuse a PA*

- Safety risk for patient or for population;

- Healthcare is provided by a healthcare provider that raises concerns over quality and safety of care;

- Healthcare can be provided within a reasonable time limit.

2. Quality and safety of care

Transparency and accountability

Information on healthcare providers and on standards applied

Member States responsibility

Refusal of prior authorisation if doubts over quality and safety of a healthcare provider

Cooperation of Member States

On standards and guidelines on quality and safety

Cooperation between health systems (1/2)

❑ European Reference Networks

Main goal = to **facilitate improvements in the diagnosis and treatment** of certain diseases of conditions across the EU by the **delivery of high-quality**, accessible and cost-effective healthcare

For patients suffering of **medical conditions** which could require a **particular concentration of expertise or resources**, particularly in medical domains where expertise is rare.

Cooperation between health systems (2/2)

- **Recognition of prescriptions**

  A prescription issued in another EU country will be

- **eHealth**

  A first step towards electronic health services at EU level for safety and quality of care, continuity of care, and health research

- **Health Technology Assessment**

  A permanent EU structure of cooperation to help decision-makers to make the right decisions on health investment and spending

European Commission

The transposition process

- ***Entry into force: 24 April 2011***
- ***Transposition period:*** *30 months* ***(25 October 2013)***
- ***Report on implementation (2015)***

European Commission

Rare diseases patients

Easier access to information:

The National Contact Points

Making patients, health professionals and payers of healthcare aware of the possibilities for referral of patients with rare diseases to other Member States

Dissemination of expertise

European Reference network

Orphanet database

No extension of basket of care but

Decisions on prior authorisation (for diagnosis especially) should be based on an appropriate clinical evaluation by experts

Elchinov case= concept of equivalence of treatment

European Commission

Thank you!

Further information:
http://ec.europa.eu/health/cross_border_care/policy/index_en.htm