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European Commission
Health and Consumer Protection Directorate-General
Health services consultation
B232 8/102
B-1049 Brussels
Belgium

Response to the Commission Notification SEC (2006) 1195/4

The Ministry of Health and Social Affairs in Sweden has invited the Swedish Association of Private Dental Practitioners and others for a consultation (ref: the Ministry of Health and Social Affairs Memorandum Dnr S2006/8513/HS) relating to Community measures with regard to healthcare services. The Commission Notification SEC (2006) 1195/4 and the Cabinet Office and Ministries' memorandum of facts 2006/07:FPM5 was attached to the invitation.

The Swedish Association of Private Dental Practitioners welcome the European Commission's initiation of a consultation procedure in relation to healthcare within the Community. It is our opinion that it is necessary to introduce a political process in relation to measures within the healthcare sector. The current state of affairs, which in many parts is unclear, is not optimal, neither for patients, nor for care providers.

In this written statement we wish to report our views primarily with regard to dental care, albeit parts of our views could be characterised as generally applicable to healthcare and mental care as well as to dental care.

Introduction

We consider it important to acknowledge every patient's right to freely choose a dentist within the Community without barriers and bureaucracy. Such an acknowledgement does not only widen and open the dental care market in Europe, but it is also an important principle of democracy. The right of self-determination in relation to choosing or rejecting the dentist who is to provide care to a patient is something we highly value.

Today's situation is that patients actively choose to seek dental care in countries other than the country of residence. Swedes do not only travel to other European countries, but also to countries outside the Community. Danes seek dental care to a relatively large extent in Sweden and there the cross border trade of dental care provision is a fact. Even if this mobility has not yet reached any significant proportions, we are in the beginning of a development the results of which we cannot yet see. In light of this background we are pleased that the Commission has initiated a consultation within the Community in relation to the healthcare sector.

Today 2000 dentists educated in Sweden work in other countries. They primarily work in Great Britain; around 800 of them work there today. The majority of them chose to leave Sweden during the 1990's when the conditions for running dental care businesses were poor. Today we see that some of the dentists choose to return to Sweden, but at the same time working abroad is an aspiration of many newly qualified dentists. This is clear evidence of the fact that professions within the dental care industry are highly marketable internationally. It is a health sign that this mobility is possible. The issue of dental care resources is not only of national concern.

New market players have also chosen to establish dental care practices in Sweden. In November 2005, the first "low budget" practice was set up in Sweden. This niche is made possible because dentists coming from other countries enjoy tax exemptions in Sweden and the companies employing their services do not have to pay payroll taxes. This has increased competition in Sweden and we welcome foreign dentists to practice in Sweden. However, in the long term, it will become necessary to take measures to create equal competition rules with regard to business conditions.

We can conclude that the market for dental care services is advanced and it has become so without any special initiatives or measures having been taken. This is a positive thing and it contributes to the development the dental care market and will probably lead to patients getting an increased number of alternatives to choose from, national as well as foreign.

The European Community has a crucial role to play in the time to come. The most important tasks include ensuring that decision making leads to transparency in relation to systems, the rule of law and safety. For patients, it is all about providing information and insurance. For care providers, it is about having clear regulations in place and being able to compete on equal terms. The European Community should establish the framework within which dental care industry in Europe can operate.

An open dental care market in Europe also puts high demands on the national systems and the authorities which administrate them. A chain in this context is no stronger than its weakest link.

Question 1: How does the cross-border healthcare today affect the healthcare systems' long-term accessibility, quality and economic stability and how is this likely to develop in the future?

The development of patient mobility until now has been positive. There is nothing to suggest that the mobility will decline. But if a framework is created which strengthens the patient's position and which also provides increased security in connection with seeking dental care in other countries, cross-border dental care will increase.

In what way the level of quality will be affected is difficult to say. It is hard to believe that it would get worse; rather it is the other way around. However, issues regarding quality and cooperation on quality improvements will become important in the time to come and they should form part of the continued process. With a more open market for dental care there are reasons to initiate public quality registers within the dental care sector – both nationally and on Community level. Public quality registers within the dental care industry would be beneficial for the dental care development in Europe. This is true not in the least with regard to providing early information on effects and outcomes of different treatments and of the uses of material within dental care. It is very important that the dental care industry is given the

opportunity to pursue these issues and the Community can play an important role here, together with care providing organisations, authorities and political forums.

It is important to point out that the quality of dental care is a means of competition and if competition increases, then care providers will become more eager to offer high quality dental care, not only with regard to matters related to odontology, but also with regard to caretaking etc. The quality of care has in our view nothing to lose on a more open market for dental care.

In those cases where dental care is provided abroad, and financed by the Swedish dental care insurance, it shall be provided on equal terms. That means that if a patient seeking and receiving dental care abroad is subsequently reimbursed by the Swedish Social Insurance Office (in accordance with a decision by the EU courts), the same conditions must apply also for patients who receive dental care in Sweden. That is to that the patient, and consequently the care provider in Sweden, shall be entitled to dental care reimbursement in connection with a post care assessment, even in those cases in which an advance assessment would have been required.

Question 2: What clarifications are necessary with regard to legislation and who needs to know what (authorities, procurers, care providers, patients etc) in order to be able to create a safe, high quality and effective cross-border healthcare?

Without commenting on specific details at this stage, it is of principle importance to put the patient in the centre. It should be a guiding principle that recommendations or possible legislation is clear and simple for all parties concerned. It is particularly important that possible legislation does not lead to overregulation of the dental care industry and that it does not hold back the development of national healthcare systems. National regulations and systems must not, on the other hand, become protectionist so that they hamper the development of the open market, e.g. regulations on patient security.

Question 3: Which national authority should be responsible for the various functions (e.g. clinical supervision and economic responsibility)? Does that question get the same answer for all types of cross-border healthcare described in section 2.2 above?

The National Board of Health and Welfare should be the authority responsible for the supervision of healthcare and dental care. Today this is a big problem, as the National Board of Health and Welfare is not equipped to be in charge of a reasonable and necessary supervision of the dental care industry.

With regard to complaints, these are dealt today, partly by the Healthcare Disciplinary Board, and partly by the Swedish Association of Private Dental Practitioners Complaints Board (in relation to healthcare provided by Swedish Association of Private Dental Practitioners members). The tasks of these two boards differ in nature. HDB deals with issues concerning the healthcare itself and carries a disciplinary function. The Complaints Board deals with issues concerning both healthcare and financial matters and has a reparative function, i.e. it should as far as possible give recommendations as to how a complaint or a claim should be settled.

In an ongoing dental care consultation there is a proposal for a bureau, the Consumers' Dental Care Bureau, which is intended to provide support and advice to patients in relation to the provision of dental care. Such a bureau could have an important function in providing information to patients about their rights and obligations. The bureau could play a role for patients who wish to seek dental care in another country or for patients who wish to seek dental in Sweden.

Question 4: Who should be responsible for patient security in connection with cross-border healthcare? How can patients be compensated in case of sustained injury?

In Sweden today there is a requirement for healthcare providers to be covered by a patient's insurance, according to the Patient Injury Act. However, the insurance only applies in relation care provided in Sweden.

The way in which injuries sustained in other countries are handled is a matter for each individual country, but it is recommended that healthcare providers are covered by some sort of insurance for treatment related injuries. Naturally, patients should be informed of the cover they have in relation to an upcoming treatment and it is important that a safe legal procedure is available, i.e. some form of appeal procedure should be available. Clear recommendations as regards insurance and protection could well be sufficient. A care provider unable to provide appropriate cover will automatically suffer a competitive disadvantage.

Question 5: What measures are taken to ensure treatment of patients from other member states whilst at the same time securing the provision of a balanced healthcare for all (e.g. by economic compensation for the treatment provided in the "receiving" country)?

Today we do not see any problem of patients arriving from other countries forcing out national needs.

Question 6: Is it necessary to discuss healthcare related issues concerning temporary relocation of personnel or establishing care providers in other member states - and which are not already covered by Community law?

Free establishment and advantageous business conditions within the dental care industry are of fundamental importance. Obviously, these questions are governed to a large extent by the member states themselves and in order to achieve a more open dental care market it is important with free right of establishment and competition on equal terms.

Henceforth, it is important to discuss and find solutions in order to achieve competition on equal terms between different care providers employing Swedish personnel and personnel from another EU country respectively. In order for increased competition on equal terms to become possible in the long term, it is important to deal with issues concerning personnel mobility. It is extremely important that also dentists and other dental care personnel are aware of the rules which will apply in the long term.

Question 7: Are there any other areas where the legal safety should be strengthened in relation to the various healthcare and social insurance systems? What improvements do the parties concerned, i.e. care providers and social insurance institutions suggest, in order to help facilitate the provision of cross-border healthcare?

The terms of the Swedish dental care insurance must be amended in order for the same rules to apply in relation to care provided in Sweden and that provided in another EU country, i.e. post treatment assessments of the right to dental care compensation should also be available in relation to care provided in Sweden.

Question 8: In what way can Community measures help support the healthcare systems in the member states and the different parties in these sectors? Are there areas which have not been covered above?

Exchange of know-how and good examples of how different systems work. This should be carried out as early as possible in order to find common denominators and practical problems connected to increased mobility. The Community carries, in our view, a responsibility to map out early the critical factors of which some already have been mentioned in this consultation, e.g. insurance.

Question 9: What tools are appropriate to use for taking measures on EU level in order to solve the different problems existing in healthcare? In what areas is Community legislation necessary and in which areas are other measures than legislation necessary?

Acknowledging free movement for patients and dental care personnel is top priority. At the same time, as has been mentioned, it is important first to identify existing barriers and practical problems. Most of the obstacles can probably be removed by the dental care industry itself, or, alternatively, by the governments of the respective member states amending social insurance provisions.

Conclusion

We wish to emphasise that an open dental care market is beneficial for the future of the dental care industry. The Community has the tools and leadership opportunity in order to help building a well needed structure and creating transparency within which an exiting dental care market can develop. The biggest winners in the long terms are of course the patients. A more open market increases the opportunity to take optimal advantage of the resources available within the dental care sector.

The Swedish Association of Private Dental Practitioners look forward to the continued overview and will in a positive spirit try to contribute to the process vis-à-vis the Swedish Government and also in exchanges with other private practice dentist organisations in Europe. Our interpretation of the consultation is that it is expected from care providing organisations and patient organisations that they themselves contribute with ways in which to develop an open healthcare market.

Bengt Franzon
Chairman

This paper represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.