MINISTRY OF HEALTH
SLOVAK REPUBLIC

Communication from the Commission – Consultation regarding Community action on Health services

Position of the Slovak Republic towards the abovementioned topic

Question 1: What is the current impact (local, regional, national) of cross-border healthcare on accessibility, quality and financial sustainability of healthcare systems, and how might this evolve?

Availability (access)

The Slovak Republic adheres to the principle of equality in access to quality and to the degree of patient (insuree) participation in paying for costs of provided healthcare (no definition of "above-standard" health care exists, only a basic level of operation). At present, access to health care from other Member States is mediated in two ways. In case of prior authorisation treatment without reference to surveillance mechanisms, it is through health insurance companies. In case of the urgent provision of needed health care during a patient's stay in a foreign Member State, it is through coordination of EU social security systems, and eventually at the patient's full expenses. If he or she would use cash healthcare services in that Member State, and not the social security system.

However, the current number of health treatments provided abroad, registered by health insurance companies in the Slovak Republic, and refunded by these companies, is at present only a fraction of the overall number of health treatments funded by health insurance companies, and it applies to only a limited number of treatments. Most often, these are cases of urgent health care provided during temporary stays abroad, and not planned procedures. Bearing in mind the large difference in prices between the Slovak Republic and Member States in Western ;Europe, an increasing use of foreign health care by Slovak citizens is not to be expected through obligatory health insurance; only through the full charge by patient.

Question 2: What specific legal clarification and what practical information is required by whom (eg. authorities, purchasers, provider, patients) to enable safe, high-quality and efficient cross-border healthcare?

Health care purchasers who contract providers (health insurance companies or state institutions that finance healthcare), or the patient himself (in cases of commercial healthcare services) should require the following information, concerning:

- a definition of standard diagnostic and treatment practices on EU level
- set criteria of quality, and their shared interpretation to enable comparison and evaluation of health care providers
- the competencies and efficiency of surveillance mechanisms of one Member State with a reach and effect on other Member States' territory, or a common system of control mechanisms with defined rules and criteria for all Member States.
- defining the scope of health care (for example, will the required procedures also involve financially demanding care, transplantations or the clinical testing of drugs?)
- ensuring health care provision in other Member States, as well as the supervision of healthcare providers by way of the institution (health insurance company) that reimburses the provided foreign health care,

- clearly set consequences of providing health care *non-lege artis*, in cases of iatrogenic harm of the patient, or the provision of an autopsy,
- a legal solution of varying patient participation in cross-border health care provision,
- a legal solution of patient transport, including patient repatriation after treatment abroad,
- a position on the provision of top-level health care, reimbursed by institutions (health insurance companies) with no respect to their financial sustainability,
- a plan of action in cases of health care provision that is held illegal in some EU Member States (gene therapy, euthanasia, abortion) – a system solution of legal difference consequences in the national legislation of both the recipient and emissary Member State,
- the consolidation and specification of indicators of quality for health care provision in individual Member States, stressing the obligation for all healthcare providers in all Member States to adhere to them,
- the regulation of prescriptions for pharmaceuticals and medical devices, and leading to a common policy in all Member States
- the exclusion or minimalisation of duplicate tests of individual patient within the EU (which represents an increase of healthcare expenses for services per insuree within the EU), if the insuree has access to a wide and free choice of health care providers within the EU. Our present experiences with pre-planned treatment relate instances, that in some cases, the medical centre abroad will repeat tests in spite of the fact that recent results of identical tests from Slovakia are available.
- a definition of circumstances under which health care is provided, and the payment required from the insuree if he or she wishes a "second opinion". Is "medical tourism" to be supported or discouraged?
- the right information of insurees to eHealth
- respecting the individuality of EU Member States, with respect to the issue of a group of states practically self-sufficient in terms of specific (financially demanding) health care, (with higher share of cross border health care) versus states which are forced to receive more cross-border health care.

Question 3: which issues (eg: clinical oversight, financial responsibility) should be the responsibility of the authorities of which country? Are these different for the different kinds of cross-border healthcare described in section 2.2. above?

1. To create a common classification (taxonomy) of errors, which arise from health care provision. We regard the unification of error terminology as important for future analysis and their appraisal and reporting in EU states.
2. To create reporting systems of undesirable and serious events arising from health care provision, to enable the creation of a network in EU states.
3. To develop patient safety indicators – which would be compulsory for all Member States, and monitored within the EU (excluding quality indicators, which are voluntary)

Question 4: Who should be responsible for ensuring safety in the case of cross-border healthcare? If patients suffer harm, how should redress for patients be ensured?

To create legislation for an obligatory system of insurance for health care providers in all EU states for harm caused by health care provision. Under this legislation, a patient who has suffered harm due to error may be compensated by the provider in the Member State in which the health care was provided. If it is not possible to insure health care providers against damages they may cause patients, compensation (for patients) may be extended by means of commercial insurance of the patient.

In case a professional ("hosting physician") is called in (from a country other than where the patient is hospitalised) to participate in a medical procedure, the provider who invited the professional, is responsible for the health condition of the patient. In case of harm, the compensation will be paid by the provider's insurance.

Question 5: What action is needed to ensure that treating patients from other Member States is compatible with the provision of a balanced medical and hospital services accessible to all (for example, by means of financial compensation for their treatment in "receiving" countries)?

The Slovak Republic recommends that, when creating the draft directive on health care services, a greater emphasis be placed on the possible financial impacts on national health care systems, in comparison with those of the draft directive on internal market services. This request is relevant in respect to the fact that the prices of health services in some countries are 5-10 times higher than those in other Member States; at the same time, each Member State states its own national package of claimable health care charged to public resources. These differences among Member States may be a serious barrier to the development and promotion of the accessibility of cross-border health care provided by Member States with sufficient capacities and an excellent standard of health care services.

Question 6: Are there further issues to be addressed in the specific context of health services regarding movement of health professionals or establishment of healthcare providers not already addressed by Community legislation?

1. Addressing the issue of a common *lege artis* surveillance system of health care provision (indication, qualification – performance competencies, scope of purchased and provided healthcare, etc.)

2. Addressing the problem of payment to the health care provider. Not all charging procedures in different Member States function similarly. Experience has shown the cash system to seem most effective, yet at the same time, most risky for resource consumption and for surveillance mechanisms.

3. Addressing the issue of cross-border contracts between providers and health insurance companies. In the Slovak republic, the provided health care is reimbursed by public health insurance only if a contract exists between the service provider and health insurance company. This is because said health care is taken as above the current scope of „necessary" or urgent services.

Question 7: Are there other issues where legal certainty should also be improved in the context of each specific health or social protection system? In particular, what improvements do stakeholders directly involved in receiving patients from other Member States- such as healthcare providers and social security institutions- suggest in order to facilitate cross-border healthcare?

The cardinal issue is the equality in access to health care services for patients from various EU Member States in participation on expenses for provided health care in another Member State (the question of economic compensation of different price levels). This is especially applicable to patients from newly acceded countries (the EU 10, Bulgaria and Romania). A solution might be achieved by creating a system of additional insurance or commercial insurance for purposes of treatment abroad. This system would be included in the national legislative of individual Member States.

Question 8: In what ways should European action help support the health systems of the Member States and the different actors within them? Are there areas not identified above?

Supporting access to cross-border health care through European Commission programme instruments should be considered. An annual budgetary package for cross-border healthcare subsidies may be envisaged, which helps both states with free capacities for health care provision, and states receiving said health care from them. This would tackle the problem of price level differences for health care, which are an objective barrier to cross-border health care availability and will help to eliminate problems that arise from the exclusive responsibility of every Member State for:

- financing the health care system
- determining a) the priorities of health care expenditures, and b) the definition of the scope of health care which is to be reimbursed from public funds
- internal resource allocation (including human resources)
- determining priorities of health care availability (with respect to clinical needs)
- managing an effective strategy within the framework of a financial budget

Question 9: What tools would be appropriate to tackle the different issues related to health services at EU level? What issues should be addressed through Community legislation and what through non-legislative means?

Through legislative acts (directives) of the European Union, the following should be addressed:

1. availability (especially economic and legal) to patients (EU insurees),
2. the form of contractual relations and form of payment
3. transparency of financial resources from public health care insurance
4. a common system of quality assessment for provided healthcare
5. a common system of surveillance mechanisms or other methods of defining surveillance over health care