RESPONSE OF THE REGIONAL MINISTRY OF HEALTH OF ANDALUCÍA TO THE EUROPEAN COMMISSION CONSULTATION: COMMUNITY ACTION ON HEALTH SERVICES

JUNTA DE ANDALUCÍA
CONSEJERÍA DE SALUD

GENERAL CONSIDERATIONS:

The Regional Ministry of Health of Andalucía welcomes this consultation by the European Commission within its 2007 Annual Policy Strategy to develop a Community framework for safe, high quality and efficient health services by reinforcing cooperation between Member States and providing certainty over the application of Community law to health services and healthcare.

The Court of Justice of the European Communities has on several occasions found the need to plan health services insufficient grounds for limiting patient mobility, although there is a need to envisage more explicit coordinated regulation in cross-border care which would be compatible with the Member States' need to plan health services.

Our priority is for Spain to convey to the Commission some initiatives and concerns in this consultation, with due emphasis on the following:

- It is necessary to reach a consensus on the criteria for access to non-urgent cross-border hospital care for the citizens of the different Member States.
- It is indispensable to set up direct, flexible offsetting of the costs incurred by healthcare centres to enable them to adapt and improve the services they offer.
- It is fundamental to examine the problem of the shortage of professionals, which renders a solution based exclusively on economic reimbursement inviable.

The last aspect which we wish to underline in this consultation, albeit at national level, is the imbalance between the sum billed by the Autonomous Community of Andalucía for care of short-stay Community patients and the sums received from the Cohesion Fund in this respect. Thus, in 2006 we billed a sum of 27 million euros and received 395 000 euros. It is true that the bills were not solely for costs incurred in 2006 and that there is a considerable delay in the reimbursement mechanism, but this tremendous discrepancy in the sums dictates the need to review the operation of the Cohesion Fund and the mechanisms in place in the European Union for reimbursing the costs incurred in treating foreign patients.

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?*

Accessibility

Given that the volume and structure of the target population stand out among the criteria used in planning resources, healthcare which is not quantified in advance can impinge on that planning.

This is the case of tourist areas in which EU visitors seeking health care have access (with the **European Health Insurance Card**) to services on the same conditions as the resident population, and the same holds for care sought by the population of Gibraltar and, to a lesser extent, southern Portugal. Identifying the repercussions of this accessibility on the population registered with these centres it would require **measurement for the purposes of an objective description of**:

- the potential reduction in minutes per patient in consultation times or the delay in days waiting for an appointment due to the overload on primary care professionals entailed in treating patients who are not covered by their Health Card quotas,
- the volume and breakdown of specialist care provided to this population, along with the analysis of established parameters of accessibility: whether this increases emergency or deferred surgical activity, increases the number of days' stay in cases recorded in the Demand Management Application (AGD); a longer delay in access to consultations or diagnostic tests.

Quality

- difficulties in professional-patient relations due to language and cultural barriers
- lack of access to clinical records
- duplication of diagnostic studies, with the risk of adverse effects.

Financial viability

Healthcare provided in health centres located in areas attracting large numbers of European tourists (basically non-resident pensioners spending long periods in the area) is billed to their countries of origin via Social Security: the cost of this care in one of these centres in

the first 10 months of 2006 is equivalent to 7.29% of its annual budget, expenditure for which the health centre **received no direct compensation**.

The existence of **different rates** between Regional Health Services could increase the initial refusal of invoices and thus the administrative costs of processing these.

In "patient mobility" cases, where care is requested in another country, and cases under "cross-border" healthcare agreements it is necessary to reimburse travel and accommodation costs on top of care costs.

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

Authorities

- determining whether there are restrictions on the issue of the European Health Insurance Card (taxes or contributions to Social Security institutions)
- sharing the records of authorised public health centres (and approved private centres if these are accessible) with their Catalogues of Services

Purchasers and Providers

- prior knowledge of comparable clinical process indicators for the destination centre, of existing delays and levels of accreditation
- flexible, secure exchange of apposite clinical information on submission of a request for care

Patients

- access to care scheduled in response to a prior request to this effect
- prior knowledge of indicators of results for the destination centre, of existing delays and levels of accreditation
- information on real chances of a solution
- knowledge of the real limits on the freedom to choose a centre or physician.

Question 3: which issues (e.g.: 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?

	Country of Origin	**Country of destination**	**Both**
Telemedicine	Responsible for the patient Indicates needs Assumes agreed cost	Consultant Determines availability of resources	Agreement Investment in equipment Determining the complementarity of services Training
Patient travel	Request for care Assumes costs Patient information	Procedures for access to care Establishes common prices for centres	Agreement if regular occurrence
TEMPORARY travel by the professional	Authorisation to pursue activity		Shared Register of Professionals (initial training and skills)
Establishment of providers	Provision of information prior to activity	Authorisation to operate (if a centre)	

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*?*

Patient safety is associated with professional practice in each centre: the centre which provided care is responsible.

Any compensation for adverse effects would be covered by professionals' liability insurance.

The accreditation of centres, services or units in the context of the development of networks of European reference centres could pose a different scenario, in the sense that, were a patient to use one of these reference centres, the EU could assume the costs arising from any harm.

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)*?*

Each country's system has to be respected, which necessarily limits free choice, and always depending on the Catalogue of Services corresponding to the level of complexity.

It is indispensable that healthcare centres be compensated directly for costs incurred, enabling them to adapt and improve the services they offer.

In cross-border care, a single centre may be the sole party to an agreement in the country and thus should take patients and receive the sums for their care.

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?

- health professionals' needs at EU level
- sharing the costs of undergraduate and postgraduate training in view of mobility
- basic common requirements for authorisation and operation

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?

- Convergence in the coverage of provision so that a basic common catalogue is shared the contents of which is **all** that may be provided on demand in any Member State.

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?

Although the aim is to facilitate patient mobility in any case, on the premise that everyone generally wishes to receive these services as close to home as possible, there would be a need to achieve **identical** levels of protection in the different health systems given that disparities in access to services are at the origin of many cases of mobility.

- Sharing information systems on the registration of centres and their catalogues of services, registers of professionals and accredited reference centres
- Creating a database of each country's rules on the health system

- Investment in infrastructures (Development Plan)
- Database of patients' expectations in a Web environment
- Database of cooperation experience
- Observatory of the impact of mobility and cooperation

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?

Legislation on:

- Exchange of clinical data
- Telemetric procedures
- Recognition of professions
- Determining the minimum content of the "Instructions for access to health services for every country", an "EU Patient Intake Programme".

Other:

- Laying down the areas to be developed in a cross-border cooperation agreement with patients or professionals travelling or telemedicine
- Consolidating healthcare information to citizens using the potential of the EU Patient Health Portal
- Publishing quality indicators for public health centres on the Internet.