

COMMUNICATION FROM THE COMMISSION
Consultation regarding Community action on health services

ANSWERS FROM THE CYPRIOT HEALTH MINISTRY

Introduction:

The social security system and the services provided to citizens are one of the cornerstones of each country's national strategy. In particular with regard to the provision of healthcare services, special attention must be paid to the existence of a national healthcare system based on three basic parameters: 1) Solidarity, 2) Universality, 3) Equality.

Health care in Cyprus is provided by government medical services and by the private medical sector. Government medical services, funded mainly by taxation by way of the budget, cover 65-70% of the population free-of-charge and 5-10% at a reduced rate.

Those entitled to free health care from the government medical services can be broken down into two categories: those whose entitlement is linked to their economic situation, i.e. it depends on certain income criteria being satisfied, and those deriving their entitlement from their socio-occupational or other situation, without reference to their economic situation, e.g. civil servants, large families, victims [sic], recipients of public assistance, European citizens and nationals of third countries who meet the conditions of Regulations 1408/71, 574/72 and 859/03 and transfer their entitlement to free medical treatment from the country where they are insured.

Patients who do not come under one of these categories pay the fixed rate.

Private patients pay their own costs. Some population groups are covered by a guild-based or employers' scheme. These schemes provide full or partial cover for medical expenses for their members.

Cyprus is currently at the planning stage with regard to its own health insurance system and will take account of all the characteristics that must be present for a modern health system. It will establish strategies and transparent procedures, on the basis of which to achieve an economically viable health care system. Community action is expected to give additional impetus to promoting the necessary reforms in the Cypriot healthcare sector.

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?

In Cyprus, cross-border healthcare means healthcare for short-term visitors and European citizens who live in Cyprus. They are provided with healthcare on the same basis as Cypriot citizens, to be paid for by the country in which they are insured.

As far as treatment for Cypriots abroad is concerned, the programme for the sending of Cypriots abroad for specialised treatment not offered in Cyprus should also be mentioned. As Cyprus is a small island with no internal borders, difficulties arise when it comes to providing treatment for rare conditions or conditions requiring major investment in medical technology/equipment.

The figures given below show that the cross-border movement of patients in Cyprus today, as in other Member States of the EU, does not appear to be having a serious impact.

The number of permanent residents of Cyprus issued with a European health insurance card and who travelled temporarily to another Member State was 13 400 in 2005 and 24 100 in 2006. Of these, 54 in 2005 and 65 in the first six months of 2006 needed urgent medical treatment, the details of which were

entered in the accounting system of the Health Ministry. The number of people who, with the permission of the competent authorities, went to another EU Member State for specialist treatment was 1109 in 2005 and 800 in 2006. The number of persons insured in Cyprus who registered with the system of their country of residence for healthcare services at Cyprus's expense was 54 in 2005 and 119 in 2006.

Cyprus provided treatment to 1335 short-term visitors in 2005 and to 1894 in 2006, whilst 5 982 (in 2005) and 7 000 (in 2006) nationals of other European countries living permanently in Cyprus registered for treatment with the government medical services.

Although, at this stage, the crossborder treatment of short-term visitors does not appear to be having a major impact on the Cypriot government health services, the increase in the number of permanent residents from other Member States who use State healthcare services is putting pressure on the existing system and will probably lead to organisational problems. An eye will need to be kept on this situation.

Moreover, the practice of sending patients to other Member States for planned specialist medical treatment which is not offered in Cyprus may, in future, cause problems to the health system where it is scheduled.

In the light of certain Court of Justice judgments, the number of people requesting cross-border healthcare services is likely to rise in future in line with the growing familiarity of citizens with the health systems of other Member States, which means that we need to start looking now at this subject. By monitoring the situation, planning correctly, establishing clear procedures and laying down rational strategies, we can prevent undesirable situations occurring as far as the economic viability of the national healthcare system is concerned.

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?

In our view, the following subjects require monitoring in order to enable safe, high-quality and efficient cross-border healthcare:

- Clear determination of reimbursable health services, e.g. services covered by the national health insurance system. To this end, a clear determination of these services needs to be made by the national health insurance system.
- Establishment of clear procedures for the movement of patients to other countries and of the right to appeal against refusals.
- Clarification of the waiting time for the provision of health services in one's own country before being entitled to request cross-border in-patient treatment.
- Checking the quality of the services offered.
- Establishing the obligations of health service providers. This raises the question of the ongoing monitoring of the patient after cross-border treatment. Providers must be responsible for supplying healthcare professionals in the patient's country of residence with clear information necessary for the ongoing monitoring of the patient's health.
- Clarification of the rights of patients. For example, patients' personal data, the provision of clear information to patients so that they are in a position to decide where to go, etc. The introduction of a European patient file is being discussed, but the issue of who will have access and at what level should be clarified. It is also important to decide the type of information to which citizens will have access, in order to receive the appropriate treatment.
- Examination and analysis of reimbursement and claims. It is important to lay down the payment procedure, type of reimbursement and time scale for reimbursement, directly or via the national health insurance system.
- Creation of a legal framework in the sector of e-health for the coverage of growing needs.

Question 3 – Which issues (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?

The issues of quality and monitoring of the health services provided should be the responsibility of the authorities of the Member State in which the services are offered.

The issue of financial responsibility should be regulated and dealt with in the national legislation of the country in which the health services are provided. Financial management is the responsibility of the national health insurance system of each country.

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?

Responsibility for the safety of patients sent by their own national system for treatment in another Member State rests with the competent authorities of the country where the treatment is provided. In the event of harm, any compensation should be ensured by the national health insurance system of the sending country. Any compensation should be paid by the national health insurance system of the receiving country to the health system of the sending country.

If the patient accepts health treatment in his or her own country from a provider from another Member State, the authorities responsible for ensuring safety are those in the country of residence. In the event of harm, the compensation should be provided by the national health insurance system of the country of residence of the patient, as long as the service was provided within the national health insurance system. In such circumstances, the provider of the service should have mandatory liability insurance, and the law of the country where the service is provided should prevail for the purposes of the compensation.

More generally, it must be compulsory for providers of health services to have adequate liability insurance in the event that they provide cross-border services, so as to protect the rights of patients in the event of harm.

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

The action needed to ensure that treating patients from other Member States is compatible with the provision of balanced medical and hospital services accessible to all is the following:

- Monitoring the growth of cross-border movement;
- Collaboration and planning between the national health systems of the receiving and sending countries;
- Timely notification of a country's capacity to accept additional patients in certain time periods;
- Planning in order to meet seasonal demand (e.g. the tourist season).

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

- The movement of healthcare professionals is covered adequately by EU directives and national legislation. The obligations of professionals offering health services in other countries or who offer health services to patients from other countries will probably have to be regulated as regards follow-up, the obligation to provide clear information for this purpose and collaboration with the health professionals who are monitoring the patient.
- The establishment of providers is covered by national law.

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?

There are no other issues where legal certainty should also be improved in the context of each specific health or social protection system.

One suggested improvement to facilitate cross-border health treatment, in terms of receiving patients from other Member States, would be to make liability insurance compulsory for temporary movements of healthcare professionals.

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

Each of the areas referred to above has its own purpose and objectives.

European action could support the health systems of the Member States and the various actors by investing in the following:

- Creation of European networks of reference centres.
- Realising the potential of health innovation.
- Creation of an observatory for comparative data and indicators which would be used to develop policy and strategy.
- Evaluation of the impact on health systems, with the participation of the High Level Groups on Health Services and Medical Care.

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?

Various tools can be used to tackle the issues relating to health services at EU level:

- Statutory regulation: the issues which, in our view, require statutory regulation are given in the answer to question 2.
- Full participation in and monitoring of the work of the High Level Groups on Health Services and Medical Care.

- Adoption of the open method of coordination to set policy in the area of health and long-term health care and meet the targets set.
- Creation of a network-observatory between the Member States for the exchange of views, information, the provision of instructions and guidelines and the introduction of common, quantitative indicators to measure the effectiveness of healthcare.

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