



Consultation regarding Community action on health services

Intel Corporation welcomes the Commission communication and consultation on health services. Although this is a vast topic we focus here on the cases where health services are provided via electronic communications. The cross-border provision of telemedicine, remote care, remote diagnosis and other health related ICT mediated services (hereinafter referred to as *connected health*) is, in many circumstances, the most convenient solution and the one that better serves the patients and the healthcare systems: access to specific medical expertise; access to care from within remote regions; travel cost containment; efficient use of medical resources. In many cases, a mixed service can be provided, for instance after a patient had received medical services abroad, the subsequent rehabilitation period in his or her home country, may well be followed-up through *Connected Health*.

Any Community action on health services must explicitly deal with the cross-border provision of *connected health* services in par with the “traditional” methods of healthcare delivery.

While the cross-border provision of *connected health* services may introduce specific challenges from the legal and informational point of view other than those already noted in the Commission Communication, we believe that any approach must aim at maintaining its coherence and predictability vis-à-vis the set of cross-border services’ possibilities.

As much as possible, cross-border *connected health* services must be considered no differently - from a Community action point of view - from the “traditional” methods of healthcare delivery.

The cross-border provision of health services, as the Commission Communication rightly points out, raises the bar for Member States’ cooperation in areas where traditionally it does not happen. Practitioner’s identification and portability of patient information – the capability of it being exchanged and understood across countries - is a key factor that contributes to patient safety and increases the quality of the delivered service.

The cross-border provision of *connected health* services offers an excellent environment for a cost-effective sharing of patient data – Electronic Medical Records – and remote identification of health practitioners.

However, without commitment from the Member States in achieving some level of harmonization in the representation of a patient’s medical condition, a safe and effective health service cannot happen.

Any Community action on health services must address the harmonization of a patient’s medical record and the identification of health practitioners and patients.



Cross-border healthcare and particularly cross-border *connected care* raises important legal issues that the EU needs to clarify in order to eliminate the current uncertainty.

- **Jurisdiction and choice of law:** when healthcare is assessed remotely, across borders, in case of litigation, the application of the E-Commerce Directive, the Brussels regulation the Rome convention and the Rome II text results on uncertainty, namely in the country of origin / destination principles
- **Licensure:** it is not generally clear whether a practitioner would need to be licensed in Member State A to remotely assist – from Member State B - patients domiciled in Member State A.

Any Community action on health services must clearly address the issues of applicable jurisdiction, choice of law and licensure in the cross-border provision of *connected health services*.

We consider that further Community intervention is needed to promote the debate on topical issues that, once clarified, will increase the availability, accessibility, quality and safety of cross-border *connected health services*:

- **Standards of care:** while traditional medical practice and malpractice finds its references on widely internationally accepted standards, cross-border *connected health services* are relatively new and the absence of accepted practice standards is the current reality. European agreement on protocols and guidelines needs to be sought.
- **Reimbursement:** Member States' approaches to *connected health services* vary significantly, from its non recognition to its selective reimbursement. This fact raises uncertainty regarding their reimbursement when these services are provided to patients where the same type of service it is not recognized as such in the patient's home country.
- **Professional liability:** healthcare practitioner's responsibility on a cross-border *connected health* mediated environment requires further clarification and guidance as well as that of the telecommunication intermediaries - that may span several countries - in the service delivery chain.

The Commission High Level Group on Health Services and Medical Care and the i2010 Subgroup on eHealth should initiate a working task to address standards of care, reimbursement and professional liability in cross-border *connected health services*.

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