From: Asterios A. TERPOS [terpos_aa@hol.gr]
Sent: mercredi 31 janvier 2007 16:50
To: SANCO-HEALTH-SERVICES-CONSULT
Subject: Health services consultation

Dear Sir/Madame

Please accept my contribution on the Consultation regarding Community Action on Health Services.
Please note that in the content bellow only my personal views are expressed.

Sincerely

Asterios A. TERPOS, MD (Greece)
****
Consultation regarding Community action on health services

Even if one were well aware and had access to all the information required, it would be difficult for him/her to answer all the 9 questions in detail and to make clear proposals for Community action in the field of health services. The issue is so broad that thousands of hours of brainstorming and work would be needed to write hundreds of pages in order to cover multiple scenarios.

Bellow, I tried to tackle briefly some of the current problems which in my view are more important to consider for a Community action in the field of health services.

The problem of understanding and knowledge of the various health systems

In the European Union there are 27 (now) member countries and each country operates a quite different system of healthcare delivery which is financed by a "unique" system of payments. It is obvious that the legislative regulations under which the above systems operate are different too; reflecting the local (cultural, socioeconomic etc.) conditions under which these systems have evolved so far.

If any action is to take place regarding the health services at European Union level then adequate understanding and knowledge is the first priority (which in turn requires adequate information collection and appropriate studies).

Despite the fact that a great amount of work is already done by the European Union (DGSANCO) and by other stakeholders in the field of public health as well as in the field of the healthcare systems and their adjunctive structures (for example the work on the health indicators, disease surveillance and control, health systems reports, health statistics harmonization etc.) one must accept that the professionals involved in this work (health sector issues) do not have a "deep" knowledge either on the exact features of the healthcare systems or on the true conditions under which healthcare is delivered across all the member states of the Union.

For example, a professional in the UK (concerned with health sector issues) may well know the problems, the priorities set and the way and pace they are implemented in his/her country but he/she has little or no knowledge of the situation in Greece or in Bulgaria. He/she will not able to understand why

Greece (for example) does not have a cancer register yet (or why two previous attempts since 1967 for cancer registration may have failed). He/she may not be aware that many (if not most) of the medicines and other pharmaceutical drugs which require prescription in the UK and which are delivered only through the NHS or through special drugstores are freely sold in Greece by Pharmacies (drugstores) which are scattered in almost every street's corner.

Besides, considering the "payers'" side, little is the "deep" knowledge about the social security systems' structures as well as about the prevailing conditions in each member country regarding a) the private health-insurance systems, b) the out-of-pocket payments and c) all other ways of payment which contribute to or complement the health expenditures. In this regard, it is difficult for a Danish professional (or even a civilian) to understand why in some countries the out-of-pocket payment for a health service is broadly accepted or why (elsewhere) an under the table payment is widespread.

The above (briefly) expressed lack of a thorough understanding and knowledge on the health services and their financiers across the European Union is a substantial multidimensional issue regarding any action in the field of health services.

Generally speaking, more information and standardization is required prior any substantial legislation framework or any other major change is to take place. Otherwise the quality and the financial sustainability of the current healthcare systems in the EU shall face an additional destabilizing challenge to the challenges they face nowadays.

The language problems

Another great problem and issue regarding the health services use abroad as well as the dissemination of any kind of health information among member countries is the language obstacle. This problem is not only faced by health professionals but by civilians as well.

Although the establishment of health professionals in a different country of that of origin has been regulated and requires that they speak fluently the language of the host country, other issues need to be considered.

For example, for patients receiving care abroad (either being tourists or seeking treatment) communication is a problem. This problem could be solved for example with the establishment in each host country of one or several dedicated healthcare structures from all other European countries with the mission to deal with the health problems of their citizens (i.e. the establishment of health authorities, medical advisors, translation centers, medical centers or whatever necessary services on a temporal or permanent basis). However, although all countries may count the origin of their visitors, there is a lack of information on the kind and on the magnitude of the demand for health services from visitors. Therefore, the studies performed so far must be extended to all European Union countries and a possible action to help setup special databases for this purpose should be examined.

Also, regarding the language problem in relation to health services provision abroad, one must consider the incompatibility of health record information. Although a lot of work has been done internationally concerning mainly the e-

Health Record (HL7 in USA), not all the EU countries show the same progress in this field nor are they able to follow (due to the lack either of fiscal or of human resources). However, the paper Patient Record which is broadly used (and will be used for many years onwards) is not standardized at all.

It is certain that in case of an accident or a health emergency abroad, essential patient information is required urgently but quite often it is hard to find. In the future, the Information & Communications Technology will provide solutions (i.e. if and when the e-Health Record will be broadly in use) but there is a lot of work to be done until then. Therefore and also because, in order to satisfy the prerequisite of quality in health service delivery, patients have the right to have their health records in place when needed, a Community action should be focused on the minimum standardization of the health records as well as the relevant legislation for keeping, translating and exchanging this information between all member countries.

The reimbursement problems

One of the major problems which needs to be solved considering cross-border healthcare is “who should and how much to compensate for what kind of health service(s)”. If the methods of reimbursement for health services received abroad are to be settled, one of the first issues to tackle concerns prices and quantities. Healthcare procedures, medicines, health professionals’ salaries etc. differ substantially among member countries as well as within the same country. This depends also on who is paying (the State, the social health insurance, the private health insurance, the patient out-of-pocket etc.).

The problem of reimbursement cannot be solved at once. Since there is not adequate basic information, it may take several years and dozens of regulations to settle. A good information infrastructure may be needed prior to take essential legislative measures.

In other words, a good idea for Community action might be to set up “registration projects” by which all the required and relevant information should be collected, recorded and/or standardized (from the relevant legislation, the competing authorities, the health service providers etc. to the smallest ingredient of healthcare delivery). This is a standardization process of the healthcare sector which in some European Union countries is already there (for example in the UK) or under way. Moreover, it is a process leading finally to e-Health and has already started in several sectors at European level (i.e. social security cards) or at international level (HL7 standards) but there is still a lot of work to be done since many countries in the EU are left behind.

Below are some brief examples of “registration projects” which are needed to enhance the understanding and knowledge on the various healthcare systems in the EU and which will add value to the European integration process. As mentioned above, some countries are in the front line whereas others are not keeping pace. This leads to a multi-speed health services sector across Europe and it is not desirable even if the European Union may not have the current structure in the future (i.e. with or without EU, people will still have to travel in the future and will still have to face health problems abroad).

a.. Legislation on public health, healthcare, social health insurance and private health insurance should be “collected”, be classified by subject and sub-subject and be codified so as every citizen, health professional and health

services provider is aware of his/her rights and obligations in each member state. In this way this classification will help in the future development of any new legislation, directive, communication etc.

a.. All stakeholders of healthcare (health service providers, payers,) should be classified at every possible level (i.e. ministries, health authorities, social insurance funds, hospitals, hospital departments, health centers, doctors, dentists, nurses, other professionals etc.) in conjunction with their spatial distribution (the NUTS or other spatial classification system) and then be assigned a unique registration and ID number to the relevant database.

a.. Moreover, all medical procedures, medicines and other pharmaceutical and medical supplies should be classified and registered.

The manpower problem

If one examines the manpower capacity of the health services in the EU member countries he/she may discover great differences and imbalances. One of the most important issues and/or complaints is the shortage of some categories in some countries (for example nursing staff) and the oversupply of other categories in other countries (for example medical doctors).

This problem relates greatly to the financial sustainability of the healthcare services in the EU. For example physicians play a key role in shaping demand for health services and if they don’t find a place in the public healthcare system they may practice privately where they are more “free” and may influence upwards the health expenditures.

In some of the poorer countries, several specialties such as Public Health professionals, Epidemiologists, Health Economists etc are in great shortage whereas other supporting professionals such as IT professionals are non existent. In Greece for example, where the ICT diffusion is low, most of the specially trained personnel in e-Health are unemployed or working in other subjects.

Thus, it is obvious that there is a need to regulate a balanced production of health professionals. Such a measure might also be included in the future Community action on health services.

Certainly, there may be more ideas which might help the formulation of a Community action in the field of health services.

However, it is clear that DGSANCO’s budget is not enough to cover all the needs. It is a pity that approximately the same amount allocated in the previous Action Programme for 15 countries is now allocated for 27 countries for the new Action Programme in the field of Public Health (365 millions euro for the period 2008-2013 i.e. 50 m euro annually). It is worth to state that approximately for the same objectives as of DGSANCO, the US Centers for Disease Control and Prevention spent only last year approximately 8 billion US$ (approx. 6.5 bn euro). Of course the DGSANCO small figure is in excess of what the individual European

Union member countries spend on healthcare and on public health sectors (but are they spending equally?).

It is obvious that a different financial strategy is required in order to tackle the problem of inequalities among the European health services systems.

Asterios A. TERPOS, MD

Cytopathology, MSc Health Informatics, PhD Public Health

Member of the Scientific Advisory Committee for Cancer Registration in Greece at the Hellenic Center for Disease Prevention and Control

e-mail: terpos_aa<AT>hol.gr

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.