Local and Regional Government Finland

The Association of Finnish Local and Regional Authorities giving its answer to

Communication from the Commission: Consultation regarding Community action on health services SEC (2006)1195/4

First remarks:

The judgements in the Decker and Kohll (1998) cases have been followed by a series of further ECJ judgements on the utilisation of cross-border health services within the EU. According to these rulings, the freedom of service provision embodied in the Treaty includes the freedom of users to seek treatment abroad regardless of the mode of operation of the health system of their home country.

A permission requirement is justified only when treatment is provided on an in-patient basis. This liberalisation of the right to medical services across national borders will increase competitive pressure on service providers. In individual cases, organisational differences between health systems may make it difficult to draw a line between out-patient and in-patient treatment.

Commission has explained in its communication (SEC (2006)1195/4) that "Community action on health services does not mean harmonising national health or social security systems. The benefits that different health and social security systems provide and their organisation remain the responsibility of the Member States, in accordance with the principle of subsidiarity. Nor does it mean stepping back from what already exists. The principles established by the Court in this area must be respected, as must other existing Community provisions and the basic principles underpinning European health systems, including equity, solidarity and universality."

One threat envisaged by the health care authorities might be that if the patient is given a "free card" and can freely choose the hospital care in any EU member state then the planning of health care could become very difficult, even this might happen only in very small part of the health care and in the border areas.

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 Finland, the cross-border health care is not such a big issue due to the small number of patients receiving care and treatment abroad. It is expected that the amount of residents seeking care and treatment abroad will increase in future only a little.

The principle of access to treatment within a reasonable period has been embodied in legislation by the year 2005. In order to decrease differences in the criteria for access to treatment nationwide guidelines for non-urgent treatment

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have been implemented. The amount of people waiting for treatment has been diminished. When offered a possibility to have treatment earlier in another hospital (in another hospital district) the patients did not want to use this possibility because they preferred to have the treatment close to home.

Only a small amount of Finnish people goes abroad for hospital treatment. According to the statistics of the Social Insurance Institution of Finland (reimbursement from hospital care, agreement with the Social Insurance Institution of Finland and hospital districts), between 2000-2005 48 persons came from abroad to hospital care in Finland and 17 persons went from Finland abroad and got their hospital care reimbursed through E112.

We don't have exact data about the health care use abroad because on the one hand not every patient will apply for reimbursement from the Social Insurance Institution of Finland, and on the other hand there are renunciation contracts with some countries. According to the information of the Social Insurance Institution of Finland, Finland had renunciation contracts with the Nordic countries, Great Britain, the Netherlands and Belgium (seeking of care abroad will be invoiced), with Luxemburg there is no invoicing. Persons from Austria staying temporarily in Finland will be invoiced for their health care costs but persons from Austria being residents in Finland are not invoiced.

In Northern Finland (Lapland) there is cross-border cooperation in health care with Norway and Sweden. With Norway there are formal contracts on life-saving (emergency) services and ambulance transportation and some Lappish language services. Hospital District of Lapland buys hospital services for its Lappish speaking patients. Cooperation with Swedish Lapland: in Tornionjokilaakso-area people speak mostly Finnish and some municipalities have made joint emergency service. The population density is not so high in Northern Finland. It would be better for the patients to get the health care services in their own language and near to their homes.

In Finland, the public health care is financed by taxes, there is a small amount of private hospital care but there are private medical doctors giving care and treatment. One part of the private health care costs will be reimbursed to the patient through the Social Insurance Institution of Finland (KELA).

Foreign people / tourists get the non-urgent care in Finland according to social security regulation 1408/71 (new 883/2004). It is very important to have translation services and that the patients get their patient record with them. Organising the translation services and documents causes extra costs for health care.

According to a survey carried out by the Association of Finnish Local and Regional Authorities, in 2005 the costs for the health care treatment of foreigners are approximately 7 million € per year.

Finnish health care personnel is also moving abroad, they are mainly medical doctors and nurses. Finland has got a small amount of health care personnel from abroad, they are coming mostly from Estonia. In Europe, there is a threat

that the health care personnel is moving abroad because of better wages and working conditions.

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

The legal uncertainty of the present situation is a consequence of different interpretations of the current community legislation and case law. In addition some topics, like compensation of treatment injuries, are not included in the EU legislation.

It is very important that all stakeholders, patients, authorities, purchasers and providers, can understand the language used and know what is meant with different concepts.

Patient's rights: seeking health care, treatment and follow-up treatment should be as easy as possible. The patient should not be in a worse position because he has received treatment abroad. It should also be clear where he could claim about the treatment if necessary.

Quality of care: in order to promote a quality improvement approach, creation of centres or networks of reference for diagnosis as well as for patient treatment has to be continued.

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?

Health care is given nowadays according to the rules and care guidelines of that country where the care is delivered physically. This is an important principle also in future. Clinical oversight should be the responsibility of the country giving the treatment. The country sending the patient to treatment to another country has the financial responsibility.

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?

The country where the treatment is given has the responsibility for the treatment. E.g. having an operation in other member state the responsibility has the country where the treatment is given, follow-up treatment is given in the country of origin of the patient (sending country is responsible for the continuation and follow-up health care).

The Finnish Patient Insurance Centre handles the compensation procedures for patient injuries that occur in Finland. Insurance companies in Finland that provide patient insurance are members of the Centre. Medical treatment and health care involve risks that cannot always be avoided, even if the best possible treatment is provided. Patient Insurance covers bodily injuries that patients have sustained in connection with health care in accordance with the Patient Injuries Act. The Finnish Patient Insurance Centre handles these claims. All health and medical care providers must be covered by insurance against liability arising as provided by the Patient Injuries Act.

There has been many improvements for the patient safety in Europe, e.g. Denmark and Great-Britain have developed harm reducing procedures. We should learn from the best practices of the patient safety.

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)?

EU level actions have to be carried out in accordance with the principle of equality, and situations where the people seeking health care in other EU member state should not be prioritized compared with people living in that country. The costs of health care caused by patients coming from abroad should not complicate provision of health care services for the residents. Cross-border health care should not cause inequality.

Treatment of rare diseases requires special knowledge and skills which are not available in every country. Therefore cooperation with different health care organisations is very important.

How is the documentation organised? How is the administration of patient records and other documents organised? How is the deposit and archiving system organised? Which country is in charge for that?

EU level strategies have big importance when there are remarkable health threats, like pandemia, preparing for Avian flu is a good example.

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?

There is not enough information / data over the mobility of health care personnel and patients and also over the grey area between social and health care: which is social care and which is health care and how to register it, e.g. in the services for the elderly.

Directive on Recognition of Professional Qualifications regulates the mobility of health care personnel rather satisfactory. In Finland, the language skill demands

(for the post language skills in Finnish and Swedish are requested) might cause problems.

Could there be joint standards that measure the professional skills in practice? For medical doctors there are joint education standards and European qualification degree in many medical specialities.

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 facilitating cross-border healthcare?

Are there clear rules about the reimbursement of health care costs? Should the reimbursement be based on prices practised in the country where the care is provided?

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?

There is blood directive 2002/98/EY, which regulates the quality and safety requirements for collection, research, handling, storage, transport and distribution of human blood and blood components. In directive 2004/33/EY there are technical requirements for blood products, directive 2005/61/EY regulates copying of blood products and notifications of serious ill-effects and dangerous situations of blood transfusion, and directive 2005/62/EY regulates quality standards and specifications of blood donor centres.

In Finland, the National Agency for Medicines promotes the health and safety of citizens by regulatory control of medicinal products, medical devices and blood products.

Through standards and quality systems of EU level it is possible to change information very rapidly and also to act rapidly to the different health threats.

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?

There is a need for a legal instrument on health services. Many Member States express the hope that there will be a reflection on how to ensure legal stability of health care systems. It is the growing jurisprudence of the Court of Justice which has made it necessary to find a clear response to patient mobility, without putting into question Member States competencies to plan their health systems.

Clinical guidelines are the basic precondition that the treatment has uniform quality in different countries, therefore e.g. Cochrane collaboration and cooperation with Health Technology Assessment is very important. This should have a high priority in EU. But the treatment cultures are very different and it takes time to come closer. Firstly, EU should not be an obstacle for that all EU citizens could have access to good care and secondly, EU should not facilitate inequity by facilitating health care personnel to move to the countries of better wages.
The Association of Finnish Local and Regional Authorities supports the Commission in the work on centres of reference, health technology assessment, sharing of good practices and guidelines, data and information gathering. We should take advantage of cooperation between health systems in providing safe, high-quality and efficient health services.

The legal instrument of the European Commission should take into account the joint values and principles of the health care systems in EU member states.

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