

Malta's Comments on a Communication from the Commission on a Consultation regarding Community action on health services

Malta welcomes the consultation launched by the Commission on this important theme of cross-border healthcare and patient mobility. The discussions that have taken place so far have demonstrated that the highly diverse systems and the differing economic and social circumstances between Member States lead to specific needs and expectations.

The extent and nature of patient mobility also depends very much on geographical and cultural factors. The principle of subsidiarity should, therefore, be reflected in any future initiative on health services, thereby, leaving the necessary flexibility for Member States to implement arrangements and provisions that provide real added value for their citizens within the context and realities of their health systems. In this respect, Malta would like to stress that the Council Conclusions on principles and values in European health systems adopted in June 2006 should serve as a point of reference for any European initiative on health services.

Question 1:

What is the current impact of cross-border healthcare on accessibility, quality and financial sustainability of healthcare systems and how might this evolve?

Malta has experienced the impact of patient mobility both as a "sending" and as a "receiving" country. In terms of sending patients overseas for treatment, Malta has operated a system of organised and authorised patient mobility within the public health system. The organised and systematic referral of patients has contributed to enhancing access and monitoring of quality as patients are not isolated but are part of the whole system which incorporates preparation prior to treatment overseas and follow-up on their return to Malta. The controlled nature of patient flows that is based on clinical needs and the inability to provide the necessary service in Malta has enabled the system to remain financially sustainable to date.

Malta believes that ad hoc proliferation of patient mobility without prior authorisation could have negative impacts on all three dimensions of access, quality and sustainability. Although there may not be large numbers of patients seeking treatment overseas because of the natural geographical barriers, even small numbers could have an impact on the healthcare financing, as additional funds would be required to support treatment outside the Maltese healthcare system.

With respect to incoming patients, Malta deals with significant numbers of temporary visitors and long-term residents. These can stretch the already limited resources since they often require specific attention in terms of overcoming communication difficulties and logistical support. However, Malta considers that the high quality of the medical services it offers to tourists in need of healthcare also forms part of the infrastructure, which assists in making Malta an attractive tourist destination.

Question 2

What specific legal clarification and what practical information is required by whom (eg authorities, purchasers, providers, patients) to enable safe, high-quality and efficient cross border health care?

Malta would like to propose that each country provides a clear picture to its citizens on the care and interventions that require prior authorisation in keeping with the spirit of interpretation of the ECJ, in that there should not be unnecessary barriers that prevent patients from seeking care in another Member State. Malta is willing to work on the technical groups that may need to further study suitable alternative definitions that can be applied by Member States.

With regard to the clarification of the term "undue delay", Malta believes that this term needs to be interpreted by each Member State in the light of its epidemiology, health priorities, clinical needs and available resources. It is deemed necessary to ensure that patients have all the practical information required to assist them in making choices regarding treatment possibilities in another Member State.

Patients should have access to information about their care entitlement to prevent situations where they seek care without prior authorisation and such care cannot be reimbursed since it does not form part of the care package of the competent Member State.

There should also be clarity about where and when the Regulations on Social Security apply and when the principles laid down in the ECJ case-law apply. The current situation is not considered friendly for European citizens and a simplification of the existing rules and provisions would provide more certainty for purchasers, providers and patients. The ECJ rulings also do not give any consideration to the fact that the EU is made up of Member States with different needs and resources. There is a need for the ECJ rulings to be placed in the context of the European Union with 27 Member States with varying levels of socio-economic development.

Question 3

Which issues (e.g. clinical oversight financial responsibility) should be the responsibility of the authorities of which country?

Clinical oversight should rest with the institution providing care. It must be noted that difficulties could however arise due to cultural differences in the patients' expectations and the tendency to seek redress in some Member States more than in others.

The financial responsibility remains with the contracting institution. It needs to be highlighted that the great disparities in costs for providing care between different Member States gives rise to a disproportionately high financial burden on Member States with lower levels of economic development when their citizens seek to benefit from health in another Member State in instances such as when using their European Health Insurance Card (EHIC).

In situations where the patient is expected to pay the difference between the cost of care in the competent Member State and the Member State in which treatment is being given, the costs again act as a deterrent for patients coming from Member States with lower levels of economic development.

Question 4

Who should be responsible for ensuring safety in the care of cross-border healthcare? If patients suffer harm, how should redress for patients be ensured?

Every precaution should be taken by the authorities commissioning care to ensure that patients are sent for treatment to institutions of high quality. However, responsibility for patient safety and liability for any harm should rest with the institution providing treatment.

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?

The principle of equitable treatment should hold so that patients from other Member States would have to undergo similar conditions for accessing treatment as Member State nationals. Member States should be allowed to indicate their capacity available for treatment of non-nationals. Capital investment in medical facilities should be considered for the purposes of calculating costs of providing health 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?

Further work may still need to be carried out in protecting patients in instances where health professionals move in to provide a service and move out again without leaving any arrangements for appropriate follow-up. With reference to the establishment of health providers, it should be emphasised that the principle of planning on geo-demographic criteria for public health protection should apply in the area of health services.

Such issues may be addressed in a second step or phased project as part of this health services initiative.

Question 7

Are there other issues where legal certainty should also be improved in the context of each specific health or social protection system? What improvements do stakeholders directly involved in receiving patients from other Member States suggest in order to facilitate cross border care?

Malta supports the model of authorised and organised cross-border care that is based on developing sound and solid relationships between institutions and competent authorities.

Question 8

In what ways should European action help support the health systems of the Member States and the different actors within them other than the areas identified in the Communication?

European action should further support Member States in the area of health technology assessment and provision of evidence for effective interventions. Malta also recommends that as part of this consultation, a permanent mechanism for collaboration building on the successful work of both the High Level Group and the Social Protection Committee is established to take this health services work forward.

In this respect, Malta and other small administrations would strongly benefit from a rationalisation and elimination of duplication of work being carried out in different groups at present.

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?

Malta supports the use of practical measures such as the work carried out in the High Level Group on Health Services and Medical Care, wherever possible. Where firmer action is required, this should always take the form of framework guidance that allows Member States to develop and implement measures that are best suited to the nature of their health system, the health status of their population and the economic resources of the country.

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