



## **HEALTH IN EUROPE: A STRATEGIC APPROACH** **APHP reflection**

### **POLITICAL CONTEXT**

On the 26<sup>th</sup> of December 2006, the European Commission initiated a public consultation on health services. The main purpose of this new consultation is the development of a community framework to ensure safe, high quality and efficient health services in Europe – focusing in particular, on patients' mobility across borders.

**Why is this consultation necessary?** In the European Union, health services are the responsibility of each Member State. Nonetheless, the European Court of Justice has ruled, in different cases, that European citizens can seek health services in another Member State and be reimbursed by the national health system of their own country, if the same service cannot be provided in the country of origin. Health services were excluded from the Directive on Services in the Internal Market (the Bolkestein Directive) approved in the spring of 2006, but the rulings by the European Court of Justice have proved that community legislation also applies in those cases. Therefore the Commission decided to open a public consultation in order to bring forward a legal proposal in 2007.

### **SOCIAL CONTEXT**

There is a clear and increasing tendency for people to travel in Europe, especially new generations for whom the idea of a Europe without borders is starting to make sense.

They look for multicultural contact and conviviality with young people from other Member States.

The "short break" tourism has been expanding dramatically in many European cities, in the past years, encouraged by the constantly emerging "low cost" airlines.

Longer duration stays by citizens from other Member States have also increased. We only need look at the success that the project ERASMUS is enjoying among young people.

But also noticeable are the travels of northern seniors towards southern Europe, for holidays, or for seasonal stay, as a second home, or even as a permanent residence.

In this context, the search for healthcare in a specific member State by persons from another Member State is naturally increasing.

## **POINTS FOR REFLECTION**

The Health and Consumer Protection Directorate General, from the European Commission, elaborated a document about this matter and decided to ask nine questions, the spirit of which can easily be summarized to a single question:

**How do we regulate, in the contexts mentioned above, the provision of cross-border healthcare in Europe?**

The answer to this question is complex and demands that various variables and subjects are studied, which explains the many questions all oriented towards concrete problems.

To answer it point by point might not let us see the issue as a whole, and might obscure the correlations between the various topics.

Therefore, before giving any answer, it is important to consider the current context of Healthcare in Europe: The national healthcare systems face three main common challenges:

- the aging of the European population
- more efficient, but also more expensive healthcare services
- ever more demanding patients, who become real healthcare consumers and "demand", for example, with the increasing use of health insurance, freedom of choice regarding the healthcare provider

Facing these three challenges, AHP considers the following short term goals as crucial: the freedom of choice of the healthcare provider at a European level (the second step in a process in which

Portugal has yet to ensure freedom of choice at the national level), the right of access to healthcare for all, a high quality in the provision of healthcare and the viability of the national health systems using the following model:

**The state as financer, with private hospitals + actual public hospitals + social entities as providers.**

On the issue at hand, APHP believes that the organization of healthcare systems, its financing methods (the connexion between public and private financing) and the planning of the healthcare supply, according to the needs of the population, are the responsibility of the Member States. However, this legal capacity occurs ever more in a general frame which affects numerous common policies (research; public health policy; free circulation of people and services, *and in particular now, of patients and medical acts*; viability of public finances), all of which justifies the development of a European cooperation.

Toward this end, APHP recommends an intensification in the exchange of experiences between countries, a process which would permit a balance of policies enforced and would constitute a useful tool for comparison and progress. We must keep in mind the conclusions of the Lisbon Agenda, the tendency to liberalize public services, the values of the European Constitution and its meaning, but above all the cultural differences in Europe and their representation in health services.

The European healthcare systems are ever more interconnected and we observe the increasing mobility of patients. These tendencies, including the recent rulings by the European Court of Justice regarding the obligation by the national health systems to pay for the costs of treatment provided in another Member State, demand a coherent political answer.

The problems will not disappear and the patients have the right to demand that the States find solutions.

Also of note is the considerable mobility of health professionals, doctors, nurses and others, between the countries of the European Union. Even if the management of healthcare services is the responsibility of the regional and national administrations, and will

continue to be so, the cooperation at a European level can help patients as much as health ministers, but overall, as far as the private sector is concerned, can optimize the profitability of the companies.

From our point of view the main concerns to converge towards a European healthcare must be:

- Cross-border cooperation in order to make a better use of the resources;
- Freedom of choice across border of the health provider – The principles of freedom of choice and of accessibility to high quality healthcare must be the fundamental pillars of a “common policy for Healthcare”. The bodies of the EU must begin this journey of political convergence, sending recommendations to Member States, in order to eliminate the existing barriers in each health system. For freedom of choice to exist, it is necessary to ensure competition between all operators, be they public or private. To achieve this goal, the separation between providing and financing is crucial;
- A European Charter of Patient’s rights which takes into account the questions of mobility;
- Inter-state health insurance in order to pay compensation for potential clinical errors;
- Requirements regarding information for patients, professionals and for people responsible for the creation of public policies;
- Right of access to high quality healthcare;
- To conciliate national health policy with European obligations;
- Health related issues and the Cohesion Fund and Structural Funds of the Union: to reorganize the Cohesion Fund, giving Healthcare an important position regarding the criteria of eligibility of the financing requests, as far as this important community finance tool is concerned.,
- To ensure security and confidentiality of information;
- To clarify the powers of the institutions which govern the health sector in each Member State;
- The health sector being highly exposed to technological innovation and, being aware of the existing differences regarding the introduction of new technologies and treatments, quite significant from one member State to another, it would be essential to start this process with a basic

package of services common to all the states and with a definition of clinically acceptable waiting times and approved by all.

The results gathered by the European Union show that the procedure of integration is an exercise of conciliation of interests and even if the motivating factor is economic, the repercussions they cause in the health sector demand interaction between economic and health policies.

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