

## **COMMUNICATION FROM THE COMMISSION**

### **Consultation regarding Community action on health services**

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#### *Comments*

Patient mobility represents an important issue in the document.

The key role of the European Health Insurance Card which entitles persons in need of a medical treatment in another Member State to the same benefits as patients ensured in the host Member State is unquestionable.

Anyway, the adoption at European level of a Personal Identification Number (**PIN**), already available in many Nordic countries, would help transferring and linking health-related data between different health-systems thus facilitating the patient mobility and the cross-border provision of services and granting a surveillance system with comparable and updated data (nowadays data are available at European level only after five year from collection). In addition, the adoption of PIN might facilitate a reliable identification of patients' clinical history, very useful if a patient has suffered harm and is entitled to be compensated.

In the case of cross-border healthcare, the receiving country should be responsible for ensuring safety.

A PIN would also enable the record linkage between mortality and morbidity data at European level, thus providing survival rate and an overview of disease monitoring in the different Member States. An efficient surveillance system contributes to the good quality of healthcare services and thus reduces the need for patient mobility.

A common legislation on privacy, recognized by all MS, would help in creating homogeneity between all MS.

**Centres of reference** are essential for a good quality of healthcare services (laboratories, hospitals, etc....). For example, during 1980s, a WHO centre of reference for lipid testing in Prague was the landmark for all laboratories in need to better the quality of their results. Lipid variation between centres is consistent. Presently CDC of Atlanta is responsible for assessing the variations occurring in single centres.

Meeting good quality requirements and assuring a proper organization would attract patients and reduce patient mobility.

With regard to hospitals, it would be desirable to set a system of **hospital reimbursement** equal for all countries and based on comparable procedures, such as DRG system. This system is adopted by several European countries even though is not completely reliable for chronic diseases requiring a long hospital stay and rehabilitation. The DRG system takes into account the main hospital discharge diagnosis according to the Major Diagnostic Categories, complications, age and sex.

There is **lack of information** about healthcare possibilities in other MS and also about the framework of Community law in the field of health services. Good information would help patients making appropriate and most convenient choice and institutions benefiting from cooperation between health systems.

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