Cross-border Healthcare in the EU: Enablers for Cross-border Cooperation

Andrzej Rys
Director
Health Systems, Medical Products and Innovation
Health and Food Safety Directorate General
European Commission
Enablers for Cross-border Cooperation: An Overview

- **EU legal framework for cross-border healthcare**
  - Regulation (EC) 883/2004 and Directive 2011/24/EU

- **Practical examples of voluntary cooperation between healthcare systems**
  - ERNs and eHealth

- **Concluding remarks**
EU legal framework for cross-border healthcare

- **Coordination of social security schemes**
  Regulation (EC) 883/2004

- **Directive on patients’ rights in cross-border healthcare**
  Directive 2011/24/EU
The Regulation (883/2004)

**Planned healthcare**
- Prior authorisation (PA);
- PA should be granted if the treatment cannot be provided within medically justifiable time limit;
- For treatment to which the patient is entitled;

**Unplanned healthcare**
- Healthcare which becomes medically necessary during the stay;
- European Health Insurance Card:
  - Tariffs according to the MS of treatment;
  - Reimbursement between competent institutions
The Directive (2011/24/EU)

ECJ jurisprudence 1997 – 2006 developed additional rights based on free movement

- Healthcare as a **service** is under the free movement of services
- Patients can **choose** healthcare provider abroad
- Level of **reimbursement** up to cost of treatment at home
- **Prior authorisation** is acceptable for some treatments
Main aims of this Directive

To help patients exercising their rights for healthcare in another EU country.

Therefore the Directive clarifies:

1. Information to patients;
2. Rules of reimbursement;
3. Procedural guarantees;
4. Co-operation between health systems

and complements the Social Security Regulations.
The Directive (2011/24/EU)

- **Information to patients**
  - National Contact Points
  - Healthcare providers
  
  On Patients’ rights; Entitlements; Reimbursements; Appeal process; Quality and safety; Complaints and Redress procedure; Right to practice; Liability insurance;

- **Prior Authorisation**
  - Overnight stay;
  - Highly specialised and cost intensive healthcare;
  
  Authorisation may be refused if no “undue delay”.

- **Rules of reimbursement**
  - Same fees as for domestic patients;
  - Reimbursement tariffs based on cost of treatment at home from public/contracted provider;

Minimum patients' rights in the EU
Key figures on patient mobility

1. Coordination on social security schemes
   - Necessary (unplanned) healthcare: ±2 million cases/year;
   - Planned healthcare: ±55,000 PA/year;
   - Living outside of the competent MS: ±1.4 million people;
     0.1% of the EU-wide annual healthcare budget

2. Directive 2011/24/EU
   - CB healthcare without prior authorisation: ±200,000 reimbursement/year
   - CB healthcare with prior authorisation: ±3500 PA/year
     0.004% of the EU-wide annual healthcare budget

3. Bilateral agreements for cross-border healthcare
   - No data available
Cooperation between Health Systems

- the ERNs
- eHealth
- Health Technology Assessment
- Encouraging cooperation between MS to improve complementarity of their health systems in border regions – priority for the EU

Commission Communication on growth and cohesion in EU border regions
September 2017
24 Networks

26 Countries

Full Member

Affiliated partner

>300 HOSPITALS

>900 HEALTHCARE UNITS
eHealth Stakeholder Group

*Stakeholder involvement is essential in making eHealth successful*

- Mandate since January 2016 until 2018
- 2 meetings per year: Spring and Autumn
- Input from stakeholders (30 members)
- Inform about developments in the eHealth Network
Health Priorities in the Digital Single Market Strategy

Give citizens better access to their health data, everywhere in the EU

Use digital services for citizen empowerment and person-centred care

Connect and share health data for research, faster diagnosis and better health outcomes

Digital Health and Care

Transformation of Health and Care in the Digital Single Market - Harnessing the potential of data to empower citizens and build a healthier society

European health challenges
- Aging population and chronic diseases putting pressure on health budgets
- Unequal quality and access to healthcare services
- Shortage of health professionals

Potential of digital applications and data to improve health
- Efficient and integrated healthcare systems
- Personalised health research, diagnosis and treatment
- Prevention and citizen-centred health services

What EU citizens expect...
- 90% agree: To access their own health data (requiring interoperable and quality health data)
- 80% agree: To share their health data (if privacy and security are ensured)
- 80% agree: To provide feedback on quality of treatments

1. Support European Commission:
   - Secure access and exchange of health data
     - Ambition: Citizens securely access their health data and health providers (doctors, pharmacies...) can exchange them across the EU.
     - Actions:
       - eHealth Digital Service Infrastructure will deliver initial cross-border services (patient summaries and ePrescriptions) and cooperation between participating countries will be strengthened.
       - Proposals to extend scope of eHealth cross-border services to additional cases, e.g. full electronic health records.
       - Recommended exchange format for interoperability of existing electronic health records in Europe.

2. Health data pooled for research and personalised medicine
   - Ambition: Shared health resources (data, infrastructure, expertise...) allowing targeted and faster research, diagnosis and treatment.
   - Actions:
     - Voluntary collaboration mechanisms for health research and clinical practice (scaling with "One Million Genomes by 2022" target).
     - Specifications for secure access and exchange of health data.
     - Pilot actions on rare diseases, infectious diseases and impact data.

3. Digital tools and data for citizen empowerment and person-centred healthcare
   - Ambition: Citizens can monitor their health, adapt their lifestyle and interact with their doctors and cases (receiving and providing feedback).
   - Actions:
     - Facilitate supply of innovative digital-based solutions for health, also by SMEs, with common principles and certification.
     - Support demand uptake of innovative digital-based solutions for health, notably by healthcare authorities and providers, with exchange of practices and technical assistance.
     - Mobilise more efficiently public funding for innovative digital-based solutions for health, including EU funding.

#DigitalSingleMarket #DigitalHealth #eHealth_EU #EU_Health
Concluding remarks

- The EU legal framework for cross-border healthcare provides regions with a regulatory baseline upon which further cooperation can be built;

- Cross-border regions are laboratories of European integration;

- Voluntary cooperation (eHealth, ERNs, HTA) between healthcare systems developed further – thanks to the framework and momentum provided by the Directive.
Thank you for your attention!

SANTE. B
Health Systems, Medical Products and Innovation
European Commission
Health and Food Safety Directorate-General