

The Health Services Directive

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COMITÉ PERMANENT DES MÉDECINS EUROPÉENS
STANDING COMMITTEE OF EUROPEAN DOCTORS



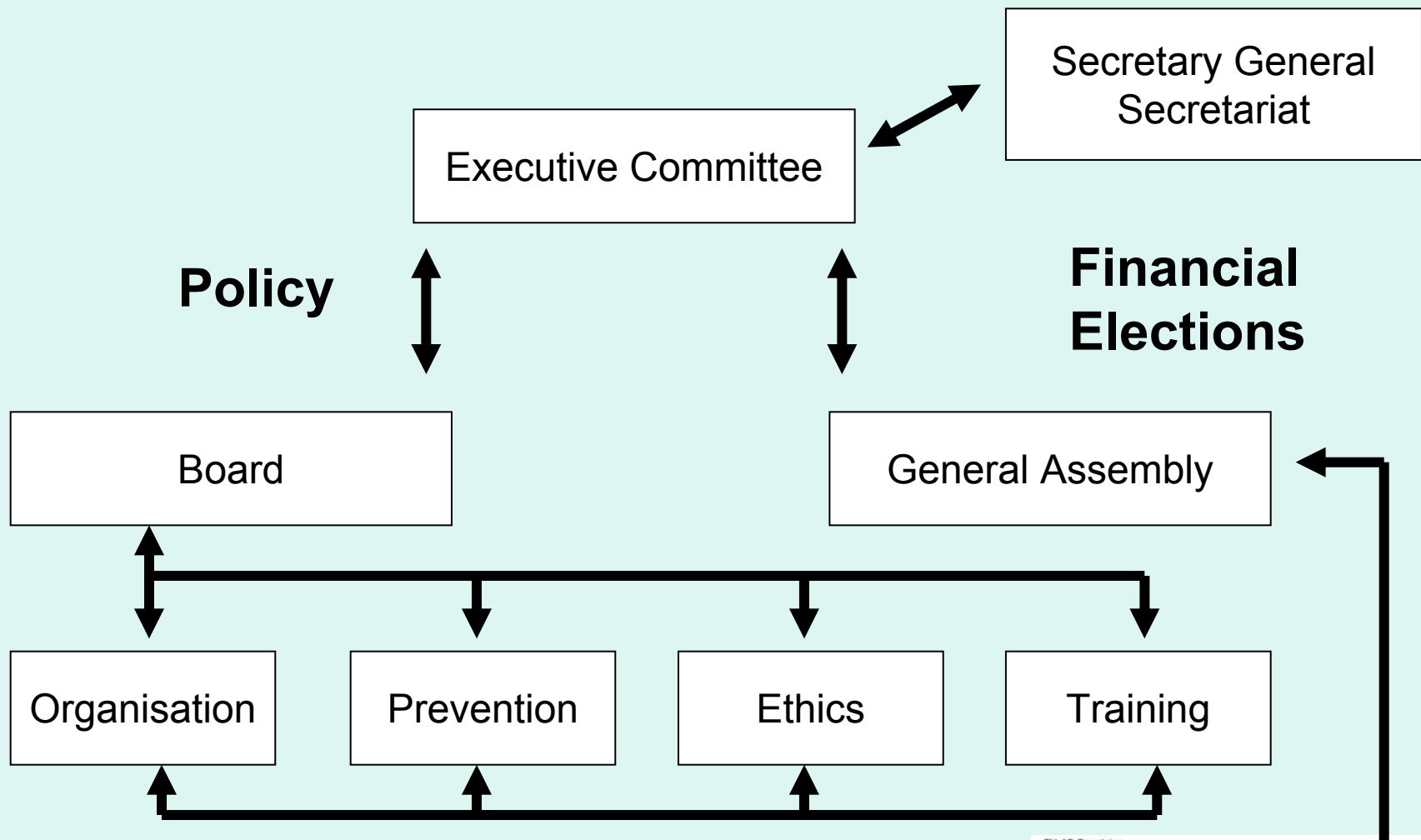


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“The main objective of the proposed legal framework is ... to clarify the Court of Justice principles stating that the patients have the right to be reimbursed for healthcare received in another Member State up to the level that they would have been for healthcare received in their own Member State”

“This right is the direct application of the EC Treaty. The legal framework proposed by the Commission aims at facilitating the practical application of this right but does not entail in such a context new rights”

- Resident of Greece, insured with the Insurance Institution for the Liberal Professions
- Admitted on two occasions to London Bridge Hospital in the UK
- £13,600 for treatment
- Reimbursement refused on grounds that cost of treatment in private hospitals abroad is paid for only where it relates to children under 14
- Court of Justice of the European Communities asked if this legislation was consistent with Treaty principles concerning the freedom to provide services
- Court view:
 - Greek legislation deters patients from seeking treatment abroad
 - Absolute nature of the prohibition (with reference to adults) is appropriate
 - Measures which are less restrictive (such as a prior authorisation scheme) might be acceptable

Judgment of the Court of Justice
Case C-444/05
Aikaterini Stamatelaki v NPDD
April 2007

Proposed Framework

- **Common principles in all EU health systems**
 - Member State shall be responsible for ensuring compliance with the common principles for healthcare
 - Patient Safety
 - Quality of Health Services
 - Council recommendation on health care associated infections
 - E-Health

Proposed Framework

- **Specific framework for cross-border healthcare**
 - Clarify entitlements of patients to have healthcare in another Member State
 - Limits that Member States can place on such healthcare abroad
 - Level of financial coverage that is provided for cross-border healthcare
 - Based on the principle that patients are entitled to obtain reimbursement up to the amount that would have been paid had they obtained that treatment at home

Proposed Framework

- **European cooperation on health services**
 - Recognition of prescriptions issued in other countries
 - European reference networks
 - Health technology assessment, data collection and quality and safety
- **Specific legal framework regarding reimbursement of cross-border healthcare**
 - Clarity about the rules to be applied for the reimbursement of healthcare
 - How the rights of the patients will be implemented in practice

Underlying principals

- Any non-hospital care to which citizens are entitled in their own Member State, they may also seek in any other Member State without prior authorisation, and be reimbursed up to the level of reimbursement provided by their own system
- Any hospital care to which they are entitled in their own Member State they may also seek in any other Member State, with prior authorisation for reimbursement if Member States can provide evidence that the outflow of patients resulting from implementation of this Directive has such an impact that it undermines the planning and rationalisation carried out in the hospital sector

Underlying principals

- The costs of such hospital care to be reimbursed at least up to the level of costs that would have been assumed had the same or similar healthcare been provided in the Member State
- Member States of the patient may impose the same conditions that apply domestically, such as the requirement to consult a general practitioner before consulting a specialist or before receiving hospital care

Underlying principals

- “The proposal will reduce the inequalities inherent in the current uncertainty regarding the general application of the principles established by the case-law”
- “Citizens will be sure about when they will and will not be reimbursed for care abroad, and on what basis, and will have clear processes for any decisions or appeals”

Proposed Framework

- **Guaranteeing quality and safety for cross-border healthcare**
 - Clear information that enables people to make informed choices
 - Mechanisms for ensuring the quality and safety of the healthcare
 - Continuity of care between different treating professionals and organisations
 - Mechanisms to ensure appropriate remedies and compensation
 - Member States remain responsible for setting the standards that apply to healthcare provided in their country
 - By making clear which is the Member State that is responsible in any given situation, the directive will ensure that the quality and safety of health services is guaranteed throughout the Union

Impact

- **On budgets?**
 - “In the long term...added value through”
 - European networks of centres of reference
 - Sharing assessments of new health technologies
 - Using information and communication technology
 - “In the short term.....additional costs of treatment arising from these proposals are likely to be marginal”

Impact

- **On organisation of health systems?**
 - Controlling access
 - Cross-border healthcare can provide a route for quicker access to care
 - It can also help in ensuring efficient overall organisation of health systems
 - Healthcare provision requires a critical mass of patients - if providing cross-border care can help to generate such a critical mass, it can also help to support more developed services which will also benefit domestic patients
 - Providing care to patients from other countries must not undermine the primary purpose of the health systems of the Member States
 - Where there are waiting lists for a particular kind of treatment, patients from other Member States should be integrated on the same basis

What's the problem?

- European Commission estimates that around 1% of public healthcare budgets is spent on cross-border healthcare, equating to around €10 billion for the Community as a whole
- Share higher in:
 - border regions
 - smaller Member States
 - rare diseases
 - areas attracting large amounts of tourists
- “The overall volume of cross-border healthcare will not have a major impact on health systems as a whole.”

Current situation

- Possible release mid-June 2008
- Issues to be resolved
 - prior authorisation
 - waiting time
 - payment for unexpected events:
 - complications
 - extended treatment

CPME issues

- Difference between “organised” (authorised) care and non-urgent but requested care
- Extension of Regulation 1408/71 (retired, cross-border workers, tourists)
- “Undue delay” - ? Condition-specific
- Hospital v Non-Hospital care – how to define?
- The informed patient
- Clinical responsibility
- Directive backed by memorandum of understanding between EC and Member States

THANK YOU



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