



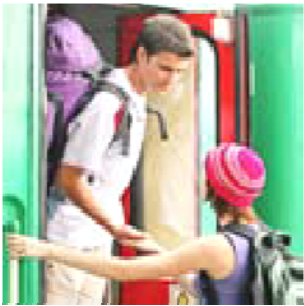
*A major step towards a Europe for Health
Directive on patients' rights in
cross-border healthcare*



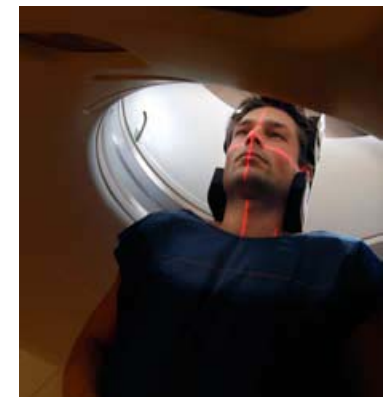
DG SANCO

Unit D2 Healthcare systems

The 3 Aims of this Directive



1. Help patients to exercise **their rights to reimbursement** for healthcare received in another EU country
2. Provide assurance about **safety and quality** of cross-border healthcare
3. Establish **formal cooperation** between health systems





Starting point: European Court of Justice jurisprudence

- Healthcare is a service within the meaning of the Treaty
- If a patient is entitled to a treatment at home he or she is entitled to reimbursement for that treatment abroad
- Reimbursement is up to cost of that treatment in home system
- For some treatments (“hospital” care), health systems may require patient to seek “prior authorisation”



Helping patients

- Information to patients
National Contact Points



To provide patients with **all relevant information** on cross-border healthcare to help patients make an informed choice

- Rules of reimbursement
- Procedural guarantees



Safeguards for health systems

Conditions of reimbursement

- National health authorities pay out **ONLY** than for treatments that correspond to the benefits provided for in its territory;
- They pay out **NO MORE** for treatments they would pay for at home.

Maintaining of national rules

- Member States define the rules applicable on their territory.
- Conditions and formalities for treatments required in Member States can also be imposed for treatments abroad.

Prior authorisation system

- In case of serious risks for health systems, Member States can introduce a system of prior authorisation.

System of Prior Authorisation (1/2)

□ Scope for prior authorisation (PA)

Healthcare that:

- ✓ *is subject to planning requirements:*
 - Involves overnight stay in a hospital; or
 - use of highly specialised or cost-intensive medical infrastructures or equipments;
- ✓ *involves a particular **risk** to patients or population;*
- ✓ *is provided by a healthcare provider who raises **concerns over quality and safety** of care.*



System of Prior Authorisation (2/2)

Obligation of granting PA

If the healthcare in question cannot be provided within a reasonable time limit (undue delay).

Reasons to refuse a PA

- Safety risk for patient or for population;*
- Healthcare is provided by a healthcare provider that raises concerns over quality and safety of care;*
- Healthcare can be provided within a reasonable time limit.*



Quality and safety

Transparency and accountability

Information on healthcare providers and on standards applied

Member States responsibility

Refusal of prior authorisation if doubts over quality and safety of a healthcare provider

Cooperation of Member States

On standards and guidelines on quality and safety





Cooperation between health systems (1/3)

Recognition of prescriptions

A prescription issued in another EU country will be more effectively recognised

European Reference Networks

They will bring together specialised centres across Europe helping citizens to better access highly specialized and complex healthcare and to disseminate information and expertise





Cooperation between health systems (2/3)

eHealth

A first step towards electronic health services at EU level for safety and quality of care, continuity of care, and health research

Health Technology Assessment

A permanent EU structure of cooperation to help decision-makers to make the right decisions on health investment and spending

Cooperation between health systems (3/3)

Rare disease patients will benefit from:

Greater awareness of tools available to improve diagnosis

Greater awareness of possibilities for referral to other Member States

(Potentially) greater access to diagnostic services



The transposition process

- ❑ ***Entry into force: 24 April 2011***
- ❑ ***Transposition period: 30 months (25 October 2013)***
- ❑ ***Bilateral discussions with 27 Member States (MS):***
 - COM questionnaire on the transposition of the measures provided for in the Directive (May – October 2011)
 - COM bilateral visits in all 27 MS (2011 – 2012) to discuss particular issues related to transposition
- ❑ ***Committee on Cross-Border Healthcare***
 - **Formal forum** created by the Directive where all 27 MS will meet regularly to discuss and vote on implementing acts



Thank you!



Further information:

http://ec.europa.eu/health/cross_border_care/policy/index_en.htm