



EUROPEAN COMMISSION

HEALTH & FOOD SAFETY DIRECTORATE-GENERAL

Public health, Cancer and Health Security

Health monitoring and cooperation, Health Networks

CROSS-BORDER HEALTHCARE EXPERT GROUP MEETING

4 DECEMBER 2023, 10:00 – 13:00

VIRTUAL MEETING VIA WEBEX

CHAIR:

DIRECTOR OF HEALTH MONITORING AND COOPERATION, HEALTH NETWORKS, DG SANTE

(B.3)

Participants: All members and Norway, except Greece, Portugal, Hungary, Iceland and Slovakia

1. WELCOME AND INTRODUCTORY REMARKS BY DONATA MERONI (HEAD OF UNIT SANTE B3, HEALTH MONITORING AND COOPERATION).

The Chair welcomed the participants and briefed them on the outcomes of the capacity-building workshop for National Contact Points that took place in Luxembourg in February 2024. That workshop sparked discussion on the relationship between the Directive and the Social Security Coordination Regulations. The Chair informed the participants about the meeting's agenda.

2. DATA COLLECTION ON PATIENT MOBILITY UNDER THE CBHC DIRECTIVE IN 2022

The Chair introduced the topic and was happy to report that all MS and Norway participated this time. The Chair recognized that the collection of information had proven to be challenging

to some participants. The quality of the data improved, although there are still some deficiencies and leave an incomplete picture of patient mobility. Moreover, the Chair informed that DG SANTE tendered an external contractor, to prepare the Commission report on patient data mobility. Predictby will assist the EC for the data collection and the drafting of the patient data mobility report for the next two years.

3. PRESENTATION OF THE DRAFT REPORT ON PATIENT MOBILITY DATA BY PREDICTBY

PredictBy presented the draft report explain the methodology used. The draft report on patient mobility would be circulated in writing to the NCPs and the expert group for comments.

Conclusion and follow-up actions:

PredictBy will send the final report to DG SANTE in **December 2023**.

DG SANTE will share with the expert group and ask for their written comments by **12 January 2024**.

PredictBy will refine the questionnaire materials from 2022 in **February 2024**, and the questionnaire for 2023 will be developed.

4. EUROPEAN REFERENCE NETWORK – CURRENT STATE OF PLAY

DG SANTE presented the current state of the European Reference Networks (ERN). In this presentation it was highlighted that the ERNs were evaluated in the context of the cross-border healthcare Directive and would be part of upcoming EU workshops.

The ERNs, established in 2017, are a network of healthcare providers aiming to improve quality and access to highly specialized healthcare for patients with rare diseases. Actions of the ERNs include virtual consultations, rare disease registries, training courses, clinical practice guidelines, network coordination, and establishing links between healthcare systems in Ukraine and Europe.

It was noted that some member states have a higher representation of ERN healthcare providers, while others are not well represented. Additionally, the ERNs are part of broader

EU actions on rare diseases, including research activities, reference networks, pharmaceutical and medical devices legislation, EU platform RD registries, and Orphanet.

The evaluation pointed out that the ERN had a substantial impact in the field of rare diseases as it generated knowledge sharing. The evaluation showcased that further improvement was needed to better integrate the networks. This led to the launch, by DG SANTE, of the joint action on integration of European reference (Jardin) with a budget of 15 million EUR (plus 20% national co-funding), aiming to help networks enter a new stage of development, improve general practitioner access, and develop better patient pathways to integrate them into National Healthcare systems.

All Member States and Norway and Ukraine participated. It starts on **February 1st 2024**, with a kick off meeting in **March 2024**.

Conclusions and follow-up actions:

DG SANTE presented the current state of play of the European Reference Networks, including the results of the external evaluation, the scope of the Joint Action JARDIN on integration of ERNs into national healthcare systems, the new grants, and the new booklet, available in all 24 EU languages.

DG Sante will keep the Expert Group informed about further developments.

DG SANTE will circulate the link to the new ERN booklet.

The Joint Action will start on **February 1st 2024**, with a kick off meeting in **March 2024** in Brussels.

5. NEW DEVELOPMENTS ON CROSS-BORDER REGIONS POLICY

DG SANTE introduced the topic, emphasizing the importance of in cross-border healthcare, in the context of the Directive on patients' rights. Specifically, during the COVID-19 pandemic, when cooperation and having the Directive in place helped alleviate pressure on health systems.

DG REGIO presented the scope of their work in the healthcare field applied to border-region activities. DG REGIO supports cooperation in border regions under the cohesion policy mainly addressed through the INTERREG programme. INTERREG is a key EU instrument which

supports territorial cooperation between regions and countries, with 86 cooperation projects funded for 10 billion EUR in the 2021-2027 programme. The EDRF provides 80% of the funding, while the rest comes from regional co-funding. Notably, 64 of the 86 programs are cross-border programs, addressing issues in neighbouring border regions through a 360-degree territorial integrated approach.

An important initiative, B-solutions, was mentioned. It tackles border obstacles by providing legal expertise. 150 cases were developed so far, mostly about the need to develop a bilateral agreement.

6. CROSS-BORDER HEALTHCARE FOLLOW-UP ACTION

Presentation on the Bilateral dialogues with Member States

DG SANTE presented on the Bilateral dialogues with Member States, which are a follow-up action mentioned in the 2022 Evaluation Report. The aims of these dialogues are to better implement the patients' right to cross-border healthcare (CBHC), strengthen the monitoring and enforcement of the directive at the national level, investigate the proportionality of administrative procedures, and achieve the best possible transposition of the Directive.

The Commission sends out a set of questions to Member States and analyses their responses. Ongoing bilateral dialogues with certain member states have been initiated, with new dialogues to be based on the outcomes of the study enhancing the implementation of the CBHC Directive 2011/24/EU.

Presentation on the amendment of the act on CBHC in Finland

Finland informed that they had introduced a new act that brought Finland fully in line with Directive 2011/24/EU, which came into force in May 2023. The act aims to make necessary changes following a healthcare system reform, consider EC views, and simplify administrative procedures.

Finland also introduced a voluntary system of prior notifications, and it plans to introduce a prior authorisation system in accordance with Article 8 of the patients' rights Directive, however this was pending on government approval.

DG SANTE Presentation on the action to raise awareness.

DG SANTE presents the 2022 evaluation report, which highlighted the low awareness of patients' rights to cross-border healthcare and the lack of awareness about the ERNs. The Commission budgeted 500,000 EU for EU4Health for an action that will implement the directive, with three main goals:

- Improve information given to patients and raise awareness of patients' right to CBHC
- To better inform all stakeholders
- To raise awareness about the ERN

The action started in October 2023 and will run until April 2025. There are 4 tasks:

1. Customization and dissemination of materials: Contractors will use existing materials, creating up to 4 factsheets/infographics on CBHC and up to 2 leaflets on ERNs in English and EU languages.
2. National workshops: National workshops will be set up in a hybrid format, permitting for 100 physical participants and 300 online participants. The workshops should consider discussing patients' rights under the CBHC directive, the situation in MS, identifying problems and solutions and discussing awareness-raising materials. The workshops will last one day but it could last two days although expenses will not be covered for a second day. The program will be determined by the NCP and the Commission. The audience should be patients and professionals. The host country must provide a venue. The contractor will cover costs for catering, travel, accommodation, per diems, and subsistence for up to 10 experts. The contractor's tasks include the online registration of participants, pre-event management, checking on equipment, catering, facilitating moderators, and media coverage.
3. EU-level event: An EU level event will be held in Luxembourg in the first quarter of 2025, funded by the EU. MS will be invited, for which the EU will reimburse one representative per country, but they aim on budgeting for 2 experts per MS.
4. Further adaptation of the communication materials: Materials produced in phase one will be fine-tuned and translated in English and in native EU languages.

Tour de Table: Expert Groups Members were invited to comment on the presentations, ask for clarifications, and possibly flag their interest in hosting one of the workshops. DG-Sante called on each country. the majority of the countries stated that they will check the possibility

and come back in writing. Initial interest was flagged by Estonia and Latvia to organize a workshop together in a border region. The same was stated by Greece and Cyprus. Malta plans on holding a workshop on 29 February on rare diseases; Belgium stated that they will explore the possibility to have a workshop with Germany and/or Belgium.

Conclusions and follow-up actions:

DG SANTE thanked the MS that expressed interest in hosting a workshop.

DG SANTE will try to ensure geographical balance in national workshops by reaching out to some MS and ask them to host a workshop.

DG SANTE will assist with the agenda, selection of speakers and will go over technical issues to make sure that the national workshops run smoothly.

Preference will be given to hosting meeting in the cross-border regions.

AOB

DG SANTE informed the Expert Group of an OMNIBUS proposal on rationalising reporting obligations (Proposal for a Directive of the European Parliament and of the Council amending Directives 1999/2/EC, 2000/14/EC, 2011/24/EU and 2014/53/EU as regards certain reporting requirements in the fields of food and food ingredients, outdoor noise, patients' rights, and radio equipment).

Close of meeting

The Chair closed the meeting, reminding participants of the two deadlines:

Written comments on the draft patient mobility report 2022 are to be provided by **12 January 2024**. After that, we will publish the report on our website.

Expert Group Members have until **15 December 2023** to flag their interest in hosting a national workshop.

DG SANTE will confirm the dates for the next meeting in 2024.

The Chair concluded the meeting, wishing everyone a Merry Christmas and a Happy New Year 2024.

Annex I: List of participants

European Commission:

DG SANTE B3

Member States:

Belgium	(Federal Public Service Health, food Chain Safety and Environment.
Bulgaria	(National Health Insurance Fund)
Cyprus	((Ministry of Health)) RIZIV, National Institute for Health and Disability Insurance)
Czechia	(EU Specialist of the Health Insurance Bureau Ministry of Health, Health insurance Supervision Ministry of Health, EU Department)
Denmark	(Ministry of Health)
Germany	(Federal Ministry of Health Deutsche Verbindungsstelle Krankenversicherung - Ausland [DVKA])
Estonia	(Estonian Health Insurance Fund)
Spain	(Ministry of Health, Social Services and Equality)
Ireland	(Health Service Executive [HSE] Department of Health (Ministry))
France	(Ministry of Social Affairs and Health)
Croatia	(Ministry of Health)
Italy	(Ministry of Health)
Latvia	(National Health Service)
Lithuania	(International Affairs Division of the National Health Insurance Fund)
Luxembourg	(Caisse nationale de santé [CNS])
Malta	(Ministry of Energy and Health)

Netherlands	(Ministry of Health, Welfare and Sport)
Austria	(Federal Ministry of Health and Women's Affairs)
Poland	(Ministry of Health)
Romania	(National Health Insurance House NHIH)
Slovenia	(Ministry of Health)
Sweden	(Socialstyrelsen (National Board of Health and Welfare))
Finland	(Ministry of Social Affairs and Health)
Norway	(Ministry of Health and Care Services)