EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health, Cancer and Health Security
Health monitoring and cooperation, Health Networks

Luxembourg, 20 February 2023

Cross-Border Healthcare Expert Group Meeting

8 December, 14:00-17:00

MEETING VIA WEBEX

CHAIR:

DONATA MERONI, DIRECTOR OF HEALTH MONITORING AND COOPERATION, HEALTH NETWORKS, DG SANTE (B.3)

PARTICIPANTS:

Present: Belgium, Czechia, Denmark, Germany, Estonia, Ireland, France, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Austria, Poland, Romania, Slovenia, Slovakia, Finland.

1. WELCOME AND INTRODUCTORY REMARKS BY JOHN RYAN, ACTING DEPUTY DIRECTOR-GENERAL FOR HEALTH

John Ryan welcomed all members, quickly went over the meeting agenda and introduced the new colleagues of the Commission's CBHC team: HoU Donata Meroni, Team Leader Giulio Gallo, Legal, Policy Assistant Natalia Zampieri and Secretary Mihaly Szabo. The European Reference Networks and rare diseases will be managed by the same unit and continuity will be ensured. Mr Ryan informed members that according to the Report on the May 2022 Evaluation of the CBHC, the Directive was still fit for purpose and was already having a substantial impact and improving the life of EU citizens. However, the Report also highlighted shortcomings, particularly the differences between health systems and the lack of general awareness of the Directives' benefits, as well as increased administrative burdens on patients who have to seek treatment abroad. The Report suggested a number of follow-up actions that could improve the situation and the Commission asked for feedback on some of the elements contained in the Report.

2. RESULTS OF THE EVALUATION OF THE CROSS-BORDER HEALTHCARE DIRECTIVE AND THE FOLLOW-UP ACTIONS – PRESENTATION BY DG SANTE AND A *TOUR DE TABLE*

The Chair reminded the group that, on 12 May 2022, the Commission adopted its 3rd report on the operation of the CBHC Directive accompanied by a SWD on the evaluation of the Directive. Many of the NCPs participated in the Commission's surveys, interviews, webinars etc. related to the evaluation. The Member States agreed with the main conclusion of the evaluation that there is currently no need to revise the CBHC Directive.

DG SANTE gave a PPP "Evaluation of Patients' Rights in Cross-Border Healthcare", concerning the results of the evaluation of the Directive and its follow-up actions (PPP attached).

The Chair invited the Expert Group members to provide their feedback on the evaluation in a *Tour de Table focussing on the questions below*:

- Do you believe the evaluation has covered all important points?

- Which follow-up actions do you find the most important?

- What could be done on an EU and/or national level to improve information to patients and to raise awareness of patients' rights?

The chair also invited participants to provide written feedback after the meeting.

BE: voiced support for the report, considered that it covers all the main aspects of the CBHC Directive, and supported its findings. BE said that there is still too much focus on patient mobility numbers. Patient mobility as such was never an objective of Directive, hence low patient numbers do not mean that the Directive is not working properly. BE supported the objective of improving patient information and raising awareness, but raised the point that patients only search for information on cross-border healthcare when it is needed. Providing more targeted information would therefore be helpful. On data gaps, it was noticed that investment on data gathering is difficult given the small group of patients who use the Directive for requesting healthcare. BE noted that it is important to reflect on how to use digital invoicing in the framework of the Directive in the future, as there is no legal instrument covering this type of situation.

CZ: supported the comments made by BE. Informed that they are trying to improve on different points but stated that introducing prior authorisation would not lead to easier access to cross-border healthcare for patients. Therefore, CZ does not plan to introduce it soon. On the other hand, since the implementation of the Directive, CZ has significantly raised standards in informing patients about cross-border healthcare. CZ's National Contact Point adopted its website in context of the implementation of the Single Digital Gateway requirements and according to the EC's recommendations. It was reported that there is a total of seven health insurance funds in CZ, and that these provide high quality service and clear information on their websites.

DE agreed with BE. Stated that they have a lot of problems with the data they send every year to the Commission because in DE there are more than 90 statutory health insurance companies and 44 private companies; and all of them have their own system. In this case, DE is not able and will not be able in the future to send all data the Commission would like to receive. DE suggested that, considering the small group of patients that seek for cross-border healthcare, less data (instead of more data) should be requested in the future.

EE: voiced support for the Commission report and its findings. EE has made some improvements on the website in line with the follow-up actions. As regards data on patient mobility, EE also agree that it is more important that the information is available and that patients generally look for information only when they need it.

IE: agreed with the points highlighted by BE. IE representative mentioned that the Commission needs to recognise that cross-border healthcare patients need to adhere to the same terms and conditions as patients in their home country. Regarding the requirement that a patient be referred for cross-border care by a general practitioner, IE stated that this is one of the conditions in Ireland, and that this condition must equally apply to anybody going abroad. As regards certified translations, IE informed that they are rarely asked for this. Regarding reimbursement rates, IE states that even though National Contact Points publish their reimbursement rates, the private sector does not; and therefore, there is a lack of transparency. Also, considering that there are national fiduciary duties that have to be considered, it is not possible to systematically reimburse patients who simply decide to seek healthcare abroad. Concerning digital invoices, IE recognises that this is becoming a problem due to the absence of a legal basis.

IT: said that the follow-up actions on the European Reference Network were important and believes that National Contact Points should work together to better inform patients and raise awareness about cross-border health. IT also said it was crucial that e-Prescriptions were accepted across Europe, because they were very useful for patients. IT understands that the Directive needs to be read together with the Social Security Regulation System, as they are not separated from each other.

LV: agreed with BE on the focus given to the patient's mobility data and how patients look for information on cross-border healthcare when the need arises. LV supports the idea of National Contact Points working together to improve the network, as different issues related to reimbursement procedures and rates could be bilaterally discussed and solved.

LT: agreed with the comments made by all colleagues. LT understands that it is important to clarify the relationship between the Directive and the SSC Regulations. They stated that they receive many emails and phone calls from citizens asking for information on the possibility of going abroad to get healthcare. According to LT, when citizens are informed about reimbursement rates, they usually go for the regulation scheme.

LU: stated that many patients use cross-border healthcare due to geographical reasons. LU recognises that citizens have difficulties to understand the differences between the Directive and the SSC Regulations, and LU will continue working on improving their communication. As regards patient's mobility data, LU recognises difficulties to distinguish between data related to the Directive and the SSC Regulations. However, in terms of reimbursement of costs to patients, the route does not influence the reimbursement as all requests are reimbursed.

MT: agreed with the comments made by other colleagues and supports the Commission report and its findings. MT is addressing the need to better inform citizens and announced that in the beginning of 2023 (first quarter) they will have a new website on cross-border healthcare.

NL: agreed with the comments made by other colleagues. NL recognises that, due to the complexity of the European cross-border healthcare system, patients find it difficult to get all information they need about cross-border healthcare in a timely fashion. NL is currently working

with the different health insurance funds to provide patients with more ample, accessible information.

AT: agreed with the comments made by BE and DE. AT also reported having some problems concerning the interoperability of data and the reporting of date to the Commission.

RO: supports the Commission report and its findings. RO informed that they are currently working on improving the National Contact Point website. As regards the follow-up actions, RO informed that they already signed a project with HADEA on e-Prescriptions; and would like to see a workshop on this topic organised for the NCPs and the Commission.

SI: the Expert Group representative sent apologies for not attending the meeting. On her behalf, the NCP representative agreed with the comments made by other colleagues, especially better informing patients about cross-border healthcare.

SK: agreed with the comments made by other colleagues and supports the Commission report and its findings. SK informed that some administrative requirements are being amended, most of them related to the prior authorisation system. The content of the NCP website was being amended to make it more relevant and accessible to patients. Similarly to other Member States, SK said that explaining the differences between the Directive and the SSC Regulations was challenging.

FI: agreed with the comments made by other colleagues and supports the Commission report and its findings. Like the others, FI also said that patients only seek for information on cross-border healthcare when it was needed. FI said that good cooperation between the NCPs could positively impact patients by helping to provide them with timely and relevant information. FI would welcome discussion among Member States on the subject of telemedicine, particularly to look at possible similar processes and interpretations.

Co-Chair of the ERNs Board of Member States: considering the recent Report published by the Commission and the follow-up actions described in Annex I, the Members of the Joint Action on the integration of the ERNs into healthcare systems are currently working on a proposal that should be submitted in the first quarter of 2023. As there are some interaction points between the Directive and work of the ERNs, the ERNs Board of Member States would like to collaborate with the

CBHC Expert Group to find sustainable solutions for issues concerning data collection, patient information ('patient empowerment'), and the CPMS system (and the costs of the virtual panels).

The Chair summary:

The issues to be covered in future discussions:

- the relationship between the CBHC Directive and the SSC Regulations.

- digitalisation in the healthcare field (digital services, e-Prescriptions and other digital documents, e-invoicing);

- raising patients' awareness

Conclusion and follow-up actions:

The Report concluded that no revision of the Directive is necessary or planned, and that the Commission will proceed with follow-up actions.

The Commission continues to monitor the implementation of the Directive to ensure that all Member States comply with.

The Commission supports the exchange of good practices to remove barriers, for example through the digitalisation of healthcare, and to provide better information to patients on cross-border healthcare.

Member States are invited to send written feedback by 15 January.

3. PATIENT MOBILITY DATA 2021

The Chair thanked everyone who participated in the data collection as part of the annual report. The Chair said that this year's data collection exercise was based on the recent questionnaire approved by the NCP's at the meeting of 10 May 2022; and the questionnaire was accompanied by a Guidance Manual explaining the questions in depth and what information was being asked for, to ensure an uniform interpretation. The exercise was launched on 1 September 2022, with NCPs given the deadline to respond by 14 October 2022. It was noted, however, that some NCPs had not yet sent in their data or informed the Commission of their intention to submit it later. The

Commission reminded all National Contact Points to submit the data collection on patient's mobility of 2021 by 15 December 2022.

Conclusions and follow-up actions:

We note that the data collected on patient mobility in 2021 once again shows that few patients are seeking cross-border healthcare, but that their numbers are slowly growing. This information has to be treated with caution as data is still missing from several MS.

Unsurprisingly, the highest mobility is in some border regions.

Those Member States that have not yet submitted the data on patients' mobility in 2021 are invited to do this as soon as possible and, in any case, no later than 15 December 2022.

Member States are invited to send their final comments to contractor Jonathan Olsson and to the Secretariat of the Expert Group by 15 January 2023.

The Commission will continue to reach out to those Member States who have not yet replied, to ensure a comprehensive picture of patient mobility in the EU. Bilateral meetings will be organised with the MS that did not send data, to see how this issue can be solved.

4. AOB – WORKSHOP TO THE NATIONAL CONTACT POINTS, FROM 8 TO 10 FEBRUARY 2023, IN LUXEMBOURG

DG SANTE informed that a supporting knowledge and capacity-building workshop would be organised in Luxembourg 8 and 9 February 2023 with the NCPs to improve information to patients. The workshop would also be a good occasion to decide on future actions, to be funded through the 2023 EU4Health workplan, to support NCPs in better informing patients. The Expert Group was also informed that the Commission would organise an awareness-raising event in the last quarter of 2023 at EU level on patients' rights to cross-border healthcare. Member States, NCPs, patient organisations, health insurers, health professionals, ERNs and regional stakeholders would be asked to participate.

The Chair invited all NCPs to participate in the event to share best practices, to see whether other Member States are having similar experiences and to learn from each other.

5. CLOSURE OF THE MEETING BY THE CHAIR

The dates of next meeting will be confirmed in 2023.

Annex I: List of participants

European Commission:

DG SANTE B	John Ryan
DG SANTE B3	Donata Meroni
	Giulio Gallo
	Natalia Zampieri
	Mihaly Szabo

Member States:

Belgium	(Federal Public Service Health, food Chain Safety and Environment.
	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)
Ireland	(Health Service Executive [HSE]
	Department of Health (Ministry))
France	(Ministry of Social Affairs and 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)
Austria	(Federal Ministry of Health and Women's Affairs)
Poland	(Ministry of Health)
Romania	(National Health Insurance House NHIH)
Slovenia	(Ministry of Health)
Slovakia	(Ministry of Health)
Finland	(Ministry of Social Affairs and Health)