

**Conference on cross-border healthcare Directive
“Towards amplified awareness of EU rights to cross-border
care”
24 October 2016**

**An illustration of active crossborder
collaboration:
BENELUX (Luxembourg)**

Anne CALTEUX
EU coordination, MoH, Luxembourg



LE GOUVERNEMENT
DU GRAND-DUCHÉ DE LUXEMBOURG
Ministère de la Santé



Luxembourg: a special interest in crossborder healthcare collaboration

- **A specific socio-demographic situation:**
 - > 576.000 inhabitants, 2.586 km², landlocked
 - > lack of critical mass to build up expertise



- **Jurisprudence Kohll-Decker, 1998:** two Luxembourg patients seeking unplanned care in Germany and Belgium

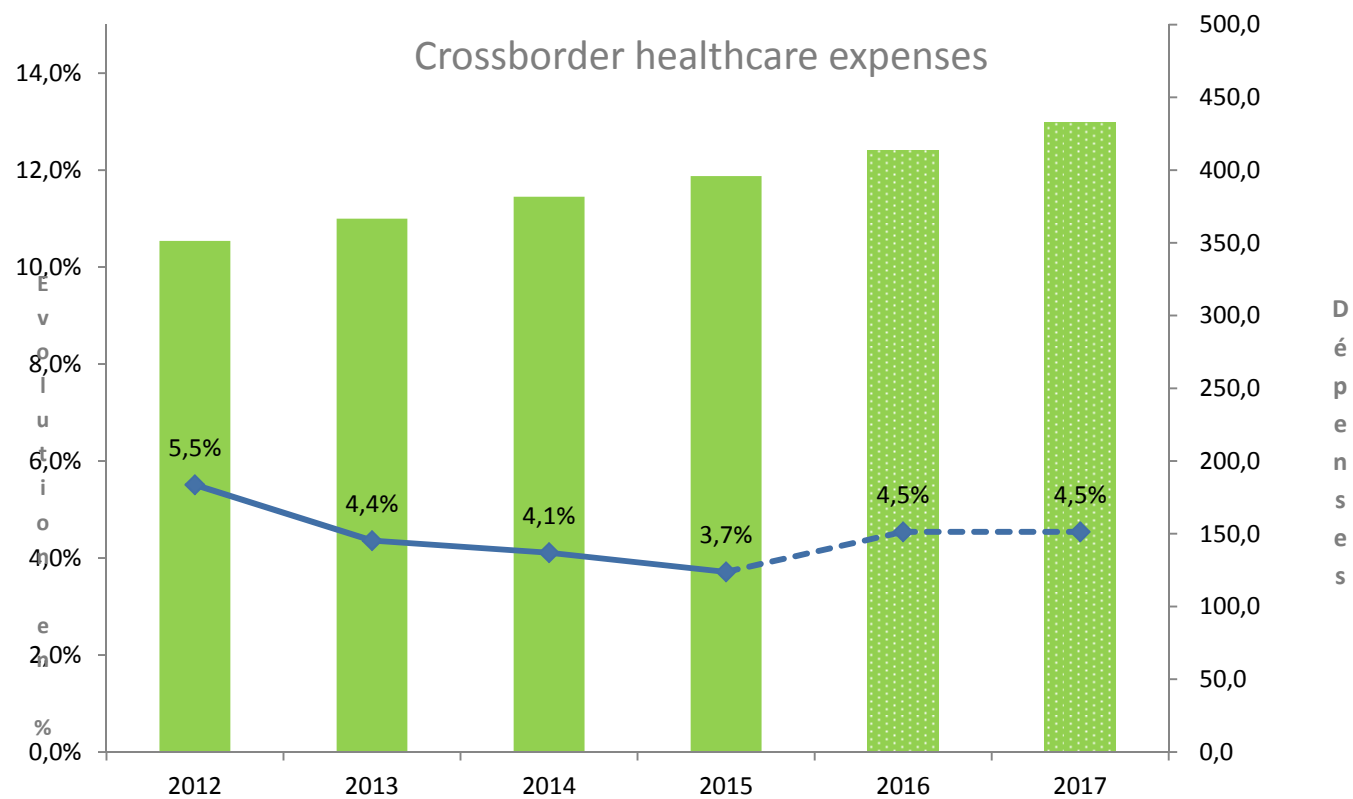


A long tradition of sending patients abroad

Consequence:

- Minimal administrative burdens
- Transfer easily granted
- Close cooperation with FR, BE and DE.

A few numbers



Transfers abroad: evolution 2011-2015

Motif	2011			2012			2013			2014			2015		
	Nombre Autorisations			Nombre Autorisations			Nombre Autorisations			Nombre Autorisations			Nombre Autorisations		
	accordé	suspens	refusé	accordé	suspens	refusé	accordé	suspens	refusé	accordé	Suspens (ou Accord Directive)	refusé	accordé	Suspens ou Accord Directive	refusé
Traitement ambulatoire	126	2													
Analyse laboratoire	139	3	5	129	16	6	9	7	1	5	19	3	12	5	3
Consultation ou examen	7.871	120	137	8.232	140	213	8.240	196	233	7.196	301	377	6.635	386	378
Cure	63	2	19	61	4	11	62	1	25	67	4	16	66	8	4
Traitement ambulatoire	2.594	73	132	2.502	65	134	2.673	115	127	2.661	136	176	2.461	310	225
Traitement stationnaire	6.731	201	269	6.943	261	245	6.636	283	252	6.110	395	272	6.112	512	200
Total	17.524	401	562	17.867	486	609	17.620	602	638	16.039	855	844	15.286	1.221	810

Nbr de S2 par pays

2015									
Fournisseur Pays	Nombre Autorisations			Nombre Autorisations Total	Nombre Patients			Nombre Patients Total	
	accordé	demandé	refusé		accordé	demandé	refusé		
A	17	6		5	28	14	6	5	23
B	4126	216		154	4496	2212	186	133	2389
CDN		1			1		1		1
CH	350	25		20	395	176	21	17	204
CN		4			4		1		1
CZ	14	2			16	4	2		5
D	8519	719		456	9694	4749	602	400	5426
DK	1	1			2	1	1		2
E	9	47		9	65	6	30	6	39
F	2097	99		94	2290	1182	89	87	1300
GB	17	5		2	24	7	5	2	14
GR				4	4			3	3
HU	1			3	4	1		3	4
I	50	16		21	87	34	14	19	62
IS	3	1			4	3	1		3
LV				3	3			1	1
MC		2			2		1		1
NL	43	9		7	59	24	7	6	36
P	18	23		9	50	14	20	9	43
PL	3	2			5	2	1		3
RO		2		3	5		2	2	4
RS	2	2			4	2	2		4
RUS		2			2		1		1
S	8	2			10	6	2		8
SF	6				6	4			4
USA		4		4	8		4	4	7
XXX	2	31		16	49	2	30	14	46
Grand Total	15286	1221		810	17317	8284	1016	710	9397

		2015						
		Number of authorisations			Number of Autorisations Total	Nombre Patients		
Autorisation Type	Motive	agreed	Suspended or agreed under Directive	refused		agreed	Suspended or agreed under Directive	refused
S2/E112	Lab tests	12	5	3	20	9	4	3
	Consultation or exams	6,635	386	378	7,399	4,336	353	355
	Cure	66	8	4	78	65	8	4
	Ambulatory treatment	2,461	310	225	2,996	1,890	260	215
	Stationary treatment	6,112	512	200	6,824	4,463	478	193
	Total		15,286	1,221	810	17,317	8,284	1,016

Taking Directive 2011/24/UE further

=> use political momentums

- **Luxembourg Presidency 2015**



- Commission implementation report COM(2015) 421 final, 4/9/2015
- Informal Health Council, Luxembourg, 24-25/9/2015
- Meeting of NCP coordinators, 2/12/2015

Informal Health Council, Luxembourg, 24-25/9/2015



THE GOVERNMENT
OF THE GRAND DUCHY OF LUXEMBOURG
Ministry of Health

Informal meeting of Health Ministers 24-25th September 2015, Luxembourg

Session III

The cross-border healthcare Directive: Stocktaking two years after transposition

Discussion paper

The Directive 2011/24/EU on the application of patients' rights in cross-border healthcare¹ ("the Directive") is undoubtedly one of the most important pieces of EU legislation from the patient perspective. Its real added value will however depend on its effective application by national authorities.

Nearly two years after the Directive was due to be transposed into national legislation by the 28 Member States, the Luxembourg Presidency considers it timely to raise a more focused discussion on selected topics that are core to the application of the Directive. It is important to use the momentum created by the Commission implementation report of the Directive², adopted on 4 September 2015, to explore the positive elements of the Directive as well as its challenges.

The Commission report captures the current state of play of transposition with particular emphasis on the use of prior authorization, the level of patient mobility, reimbursement practices, patient flows, information to patients and cross-border cooperation. One of the key findings is that only small numbers of patients from EU Member States have experienced cross-border treatment under the Directive, in particular as concerns planned treatment abroad requiring prior-authorisation. While reasons for these small numbers are manifold, a major explanation lies in the absence of patients' awareness of their rights to reimbursement for cross-border healthcare and their very low awareness of the existence of National Contact Points (NCPs).

The Presidency would like to actively encourage Ministers of Health to draw on the experience gained in implementing the Directive and to engage into a debate on the positive outcomes and on possible areas for action at national and EU level in order to further enhance the application of the Directive. A particular focus will be put on the provision of information to patients and cross-border collaboration in border regions.

Provision of information to patients

One of the main objectives of the Directive is to enable patients to make an informed choice and thus to contribute to patient empowerment. The Directive contains a number of provisions relating to patient information based on the principle that "*appropriate information on all essential aspects of cross-border healthcare is necessary to enable patients to exercise their*

Informal Health Council, Luxembourg, 24-25/9/2015

Question 3: cross-border collaboration

- What are the specific areas where greater cross-border collaboration could make a difference to patient access?
- How could cross-border collaboration in border regions be further promoted?
- To which extent do you consider the following initiatives useful: mapping of existing projects across Member States to build up a comprehensive picture of cross-border cooperation in the EU, exchange of best practices, identification of border areas where greater cross-border collaboration might be of interest?

Filling the Directive with life

➤ Luxembourg BENELUX Presidency 2016



➤ Informal Health Council, Bratislava, 3/10/2016: formal hand over of BENELUX report to Commissioner Andriukaitis



Objectives

- ✓ to live up to obligations under the Directive (Chapter IV Article 10 – Mutual assistance and Cooperation in Healthcare)
- ✓ to offer patients access to the best possible treatment within the three countries
- ✓ to contribute to European integration and promotion of common values and principles

Take home messages



- ❑ Transposing the Directive is one thing – Filling it with life is another!
- ❑ Give visibility to your efforts of crossborder collaboration
- ❑ Put the Directive regularly on the political agenda at national and EU level
- ❑ BENELUX to serve as inspiration for other european countries and regions
- ❑ Deepen Benelux co-operation as a forerunner and driving force within the European context