



The Cross-border Healthcare Directive: The 2018 Implementation Report



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Overview

- **The Cross-border Healthcare Directive**
- **Main messages of the 2018 Implementation Report to the European Parliament and the Council**
- **Core conclusions of the Report**
- **Reception by inter-institutional partners and the media**



- A major change in the EU's involvement in health policy



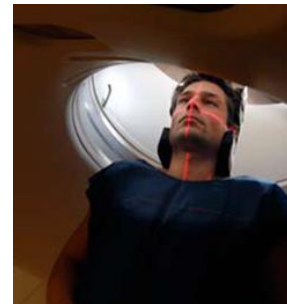
Main aims of this Directive

To help patients exercising their rights for healthcare in another EU country.

Therefore the Directive clarifies:

- 1. Information to patients;**
- 2. Rules of reimbursement;**
- 3. Procedural guarantees;**
- 4. Co-operation between health systems**

and complements the Social Security Regulations.



Triennial Commission report on the operation of the Directive 2011/24/EU on the application of patients' rights in cross-border healthcare

- **2018 Report** published and submitted to the European Parliament and the Council on **21 September 2018:**

I. State of play of transposition

II. Patient mobility

III. Information to patients and National Contact Points

IV. Cooperation between health systems

V. Conclusions



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I. State of play of transposition

Transposition check:

Completeness check – finished

26 infringements launched (+ 21 for Implementing Directive 2012/52/EU)

Compliance check – ongoing

Issues identified:

- 1) Systems of reimbursement (unreasonably low reimbursement tariffs or restriction on reimbursement);
- 2) Use of prior authorisation (lack of transparency or incorrect use of PA);
- 3) Unreasonable administrative requirements;
- 4) Charging of incoming patients.



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I. State of play of transposition

- Based on the systematic assessment of all notified measures by all Member States, 11 own-initiative investigations gathering information were launched:
 - 4 structured dialogues have been closed already since Member States changed their legislation;
 - 1 infringement is almost at the level of referral to the next instance;
- Overall, this work strand confirmed that solutions can be found for the benefit of EU citizens through structured bilateral dialogues.



Photo credit: <https://drawnalism.com>

I. i) Systems of reimbursement of costs

- Reimbursement tariffs based on cost of treatment at home from public / contracted provider;
- No specific notifications received under Article 7(9), allowing Member States to limit application of the rules on reimbursement of cross-border healthcare for overriding reasons of general interest.

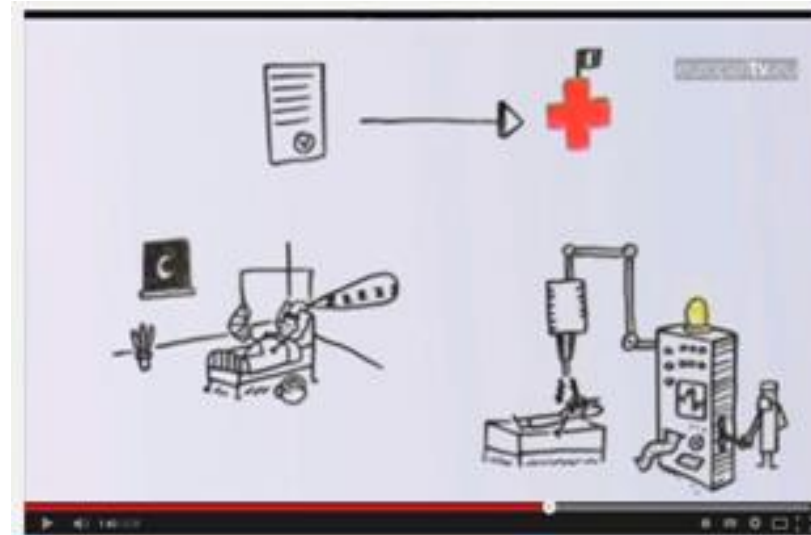


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I. ii) Prior authorisation

Prior authorisation possible for

- a) overnight stay; or
- b) highly specialised and cost-intensive healthcare



- Presently, 6 MSs and Norway have no prior authorisation system in place at all;
- If prior authorisation is considered necessary, a detailed and sufficiently defined shortlist should be publically available.



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I. iii) Administrative procedures regarding cross-border healthcare

- Administrative procedures for cross-border reimbursement are based on objective, non-discriminatory criteria which are necessary to the objective to be achieved;
- The 2018 Report offers examples of administrative procedures that were lifted in the interest of patients following discussions with the Member States on the proportionality and necessity thereof;
- The prior notification option under Art 9(5): a mechanism worth upscaling.



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I. iv) Fees for patients from other Member States

- Non-discrimination of patients from other Member States with respect to access and ***pricing***;
- Same scale of fees to patients from other Member States as for domestic patients in a comparable medical situation;
- If no comparable price for domestic patients, obligation on providers to charge a price calculated according to objective, non-discriminatory criteria;
- The establishment of a cost-based pricing system may well have implications for reimbursement obligations of Member States to outgoing patients.



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II. Key figures on patient mobility

1. Coordination on social security schemes

- Necessary (unplanned) healthcare: ± 2 million cases/year;
- Planned healthcare: $\pm 55,000$ PA/year;
- Living outside of the competent MS: ± 1.4 million people;

➔ 0.1% of the EU-wide annual healthcare budget



2. Directive 2011/24/EU

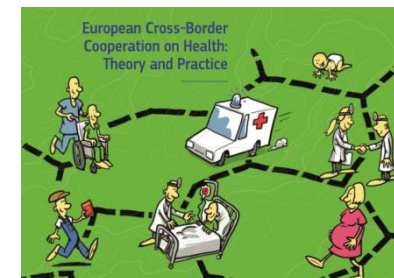
- CB healthcare without prior authorisation: $\pm 200,000$ reimbursement/year
- CB healthcare with prior authorisation: ± 3500 PA/year

➔ 0.004% of the EU-wide annual healthcare budget



3. Bilateral agreements for cross-border healthcare

- No data available



Where do patients travel when Prior Authorisation is required*?

MS of affiliation

MS of treatment

France

Ireland

Luxembourg

Slovakia

UK

Germany

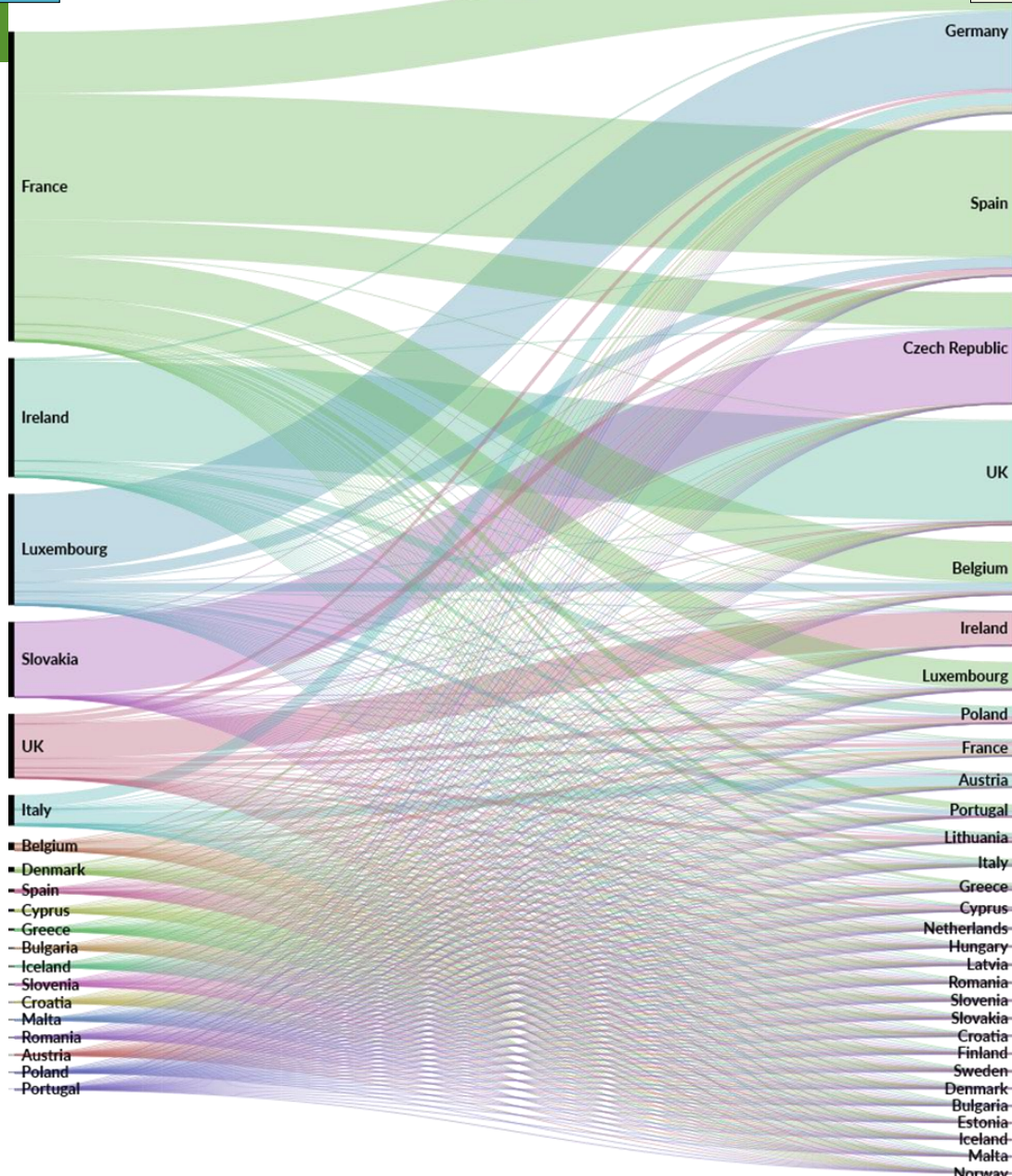
Spain

Czech Rep.

UK

Belgium

Ireland



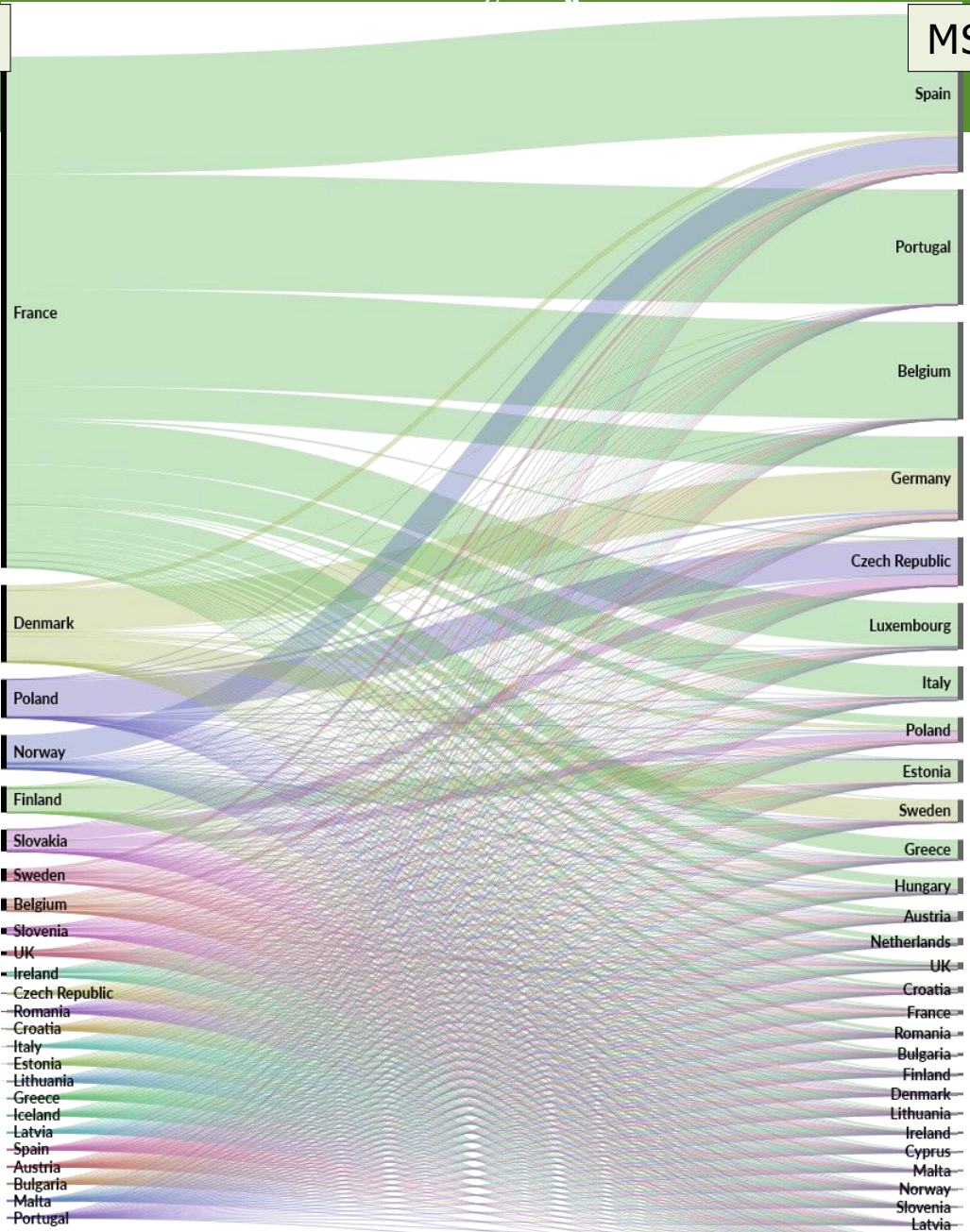
*Under the Directive 2015-2017

Where do patients travel when Prior Authorisation is not required?

MS of affiliation

MS of treatment

- France
- Denmark
- Poland
- Norway
- Finland
- Slovakia
- Sweden
- Belgium
- Slovenia
- UK
- Ireland
- Czech Republic
- Romania
- Croatia
- Italy
- Estonia
- Lithuania
- Greece
- Iceland
- Latvia
- Spain
- Austria
- Bulgaria
- Malta
- Portugal



- Spain
- Portugal
- Belgium
- Germany
- Czech Rep.
- Luxembourg
- Italy
- Poland
- Estonia
- Sweden
- Greece
- Hungary
- Austria
- Netherlands
- UK
- Croatia
- France
- Romania
- Bulgaria
- Finland
- Denmark
- Lithuania
- Ireland
- Cyprus
- Malta
- Norway
- Slovenia
- Latvia
- Slovakia
- Iceland

*Under the Directive 2015-2017

III. Information to patients and NCPs

Member State A

National Contact Point

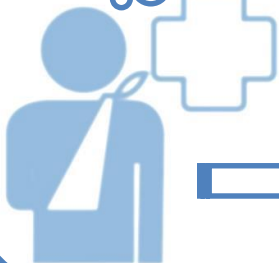


Outgoing patients:

- Patients' rights
- Entitlements
- Reimbursements
- Appeal processes

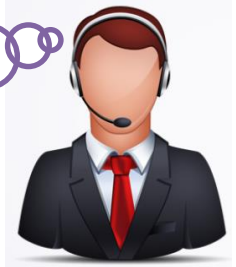
Questions:

- Reimbursement?
- Quality?
- Service provider?
- Documents?



Member State B

National Contact Point



Incoming patients:

- Quality of care / safety standards
- Complaints and redress procedure

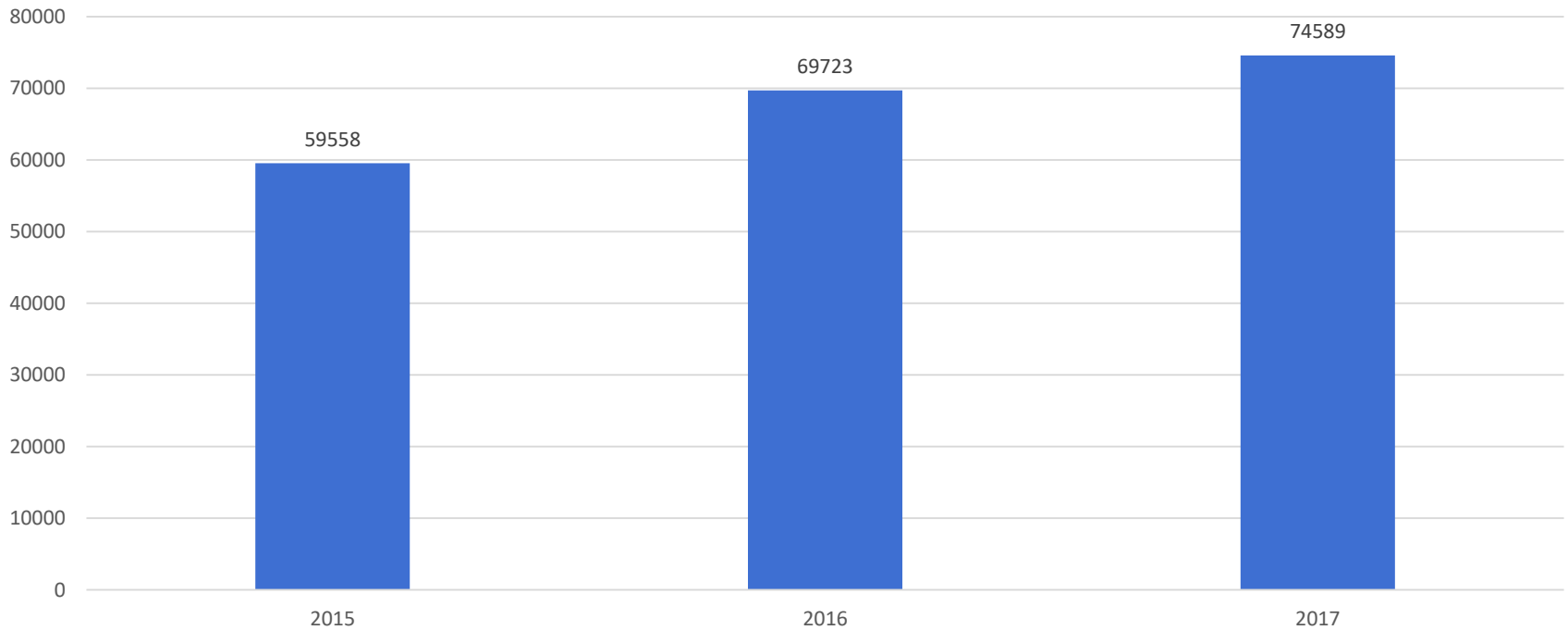
- Treatment options
- Quality and safety
- Right to practice
- Liability
- Prices
- Prescriptions





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III. Requests for information made to NCPs – a slow yet steady increase, due to websites, doctors?



Patients have right to receive healthcare abroad (Directive 2011/24/EU)

- ✓ Main rule: No prior authorisation (overnight stay and highly specialised and cost intensive care);
- ✓ Direct payment to providers;
- ✓ Reimbursement based on tariffs and rights in the MS of affiliation
- ✓ Public / private providers and medicines are available;

Coordination of social security schemes (Regulation (EC) No 883/2004)

Necessary treatment

- ✓ Medically necessary care;



- ✓ Reimbursement between institutions based on the tariffs of treatment, (No co-payment);
- ✓ Public (contracted) providers only

Planned treatment

- ✓ Prior authorization in case of undue delay;





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IV. Cooperation between Health Systems

- the ERNs
- eHealth
- Health Technology Assessment
- Encouraging **cooperation between MS** to improve complementarity of their health systems in border regions – **priority for the EU**



European
Reference
Networks



**Commission Communication
on growth and cohesion in EU border regions
September 2017**



Conference on Enhancing Healthcare Cooperation in Cross-Border Regions
4th December 2018 — Brussels, Centre de Conférences Albert Borschette

Conclusions

- ❑ Patients' mobility shows a slight increasing trend;
- ❑ Information provided by the NCPs has been enhanced over the reporting period + websites have been improved;
- ❑ The Directive has proven to clarify and guarantee patients' rights to receive healthcare in another MS;
- ❑ Voluntary cooperation between health systems developed further – framework and momentum provided by the Directive (HTA, eHealth, ERN);
- ❑ The Directive has not resulted in a major budgetary impact on the sustainability of national health systems.



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Reception by media and inter-institutional partners thus far

- ❑ EP IMCO Committee Opinion favourable;
- ❑ EP ENVI Committee Draft Report for a Motion for a Resolution – vote in Plenary planned for February 2019;
 - ❑ Calls on MSs to provide sufficient funding for their NCPs to be able to develop comprehensive information;
 - ❑ Recommends that the Commission develops guidelines on the functioning of NCPs.
- ❑ Awaiting possible Council uptake next year;
- ❑ Awaiting Court of Auditors Performance Audit – Q2 2019;
- ❑ Overall positive reaction from stakeholders and the media.

Thank you for your attention!

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Health and Food Safety Directorate-General
Cross-border Healthcare and Tobacco Control Unit