



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Health systems, medical products and innovation
Cross-border health care and tobacco control

Brussels, 13 May 2020

**MINUTES OF WEBEX MEETING:
CROSS-BORDER HEALTHCARE EXPERT SUB-GROUP**

NATIONAL CONTACT POINTS (NCPs)

12 MAY 2020, 14:30-17:00

**CHAIR: MS THEA EMMERLING (HEAD OF UNIT, CROSS-BORDER HEALTHCARE
& TOBACCO CONTROL) (IN PART)**

MS CAROLINE HAGER (TEAM LEADER, CROSS-BORDER HEALTHCARE)

PARTICIPANTS:

- Present: Austria, Belgium, Bulgaria, Croatia, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, The Netherlands, Poland, Romania, Slovenia, Sweden, and Norway.
- Apologies: Cyprus, Portugal, Slovakia, Spain.

1. Welcome and introductory remarks

Caroline HAGER welcomed the participants and thanked them for joining in these difficult times. She apologised on behalf of Andrzej RYS, EC Director, and Thea EMMERLING, EC Head of Unit, who usually chair the NCP Sub-group meeting. The Chair announced minor arrangements in the agenda which were duly accepted.

2. Patient Mobility Data

The Chair remarked the data has improved over the years but stressed a number of deficiencies in the data, which affect the real numbers of patients seeking reimbursement under the Directive, thus distorting the picture of patient mobility in the EU. The Commission is looking for solutions to improve the data collected under the Directive. It is in the MS's own interest to know the impact of the Directive in its own jurisdiction. In a first step, DG SANTE organised a technical workshop on 4th February with ten European technical specialists involved in cross-border healthcare to give their views on the questionnaire and make recommendations on how to improve the data, based on their experience. A follow-up workshop with the NCPs was planned, however COVID-19 made this workshop impossible. Instead, DG SANTE will invite MSs' feedback through a survey and may organise a workshop dedicated to the data collection under the Directive in the future. In the meantime, it was announced that the patient mobility questionnaire will remain unchanged this year, with some improvements to help the NCPs complete the questionnaire.

2.1. Data Collection on Patient Mobility -- Presentation by Petra Wilson, (Health Connect Partners) and Exchange of views

Petra Wilson presented the technical workshop on ways to improve the collection of patient mobility data and highlighted three recommendations: (i) provide more support to the people collecting and reporting data (ii) collect more qualitative data, (iii) support better engagement in the data reporting. She proposed the timeline for data collection: on the 15th of June the questionnaire will be sent out with a deadline for replies of 15th of August. The contractor drew attention to the data collection on 2020 patient mobility which would begin early in March 2021 to contribute to the Commission's triennial report in 2021 and advised MSs to consider this information to ease data collection in time.

A number of NCPs commented on the timeline and some announced that only partial data collection would be possible within that timeframe. However no objections were raised to 15th June launch. NCP (BE) described the challenges of increasing the granularity of the data and defining a treatment. More data is collected for the purposes of bi-lateral and cross-regional agreements such as the Ostbelgien cooperation.

- The Chair recalled the launch of the 2020 data collection on 15th June. NCPs are requested to send their 2019 data to the Cross-Border Healthcare Secretariat and to Petra Wilson, Health Connect Partners, by 15th August.
- A survey requesting NCP feedback on proposed improvements will be sent out. DG SANTE counts on MSs' support to further improve the data enabling the assessment of the impact of the Directive on patient mobility.
- Looking ahead, DG SANTE will consult the NCPs, where relevant, on its plans to fund a number of case/pilot studies in the border regions where patient mobility and cross-border cooperation is high (see point 3.2.).

3. Commission updates

3.1. Conformity check

Corina Vasilescu (DG SANTE) presented an overview on the state of play of the conformity check carried out by the Commission. She reassured that the Commission services would continue to co-operate with the MSs to allow the Directive to deliver its full potential for the benefit of all EU citizens. She mentioned that implementation issues were highlighted by the European Court of Auditors, the European Parliament and the Commission's report on the operation of the Directive published in 2018. The Commission will continue to move forward with the work on the conformity check and to organise structured bi-lateral dialogues with Member States in the coming year, most likely via videoconference.

The Chair stressed that the conformity check would continue over the next period and also informed that an Outlook Opinion is expected to be adopted by the Committee of the Regions in autumn 2020. A list of ongoing preliminary rulings will be circulated.

3.2. EU Support for Better Implementation of the Cross-Border Healthcare Directive

Caroline Hager (DG SANTE) presented the background and objectives of envisaged EU Actions to Support Better Implementation of the Directive recalling the support of the Cross-Border Healthcare Expert Group at its meeting on 17 November 2019.

- *Identify and exchange good practices between MS to improve implementation in a number of areas, inter alia reimbursement systems, prior authorisation and the use of prior notification.*
- *Actions to reduce administrative obstacles & improve information to patients, whilst preventing waste in healthcare.*
- *Ensure greater consistency and transparency in the application of Directive through inter alia legal expertise and analytical support, for example the development of Commission guidelines addressed to Member States.*
- *Improve the Commission's annual collection of Member State data on cross-border patient mobility in healthcare, making it more user-friendly, complete and informative.*

One National Contact Point (IE) noted that the development of indicators should be done in consultation with National Contact Points to ensure data will be collected equally among Member States.

The Commission will fund a number of actions to support the Member States' implementation of the Directive and to lay the ground for the future evaluation of the Directive in 2022.

The first action will be to map prior authorisation in the EU as an area, which the Commission has highlighted in its implementation report, and an overview would analyse the different approaches in MS.

DG SANTE will keep the National Contact Points and the Cross-Border Healthcare Expert Group informed in good time of the next steps (which may be affected by the COVID-19 countermeasures).

DG SANTE confirmed that actions shall be consulted upon with the Cross-Border Healthcare Expert Group as appropriate.

3.3. The Single Digital Gateway and NCPs

Corina Vasilescu provided an update on the Single Digital Gateway Regulation (EU) 2018/1724, which entered into force in December 2018. The Regulation will have

implications for many public assistance and information services across Europe, including the NCPs who are listed as assistance services in Annex III. The Single Digital Gateway will build on the “Your Europe Advice” legacy and infrastructure. To get a head start in 2019, DG SANTE invited the expert from DG GROW dealing with the SDG implementation to inform and help the National Contact Points meet the December 2020 deadline set out in the Regulation. An Implementing Act on user feedback and statistics is in the pipeline for adoption; once finalised, it will be shared among NCPs. Corina Vasilescu explained that those MSs that comply with the current data collection should by and large have few further requirements triggered by the SDG Regulation on top of the present reporting but stressed that those MSs who for any reason cannot report will have a legal requirement to do so as of December 2020.

A number of National Contact Points inquired (DE) on the access for patients and (FI) requested clarification on compliance under Annex I and on the website obligation.

The launch of the Single Digital Gateway in December 2020 will have implications for NCPs, as they are listed as Assistance Services under Annex III of the Regulation 2018/1724.

DG SANTE will provide further information to the National Contact Points once the Commission’s Implementing Act is adopted.

3.4. E-health and ERNs

- **Short update on digital health**

The Commission conducted a survey at the end of March among the members of the eHealth Network on the actions taken in the area of digital health to fight against COVID-19, which showed the need for a common EU approach to digital contact tracing. Contact tracing apps posed important challenges on preserving privacy, ensuring interoperability and allowing access of health authorities to epidemiological data. On 8 April 2020, the Commission adopted a recommendation to support exit strategies through mobile data and applications. On 16 April 2020, the Member States in the eHealth Network, supported by the Commission, adopted an EU toolbox on mobile applications to support contact tracing in the EU’s fight against COVID-19. The Commission also released a guidance on data protection related to mobile applications to support contact tracing. The eHealth Network continues to work on the interoperability between contact tracing apps, as well as on the fulfilment of the needs of public health authorities for epidemiological surveillance.

- **Short update on the European Reference Networks for rare and complex diseases**

In response to the COVID-19 crisis, MSs’ competent authorities and healthcare professionals are encouraged to use the COVID-19 Clinical Management Support System (CMSS) to ensure a quick exchange of knowledge and experience between clinicians from across the EU and EEA on how to manage patients with severe COVID-19. Any clinician working in a hospital treating complex COVID-19 can have access to

the Web Conferencing system and be supported by a dedicated Helpdesk (by sending an e-mail to SANTE-COVIDCLINICIANS-NETWORK@ec.europa.eu).

- The database has been updated since 23 March and now includes **450 Clinicians located in more than 250 hospitals of 28 countries** (26 EU MS – only missing LU- + UK + NO).
- Database updates are sent to clinicians on a biweekly basis.

Several webinars have been organised thus far: 20 April – Sarcoma and COVID19 patients, 23 April – Inherited arrhythmia syndromes and COVID-19, 27 April – COVID-19 and anti-epileptic drugs, 30 April – COVID-19 in patients with rare diseases of the respiratory system, 7 May – COVID-19 in patients with cardiomyopathy; next webinars: seminars on Rare Metabolic diseases and rare immunological diseases.

4. COVID-19 Cross-Border Cooperation

Thea EMMERLING takes over as Chair.

4.1. Commission Guidance on EU Emergency Assistance in Cross-Border Healthcare Cooperation – presented by Caroline Hager, DG SANTE

In response to the COVID-19 crisis and overstretched hospitals in some regions, the Commission adopted guidance to encourage cross-border healthcare cooperation and to coordinate requests & offers of intensive care places and fund the emergency transport of patients and medical staff across borders. Funding for COVID-19 under the Emergency Support Instrument (ESI) is available (2.7 billion Euro), which includes 220 million euros available for emergency transport of patients and medical equipment. The Social Security Coordination Regulation (EC) 883/2004 covers the reimbursement of cross-border patients, however the Commission considered that prior authorisation was not pragmatic for emergency transfer of patients requiring critical care to another MS. MS were urged to be flexible during this period and made a plea to competent MSs of affiliation to ensure patients carry documents to attest their healthcare coverage. The Commission encourages MSs to build on these examples and strengthen their cross-border cooperation, where needed.

4.2. Exchange of national experiences in cross-border healthcare in the light of COVID-19

The Chair invited Mr Mike Schwebag (Luxembourg), Ms. Modesta Visca and Dr. Claudio Zucchi (Italy and Lombardy Region), Mr Bernd Christl (Germany) and Ms Andreea Garaiacu (Romania) to take the floor.

LU NCP: Mike Schwebag stressed the need to take away from the crisis (i) vulnerability as humans and in healthcare systems and (ii) solidarity locally, nationally and at EU-level. Underlined that Luxembourg was available to offer intensive care for patients of neighbouring countries. The four main hospitals have participated taking in 11 patients, mainly from the BENELUX. He added many of the patients have meanwhile returned home. The Social Security Coordination Regulation (EC) 883/2004 covered the healthcare costs of the 11 patients. Mike Schwebag continued with the testing performance indicating that 20% were carried out for non-residents, especially commuters but also for cross-border testing. Since

the 4th of May, Luxembourg has been working on improving access to non-essential care, indicating that all patients seeking healthcare would be accepted. He stated that 60% of local healthcare professionals are commuters from neighbouring regions and expressed the importance of EU solidarity mentioning the importance to find common solutions as European citizens. Stressed the transfer of patients was coordinated through intergovernmental relations and with healthcare providers.

IT NCP: Ms Visca mentioned the critical aspects on cross-border healthcare cooperation and thanked Germany, Romania, Norway, Poland and other MSs for their support with sending healthcare professionals and providing intensive care for Italian patients. She urged a more pragmatic collaboration in cross-border cooperation, but primarily in the administrative aspect, using all tools already available such as the Social Security Regulations, especially EHIC. She urged MSs to accept this tool for those EU citizens living in another EU country.

Dr. Zucchi presented the experience in the Lombardy region. He stated that hundreds of beds were created but pointed out it was still not enough. He thanked Germany and its hospitals taking in dozens of Italian patients in intensive care and thanked the federal regions, which coordinated the patients' transfer. He stated that out of the 120 COVID-19 patients, 42 went to Germany and 78 remained in Italy. Out of the total patients from Lombardy, 35% went to Germany but pointed out that 78% came from the most severely affected cities of Lombardy. In addition, 65% of the patients were transferred from across Italy. From this experience, the Lombardy region learned to organise and coordinate better the transfer of patients and the repatriation of some patients clinically recovered. 14 patients are still in Germany and 77 clinically healed are waiting to be repatriated.

DE NCP: patients that can come out/into Germany for treatment, the problem is that the patients do not know that the EHIC card is available/can be used to cover healthcare costs during the crisis. German hospitals have more capacity than needed. In terms of the coordination mechanism, NCPs are not directly involved in the process given that there are different stations in Germany with different administrations, which do their best in case of requests for help to coordinate in different stations in Germany. He indicated if any MSs contact the NCP, they would liaise with the German hospital federation if there is capacity and the procedure to be implemented for the patient to come. He emphasised it was easier in regions where cooperation exists, but other requests can be analysed upon a case-by-case scenario.

RO NCP: presented the measures taken at the national level. Congratulated the Romanian health professional team who provided assistance in Italy. Highlighted an international collaboration at the border. During the state emergency, measures taken at the national level, the medical services for treatment of COVID-19 and their complications were granted unconditionally to all citizens and supported from the budget of the National Health Insurance Fund. Also, for holders of the EHIC, provisional agreement certificates, or portable documents, the medical treatment will be provided on the basis of those documents. With regards to the medical team sent to Italy on 25 April 2020, it consisted of 11 doctors specialised in intensive care, emergency medicine, pulmonology, selected from Romanian hospitals and a liaison officer from the General Inspectorate for emergency situations to support the region of Lombardy. Informed about the international collaboration with the Republic of Moldova. The medical team will be working alongside Moldavian doctors. The medical team is composed of 52 people, 41 doctors and a number of volunteer nurses.

Another support was the allocation of necessary equipment. The help consisted in 500 thousands masks, medicines and medical equipment. She added that the coordination of transfer of patients was established at the national level.

The Chair thanked participants for sharing their experiences and informing about cross-border actions to help alleviate capacities and save lives. These great efforts were an important sign of EU solidarity.

Recalled that the Commission offers to facilitate future requests and offers to assist with intensive care facilities and that the Emergency Support Instrument can provide funding for the cross-border transport of patients and medical staff. NCPs should contact the national member of the Health Security Committee (contact list already shared with NCPs and is available on request).

OUTCOMES AND ACTIONS

- **Patient Mobility Data**

NCPs agreed to the timetable for the 2020 data collection. The contractor will launch the data collection on 15 June and a reply is expected by 15 August. The Commission will invite National Contact Points feedback via a survey on recommendations to improve data on the Cross-Border Healthcare Directive. The Commission will continue to improve the data collection as it is vital to know the impact of the Directive. Data Collection 2019 launch on 15th June, 15th August deadline for replies.

- **Conformity Check**

DG SANTE will continue to check conformity and follow up bilateral discussions (via video conference in the foreseeable future). A list of ongoing preliminary rulings will be circulated.

- **EU Health Programme support for better implementation of EU legislation**

DG SANTE will keep the NCPs and the Cross-Border Healthcare Expert Group informed of the next steps to launch several actions to support the better implementation of the CBHC Directive funded by the Health Work Programme, including a workshop with NCPs to share good practices and case studies to collect data in several border regions.

- **Single Digital Gateway**

Please contact Corina Vasilescu for any further information on the Single Digital Gateway and its requirements for assistance service. Further information will be provided in due course when the Implementing Act is adopted.

- **Cross-Border Cooperation in Healthcare in the Context of COVID-19**

Please contact Caroline Hager for any further information on the Health Security Committee and its members/Early Warning and Response System to ask or offer assistance.

The Chair closed the meeting and thanked the participants and colleagues.

Annex I: List of participants

European Commission:

DG SANTE B2

Thea Emmerling (Chair)

Caroline Hager

Corina Vasilescu

Michela Raimo

Pablo Lopez

National Contact Points/Member States:

Austria	(Austrian Public Health Institute)
Belgium	(Federal Public Service Health; National Institute for Health and Disability Insurance)
Bulgaria	(National Health Insurance Fund)
Croatia	(Croatian Health Insurance Fund)
Cyprus	(Excused)
Czechia	(Health Insurance Bureau)
Denmark	(Danish Patient Safety Authority)
Estonia	(Estonian Health Insurance Fund)
Finland	(Social Insurance Institution [KELA])
France	(CLEISS Paris [Centre des liaisons Européennes et Internationales de Sécurité Social –PNC France])
Germany	(Deutsche Verbindungsstelle Krankenversicherung - Ausland [DVKA])
Greece	(National Organization for the Provision of Health Services – [EOPYY])
Hungary	(Integrated Legal Protection Service)

Iceland	(Health Service Executive (HSE))
Ireland	(Health Service Executive [HSE])
Italy	(Ministry of Health)
Latvia	(National Health Service)
Lithuania	(National Health Insurance Fund [under the MoH])
Luxembourg	(Service national d'information et de Médiation santé Ministry of Social Security, Caisse nationale de santé [CNS])
Malta	(Ministry of Health)
Poland	(National Health Fund)
Portugal	(Excused)
Romania	(National Health Insurance House)
Slovakia	(Excused)
Slovenia	(Health Insurance Institute [HIIS])
Spain	(Excused)
Sweden	(Försäkringskassan [Swedish Social Insurance Agency])
The Netherlands	(Netherlands NCP Cross-border Healthcare [CAK])
Norway	(HELFO)