



## Report of the Conference



**“Towards amplified awareness of EU rights to cross-border care”**

**24 October 2016  
Brussels**

*“This ground-breaking Directive offers us a golden opportunity to show a true European benefit to all European citizens. We all need to work together to realize its full potential.”*

Commissioner Andriukaitis

Health and  
Food Safety

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## PARTICIPANTS



**National Contact Points and Ministries representatives from Austria, Belgium, Croatia, Czech Republic, Cyprus, Denmark, Estonia, Finland, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Malta, The Netherlands, Norway, Poland, Romania, Slovenia and The United Kingdom.**

**Active Citizenship Network**

**AOK-Bundesverband**

**Association of European Border Regions**

**Centre Balears Europa**

**Committee of the Regions representatives**

**Council of European Dentists**

**EFTA Surveillance Authority representatives**

**European Commission representatives**

**European Federation of Nurses Associations**

**European Hospital and Healthcare Federation**

**European Health Management Association**

**European Parliament representatives**

**European Patients' Forum**

**European Public Health Alliance**

**European Social Insurance Platform**

**European Social Observatory**

**European Society of Radiology**

**European Union of General Practitioners**

**European Union of Private Hospitals**

**General Secretariat Benelux**

**German Medical Association**

**HIVA – KULeuven**

**Ikone Foundation**

**International Association of Mutual Benefit Societies**

**International Organization for Migration**

**Jonathan Olsson Consulting**

**KBV Kassenärztliche Bundesvereinigung**

**Luxembourg Ministry of health**

**Representation of the State of Baden-Württemberg to the EU**

**Standing Committee of European Doctors**

## COMMISSIONER VYTENIS ANDRIUKAITIS (HEALTH AND FOOD SAFETY)



Commissioner Andriukaitis (health and food safety) announced the publication of a [report](#) on Member States' data on cross-border healthcare for the year 2015. He emphasized the importance of this legislation to strengthen patients' rights and to bring the EU closer to the citizens. The Commissioner regretted the lack of awareness among EU citizens about their cross-border rights. He called for a closer cooperation between National Contact Points that, in cooperation with patients' organisations, healthcare providers and insurers at both national and European level, are in a key position to improve the quality of the information delivered to the patients. The European Reference Networks, eHealth and Health Technology Assessments were highlighted.



### JOHN BOWIS - PRESIDENT OF HEALTH FIRST EUROPE

Mr. Bowis - first Rapporteur on the Directive 2011/24/EU in the European Parliament - retraced the steps that led to the adoption of this legislation, starting from the Kohll and Decker case of 1998. Mr. Bowis underlined different issues still at stake, e.g. the issue of reimbursement: "I want patients with needs and not patients with means to cross the borders seeking healthcare", Mr Bowis said. With the current Directive, "patients are allowed to receive healthcare in another Member State and be reimbursed up to the level of costs that would have been paid by their home country if it had been provided there". The question of e.g. prior authorisation was also addressed, as well as the one of quality and safety of care, and the role of National Contact Points.

### Practical Implications of the Cross-Border Healthcare Directive

Gabriella Berki (assistant professor at the university of Szeged) underlined the complexity of the legal framework in which a patient seeking cross-border healthcare has to navigate. She explained that there is an obvious need for improving the level of information that patients across the EU have, in order to enable them to act as fully informed customers. Ms Berki proposed a simplified guide to understand the legal framework related to cross-border healthcare in the EU.



## Main messages from National Contact Points

18 representatives of National Contact Points (NCPs) gave an overview of their national situations. Even if there were differences among them, some common key points were underlined:

- NCPs noticed that there are relatively few applications and those regard, generally, patients in cross-border areas, patients having relatives abroad and patients affected by rare diseases.
- Two main issues prevent patients from seeking cross-border healthcare : the **language barrier** and the **costs** of the care abroad.
- NCPs are working on the outstanding **communication and information issues**, to help patients to better understand their rights, raise awareness and help them in the cross-border healthcare process.
- NCPs called for the European Commission to act as facilitator for the **development of stronger links and better communication among the NCPs**.



Report on the state of the implementation of the Cross-border Healthcare Directive 2011/24/EU in the Member States in 2015.  
Published on October 24<sup>th</sup> 2016





## Luxembourg Presidency (2015) and Cross-Border Healthcare in Benelux

**Anne Calteux** (Luxembourg Ministry of health) explained the long history of cross-border healthcare cases that Luxembourg has due to its socio-demographic situation and its cross-border dynamics. Ms Calteux stressed the political importance that Luxembourg gave to the implementation of Directive 2011/24/EU e.g. during the Luxembourg Presidency in 2015 when the Commission implementation report COM(2015) 421 was discussed at the Informal Health Council and during the Luxembourg Benelux Presidency 2016. She highlighted the need to give visibility to efforts of cross-border collaboration and to put the Directive regularly on the political agenda at national and EU levels. She hopes that Benelux could serve as inspiration for other European countries and regions.

**Peter Janssens** (Benelux Secretariat General) presented the findings of the [report](#) from the Benelux Secretariat General on the cross-border patient flows in the Benelux, underlining the benefits to cross-border cooperation in healthcare (e.g. specialized care, better access, reduction of waiting lists, better distribution of expensive infrastructure investments). Mr Janssens further detailed the current patient flows in the Benelux region and the expectations for the future. The number of cross-border patients in Benelux (at least 167.000 and probably more) is substantial and justifies further efforts to facilitate cross border patient mobility. He ended with some policy recommendations about care provisions, patients' rights, patients data, fraud prevention and policy support.



**Informal Health Council, Bratislava, 3 Oct. 2016:** formal hand-over of Benelux Secretariat General report to Commissioner Andriukaitis

# STAKEHOLDERS' PERSPECTIVES CONCERNING INFORMATION ON CROSS-BORDER CARE

## Perspectives of Patients

**Kaisa Immonen** (European Patients' Forum) underlined that the objective of clarifying patients' rights has not yet been achieved. There is still very little experience about cross-border healthcare among patient communities. To improve this situation, during 2013-15 the European Patient Forum (EPF) organized conferences and workshops around Europe in order to raise awareness about patients' rights. Concerns remain about the lack of information, barriers to access cross-border healthcare, and lack of awareness of the Directive. To address these, patient organizations have a potentially important role to play that needs to be recognised and supported. Patient associations and healthcare providers need to work together to raise awareness among patient communities, as healthcare professionals are not always sufficiently aware of the existing options to access treatment. NCPs should communicate information to patients that is patient-centred and accessible. EPF has created an "NCP checklist" that describes an ideal NCP from a patient perspective, and a mapping of the "patient journey" that enables patients to understand what actions need to be undertaken (and by whom) during all the steps related to cross-border healthcare. She underlined that some NCPs may need more resources; and that ultimately patients want NCPs to act not as gatekeepers but as gateways to healthcare, helping patients find the best solution to their situations.



## Perspectives of Healthcare Providers

**Sarada Das** (Standing Committee of European Doctors) expressed CPME's strong support for the Directive 2011/24/EU as it is a genuine way to improve the availability and accessibility of healthcare, which can also contribute to better safety, quality and outcomes. The Directive further supports cooperation on eHealth, health technology assessment and help for rare diseases. Improving the quality and accessibility of information is a key aspect for the success of the Directive. CPME's members, that is National Medical Associations have put in place different actions towards that end e.g. to liaise with NCPs and to develop different publications.



## Perspectives of Insurers

**Corinna Hartrampf** (International Association of Mutual Benefit Societies) stresses that information on cross border healthcare is based on a very complex framework that makes it difficult for the patient To understand how to navigate the requirements. Information is the key for the insured to make the best choice. She highlighted the need for better and comparable data, to simplify the European legal framework and to continue to inform citizens about their rights.

### Authorisation for Belgian Patients in 2014



	NL	LU	DE	FR	TOTAL
Regulation (S2)	246	480	910	198	1.843
Directive	5	1	6	13	25
CB projects with NL & DE (IZOM)	1.420	-	15.807	-	19.061
CB project with FR (ZOAST, SMUT)	-	-	-	111	111

(Source: Benelux Report on cross-border healthcare in Benelux (2016))



Image taken from Ms Hartrampf's presentation





## Digital Healthcare Providing Opportunities for Patients

[Katja Neubauer](#) (European Commission, DG SANTE) explained that the eHealth Digital Services Infrastructure that EU Member States are setting up with support of the Commission aims at allowing digital services to go cross-border by exchanging health data at health systems' level. The first step will be the exchange of patients' summaries and e-prescriptions while other use cases might follow in the future. She mentioned that every Member State participating in the infrastructure will set up an eHealth National Contact Point that will be the link between its national healthcare structures and other Member States NCPs. The role of the Commission is to provide expertise, financial and administrative support, and core services such as the configuration of the eHealth NCPs, horizontal IT building blocks, terminology services aiming at allowing a proper and standardized translation of medical terminology and an open NCPs' community.

This exchange of data has been prepared by the eHealth network and several large scale research projects. 16 Member States are already participating and the exchange of data will start in the second half of 2017 between a first group of pioneer Member States. The remaining Member States will join eventually and the system is to become sustainable by 2020.

The benefits for patients are the improved continuity of care in the cross-border setting, the use of e-prescription limiting the medication errors, the availability of lifesaving information in emergency situations and the possibility of avoiding the repetition of diagnostic procedures in the Member State of treatment. In addition, Member States are working on a report and a recommendation on the access of patients to their electronic health records, which is a right enshrined in the cross border healthcare Directive. Digital solutions can help enforcing this right.

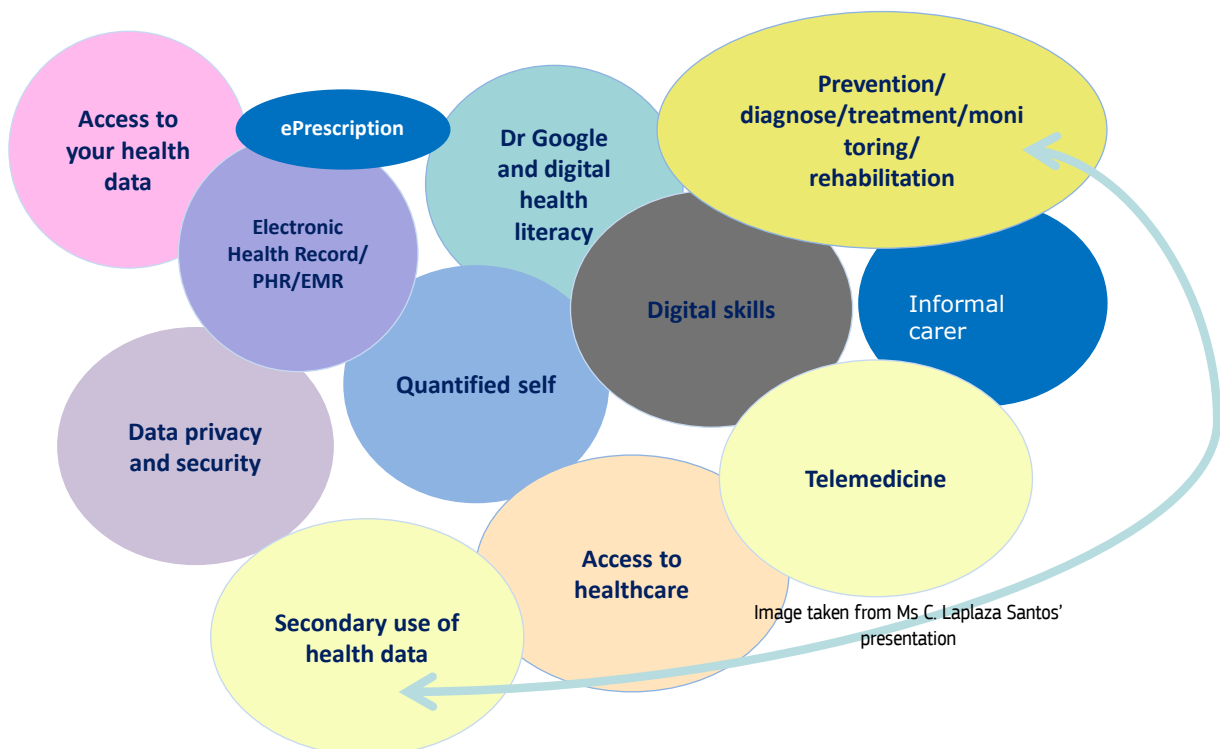


## Digital Healthcare Providing Opportunities for Citizens

**Carmen Laplaza Santos** (European Commission DG CNECT) explained that DG CNECT is involved in several initiatives aiming at supporting healthcare. Keeping in mind that demography is a major challenge for Europe, especially because of its aging population, more people need and will need care and less people are going to be active. This means that there is an increasing need for cost-efficient solutions for long-term, personalized, integrated and high quality care. Efforts are deployed to empower the citizens in order for them to stay independent and active as long as possible. Digitalization offers huge opportunities in this sense and has an increasing role in the health and care sector. There are already some examples of good practices all over Europe, for example on integrated care, such as the ParkinsonNet (Radboud University Nijmegen Medical Centre) or the Telecardiology programme of the region Puglia (Italy); or on support to independent living, such as the Robot Hector (companionable FP7 Project). Horizon SC1 on Health, demographic change and wellbeing, is putting a stronger focus on innovation, on top of research.

Particular attention will need to be provided in the future to the health data, which is the cornerstone of digital health. They are indeed sensitive data, however it is essential to ensure a right balance between data protection rights and the need to support public health and research (Free flow data initiative). Other related Commission's initiatives, also part of the DSM roadmap, are the European Cloud initiative, the Digitising European Industry, the priorities for ICT standardization and the e-government Action plan.

### Digitisation



## Teleradiology in Cross-Border Healthcare

**Peter Mildenerger** (European Society of Radiology) explained that three models of Teleradiology exist in Europe: hospital employees working off-site shifts, commercial companies providing the whole service and expert consultations (2nd opinion). He explained that cross-border teleradiology has been facilitated by technological advances but some barriers remain (e.g. professional / organisational concerns, language issues, access to patient record, communication with referrers, justification, confidentiality and patient consent). Prof. Mildenerger identified areas for improvement in eHealth (e.g. justification, radiation protection, reporting, documentation & quality assurance, communication & access). He concluded by highlighting the new opportunities to improve access to high-quality medicine, the fields for improvement, the need for interoperability with optimised IT-infrastructure relevant for eHealth, the need to provide teleradiology in the best interest of patients - not as a solution for the shortage of radiologists nor as a cost-cutting measure - and the importance of patient engagement



## Patients as Experts of their Care

**Anne-Miek Vroom** (Ikone Foundation) brought her experience as a long-term patient, assessing that healthcare needs to be fixed as there are different domains where the patient's situation is unbearable. She highlighted the too many hours lost in traveling, queuing, repeating needlessly the same exams, too many documents and bureaucracy and many other issues. She explained that all of these problems need to be addressed and the most efficient way to do so is to listen to each other; in particular, it is necessary to consult more the patient. The patients can indeed be considered as the engine of progress as they are the experts on the matter because of life experience. According to Ms Vroom, the solution that is reachable and simple is the development of eHealth, because it could solve different issues that patients need to face. Being able to access patient summaries would reduce the number of x-rays, using digital applications would reduce the paper work, the time spent in traffic jams and many other real-life problems. What is thus needed is digitalisation.



Images taken from Ms A-M VROOM's presentation

## Conclusion

The event was very successful in all its aspects and allowed different actors working on the cross border healthcare issues to exchange their knowledge, questions and best practices. It created an important momentum with the different stakeholders and provided a solid ground on which to build further work and exchanges.

The outcomes of this Conference will feed into future projects and events. Among those can be mentioned:

- the next meetings of the Cross-Border Healthcare Group and its subgroup of National Contact Points;
- the upcoming studies;
- the 2018 Commission report to the European Parliament and to the Council.

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