



EUROPEAN COMMISSION
HEALTH & FOOD SAFETY DIRECTORATE-GENERAL
Health systems, medical products and innovation
Cross border healthcare, eHealth

MINUTES

CROSS-BORDER HEALTHCARE EXPERT GROUP

MEETING OF NATIONAL CONTACT POINTS (NCPs) FOR CROSS-BORDER HEALTHCARE

BRUSSELS, 5 MAY 2017

10:00-17:00

1. WELCOME AND INTRODUCTORY REMARKS

The Commission welcomed attendees. The agenda was adopted.

2. AWARENESS RAISING ACTIVITIES FOLLOWING THE CONFERENCE “TOWARDS AMPLIFIED AWARENESS OF EU RIGHTS TO CROSS-BORDER CARE”

2.1. Report on the 24 October 2016 conference “Towards amplified awareness of EU rights to cross-border care”

The Commission informed about the report from the conference available online and in print on site and thanked for the active participation from the Member States and NCPs.

The Commission further informed that data was still missing from certain Member States that had expressed willingness to provide such data in earlier exchanges.

2.2. Tour de Table

The different NCPs gave an overview of developments in their Member States related to healthcare services and improved awareness of the Directive.

Issues that were touched upon were amongst others:

- general growth in use of the Directive, notably in specific areas such as dental care, whilst acknowledging that patient mobility was never the final objective of the Directive;

- up-front payments by patients and the often high co-payment rate, mentioned as the main barriers for cross-border healthcare mobility: it was suggested that prior authorisation could be followed by a payment guarantee so that patients would not have to pay up front;
- lower cost of health services in other MSs mentioned as the main motivation for cross-border healthcare mobility
- for many patients the percentage of costs being covered is low due to high cost of care with private providers in Member State of treatment or low cost of treatment in Member State of affiliation
- fraudulent use of the European Health Insurance Card, and need to map financial flows to address this;
- businesses exploiting and abusing patients and the provisions of the Directive;
- examples of awareness raising with mobile apps and improving information provision on websites;
- changes in some Member States' legislation to align it with intention and provisions of the Directive leading to improvements in national organisation of health care;
- issues with overtreatment and incompatible treatments (dental) making for challenges with follow-up treatment;
- a tendency to lead patients to the "S2" path under the Social Security Regulations instead of the Directive due to overcharging under the Directive;
- difficulties with pricing for defining reimbursements, as several tariffs are applied in the same Member State. Non-discrimination must be ensured

3. UPDATE ON EUROPEAN REFERENCE NETWORKS AND EXCHANGE OF VIEWS

The Commission presented the latest developments on the European Reference Networks and information tools available for the NCPs on this.

It was suggested to establish closer contacts between NCPs and ERNs. German, Irish, Estonian, Lithuanian and UK representatives would be interested in liaising with the ERN Board of Member States.

4. PROVIDING INFORMATION TO CITIZENS AND CROSS-BORDER COOPERATION

4.1. Study on cross-border health services: enhancing information provision to patients

The presentation described the methodology and the study's aims: (i) identify the information needs of the patients; (ii) assess how the NCPs collect the information and provide it to the patients; and (iii) propose practical tools and guiding principles to improve the information provision by the NCPs. Some NCP representatives queried the intrinsic value of conformity and the added value of streamlining information provision, whilst some questioned the choice of the questionnaire as a vehicle to map the current state of play on the ground. It was requested to take into account, in the assessment of NCPs' functioning, the national specificities and the diverse ways NCPs are organised.

The contractor thanked for all the valuable input received.

It was agreed that the Commission could provide Ecorys with participants' contact details for the purpose of this study.

4.2. FreSsco Analytical Study on Access to Healthcare in Cross-border situations

The main findings of the FreSsco analytical study were presented by one of the authors. Practical and legal problems linked to the differences between the Social Security Regulations and the Directive were raised by the author, who highlighted the complexity of the legal framework to which mobile patients are confronted.

4.3. Web Accessibility

The European Disability Forum presented guidelines on how to make a web-page and its information accessible for disabled people, in line with the 2016 Directive on Web Accessibility.

5. WORKING TOGETHER

5.1. Study on cross-border cooperation: capitalising on existing initiatives for cooperation in cross-border regions

The contractor presented the main work packages of the recently launched study which aims at mapping existing cross-border cooperation projects and at sharing good practices. NCPs were invited to share their expertise and contacts with the consortium. It was agreed that the Commission could provide the contractors with participants' contact details for the purpose of this study.

5.2. Electronic invoicing

Estonia presented their system for and experiences with electronic invoicing in the healthcare system. From July 2017 only e-invoices can be sent to public authorities from the private sector in Estonia. Director Andrzej Rys encouraged the NCPs to carry further work on this issue within a dedicated working group.