

Guiding Principles and Indicators

for the practice of

National Contact Points (NCPs)

under the Cross-border Healthcare Directive
2011/24/EU



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PART 1.

Guiding Principles for Cross-border Healthcare National Contact Points (NCPs)

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Purpose:

The purpose of the “Guiding Principles for Cross-border Healthcare NCPs” is to set out key principles for good NCP services, in line with NCPs’ obligations under Directive 2011/24/EU¹. The Guiding Principles are designed to assist NCPs in their daily public task of providing clear and accurate information on the main aspects of cross-border healthcare. The principles aim to contribute to a NCP practice that is (1) more uniform, (2) of high quality, and (3) always patient-oriented.

In this light, the **Guiding Principles** cover the following main areas:

1. Accessibility and availability of the NCP service
2. Compatibility of information provision with Directive 2011/24/EU
3. Cooperation between NCPs and with other actors

Methodology:

The **Guiding Principles** are developed from the existing legal obligations and standards that rest on NCPs under Directive 2011/24/EU, as well as from the good practices identified in a recent study on enhancing information provision to patients in cross-border health services² and previous studies³. Besides, to ensure patient centeredness, recommendations by the European Patients’ Forum (EPF) are taken into account.⁴ The Guiding Principles were discussed at the NCP Workshop of 8 March 2018 and following further consultations, agreed with the consent of all cross-border healthcare NCPs.

The Guiding Principles provide the underlying framework for the more technical **NCP Guidelines**, that are each time listed under the principle concerned. These guidelines are likewise agreed by all NCPs. All guidelines aim to leave room for the existing organisational differences between NCPs.

To monitor the implementation of the guidelines, a voluntary set of **indicators** was created (see Part 2 of the document), following the RACER methodology. Accordingly, indicators that are Relevant, Accepted, Credible, Easy to monitor and Robust against manipulation are established. These indicators are intended for voluntary self-assessment and monitoring in light of compliance with the Guiding Principles and Guidelines.

¹ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients’ rights in cross-border healthcare, OJ L 088, 4 April 2011, pp. 45-65.

² “Study on cross-border health services: enhancing information provision to patients”, on-going.

³ European Commission, Member State data on cross-border healthcare following Directive 2011/24/EU, 2015, p. 37 ; G. Zucca, A. De Negri, A. Berény, A. Kaszap, K.A. Stroetmann, P. Varnai, Evaluative study on the cross-border healthcare Directive (2011/24/EU), 2015, p. 179; G. Strban, G. Berki, D. Carrascosa, F. Van Overmeiren, Analytical Report 2016: Access to healthcare in cross-border situations, FreSsco, January 2017, p. 101; ANEC, Cross-border healthcare. Accessing medical treatment in other EU countries: Consumer attitudes and experiences, 2018, p. 55.

⁴ See amongst others: Summary Report: main conclusions and recommendations arising from EPF’s series of Regional Conferences 2013-14; EPF, Recommendations for National Contact Points: arising from the EPF series of Regional Conferences 2013-14, 2015, p.7; Directive on Patients’ Rights in Cross-border Healthcare: EPF Position Statement, 2016, pp. 22.

Besides the agreed Guiding Principles and Part 2 of the document, an additional set of indicators and guidelines that did not find common approval is provided in a separate document for further consideration, if so wished.

SCHEMATIC OVERVIEW

1. Nine General **Guiding Principles**
2. Specific technical **Guidelines** – up to five key Guidelines per Guiding Principle
3. Voluntary set of **Indicators** - intended for self-assessment and monitoring

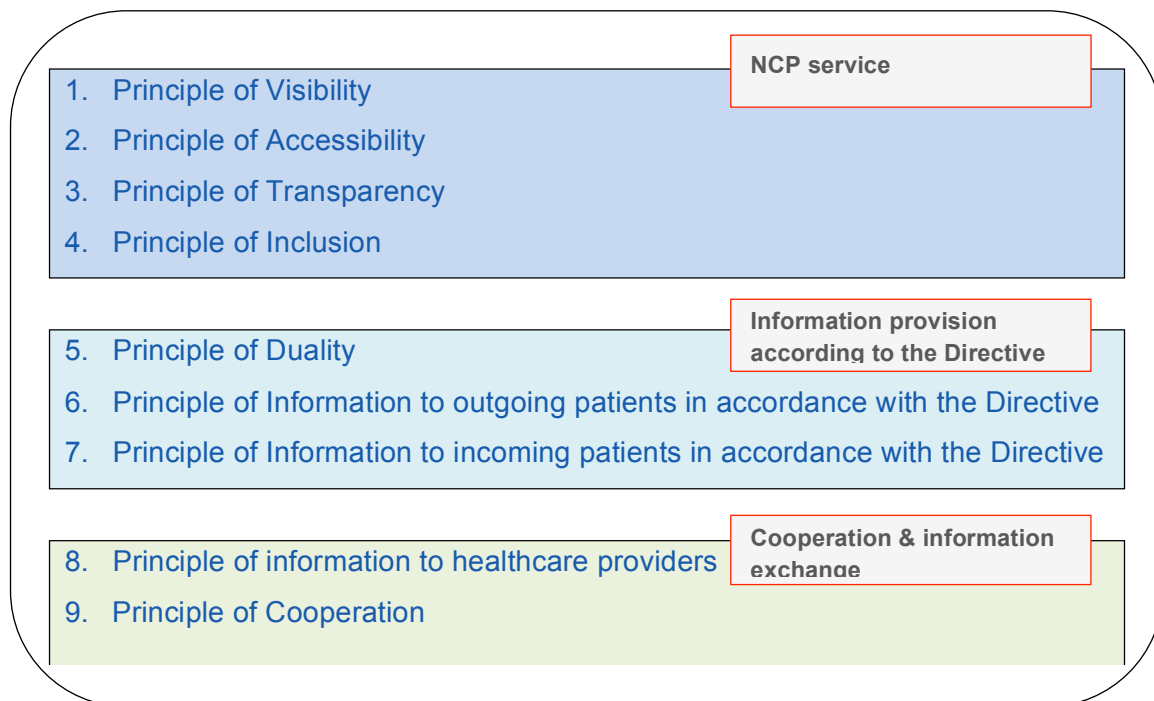
The Guiding Principles

The Guiding Principles for Cross-border Healthcare NCPs are organised into 3 main strands, reflecting the major categories of NCP requirements according to the legal standards imposed by Directive 2011/24/EU:

- **NCP service**
- **Information provision according to Directive 2011/24/EU**
- **Cooperation and information exchange**

Each strand contains a number of Guiding Principles, describing the main features of good NCP service provision. In their turn, the principles provide the underlying framework for the more technical corresponding NCP Guidelines. In part 2 of this document, these specific guidelines are translated into voluntary thematic indicators, making it possible to monitor the implementation of the Guiding Principles in practice.

The Guiding Principles for Cross-border Healthcare NCPs:



This framework includes the nine Guiding Principles for good NCP practice. Principle 1 to 4 are the overarching central principles that should be applied in every feature of the NCP service. Principle 5 to 7 are intended specifically for safeguarding information provision in accordance with the information requirements of Directive 2011/24/EU, making a distinction between information provision to outgoing patients and information provision to incoming patients. Principle 8 prescribes the duty of good information provision to healthcare providers. Finally, principle 9 concerns cooperation and information exchange between NCPs and with other actors.

Below, each principle is explained through a short commentary. The associated specific guidelines are listed under the Guiding Principle concerned. When applicable, the legal standards supporting the principles are outlined in separate boxes. An additional set of indicators and guidelines that did not find common approval is provided in a separate document. This constitutes source material for further consideration.

General Guiding Principles for good NCP service

The first four principles are the overarching principles.

1. Principle of Visibility

To comply with their duty of enhancing visibility of patients' rights under Directive 2011/24/EU, NCPs make sure their information reaches the general public. Accordingly, NCPs are visible, present and public.

- 1) NCPs are highly visible and easy to find and recognise as appropriate.
- 2) When this is within the responsibility of the NCP and subject to available resources, NCPs try to be engaged in campaigns intended to inform the general public of their existence.
- 3) To map the awareness of the existence of NCPs, and as far as possible NCPs collect data on the number of patients making use of the NCP service.

Legal standards:

- Recital 48: *“Appropriate information on all essential aspects of cross- border healthcare is necessary in order to enable patients to exercise their rights on cross-border healthcare in practice. For cross-border healthcare, one of the mechanisms for providing such information is to establish national contact points within each Member State.”*
- Art. 6(1): *“Each Member State shall designate one or more national contact points for cross-border healthcare and communicate their names and contact details to the Commission. The Commission and the Member States shall make this information publicly available. [...]”*
- Art. 6(5): *“The information [...] shall be easily accessible and shall be made available by electronic means and in formats accessible to people with disabilities, as appropriate.”*

2. Principle of Accessibility

The NCP service is easily accessible, via multiple channels and to all patients, bearing in mind special patients' information needs.

- 1) NCPs have an accessible website that is informative and contains clear, structured and understandable information.
- 2) Subject to available resources and as appropriate, NCPs are accessible for direct and barrier-free personal patient advice, e.g. via email, postal service, online contact forms, telephone, or in person.
- 3) Depending on the available resources, NCPs try to provide information besides the national official language(s), in foreign languages, at least English, making the service also accessible for incoming patients.

Legal standards:

- Art. 6(3): *"In order to enable patients to make use of their rights in relation to cross-border healthcare, national contact points in the Member State of treatment shall provide them with information concerning healthcare providers, including, on request, information on a specific provider's right to provide services or any restrictions on its practice, information referred to in Article 4(2)(a), as well as information on patients' rights, complaints procedures and mechanisms for seeking remedies, according to the legislation of that Member State, as well as the legal and administrative options available to settle disputes, including in the event of harm arising from cross-border healthcare."*
- Art. 6(5): *"The information [...] shall be easily accessible and shall be made available by electronic means and in formats accessible to people with disabilities, as appropriate."*
- Recital 48: *"Information that has to be provided compulsorily to patients should be specified."*
- Recital 49: *"The national contact points should have appropriate facilities to provide information on the main aspects of cross-border healthcare."*
- Recital 48: *"Information should be provided by national contact points to patients in any of the official languages of the Member State in which the contact points are situated. Information may be provided in any other language."*
- Recital 20: *"In order to help patients to make an informed choice when they seek to receive healthcare in another Member State, Member States of treatment should ensure that patients from other Member States receive on request the relevant information [...]"*

3. Principle of Transparency

NCPs operate through transparent procedures and clear timelines.

- 1) NCPs provide information about their organisation and service. They try to answer all inquiries as soon as possible subject to available resources and taking into consideration domestic law.
- 2) Taking national work processes under consideration, NCPs try to collect data about their working process, aiming to monitor their efficiency and performance.
- 3) When this is within the NCP's competence, NCPs are transparent on the patients' rights and entitlements in accessing healthcare abroad.
- 4) When this is within the NCP's competence, NCPs provide patients with accessible and transparent procedures regarding accessing healthcare abroad.
- 5) When this is within the NCP's competence, NCPs provide outgoing patients with transparent procedures and clear time lines to appeal any decision regarding accessing healthcare abroad.

Legal standards:

- Art. 7(9): *"The Member State of affiliation may limit the application of the rules on reimbursement for cross-border healthcare based on overriding reasons of general interest, such as planning requirements relating to the aim of ensuring sufficient and permanent access to a balanced range of high-quality treatment in the Member State concerned or to the wish to control costs and avoid, as far as possible, any waste of financial, technical and human resources."*
- Art. 7(11): *"The decision to limit the application of this Article pursuant to paragraph 9 shall be restricted to what is necessary and proportionate, and may not constitute a means of arbitrary discrimination or an unjustified obstacle to the free movement of goods, persons or services. Member States shall notify the Commission of any decisions to limit reimbursement on the grounds stated in paragraph 9."*
- Art. 8(1): *"The Member State of affiliation may provide for a system of prior authorisation for reimbursement of costs of cross-border healthcare, in accordance with this Article and Article 9. The system of prior authorisation, including the criteria and the application of those criteria, and individual decisions of refusal to grant prior authorisation, shall be restricted to what is necessary and proportionate, and may not constitute a means of arbitrary discrimination is necessary and proportionate to the objective to be achieved, and may not constitute a means of arbitrary discrimination or an unjustified obstacle to the free movement of patients."*
- Art. 8(7): *"The Member State of affiliation shall make publicly available which healthcare is subject to prior authorisation for the purposes of this Directive, as well as all relevant information on the system of prior authorisation."*
- Art. 9(1-4): *"The Member State of affiliation shall ensure that administrative procedures regarding the use of cross-border healthcare and reimbursement of costs of healthcare incurred in another Member State are based on objective, non-discriminatory criteria which are necessary and proportionate to the objective to be achieved. Any administrative procedure of the kind referred to in paragraph 1 shall be easily accessible and information relating to such a procedure shall be made publicly available at the appropriate level. Such a procedure shall be capable of ensuring that requests are dealt with objectively and impartially. Member States shall set out reasonable periods of time within which requests for cross-border healthcare must be dealt with and make them public in advance. [...] Member States shall ensure that individual decisions regarding the use of cross-border healthcare and reimbursement of costs*

of healthcare incurred in another Member State are properly reasoned and subject, on a case-by-case basis, to review and are capable of being challenged in judicial proceedings, which include provision for interim measures.”

- *Art. 9(5): “This Directive is without prejudice to Member States’ right to offer patients a voluntary system of prior notification whereby, in return for such notification, the patient receives a written confirmation of the amount to be reimbursed on the basis of an estimate. This estimate shall take into account the patient’s clinical case, specifying the medical procedures likely to apply. Member States may choose to apply the mechanisms of financial compensation between the competent institutions as provided for by Regulation (EC) No 883/2004. Where a Member State of affiliation does not apply such mechanisms, it shall ensure that patients receive reimbursement without undue delay.”*
- *Art. 20(2): “[...]The Member States shall provide the Commission with assistance and all available information for carrying out the assessment and preparing the reports.”*
- *Recital 47: “Procedures regarding cross-border healthcare established by the Member States should give patients guarantees of objectivity, non-discrimination and transparency, in such a way as to ensure that decisions by national authorities are made in a timely manner and with due care and regard for both those overall principles and the individual circumstances of each case. This should also apply to the actual reimbursement of costs of healthcare incurred in another Member State after the patient has received treatment. It is appropriate that, under normal circumstances, patients be entitled to receive decisions regarding cross-border healthcare within a reasonable period of time. However, that period should be shortened where warranted by the urgency of the treatment in question.”*
- *Recital 49: “National contact points should be established in an efficient and transparent way [...]”*

4. Principle of Inclusion

NCPs recognise and support the right of people with disabilities to equal access of healthcare in other EU/EEA countries under Directive 2011/24/EU.

- 1) Subject to available resources, NCPs offer informed assistance to help patients with disabilities to understand and exercise their rights in accessing healthcare abroad. Information provision by NCPs is provided in formats that are easily accessible for patients with disabilities, as appropriate.
- 2) Subject to available resources, NCPs arrange for education and training of its staff on the specific needs of patients with disabilities, taking into consideration different types of disabilities.
- 3) All NCPs provide information to incoming patients on the accessibility of hospitals for persons with disabilities.

Legal standards:

- Art. 6(5): *“The information [...] shall be easily accessible and shall be made available by electronic means and in formats accessible to people with disabilities, as appropriate.”*

Guiding Principles for information provision according to Directive 2011/24/EU:

5. Principle of Duality

NCPs fulfil a dual function as gateway to cross-border health services for both *outgoing patients* going abroad for treatment as for *incoming patients* traveling from abroad to receive treatment in the Member State where the NCP is located.

- 1) In accordance with Directive 2011/24/EU, NCPs make a clear distinction between information provision to outgoing patients and information provision to incoming patients.
- 2) NCPs facilitate the contact of patients with NCPs of other Member States.

Legal standards:

- Art. 6(3): “*In order to enable patients to make use of their rights in relation to cross-border healthcare, national contact points in the Member State of treatment shall provide them with information concerning healthcare providers, [...].*”
- Art. 6(4): “*National contact points in the Member State of affiliation shall provide patients and health professionals with the information [...].*”
- Art. 6(2): “*National contact points shall provide patients on request with contact details of national contact points in other Member States.*”

6. Principle of information to outgoing patients in accordance with Directive 2011/24/EU

In their role as NCP of the Member State of affiliation, NCPs provide all mandatory information under Directive 2011/24/EU. Besides, NCPs provide patients with practical information needed to ensure safe and high-quality cross-border healthcare.

- 1) NCPs provide outgoing patients with information on patients' rights and entitlements in cross-border health services.
- 2) NCPs inform patients on the existence of two parallel routes if appropriate. They make a clear distinction on the use of the Social Security Regulations versus Directive 2011/24/EU, and the respective consequences for patients.
- 3) NCPs provide outgoing patients with information on the financial aspect of cross-border healthcare. They provide information on the terms and conditions for receiving reimbursement of costs and on what extra costs need to be covered by the patient him-/herself. This includes information on the procedures and competent authorities for accessing and determining those entitlements, as well as on the procedures for appeal and redress if patients consider that their rights have not been respected.
- 4) NCPs inform patients on the importance of gathering sufficient information about the treatment and healthcare provider abroad. They refer the patient for this information to the NCP of the Member State of treatment.
- 5) NCPs inform patients on the importance of the transfer of medical records. Patients should be cautioned on the risk of receiving treatment without such transfer.

Legal standards:

- *Art. 5(b): "[...] with information on their rights and entitlements in that Member State relating to receiving cross-border healthcare, in particular as regards the terms and conditions for reimbursement of costs in accordance with Article 7(6) and procedures for accessing and determining those entitlements and for appeal and redress if patients consider that their rights have not been respected, in accordance with Article 9. In information about cross-border healthcare, a clear distinction shall be made between the rights which patients have by virtue of this Directive and rights arising from Regulation (EC) No 883/2004."*
- *Art. 6(4): "National contact points in the Member State of affiliation shall provide patients and health professionals with the information referred to in Article 5(b)."*
- *Art. 8(7): "The Member State of affiliation shall make publicly available which healthcare is subject to prior authorisation for the purposes of this Directive, as well as all relevant information on the system of prior authorisation."*
- *Recital 31: "Where the patient is entitled to cross-border healthcare under both this Directive and Regulation (EC) No 883/2004, and the application of that Regulation is more advantageous to the patient, the patient's attention should be drawn to this by the Member State of affiliation."*

7. Principle of Information to incoming patients in accordance with Directive 2011/24/EU

In their role as NCP of the Member State of treatment, NCPs provide all mandatory information under Directive 2011/24/EU.

- 1) NCPs inform patients on the importance of gathering sufficient information on needed application forms and reimbursement. They refer the patient for this information to the NCP of the Member State of affiliation.
- 2) To make patients acquainted with healthcare in their country, NCPs provide incoming patients with general information on their healthcare system, as it pertains to the individual patient as appropriate.
- 3) To ensure safe cross-border treatment, NCPs provide incoming patients with general information on quality and safety standards enforced in their MS, as well as information on which healthcare providers are subjected to these standards.
- 4) NCPs provide incoming patients with accurate information on healthcare providers and healthcare facilities established in their MS in so far as possible. NCPs provide general information on supervision and assessment of healthcare providers. Besides, NCPs inform patients on a specific provider's right to provide services or any restrictions on this practice, e.g. suspension, as available via the IMI or the NCP network.
- 5) NCPs inform incoming patients on patients' rights, complaints procedures and mechanisms for seeking remedies. Besides, NCPs provide information on the legal and administrative options available to settle disputes, including in case of harm arising from the event of cross-border healthcare, bearing in mind that this will mainly relate to referring the patient to the relevant responsible body.

Legal standards:

- Art. 4(2)(a): *"Patients receive [...], upon request, relevant information on the standards and guidelines referred to in paragraph 1(b) of this Article, including provisions on supervision and assessment of healthcare providers, information on which healthcare providers are subject to these standards and guidelines and information on the accessibility of hospitals for persons with disabilities."*
- Art. 6(3): *"In order to enable patients to make use of their rights in relation to cross-border healthcare, national contact points in the Member State of treatment shall provide them with information concerning healthcare providers, including, on request, information on a specific provider's right to provide services or any restrictions on its practice, information referred to in Article 4(2)(a), as well as information on patients' rights, complaints procedures and mechanisms for seeking remedies, according to the legislation of that Member State, as well as the legal and administrative options available to settle disputes, including in the event of harm arising from cross-border healthcare."*

8. Principle of Information provision to healthcare providers

NCPs provide healthcare providers with information on cross-border health services.

- 1) NCPs provide healthcare providers with information on patients' rights and entitlements in cross-border health services under Directive 2011/24/EU and the Social Security Regulations.
- 1) NCPs provide healthcare providers with information on their duty to provide information towards their patients according to Directive 2011/24/EU.

Legal standards:

- Art. 4(2)(b): *“Healthcare providers provide relevant information to help individual patients to make an informed choice, including on treatment options, on the availability, quality and safety of the healthcare they provide in the Member State of treatment and that they also provide clear invoices and clear information on prices, as well as on their authorisation or registration status, their insurance cover or other means of personal or collective protection with regard to professional liability.”*
- Art. 6(4): *“National contact points in the Member State of affiliation shall provide patients and health professionals with the information referred to in Article 5(b).”*
- Art. 5(b): *“[...] with information on their rights and entitlements in that Member State relating to receiving cross-border healthcare, in particular as regards the terms and conditions for reimbursement of costs in accordance with Article 7(6) and procedures for accessing and determining those entitlements and for appeal and redress if patients consider that their rights have not been respected, in accordance with Article 9. In information about cross-border healthcare, a clear distinction shall be made between the rights which patients have by virtue of this Directive and rights arising from Regulation (EC) No 883/2004.”*

Guiding Principles for good cooperation and information exchange:

9. Principle of Cooperation amongst NCPs

To facilitate the exchange of information, NCPs render mutual assistance and cooperate closely with each other.

- 1) NCPs should maintain partnerships amongst each other, making it easy to exchange information and build on each other's best practices.
- 2) NCPs should assist each other in answering patients' inquiries and finding solutions that are the best fit for the specific patient's needs during the entire process of treatment abroad.
- 3) NCPs should consult with other stakeholders, such as healthcare providers, national health insurance funds, patient organisations,...

Legal standards:

- Art. 6(2): "National contact points shall facilitate the exchange of information [...] and shall cooperate closely with each other and with the Commission."
- Art. 6(1): "[...] national contact points consult with patient organisations, healthcare providers and healthcare insurers."
- Art. 10(1): "Member States shall render such mutual assistance as is necessary for the implementation of this Directive, including cooperation on standards and guidelines on quality and safety and the exchange of information, especially between their national contact points in accordance with Article 6, including on provisions on supervision and mutual assistance to clarify the content of invoices".

PART 2.

Voluntary Indicators for the Guiding Principles for Cross-border Healthcare National Contact Points (NCPs)

1. Principle of Visibility

1) NCPs are highly visible and easy to find and recognise as appropriate.

Indicators:

- NCPs conduct an everyday informative function
- NCP website (independent website or at least dedicated web pages)
- Clear statement of the NCP function and provision of contact details on the NCP website

2) When this is within the responsibility of the NCP and subject to available resources, NCPs try to be engaged in campaigns intended to inform the general public of their existence.

Indicators:

- Participation in conferences or events of patient organisations, healthcare providers or other stakeholders

3) To map the awareness of the existence of NCPs, and as far as possible NCPs collect data on the number of patients making use of the NCP service.

Indicators:

- Information requests estimates
- Website traffic estimates

2. Principle of Accessibility

1) NCPs have an accessible website that is informative and contains clear, structured and understandable information.

Indicators:

- Structured format, e.g.:
 - o Structured information (headings, sub-headings, paragraphs,...)
 - o Internal search engine
 - o Sitemap or content tree
- Clear and understandable information, e.g.:
 - o FAQs
 - o Glossary
 - o Visual tools (e.g. infographics, videos,..)
 - o Guides and checklists
- Reviewing of the NCP website on a regular basis with a minimum standard of once a year (this includes reviewing of contact details, checking factual accuracy, making improvements based on patients' feedback,..)

2) Subject to available resources and as appropriate, NCPs are accessible for direct and barrier-free personal patient advice, e.g. via email, postal service, online contact forms, telephone, or in person.

Indicators:

- Multiple contact channels, e.g.:
 - o Web contact form
- Avoidance of standard responses, e.g.:
 - o Avoidance of Interactive Voice Response (IVR; automated telephony system); when IVR is inevitable: clear routing of callers with questions on cross-border treatment
 - o Avoidance of standard email responses

3) Depending on the available resources, NCPs try to provide information besides the national official language(s), in foreign languages, at least English, making the service also accessible for incoming patients.

Indicators:

- Information provision in all national official languages of the country the NCP is residing in
- Information provision in English (other foreign languages are a plus)

3. Principle of Transparency

- 1) NCPs provide information about their organisation and service. They try to answer all inquiries as soon as possible subject to available resources and taking into consideration domestic law.

Indicators:

- Information on the NCP's organisation and service, e.g. last update website
- Reasonable periods of time, e.g.:
 - o Average response time
 - o Automated response that the enquiry is being processed
 - o Response to every incoming enquiry

- 2) Taking national work processes under consideration, NCPs try to collect data about their working process, aiming to monitor their efficiency and performance.

Indicators:

- Customer feedback, e.g. online feedback form
- Data collection, e.g.:
 - o Average response time to a patient's request
 - o Number of information requests within the scope of Directive 2011/24/EU received a year broken down by media (written, phone or person)
 - o Number of information requests within the scope of Directive 2011/24/EU coming from outgoing and incoming patients

- 3) When this is within the NCP's competence, NCPs are transparent on the patients' rights and entitlements in accessing healthcare abroad.

Indicators:

- Information on health services covered under Directive 2011/24/EU, e.g.:
 - o Information on health services that are included in the range of sickness benefits
 - o Public detailed list of treatments subject to prior authorisation
- Information on possible limitations to reimbursement (art. 7(9) Directive 2011/24/EU)

- 4) When this is within the NCP's competence, NCPs provide patients with accessible and transparent procedures regarding accessing healthcare abroad.

Indicators:

- All requests are dealt with in an objective, transparent and non-discriminatory way

- 5) When this is within the NCP's competence, NCPs provide outgoing patients with transparent procedures and clear timelines to appeal any decision regarding accessing healthcare abroad.

Indicators:

- Clear policy on complaints handling, e.g.:
 - o Possibility of request for review of any decision within reasonable time and taking into consideration national legislation
 - o Access to the complaints handling process is free of charge
 - o Receipt of each complaint is notified to the complainant within reasonable time
 - o Information on the further courses of procedure is provided together with each receipt of complaint
 - o Complainants are given a timeline in which they may expect a decision

4. Principle of Inclusion

- 1) Subject to available resources, NCPs offer informed assistance to help patients with disabilities to understand and exercise their rights in accessing healthcare abroad. Information provision by NCPs is provided in formats that are easily accessible for patients with disabilities, as appropriate.

Indicators:

- Inclusive ways of communication, e.g.:
 - o Provision of information in alternative formats, such as audio, large text, braille version,...
 - o Use of pictures/ infographics to support the meaning of text
- Extra software to increase accessibility of the NCP website for patients with disabilities, e.g.:
 - o W3C Web Content Accessibility Guidelines 2.0
 - o A minimum standard of screen reader compatibility, self-voicing applications, alt text for images, font size adjusters, high contrast mode, keyboard navigation, sitemap and transcripts for video and audio

- 2) Subject to available resources, NCPs arrange for education and training of their staff on the specific needs of patients with disabilities, taking into consideration different types of disabilities.

Indicators:

- Education and training of NCP staff on disability communication, including appropriate terminology and way of speaking

- 3) All NCPs provide information to incoming patients on the accessibility of hospitals for persons with disabilities.

Indicators:

- Information on the accessibility of hospitals for persons with disabilities

Guiding Principles for information provision according to Directive 2011/24/EU:

5. Principle of Duality

- 1) In accordance with Directive 2011/24/EU, NCPs make a clear distinction between information provision to outgoing patients and information provision to incoming patients.

Indicators:

- Distinguished information for outgoing and incoming patients, e.g.:
 - o Distinguished web pages

- 2) NCPs facilitate the contact of patients with NCPs of other Member States.

Indicators:

- Contact details of other NCPs
- Links to other NCPs' websites
- Referral to other NCPs

6. Principle of information to outgoing patients in accordance with Directive 2011/24/EU

- 1) NCPs provide outgoing patients with information on patients' rights and entitlements in cross-border health services.

Indicators:

- Information on the legal framework for patients' rights to cross-border healthcare, e.g.:
 - o Information on the patient's right to cross-border healthcare under Directive 2011/24/EU
 - o Information on the possibilities to access healthcare abroad under the Social Security Regulations
 - o Distinctive information on planned and unplanned treatment abroad
- Information on patients' rights to cross-border healthcare, e.g.:
 - o Information on prior authorisation and which treatment is subject
 - o Information on the use of prescriptions abroad as detailed in the Directive 2011/24/EU and Commission Implementing Directive 2012/52/EU
- Up-to-date information on patients' rights:
 - o Legislative or regulatory amendments or revisions are followed closely and informed about

- 2) NCPs inform patients on the existence of two parallel routes if appropriate. They make a clear distinction on the use of the Social Security Regulations versus Directive 2011/24/EU, and the respective consequences for patients.

Indicators:

- Information on Directive 2011/24/EU and the Social Security Regulations, their scope of application and corresponding advantages and disadvantages

- 3) NCPs provide outgoing patients with information on the financial aspect of cross-border healthcare. They provide information on the terms and conditions for receiving reimbursement of costs and on what extra costs need to be covered by the patient him-/herself, including information on the procedures and competent authorities for accessing and determining those entitlements, as well as on the procedures for appeal and redress if patients consider that their rights have not been respected.

Indicators:

- Information on reimbursement and rates, including need of referral and info for patients insured under the social security system but living in another country
- Information on the conditions and procedure for obtaining reimbursement, e.g.:
 - o Information on terms for reimbursement

- 4) NCPs inform patients on the importance of gathering sufficient information about the treatment and healthcare provider abroad. They refer the patient for this information to the NCP of the Member State of treatment.

Indicators:

- Information on the need to contact the NCP of the MS of treatment

- 5) NCPs inform patients on the importance of the transfer of medical records. Patients should be cautioned on the risk of receiving treatment without such transfer.

Indicators:

- Information on the importance of the transfer of medical records, e.g.:
 - o Information on the right of access and copy of medical record

7. Principle of Information to incoming patients in accordance with Directive 2011/24/EU

- 1) NCPs inform patients on the importance of gathering sufficient information on needed application forms and reimbursement. They refer the patient for this information to the NCP of the Member State of affiliation.

Indicators:

- Referrals to other NCPs

- 2) To make patients acquainted with healthcare in their country, NCPs provide incoming patients with general information on their healthcare system, as it pertains to the individual patient as appropriate.

Indicators:

- Information on the healthcare and social security system, e.g.: Information on which care is covered by the statutory health insurance, on healthcare tariffs, on availability of treatment (including information on waiting lists)

- 3) To ensure safe cross-border treatment, NCPs provide incoming patients with general information on quality and safety standards enforced in their MS, as well as information on which healthcare providers are subjected to these standards.

Indicators:

- Information on applicable quality and safety standards, e.g.:
 - o Information on bodies responsible for quality and safety standards and supervisory authorities
 - o Information on which healthcare providers and healthcare facilities are subjected to these standards
- Information on quality of care, e.g.: treatments per year per facility, patient satisfaction ratings (if any)

- 4) NCPs provide incoming patients with accurate information on healthcare providers and healthcare facilities established in their MS in so far as possible. NCPs provide general information on supervision and assessment of healthcare providers. Besides, NCPs inform patients on a specific provider's right to provide services or any restrictions on this practice, e.g. suspension, as available via the IMI or the NCP network.

Indicators:

- General information on healthcare providers, e.g.: professional liability, supervision and assessment, providers working under the statutory health insurance scheme, a specific provider's license status/ contact details where to check if a healthcare provider is licensed to practice
- Assistance in searching for healthcare providers, e.g.:
 - o Information on finding healthcare providers and healthcare facilities
 - o Link to search engines for healthcare providers and healthcare facilities/

- 5) NCPs inform incoming patients on patients' rights, complaints procedures and mechanisms for seeking remedies. Besides, NCPs provide information on the legal and administrative options available to settle disputes, including in case of harm arising from the event of cross-border healthcare, bearing in mind that this will mainly relate to referring the patient to the relevant responsible body.

Indicators:

- Information on patients' rights
Information on complaint procedures and mechanisms for seeking remedies, e.g.:
 - o Information on ombudsman services; on complaint procedures; on procedures to settle disputes; patient insurance and seeking damages after a medical error; on procedures for appeal and redress against a health insurer's decision; on competent authorities/courts.

8. Principle of Information provision to healthcare providers

- 1) NCPs provide healthcare providers with information on patients' rights and entitlements in cross-border health services under Directive 2011/24/EU and the Social Security Regulations.

Indicators:

- Information intended for healthcare providers, e.g.:
 - o Separate section on the NCP website with information for healthcare providers
 - o Information for healthcare providers on applicable legislation on cross-border healthcare
 - o Information for healthcare providers on patients' rights and entitlements
 - o Information for healthcare providers on documents patients have to present
 - o Information for healthcare providers on equal prices for incoming patients
 - o Information for healthcare providers on medical records of incoming patients
 - o Information for healthcare providers on cross-border prescriptions

- 2) NCPs provide healthcare providers with information on their duty to provide information towards their patients according to Directive 2011/24/EU.

Indicators:

- Information on healthcare providers' duties and responsibilities, e.g.:
 - o Information on a healthcare provider's duty to help patients make an informed choice
 - o Information on interpretation
 - o Information on a healthcare provider's duty to provide information on treatment options
 - o Information on a healthcare provider's duty to provide information on the availability, quality and safety of the healthcare they provide
 - o Information on a healthcare provider's duty to provide clear invoices and information on prices
 - o Information on a healthcare provider's duty to provide information on their authorisation or registration status, and their insurance cover

Guiding Principles for good cooperation and information exchange:

9. Principle of Cooperation amongst NCPs

- 1) NCPs should maintain partnerships amongst each other, making it easy to exchange information and build on each other's best practices.

Indicators:

- Partnerships and cooperation amongst NCPs, e.g.:
 - o Meet and exchange workshops with other NCPs
 - o Exchange information and best practices amongst NCPs
 - o Specific dedicated communication channels (e.g. for invoices)

- 2) NCPs should assist each other in answering patients' inquiries and finding solutions that are the best fit for the specific patient's needs during the entire process of treatment abroad.

Indicators:

- Information exchange between the NCP of the MS of affiliation and the NCP of the MS of treatment

- 3) NCPs should consult with other stakeholders, such as healthcare providers, national health insurance funds, patient organisations,...

Indicators:

- Consultation with other stakeholders

