



EUROPEAN COMMISSION
HEALTH & FOOD SAFETY DIRECTORATE-GENERAL

Health systems, medical products and innovation
Cross border healthcare and Tobacco Control

Brussels, 26 November 2020

DRAFT MINUTES OF WEBEX MEETING
CROSS-BORDER HEALTHCARE EXPERT GROUP

26 NOVEMBER 2020, 09:30-13:00

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

PARTICIPANTS:

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

1. WELCOME AND INTRODUCTORY REMARKS

Thea EMMERLING (DG SANTE) welcomed the participants and thanked them for joining in these challenging times. She apologized on behalf of Andrzej RYS (Director, DG SANTE) who usually chairs the Expert group meeting. The Chair recalled the rules of the WebEx meeting and announced minor amendments to the agenda, which were duly accepted.

2. ENHANCING IMPLEMENTATION OF THE CROSS-BORDER HEALTHCARE DIRECTIVE

Caroline HAGER (DG SANTE) introduced the study on enhancing implementation of the Directive funded under the Health Programme. It has three main objectives :

- *Identify and exchange good practices between Member States to improve implementation in a number of areas, inter alia prior-authorisation and the use of prior notification. Actions to reduce administrative obstacles & improve information to patients.*
- *Ensure greater consistency and transparency in the application of Directive through the development of guidelines.*
- *Support the Commission's future evaluation of the Directive.*

2.1. **Enhancing Implementation of the Directive** – PPT presentation by Kim WEISTRA (ECORYS)

Kim WEISTRA presented the study and clarified, among other things, that it concerns EU-27 and EEA EFTA countries and that all are invited to participate and contribute to the outcomes of the study. The study outcomes will be used as input for the report on the evaluation of the Directive.

Conclusions: The Chair recalled that this study aims to help the better implementation of the Directive, to enhance patient rights and build cooperation between the NCPs. It will provide important information on the operation of the Directive. NCPs and the Expert group are invited to participate in the study, provide guidance on relevant stakeholders and to peer review the findings in the workshops.

3. **EVALUATION OF THE DIRECTIVE IN 2021**

The Chair informed about the Commission work programme 2021 which includes the evaluation of the Directive in order to assess whether its objectives to facilitate access to cross-border healthcare have been met.

Conclusion: The Chair recalled that 10 years after its entry into force and 8 years after its transposition deadline the evaluation of the Directive is timely. In the context of COVID-19 there is a need to strengthen cross-border cooperation. The Commission's 3rd implementation report will be combined with the evaluation of the Directive and is now foreseen for adoption in Q2 2022. The Expert group will be informed about the next steps as soon as these have been agreed by the Commission. The MSs are called to fully cooperate.

4. **COMPLIANCE CHECK AND PRELIMINARY RULINGS**

Ruta JANECKAITE (DG SANTE) informed that own-initiative investigations were started with regard to the implementation of the Directive in 20 MSs. As a result, 3 infringement proceedings have been initiated, 9 investigations were closed after final compliance check and 8 assessments remain open and under investigation or pending the adoption of agreed measures. DG SANTE will be in touch for bi-lateral discussions with the remaining MSs. She also informed that in total three judgments of the Court of Justice of the EU were adopted on the interpretation of the Directive and that two further cases are currently pending in the Court of Justice.

Conclusions: The Chair stressed that the Commission services would continue to cooperate with the MSs to pursue their efforts in allowing the Directive to deliver its full potential for the benefit of all EU citizens and would closely follow the case law of the Court of Justice. The information collected through the compliance checks will be used for the evaluation of the Directive. The same goes for the preliminary rulings of the Court of Justice.

5. COVID-19 - CONSEQUENCES FOR CROSS-BORDER HEALTHCARE

5.1. Commission actions – Thea Emmerling and Caroline Hager, DG SANTE, European Commission

The Chair highlighted the solidarity of the MS as well as the increasing coordination among them to handle the pandemic. She informed about the European Health Union package adopted on 11 November 2020, the negotiations of the new EU4Health programme and the Commission's further initiatives around COVID-19. Caroline HAGER (DG SANTE) recalled the Commission guidance adopted in April on EU emergency assistance for cross-border healthcare cooperation. The Emergency Support Instrument (ESI) co-funds the purchase and transport of medical equipment and the transport of staff and medical teams across borders still has funding available (70 million euros). Any requests must go through the national member of the Health Security Committee.

5.2. National experiences, especially on patient mobility & reimbursement

The Health Ministry of Germany took the floor and advised on procedures to be followed regarding transfer of COVID-19 patients to Germany. Numerous patients were treated in Germany during the first wave and are being currently treated. Germany shows solidarity with other MSs, but the resources are getting limited, especially as infection numbers are raising in Germany. The representative emphasized the use of the Early Warning and Response System (EWRS) and the portable document S2 when enquiring and transferring patients.

A number of questions were asked by the experts, especially on the available funds.

Conclusions: The Chair thanked MS for their solidarity and urged MSs to cooperate across borders to help alleviate the burden on overloaded hospitals and to make use of available EU funding.

6. SINGLE DIGITAL GATEWAY - USER FEEDBACK TOOL AND STATISTICS

Hans-Dietrich DRUENER (DG-GROW) provided an update on the Single Digital Gateway (SDG) regarding the implementation by NCPs as assistance services. NCPs must introduce the feedback tool on their websites by 12 December. NCPs using their own feedback tool must harmonize it with the Commission's feedback tool. As regards user statistics, NCPs are obliged to collect information on (i) requests received, (ii) average response time, (iii) the subject matter of the requests ("*mobility (incoming and outgoing) and nature of the enquiry*"). MS experts asked questions about the breakdown of requests into planned and unplanned healthcare; the different channels through which requests are submitted; a possibility to extend the list of subject-matters of requests and use of a drop-down option for types of questions from the patient, or to add an additional category "other". Experts raised awareness on the data protection issues and highlighted that some NCPs are also contacted in relation to healthcare in the country. Moreover, some CBHC experts noted that NCPs are integrated within the competent authorities making it difficult for them to categorise the requests into the requests for information provision and the requests for prior authorisation or complaints on the reimbursed amounts. The Commission answered that the proposed list of subject-matters can be treated as a starting point and that it can be changed if the experience shows that it should be extended.

Conclusions: The Chair invited MSs to ensure that the user feedback tool is available on the NCPs websites as required on 12 December. There was no objection to the subject matter of the requests and agreement that the user statistics will evolve over time. DG GROW will provide further information on the collection of data by Q2 2021 at the latest.

7. PATIENT MOBILITY DATA 2019

7.1 Commission Report on the Data Collection 2019 – PPT Petra Wilson

Petra Wilson (Health Connect Partners) presented an overview of the data collection for 2019. All MSs replied for the first time and the data has significantly improved, although some challenges remain. A number of CBHC experts/NCPs mentioned that they would expect to improve the data collection next year. Some experts clarified that they have more information on the financial data, while NO informed that the high number of Norwegian patients in ES is due to the fact that Norwegian tourists are seeking reimbursement under the Directive.

Conclusions: The Chair noted that data collected on patient mobility in 2019 once again demonstrated that the patient mobility is slightly growing, but remains low. This information must be treated with caution as data is still missing from several Member States. However, the quality of the data is improving. MSs were invited to send final comments to Petra Wilson by 11 December 2020.

7.2. Results from the feedback survey on improving patient mobility data

Caroline HAGER (DG SANTE) presented the NCP feedback survey carried out by the Commission July-October 2020. The survey results confirmed that NCPs use different methods to obtain data on patient mobility under the Directive and that the Excel questionnaire is easy to use. Some NCPs expressed an interest to have a manual in their national languages to complete the questionnaire. Respondents indicated interest in qualitative data, primarily concerning the type of patients who are reimbursed under the Directive and the sort of health services used.

Conclusions: The Chair reassured that the Commission services would continue to improve the data collection as required by the Directive and also to better understand the impact of the Directive. There will be **no change in the questions** for data collection for year 2020, in order to be able to compare the three years for the Commission's next three-yearly report on the operation of the Directive. DG SANTE will consider resources for the production of a manual to accompany the questionnaire.

7.3. Commission study on cross-border patient mobility in selected EU regions

Caroline HAGER (DG SANTE) recalled that the highest mobility of patients occurs in the border regions and therefore DG SANTE decided to commission a study on patient mobility in four case study border regions. DG SANTE will sign the contract in the coming weeks and it will kick off in December (meanwhile January). DG SANTE will propose a meeting with the contractor and those NCPs where the cross-regional case studies will be carried out in Q1 2021.

8. AOB

There was a question on the Directive in the context of Brexit. The Chair confirmed that the Directive would cease to apply in the UK as from 31/12/2020, but otherwise did not comment on ongoing negotiations.

9. CLOSE OF MEETING

The chair summarised the following outcomes

- **Enhancing better implementation of the CBHC Directive 2011/24/EU:** DG SANTE informed on the study objectives and requested MSs' cooperation in the study. The outcomes from the study are aimed to improve access to cross-border healthcare for patients. They will provide information for the Commission's report on the operation of the Directive.
- **Consequences of COVID-19 on cross-border healthcare cooperation:** DG SANTE provided an overview of EU actions to support MSs during the COVID-19 crisis and invited to use the Early Warning and Response mechanism and the ESI funding, if needed.
- DG SANTE announced that the **evaluation of the Directive** will be carried out in 2021/2022, focussing on the patient rights' part. Further information, once the Commission's roadmap is published, will be provided.
- The **conformity check is on-going**. DG SANTE will follow up on outstanding questions with MSs and continue with bi-lateral dialogues in 2021.
- For the purposes of the **Single Digital Gateway Regulation**, NCPs must ensure that there is a link to a user feedback tool by 12 December. NCPs will also need to report on user statistics twice a year starting from July 2021.
- NCPs are invited to provide any final comments on the **draft 2019 patient mobility data** report by 11 December.
- Regarding the forthcoming **study on patient mobility in selected border regions**, DG SANTE will contact relevant NCPs for a meeting with the contractor in January.

Annex I: List of participants

European Commission:

DG SANTE B2	Thea Emmerling (Chair)
	Caroline Hager
	Ruta Janeckaite
	Michela Raimo
	Pablo Lopez
DG GROW	Dietrich Druener
	Sylwia Jaczewska

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	(Ministry of Health)
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	(Federal Ministry of Health and Deutsche Verbindungsstelle Krankenversicherung - Ausland [DVKA])
Greece	(National Organization for the Provision of Health Services –

[EOPYY])

Hungary	(Integrated Legal Protection Service)
Iceland	(Icelandic Health Insurance – International Department)
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	(Central Administration of Health System)
Romania	(National Health Insurance House)
Slovakia	(Health Care Surveillance Authority)
Slovenia	(Health Insurance Institute [HIIS])
Spain	(Ministry of Health, Social Services and Equity)
Sweden	(Försäkringskassan [Swedish Social Insurance Agency] Socialstyrelsen [National Board of Health and Welfare])
The Netherlands	(Ministry of Health)
EFTA Norway	(HELFO)

Contractors:

Petra Wilson, Health Connect Partners

Kim Weistra, ECORYS