

Member State Data on Patient Mobility

under

Directive 2011/24/EU

Detailed Data for 2017
Aggregate Data 2015-2017



Background

- In order to assess the impact of the Directive, a questionnaire was sent to all MS + Norway and Iceland in 2016, 2017 and 2018 to collect information on patient movement in each preceding year.
- Data collection covered three broad areas:
 - 1. Requests for Information from National Contact Points
 - 2. Treatment for which Prior Authorisation may be given: requests made, reasons for grant or refusal of authorisation, amount of reimbursement
 - 3. Requests for reimbursement for treatments not requiring Prior Authorisation: requests made, refused, and amount reimbursed
- The data presented do not include reports on cross-border care provided under legal instruments other than the Directive, such as the Social Security Regulation (883/2004) or bi-lateral and other parallel agreements.



Data Quality

2017 Data Quality

- We received forms from 27 countries (CY, CZ and IC were not able to reply), but the data reported some countries in the forms was limited.
- Notably DE, HU, NL and SE returned only basic information and were not able to provide any mobility data, while BE was only able to provide data o mobility base don prior authorisation.
- As a result the data set is not as complete as it could be, the fact that
 no data is available from Germany (with some 82 million citizens),
 means the picture presented for mobility of European citizens is not
 as representative as it should be.

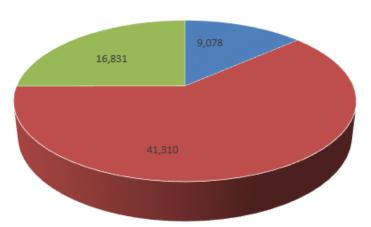
2015-2017 Data Quality

- Reporting has generally improved since 2015, although challenges remain for some countries in distinguishing between mobility under the Directive and mobility under the Regulations.
- Some countries also struggle with national level data aggregation.



Requests for Information at NCPs

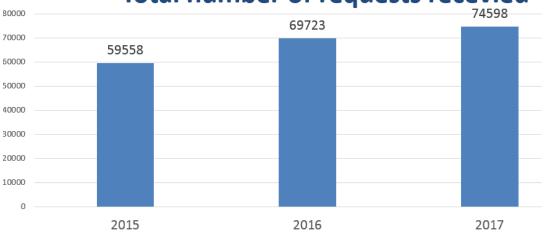




- In most counties fewer than 4,000 requests were made.
- In 2017 outliers were
 Lithuania: 14,470 requests
 Poland: 30, 698 requests

- Written requests for information
- Phone requests for information
- In-person requests for information

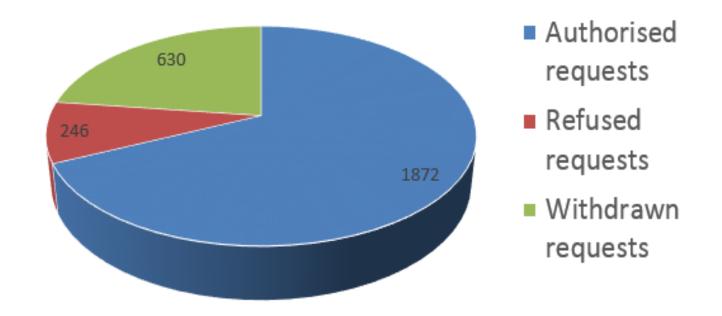
Total number of requests recevied





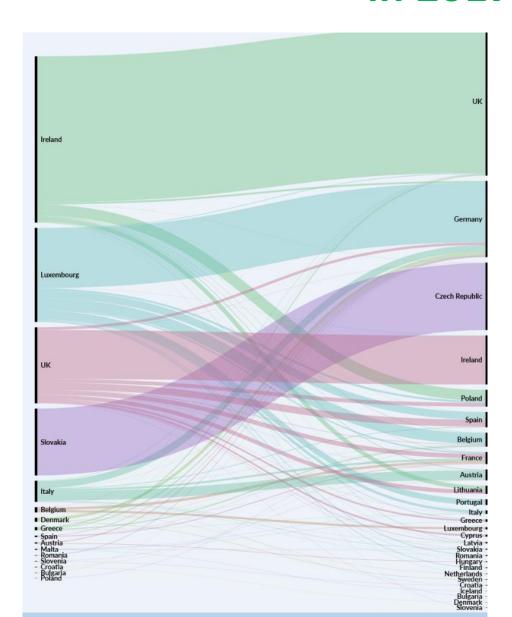
Prior Authorisation Requests in 2017

Requests for Prior Authorisation 2017 total number of requests = 2882





Patient Mobility with Prior Authorisation in 2017



PA system implemented

- EE, FI, FR, LT, NL and NO do not have a system of PA, and accordingly no data are provided.
- DE, LV, HU and SE have a system of PA, but were not able to provide information.

Total Requests:

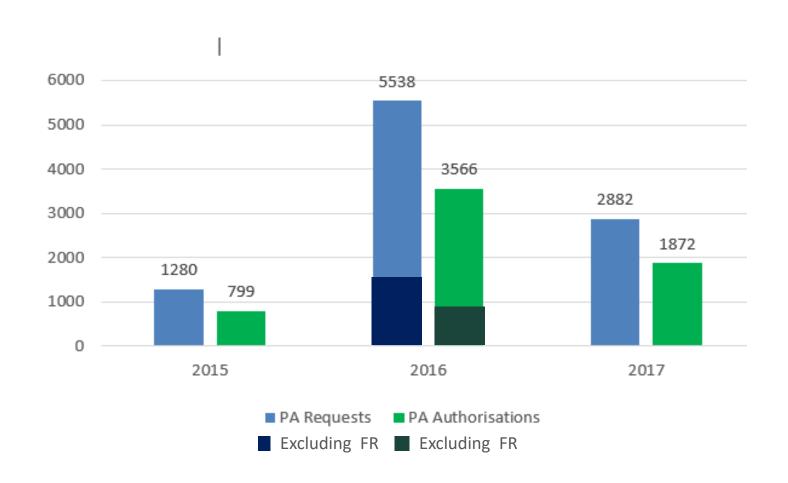
2882 requests received, most MS fewer than 100

Outliers:

- IE: 1317 requests (of which 706 granted)
- **LU**: 427 (of which 397 granted)
- UK: 431 requests (of which 321 granted)
- **SK**: 333 requests (of which 282 granted)



Prior Authorisation Requests 2015-2017

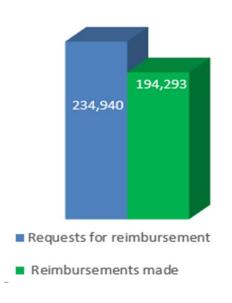


Note: FR was not able to provide data in 2015, accordingly data for 2016 and 2017 show a significant uptick based on additional data from FR for those years



Patient mobility not subject to Prior Authorisation in 2017

2017



Total Requests:

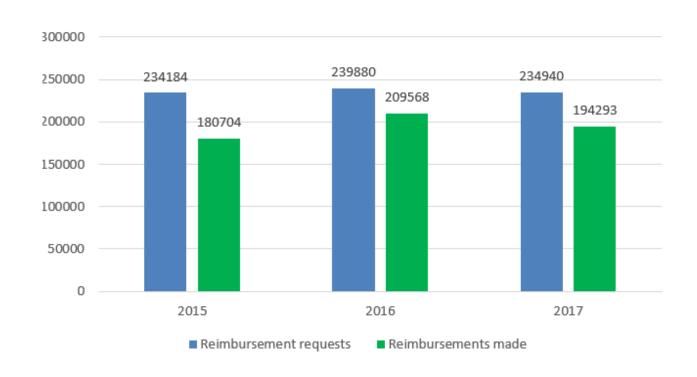
 234,940 requests received, most MS reported fewer than 1000 requests

Outliers:

- FR: 130,070 patients travelling
- DK with 25,183 patients travelling
- PL with 17,146 patients travelling
- NO with 9,943 patients travelling



Patient mobility not subject to Prior Authorisation in 2015 - 2017





2015-2017 Mobility Key Findings

Mobility under the Directive

- Requests for information: rising slowly, but steadily each year.
- Requests for prior authorisation: remain generally low, but with a steady increase - more than twice as many requests for PA were made and authorised in 2017 as in 2015.
- Requests for reimbursements for care not subject to prior authorisation: low in all three years as a share of total patient care, but has remained very steady.



Comparisons of Patient Mobility under the Regulations and Directive

- Planned cross-border care under the Regulations (based on S2 Forms) compared to the reported number of PA under the Directive (in 2016):
 - cross-border with PA under the Directive: 3,566
 - S2 Forms: 50,686
 - Planned patient mobility under the Directive therefore amounts to approximately 6.5% of the total planned care financed under the **Regulations and Directive**
- Unplanned cross-border care under the Regulations (based on Form E125) compared to care not requiring PA under the Directive (in 2015):
 - over 2 million E125 forms were issued while reimbursements under the Directive amounted to just over 180,000.
 - Unplanned patient mobility under the Directive therefore amounts to approximately 8% of the total unplanned care financed under the **Regulations and Directive** 11



Thank you



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