



Cross border HTAs: market needs, evidence and legal framework

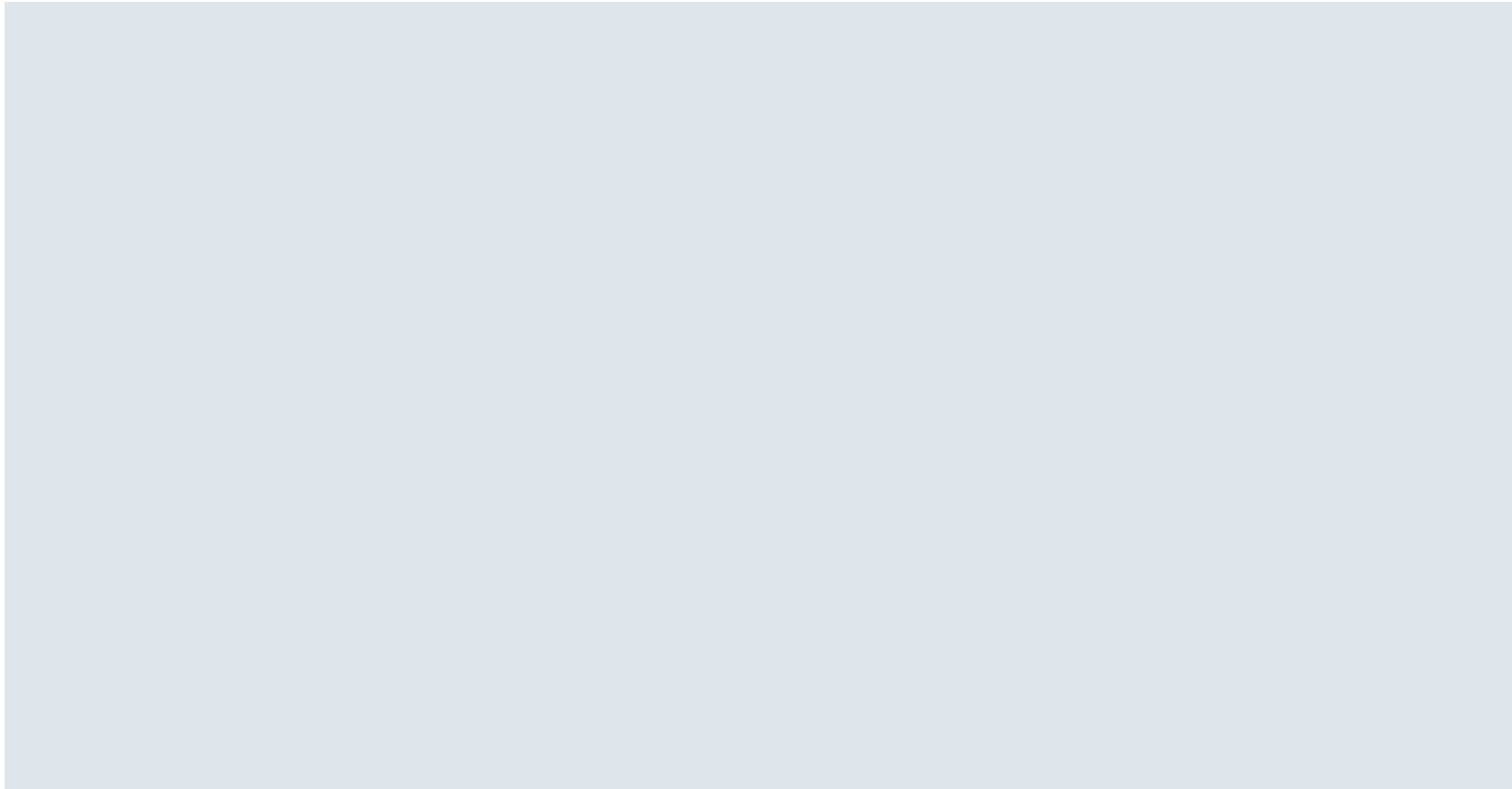
Hans-Peter Dauben


EUREGIO II
Workshop
Cologne, 19.May 2010

Cross border – which borders?

- The border between health care systems within the EU
- The border between culture and language
- The border between administrative entities
- The border between private and public (health care system) related offers

 **Market needs**



Two small squares, one orange and one grey, are positioned to the left of the main text block.

Four percent of Europeans received medical treatment in another EU Member State over the past 12 months; cross-border patient mobility is most significant in Luxemburg, where every fifth citizen sought healthcare outside the country's borders.

Corss border – who wants to cross the border?

- Private people
- Health care services
- Health care industry

Private people crossing borders

- There are different groups of people:
- People on vacation or professional traveling
- People living in one country and working in another country (moving on daily basis)
- People getting older and moving out of their „home“ country into a new country where they are living but not longer working

Health care services

Offer an services across the border due to
(e.g.):

- Lack of own resources
- National laws (e.g. fertilization, euthanasia)
- Lack of quality
- Less costly

- Improving the financial situation and benefit of investments

Health care industry:

Different areas of industrial cross border approach:

- pharmaceuticals and medical devices
- „out of the box“ health services (hospitals, diagnostic institutions, ambulatory care, social services, management)
- private health insurance companies

The evidence



Cross-border health services in the EU


Analytical report


Fieldwork: May 2007

Report: June 2007

This survey was requested by Health and Consumer Protection Directorate-General and coordinated by Directorate General Communication

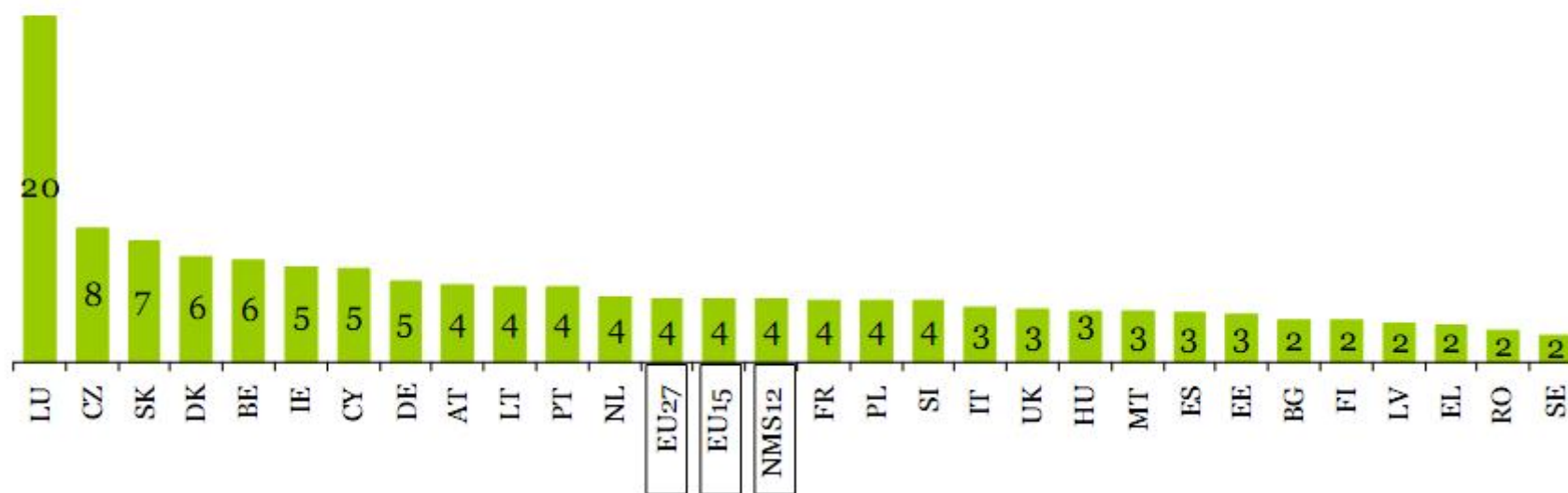
This document does not represent the point of view of the European Commission. The interpretations and opinions contained in it are solely those of the authors.

- 
- Two small squares, one orange and one grey, are positioned to the left of the text area.
- Slightly more than half of EU citizens are open to travel to another EU country to seek medical treatment (54%).
 - The most prominent reason to do so is a hypothesised unavailability of the necessary treatment in the domestic healthcare system.

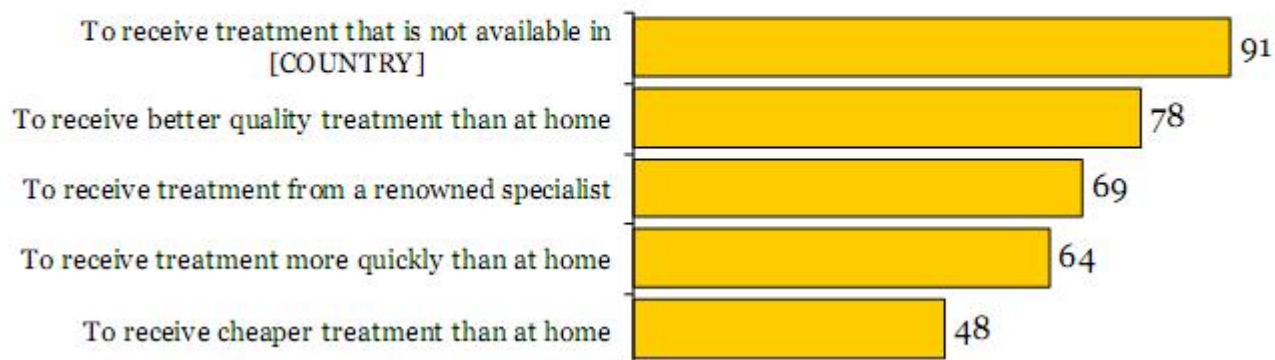
- 
- Two small squares, one orange and one grey, are positioned to the left of the text box.
- The 42% who are not willing to travel abroad for treatment are motivated by distinctly different reasons in the old and the new Member States.



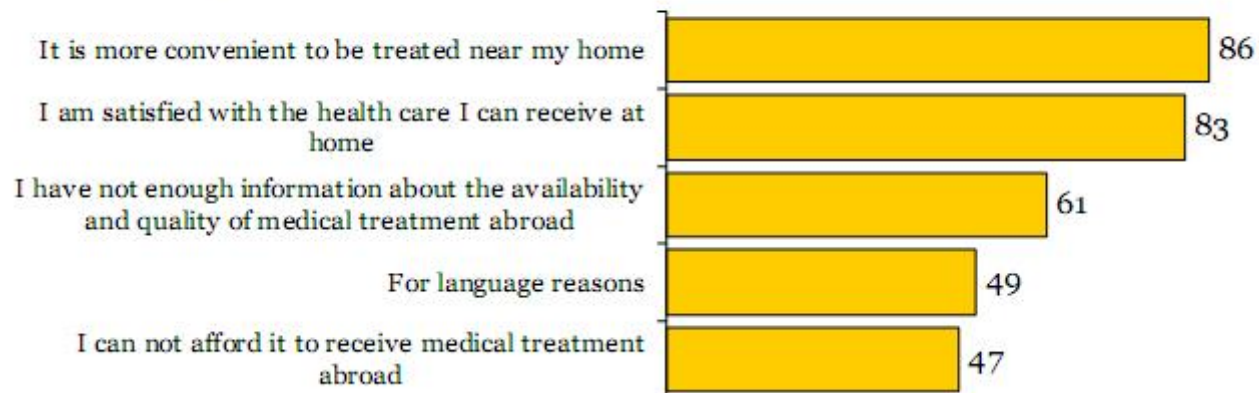
Q2. Have you, yourself, received any medical treatment in another EU Member State in the last 12 months?



For which of the following reasons would you travel to another EU country to receive medical treatment?



For which of the following reasons would you not travel to a not her EU country to receive medical treatment?



Legal framework



European council
European parliament
European commission



National government
National parliament
National health care system

Regional government
Regional parliament
Regional health care responsibilities

Local government
Local parliament
Local health care responsibilities

Health care providers

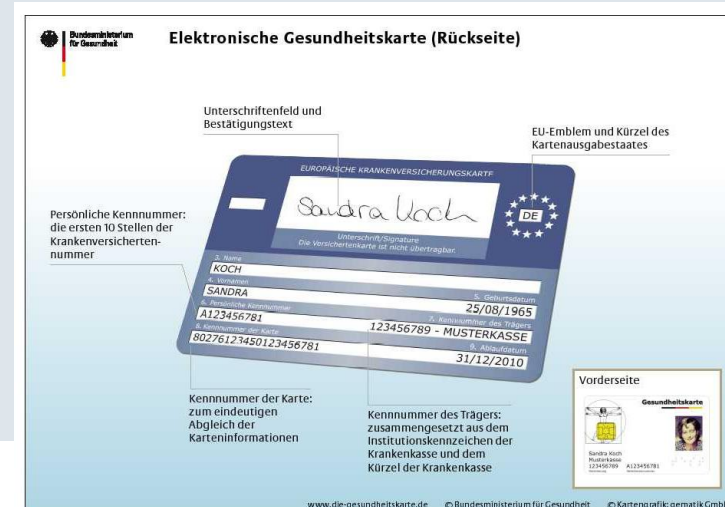
Public paid services: European Health care card

the European health care card is connecting

- 31 countries in Europe
(27 EU members plus Suisse, Island, Liechtenstein, Norway)
- 173 Million people

and:

E100-formulas to get reimbursed when sick or pregnant
(27 different formulas)



Private based financing of services

- Private health care insurance
- Travel insurance
- Private pay services (dental, cosmetic surgery)

Free trade

- Of goods
 - Pharmaceuticals
 - Medical devices
- Of services
 - Social services

(based on EU directives and Lisbon treaty)

Conflict of patient protection /
national responsibility of health care /
same rights of getting health care in Europe

Summary (I)

- There seem to be a market if some borders can be teared down (mainly in cross border situations)
- There is evidence related to the wish of people
- There is a huge amount of existing rules and regulations to assure cross border healthcare

Summary (II)

- There is too much information related to health care in cross border situations
- There is not enough information available related to comparative information regarding treatment etc.
- There is enough room to improve the situation