A light blue map of Europe is centered in the background, overlaid on a pattern of yellow stars. A small, colorful icon of a person is placed over the map of Poland.

The failed (delayed) patients' directive, the 883/2004 regulation and their implications on cross border health care in border regions

**Prof. Jacques SCHERES MD PhD
(also on behalf of Drs. Guy Peeters CEO)**

MUMC Maastricht
National Institute of Public Health Poland
AEBR Task Force Cross-Border Care

Cross-border health care is already normal in the EU

- In border areas
- In small Member States
- For diagnosis and treatment of Rare Diseases
- In regions with many tourists
- 1% of the total health care budget, about € 10 Billion per year, is for CB Health Care

Multitude of challenges, hurdles, *uncertainties* for border crossing patients and care providers, e.g.

- Information, safety, quality
- Financing and reimbursement
- Continuity of care, prescriptions
- Safety, incl. qualification certificates of hospitals and doctors, etc.
- Liability and its insurance
- Burocratic and logistic hurdles for patients, doctors, nurses, etc.
- Different health systems, languages, traditions, *attitudes*, culture, religions....

Fortunately,
the
European Court of Justice,
European Parliament and
European Commission,
are there to help the patient!



***Mr. Nicolas Decker with Commissioner Vassiliou Nov. 2009
and in the townhall of Aachen,
in front of peinture of Charlemagne 22-06-2007***

Actions of EP, EC, MSs

- EC/MS (2003): High Level Group on Health Services and MedicalCare
- EP (2004): Patient Resolution
- EC (2005): Cross-border Health Care included in Services Directive 2006/123/EC ! (Bolkestein)
- EP (2005): No! Cross-border Health Care should have own Directive !!
- EC (2006): Consultation on Cross-border patient mobility and health services
- EC (2007): First draft Directive of Kyprianou on Patient Mobility, *but not launched*

High Level Group on Health Services and Medical Care

- Cross-border healthcare purchasing and provision
- Health professionals
- Centres of reference
- Health technology assessment
- Information and e-health
- Health impact assessment and health systems
- Patient safety

The High Level Group has also contributed to other work relevant to health services and medical care, including the open method of coordination on healthcare and long-term care as outlined in Communication COM(2004) 304. The High Level Group reports annually to the EPSCO Council (Employment, Social Policy, Health and Consumer Affairs).



COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels, 2.7.2008

COM(2008) 414 final

2008/0142 (COD)



Proposal for a

DIRECTIVE OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

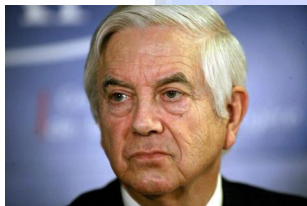
on the application of patients' rights in cross-border healthcare

(presented by the Commission)

{SEC(2008) 2163}

{SEC(2008) 2164}

{SEC(2008) 2183}



Aims of the draft directive

Wherever healthcare is provided, it is vital for patients to ensure:

- clear **information** that enables people to make informed choices about healthcare abroad;
- mechanisms for ensuring the **quality and safety** of the healthcare that is provided;
- **continuity of care** between different treating professionals and organisations;
- and mechanisms to ensure appropriate **remedies and compensation** for harm arising from healthcare.

Main elements of the directive on cross-border healthcare

- Ambulant treatment abroad *without prior authorization* (with certain restrictions)
- Reimbursement up to home level
- Guarantee of quality, safety, access to (E)health record and data protection
- Recognition of prescriptions issued abroad
- Liability cleared
- Non-discrimination vs inhabitants abroad
- Hospital care may be restricted

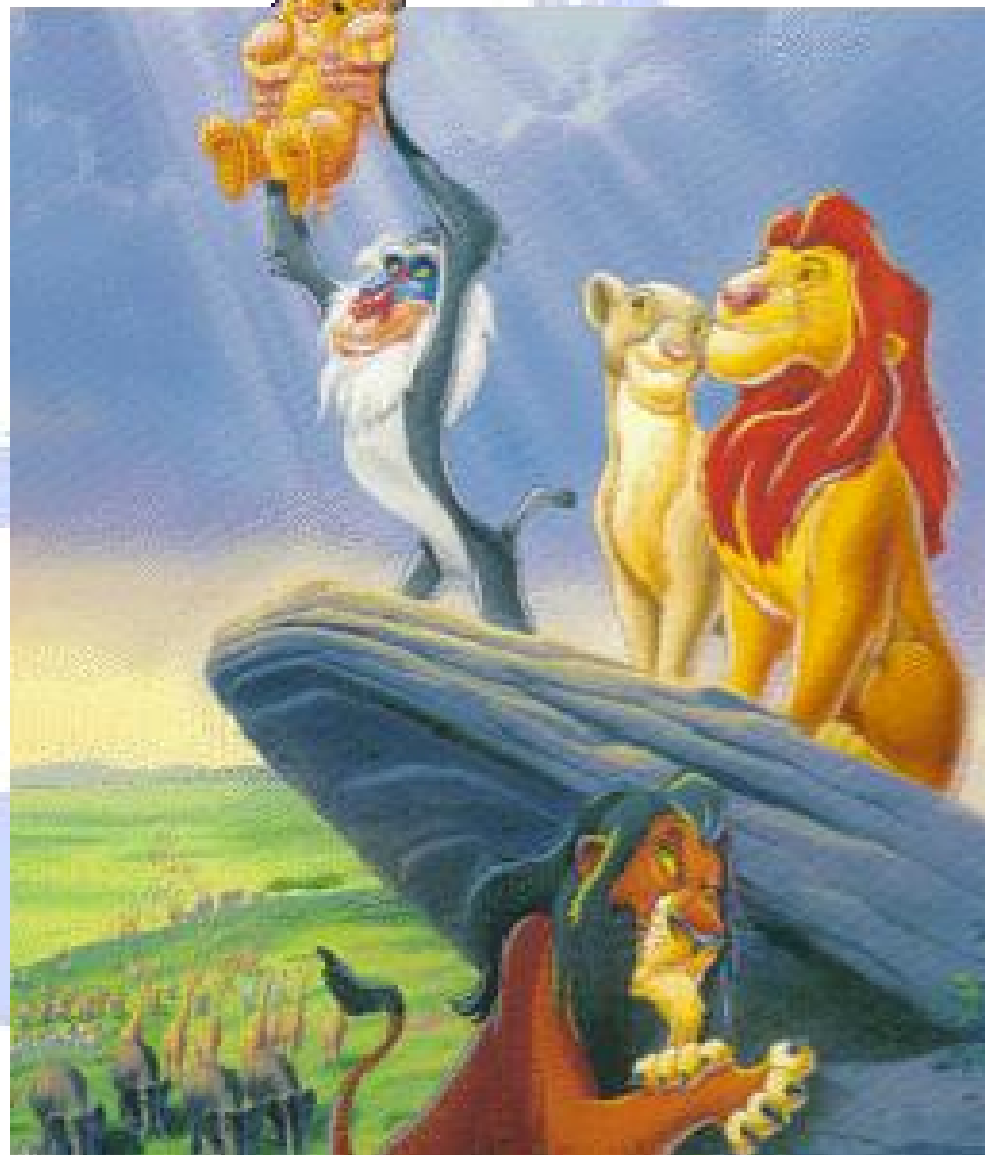
“Structures” proposed in the directive

- Centres of reference
- National contact points
- List of hospital care:
 - requiring overnight accommodation or special medical equipment

Article 13

Duty of cooperation

- Member States shall render such mutual assistance as is necessary for the implementation of this Directive
- Member States shall facilitate cooperation in cross-border healthcare provision at regional and local level as well as through information and communication technologies, cross-border healthcare provided on a temporary or ad hoc basis and other forms of cross-border cooperation



Brussels,
July 2nd 2008

New actions of EP, EC, MSs

EP : Amends and accepts Vassiliou`s Draft Directive in July 2009 (Bowis` Report)



EUROPEAN PARLIAMENT



Committee on the Environment, Public Health and Food Safety

2008/0142(COD)

20.11.2008

***I

DRAFT REPORT

on the proposal for a directive of the European Parliament and of the Council on the application of patients' rights in cross-border healthcare (COM(2008)0414 – C6-0257/2008 – 2008/0142(COD))
Committee on the Environment, Public Health and Food Safety

Rapporteur: John Bowis

Rapporteurs for opinion (*):
Iles Braghetto, Committee on Employment and Social Affairs
Bernadette Vergnaud, Committee on the Internal Market and Consumer Protection



“Needs not Means”

(*) Associated committees – Rule 47 of the Rules of Procedure

Health Council

- Rejects Draft Directive on 1st of December 2009
- on the very day that the Lisbon Treaty came into force !!
- Blocking minority group with a.o. Spain, Portugal, Poland, Romania, Italy

Many concerns/uncertainties in HC

- „Poorly thought out system“, gaping holes
- Imbalance between in- and outflow of patients,
- Increasing costs?
- Uncontracted providers abroad?
- Financial responsibility and reimbursement?
- Extramural vs intramural care; longlasting care?
- Interoperability of electronic health information?
- Patient safety?
- Market vs. social protection, liberal or social EU?
- Subsidiarity and proportionality?
- Overlaps and conflicts with 883/2004 !
- Etc.

What`s next ?

- HC/MS: Will the „bad guy“ (Spain) finish an amended draft during its Presidency? Or will Belgium?
- EC: says to withdraw the draft, and build on further ECJ jurisprudence (Vassiliou's option?)
- EC: what does John Dalli do, after Vassiliou?
- Directive 883-2004?

May 19, 2010, Brussels COREPER



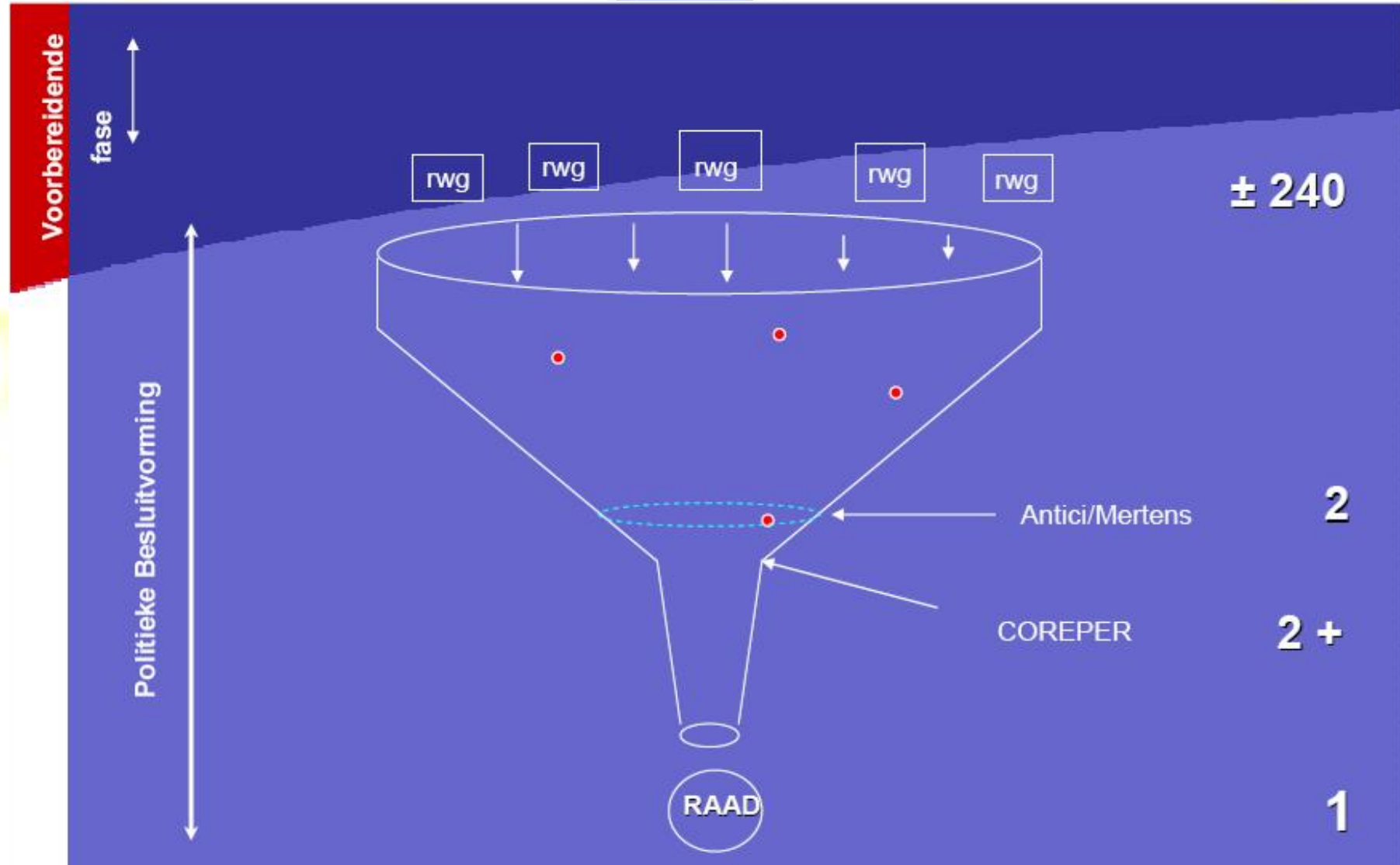
Committee of Permanent Representatives in the European Union

Euregio II Project: Workshop on local HTAs and Third Partners' Meeting. Cologne, 19. and 20 Mai 2010

May 19, 2010:

COREPER with compromise of Spain for:

- Double legal basis: internal market or Art. 168?
- Private providers: quality certificate of MS
- Reimbursement system / interference with 883/2004
- Standardization of e-health leading to interoperability
- Health Council decides on June 9 in Luxembourg



Fortunately,
1st December 2009 was not a totally
black day :
the Lisbon Treaty went into power,
giving (new) possibilities for cross-border
health

Title XIII - PUBLIC HEALTH

Article 168 [152]

2. The Union shall encourage cooperation between the Member States in the areas referred to in this Article and, if necessary, lend support to their action. **It shall in particular encourage cooperation between the Member States to improve the complementarities of their health services in cross-border areas.**

The Commission may, in close contact with the Member States, take any useful initiative to promote such coordination, in particular initiatives aiming at the **establishment of guidelines and indicators, the organisation of exchange of best practice, and the preparation of the necessary elements for periodic monitoring and evaluation.**

7. Union action in the field of public health shall fully respect the responsibilities of the Member States for the definition of their health policy and for the **organisation and delivery of health services** and medical care and the **allocation of the resources assigned to them.**

and there is more legislative support for the mobile citizen/patient:

- Modernization of Regulation 1408/71 into 883/2004, on the coordination of Social Security (including social health insurances)
- Came into power on May 1st, 2010
- Gives more rights not only to cross-border workers, but to all citizens
- Also on cross-border health rights
- with better information and
- Includes an electronic system EESSI



***19-05-2010:
Neelie Kroes,
EU Commissioner for IT
and telecom:***

***“By the year 2015 every EU citizen will have
access to his Electronical Patient File from
anywhere in the EU”***

Thank you!



Examples from EMR of co-operation of Euregions to the benefit of patients



- TaskForceNet
- EurSafetyHealthnet



TaskForceNet

GRENZGÄNGER . TRAVAILLEURS FRONTALIERS . GRENSARBEIDERS



Co-operation Project, initiated and lead by
Euregio Meuse Rhine, together with

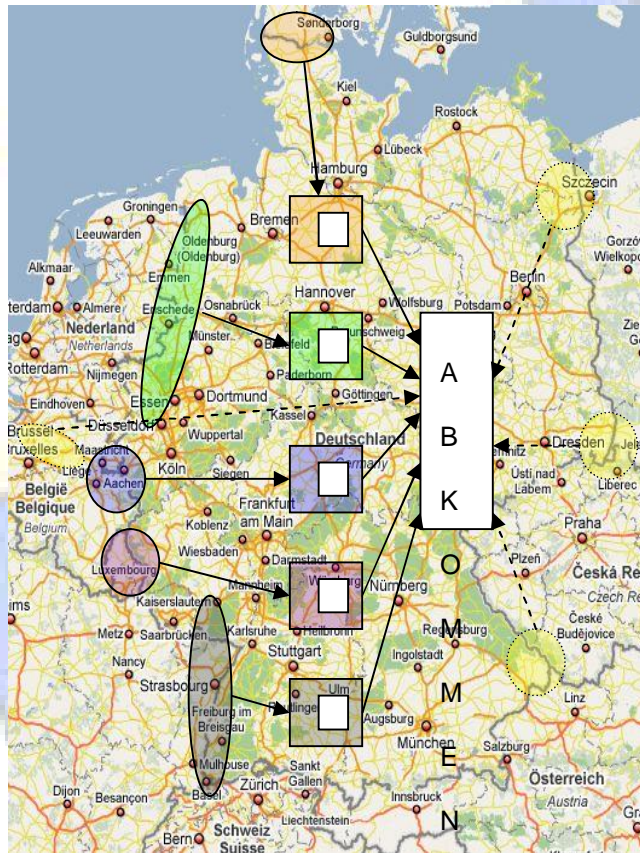
- Oberrheinkonferenz
- EUREGIO (Gronau)
- Sjøndervilland-Schleswig



TaskForceNet

GRENZGÄNGER . TRAVAILLEURS FRONTALIERS . GRENSARBEIDERS

- Improve information (front- and back-office) to people crossing borders, on the modernized social security and health rights (front- and back-office)
- Developing trainings, tools, protocols, best practices
- Developing cross-border networks
- Political Networking and Lobbying
- Legal analyses
- Monitoring and keeping statistics
- Etc.



Förderung der Mobilität am
Arbeitsmarkt

Hürden identifizieren

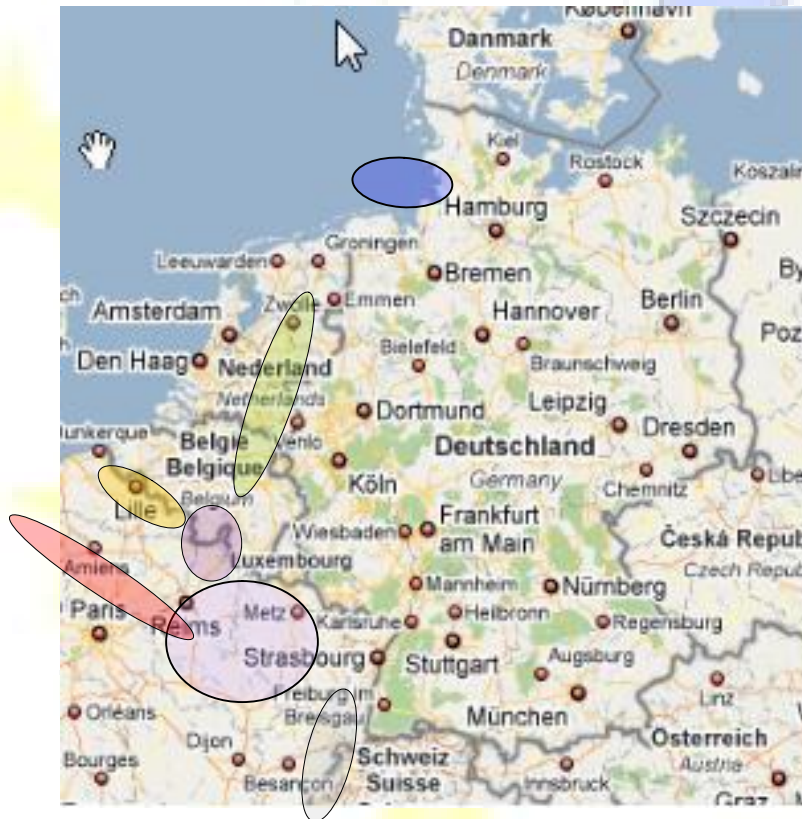
Lösungen vorschlagen

Gemeinsam mehr gewicht

Hans Niessen, 4/12/2009

Kooperation weiter ausbauen

Geographisch



Thematisch

- Arbeitsmarkt
- Wirtschaftsentwicklung- Regionalplanung
- Sicherheit
- Unterricht - Bildung
- Daten – Statistiken
- Strategien zur Bürgerinformation
- Governancestrukturen
- INTERREG: Prozeduren verbessern
- Lobby zur nationalen Ebene hin
- Gemeinsame Kooperation mit der Länderebene
- Gemeinsam via **AGEG** nach Europa
- Kapitalisierung „good practices“

Hans Niessen, 4/12/2009

EurSafety Healthnet: further field of strengthening patients' safety

- Patient Safety is another focus in the policy of Commissioner Vassiliou (in addition to Directive Patient Rights, and “Europe for Patients” campaign)
- Patient Safety is another field where members of the AEBR work together (and with patient organisations)



Euregio-Projekt

EurSafety Health-net
 Euregionales Netzwerk für
 Patientensicherheit und
 Infektionsschutz

Euregionaal Netwerk voor
 Patiëntveiligheid en Bescherming
 tegen Infecties

Réseau Euregional pour la Sécurité
 des Patients et pour la Protection
 contre les Infections

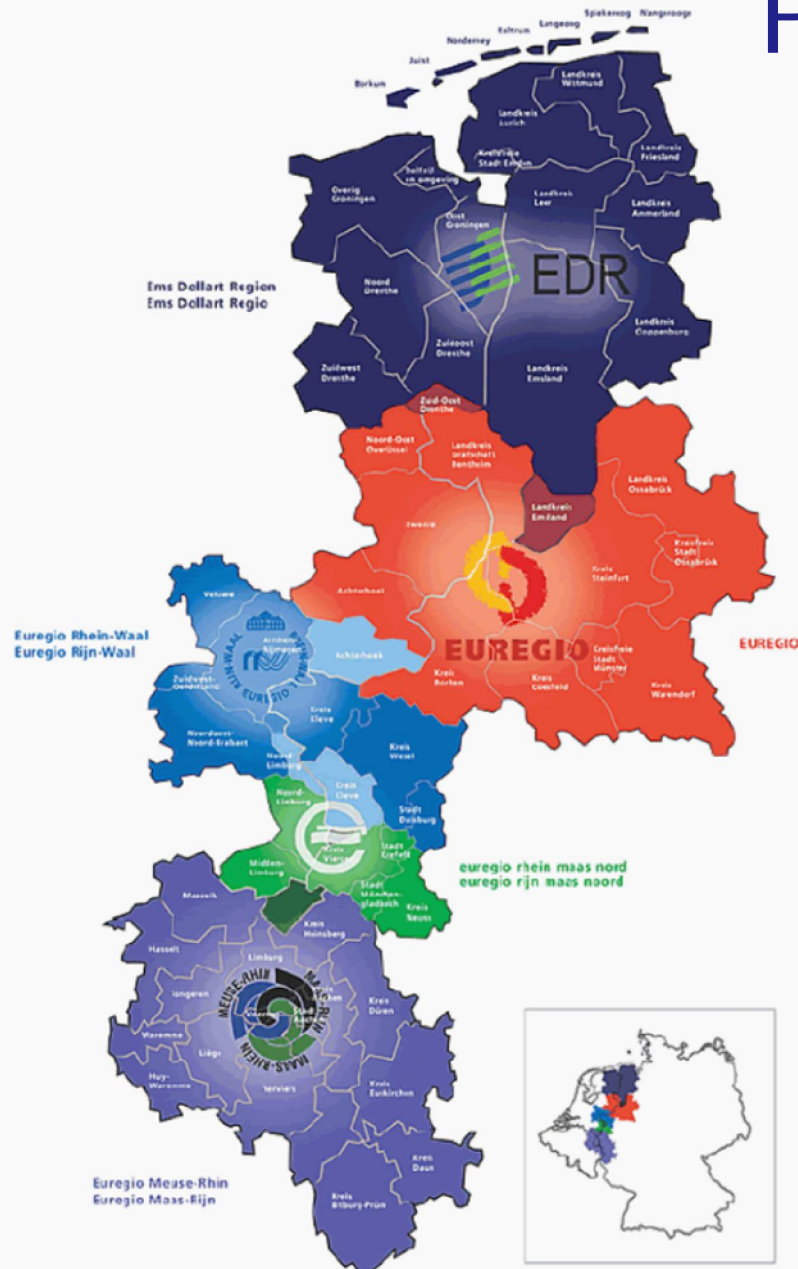


PD Dr. Alex W. Friedrich
 Universitätsklinikum Münster
 Ron Hendrix, MD, PhD
 Laboratorium Microbiologie

Stand: 31.1.2008



Project area



5 Euregios (4+1)

38 Regionen

19.2 Mio. Einwohner

32 ÖGD/GGD

12 Expert Centers

ca. 300 Krankenhäuser

Vasiliou's speech when launching the campaign Europe for Patients



....., the same people who are interested in cross border healthcare may also be interested in other health issues such as flu vaccination or cancer screening. They may also want to know about treating rare diseases in Europe.

This is why I hope and expect that the Europe for Patients campaign will be a success. It provides a simple entry point to the often complex world of EU healthcare policies and actions. It will better explain what we are doing at European level and how it can benefit our citizens in the field of public health.

In conclusion:

Even without the so eagerly wanted european legislation, the patient's position is empowering, especially in co-operation with the border regions

In conclusion:

Even without the so eagerly wanted european legislation, the patient's position is empowering, especially in co-operation with the border regions



Thank you !