

THE FIRST DIRECTIVE FOCUSSED ON 'PATIENTS' RIGHTS' – WHAT DOES THIS REALLY MEAN FOR PATIENTS ?

Camille Bulot, EPF Membership Officer

Sofia, Bulgaria

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“ A STRONG PATIENTS' VOICE TO
DRIVE BETTER HEALTH IN EUROPE ”

Key benefits

- ✓ Recognition in EU law that patients have a **right to cross-border healthcare and to be reimbursed**
- ✓ **Right to information** – creation of a NCP in each Member State
- ✓ Right to a **copy of the medical record**; Right to **appropriate medical follow-up**; Recognition of **prescriptions** made abroad
- ✓ Transparency of quality/safety standards for healthcare
- ✓ Legal basis for **MS co-operation on eHealth and HTA, rare disease, quality/safety standards**



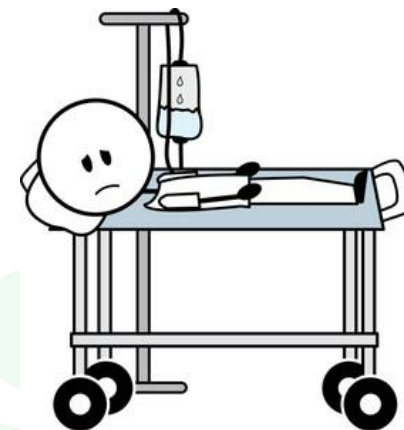
1 - Basic principles

- Patients have right of reimbursement when they receive healthcare in another EU MS
- The level of reimbursement is up to cost of treatment at home
- Quality and safety standards / legislation of Member State of treatment applies



2 - Prior Authorisation

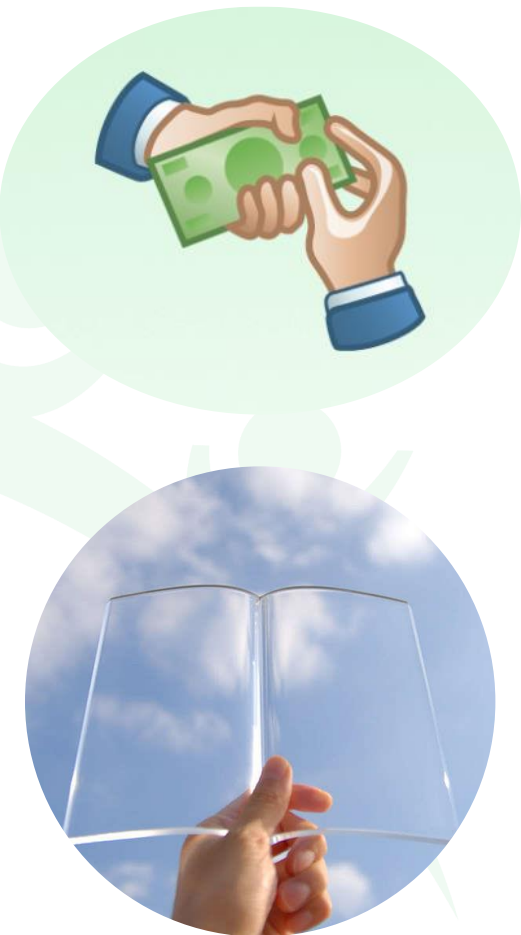
- Prior authorisation possible for
 - a) overnight stay; or*
 - b) highly specialised and cost intensive healthcare ("hospital care")...*
- Authorisation may be refused if no "undue delay" ...
- ...and that decision must be "properly reasoned"



3 – Prices and Reimbursement

Question 1 - How much will I be reimbursed?

- Same fees as for domestic patients
- Reimbursement = same amount as “at home for similar treatment”
- Member States must have a **transparent mechanism for reimbursement** – based on objective, non-discriminatory criteria



Question 1 – How much will I be reimbursed?

- **Example**

	At home	Country A	Country B	Country C
Treatment cost	€100	€120	€90	€75
Reimbursement	€80	€80	€80	€75
Patient pays	€20	€40	€10	None

- **What about travel costs?** Member States are obliged to cover only the cost of treatment BUT they can decide to reimburse the full cost of the treatment and extra costs.



Question 2 – Do I have to pay upfront?

- **Yes:** Patient have to pay and claim back the expense afterwards

**The directive:
Equity of access!**



Non-
discrimination,
universality,
access to good
care, equity and
solidarity

BUT!



Upfront
payment
will be a
barrier for
many



➔ **Role of Patient organisations:** should advocate in favour of direct payment to increase equity of access

4 - Information to patients

➔ **National Contact Points have to be created by the Member States**

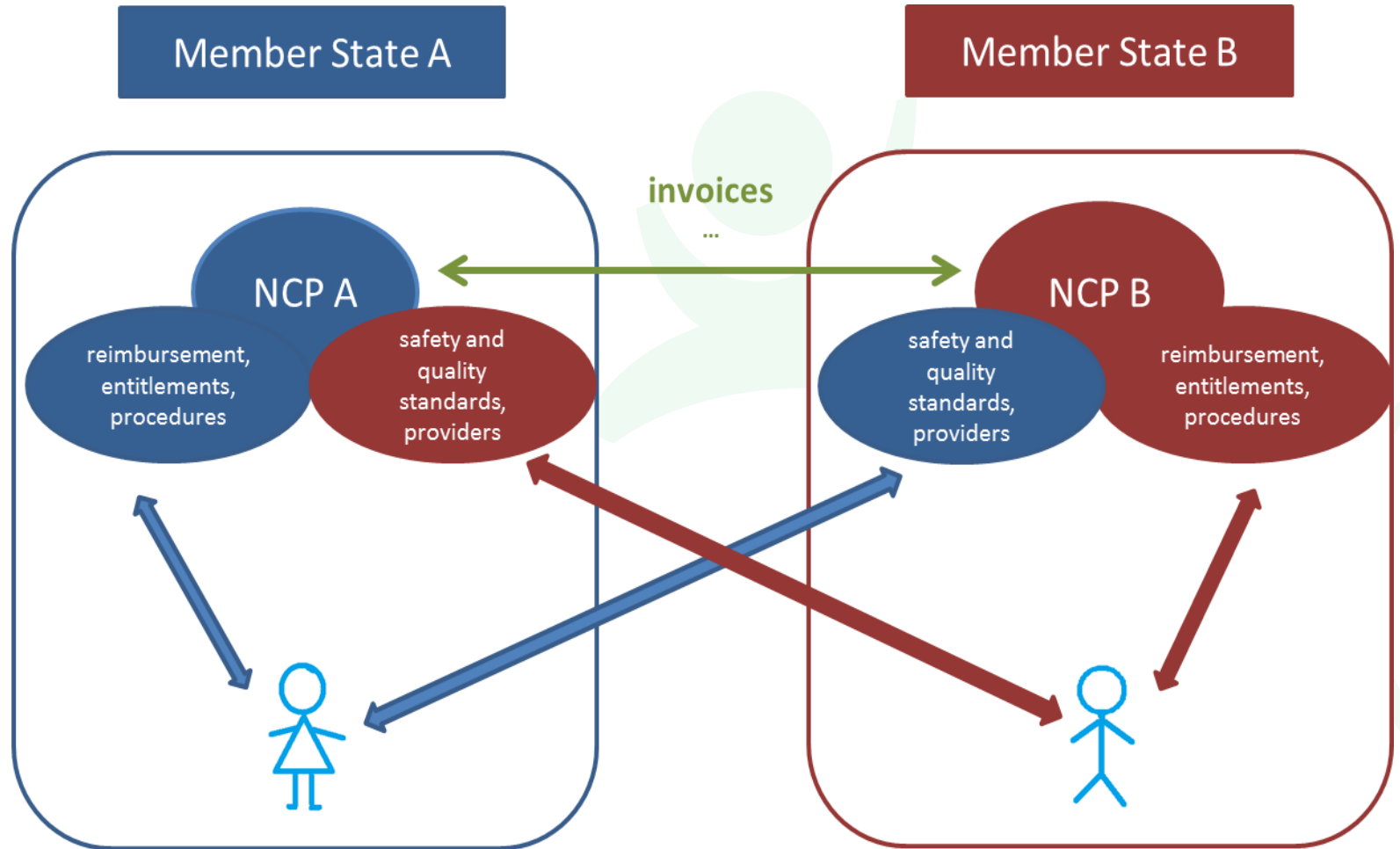
What information can I ask to the National Contact Point ?

- NCPS should provide all information needed for a patient to make an informed choice: rights, entitlements, reimbursement, appeal processes, quality and safety standards, ...
- Easily accessible, available electronically, accessible to people with disabilities
- NCPs have to consult with patient organisations, healthcare providers, healthcare insurers



4 - Information to patients

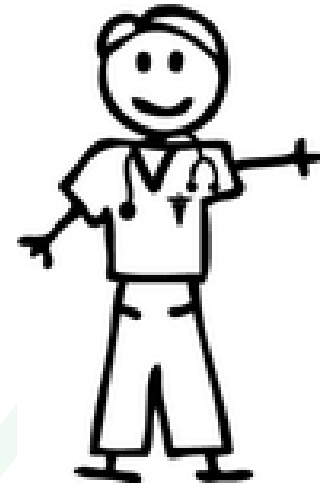
The Role of National Contact Points



4 - Information to patients

And what about healthcare providers?

- Healthcare providers should also provide the information needed to help patients make an informed choice:
 - treatment options and their availability
 - quality and safety of the healthcare
 - information on prices
 - clear invoices
- They must also provide information about their authorisation /registration status and professional liability insurance (Article 4(2)).



5 - Minimum patients' rights

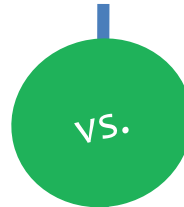
- Right of appeal on authorisation and reimbursement decisions
- Right to transparent complaint procedure and to seek redress (all treatment must be covered by liability insurance or similar guarantee)
- Right to privacy
- Right of access to/copy of medical records
- Non-discrimination: access and prices



6- Directive or Regulation?

The Directive

- Covers ALL providers
- NO prior authorisation (in certain cases only)



The Regulation

- only cover public-sector or contracted providers
- require prior authorisation
- BUT cover patient's actual costs
- AND possibly better for rare diseases



- ➔ **Which one is best?** Sometimes it is better for the patient to access care abroad under the Regulations than the Directive (with prior authorisation)
- ➔ **How do I know?** NCP is obliged to inform patient which regime is better

7 - Co-operation between health systems

- Cooperation on guidelines for quality and safety
- European Reference Networks
- Health Technology Assessment
- eHealth
- Cross-border healthcare in border regions



The EU Directive on cross-border healthcare

The Directive
on cross-
border
healthcare is
not perfect...

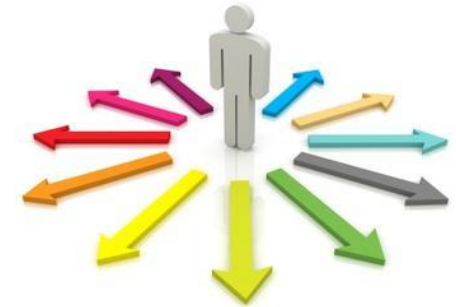
BUT!

It is an
important
milestone for
patients!



Bulgaria – why is the Directive important?

- **Right for patients to choose**
- **More flexible options for patients to get medical services as soon as possible**
- It will **stimulate providers to strive for improving quality** – important for patients in Bulgaria who access care “at home”
- **Patients and patient organisations can use them to get informed about their rights, the safety and quality of treatment and how it compares to other MS**



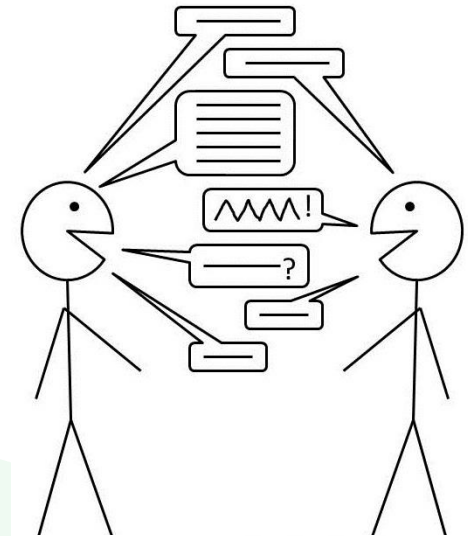
Some areas of uncertainty/concern

- Implementation so far – Member States are in different stages, will all comply?
- **Equity** – will cross-border healthcare be an option **for all citizens?**
- **Information and support** – will NCP become an enabling service or a gatekeeping mechanism?



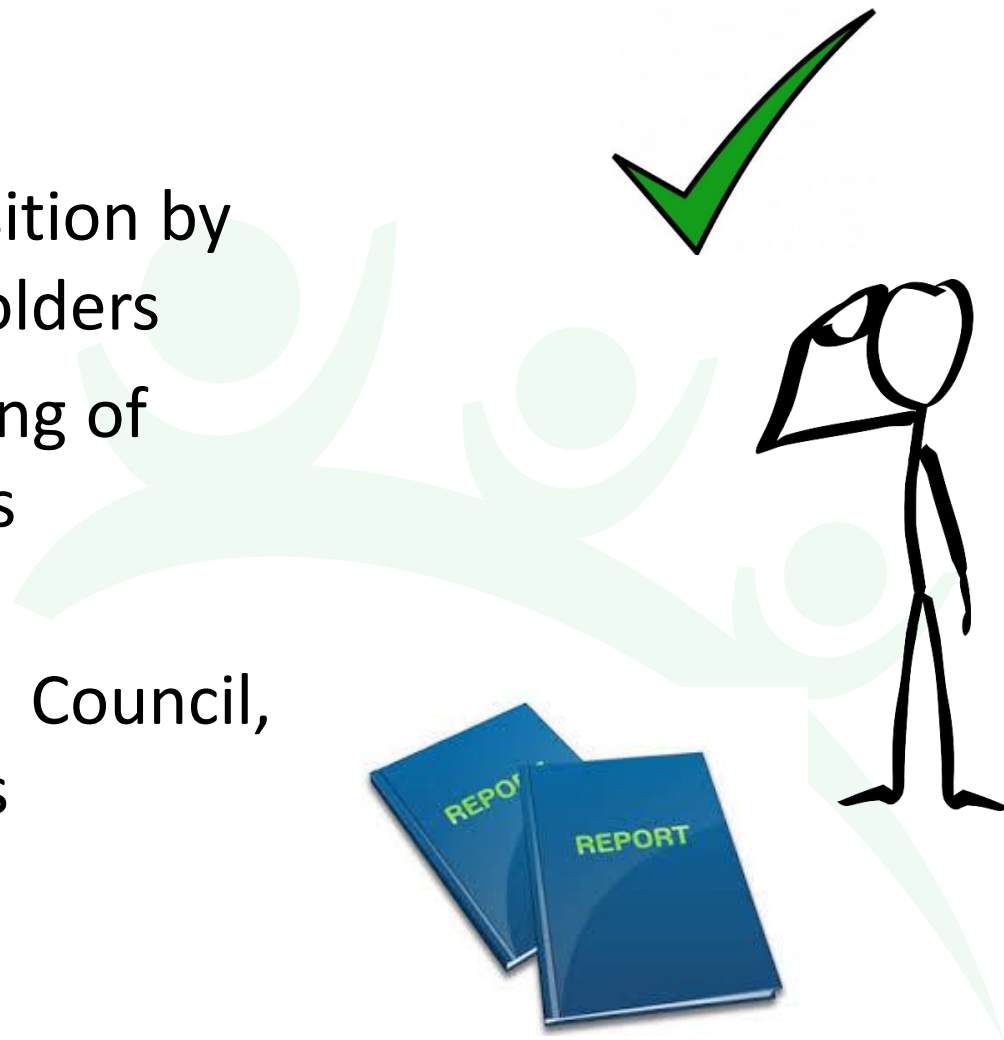
What can Patient organisations do?

- **Engage with your NCP**, give feedback on how it serves patients
- **Ask your government to set up a system for direct payments and/or prior notification**
- **Give feedback to EPF and the EC** on all aspects of implementation – how it “works” for patients (and when it doesn’t)
- Provide information on your organisation’s website



Next steps

- Transposition check
- Monitoring of transposition by individuals and stakeholders
- Reflection on functioning of National Contact Points
- Regular reporting by Commission to EP and Council, with recommendations



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