

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

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

The EU Directive on cross-border healthcare

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

BUT!

It is an
important
milestone for
patients!



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**



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?



Croatia – What are the key issues?

- Long waiting lists for specialist visits in some specialisms
- Lack of specialists
- High cost of modern treatments, high co-payments
- Rare diseases
- **Infertility patients:**
 1. inconsistent criteria and approaches (public vs. private HP)
 2. some patients (5-10%) can access treatment only abroad (only 10-20% of the treatment cost is reimbursed)
- **Barriers faced by patients in Croatia:** upfront payments, low health literacy, lack of information about the Directive

Croatia – why is the Directive important?

- **Right to choose**
- **More flexible options for patients to get medical services as soon as possible** – although only if they can pay upfront
- It will **stimulate providers to strive for improving quality** – important for patients in Croatia who access care “at home”



Question 1 – How much will I be reimbursed?

- **Reimbursement = same amount as “at home for similar treatment”**
- **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.
- 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

- BUT patient pays upfront – claims reimbursement
- Travel & other costs not covered

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

Question 2 – Do I have to pay upfront?



“We want a system of direct cross-border payments to ensure equitable access!”

In the Directive:

Cross-border payments exist: but as a **voluntary option**



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



Question 3 - 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

- ➔ **SO - 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

Question 4 - Information to patients

What information can I ask to the National Contact Point ?

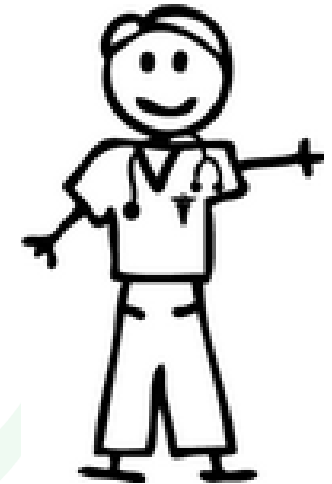
- NCPS should provide all information needed for a patient to make an informed choice
- Easily accessible, available electronically, accessible to people with disabilities



Question 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)).



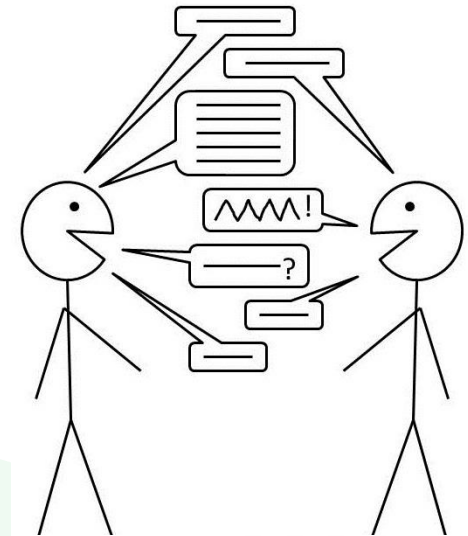
Question 4 - Information to patients

- These transparency provisions have a lot more potential than just to inform patients considering treatment abroad
- **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**
- These tools can be used to push for better quality and access to healthcare also “at home”
- **We hope they will lead to improvements across the EU, for all patients**



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)



What can Patient organisations do?

- **Provide information on your organisation's website**
- **Use the EPF tools!**



More information – links

[EPF position statements on cross-border healthcare](#)

[EPF “toolkit” on cross-border healthcare: guidance and recommendations](#)

[Core quality principles for information to patients and methodology for use](#)

[Value + resources for patient involvement](#)

[EPF position statements on health literacy and information to patients](#)



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