

WORKSHOP : THE PATIENT JOURNEY IN CROSSBORDER HEALTHCARE

Group 2

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

Key issues (part 1)

Deciding:

- Financial implications: cost at home vs abroad, extra costs, payments what, where & when...
- What are the treatment options? All available options, available at home or abroad
- Awareness of Patients' rights – generally & under Directive

Before leaving:

- “Linking up” your normal doctor and the treating doctor abroad
- Knowing about safety and quality of the care
- Knowing what information and documents to take with you

Key issues (part 2)

During stay:

- Who to turn to for support – need someone available all the time
- Language and communication problems, cultural barriers
- Issues with accommodation (incl. for relative or accompanying person)

After returning:

- Reimbursement issues – when it will be paid, procedures, delays...?
- Continuity of care: disagreements, guidelines, repeat of treatment?
- Side effects/complications after return
- Attitudes of medical professionals

Recommendations :

Part 1 :

- Mechanism to define clearly level of costs and payments – clarify role of different stakeholders -> clarity for patient on who pays for what, when (National Ministry -> NCPs)
- Network with information of all existing and experimental treatments for given condition – like Orphanet
- NCP should ensure their info is validated, accurate

Recommendations :

Part 2:

- Standardised forms for everything: applications, info requests, to facilitate transport of drugs (EC template)
- Patients' empowerment – information on CBHC and how to benefit from it (NCPs + POs)
- NCP should have dedicated patient liaison persons for support across borders/in cooperation with other NCP

Recommendations:

Part 3:

- Directory of (main) hospitals with information about their facilities incl. accommodation, prepared by national NCP, shared between NCPs
- Providers should give patients the summary medical record & follow up instructions in English
- In case of complications, patient should be covered for cost of extra stay – either by home MS or provider liability insurance

Recommendations :

Part 4:

- NCP should provide comprehensive information on follow-up (other than medical)
- Feedback system to improve CBHC and NCP functioning: individual 'exit interviews' with patients to check what went well, what problems encountered (NCP)
- Set a clear deadline for when patients must receive reimbursement (EC)

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