



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

„Start by doing what's necessary then do what's possible and suddenly you are doing the impossible”

Saint Francis of Assisi

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**EPF Regional Conference on the Cross Border Healthcare Directive, 7-9 July, 2014,
Ljubljana, Slovenia**

Background & History

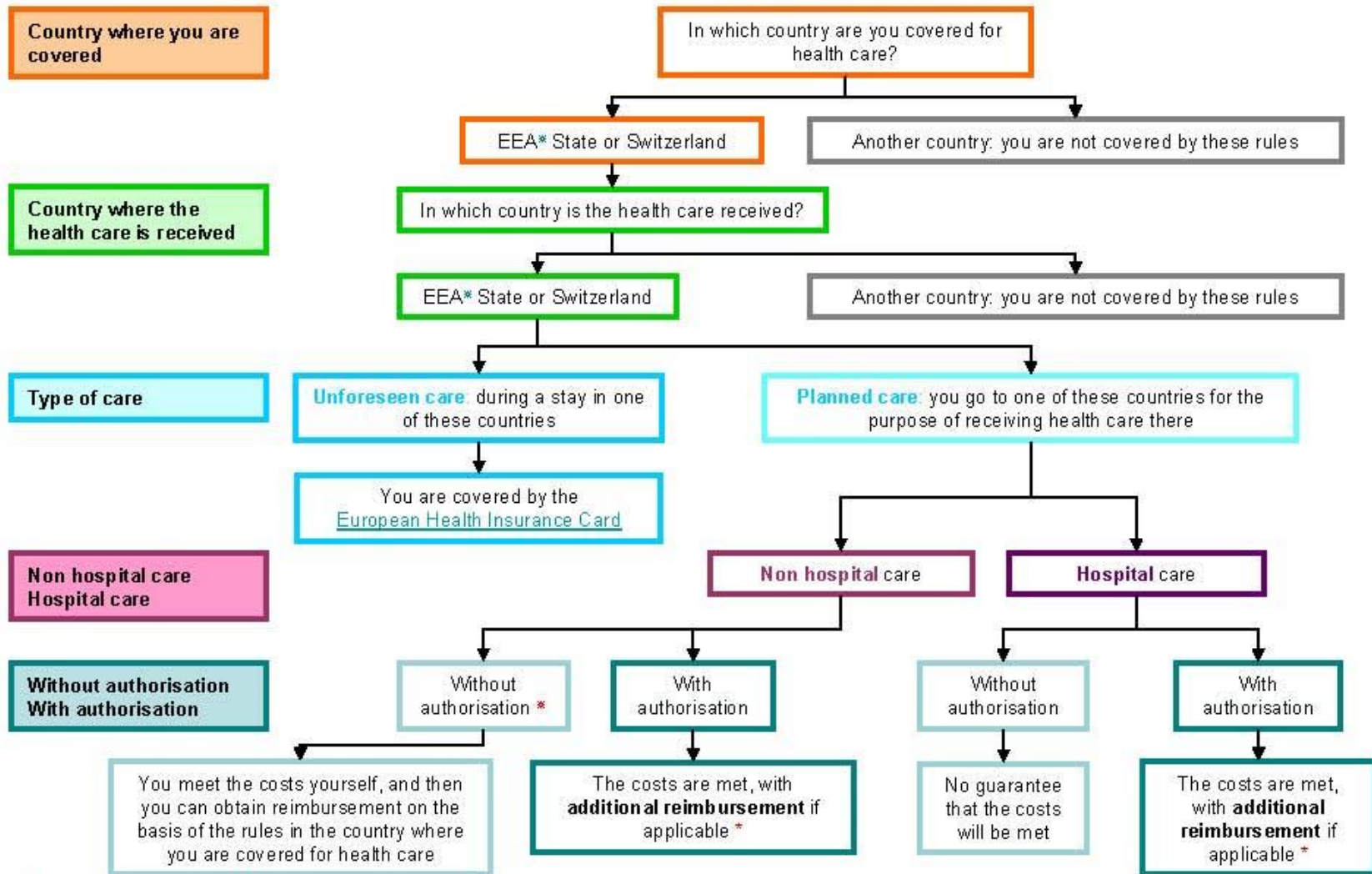


Employment, Social Affairs and Equal Opportunities

Assumption of costs for healthcare abroad

Based on Regulation 883/2004

Flow chart summarising the ways in which health care costs may be met



* European Economic Area *This is not recognised in respect of Switzerland.

Problems with the Regulation 883/2004

It was contradictory to other EU laws! Was adopted to guarantee access to care in the state of residence for migrant workers and their dependants. It also covered treatment received outside the state of residence or affiliation, under the following conditions:

- Occasional care: when temporarily in another Member State (the European Health Insurance Card EHIC is necessary)
- Planned care: Patients moving to another Member State specifically to obtain care. Need to be granted by **prior authorization** (certified by a S2 form (former E112)) - treatment cannot be provided within medically justifiable time-limits, the so-called “undue delay”.
- When OK: actual costs reimbursed



Controversial with other law cases that overruled the requirement for prior authorisation

The European Court of Justice judgements initiated by individual patients:

Decker	C-120/95
Kohl	C-158/96
Ferlini	C-411/98
Smits and Peerbooms	C-157/99
Vanbraekel	C-368/98
Inizan	C-56/01
Muller-Faure and van Riet	C-385/99
Leichtle	C-8/02
Watts	C-372/04
Stamatelaki	C-444/05



These judgments can be found here: <http://eur-lex.europa.eu/en/index.htm>

Therefore the EU wants to:

- help patients across the EU get the care they need and to improve the effectiveness and the efficiency of healthcare systems overall.
- address the lack of information and uncertainties regarding patient rights and quality of treatment abroad. It can prevent patients from seeking out these opportunities

Directive 2011/24 was adopted in 2011 to codify the rights to healthcare abroad, which derived directly from the free movement provisions of the European Treaty, and which **exists alongside the rights created by the Regulation.**

We have both the Regulation and the Directive!

- The Directive on Patients' Rights for Cross-Border Care has been officially adopted on 9 March 2011.
- Member states had a period of 30 months to transpose it in their national legislations by 25 October 2013.
- Prior authorisation not needed, except the treatment is on the new « list of treatments »
- When it is on the list, reimbursement is possible on the basis of their cost in country of affiliation

It is possible that patients would find it better to apply for cross border health care under the Regulation than under the new Directive!

Example

	Example: patient lives in Italy and goes to Czech Republic to receive a specific treatment. This treatment is not on the list of treatments requiring prior authorisation.	
Regulation or Directive	Regulation: S2 form (ex E112) and prior authorisation required	Directive: no prior authorisation
Cost of treatment, Czech Rep.	30 000 €	30 000 €
Cost of treatment, Italy	26 000 €	26 000 €
Advance payment by patient * Sometimes zero	3 000 €* *	30 000 €* *
	Remaining costs 27 000 € paid by Czech healthcare system to hospital	Health insurance Italy reimburses 26 000 € to patient, not 30 000 €
	Health insurance Italy reimburses 3 000 € to patient	
Cost for patient	0 €	4 000 €

When can prior authorisation be refused?

- if the patient seeking cross-border healthcare will be exposed to an unacceptable safety risk,
- if the general public will be exposed to substantial safety hazard,
- if the healthcare is provided by a healthcare provider that raises serious concerns over quality and safety of care,
- or if the healthcare can be provided on its territory within a medically justifiable time-limit.



Authorisation cannot be refused:

- If the list of benefits does not expressly and precisely specify the treatment method applied, but defines „similar“ types of treatment reimbursed
- and if no alternative treatment which is equally effective can be given without undue delay in the Member State on whose territory the insured person resides“.

If Bulgarian list says:

Type of treatment covered: « For eye cancer: radiological or surgical treatment »

Then reimbursement of proton-therapy as provided in Berlin cannot be refused

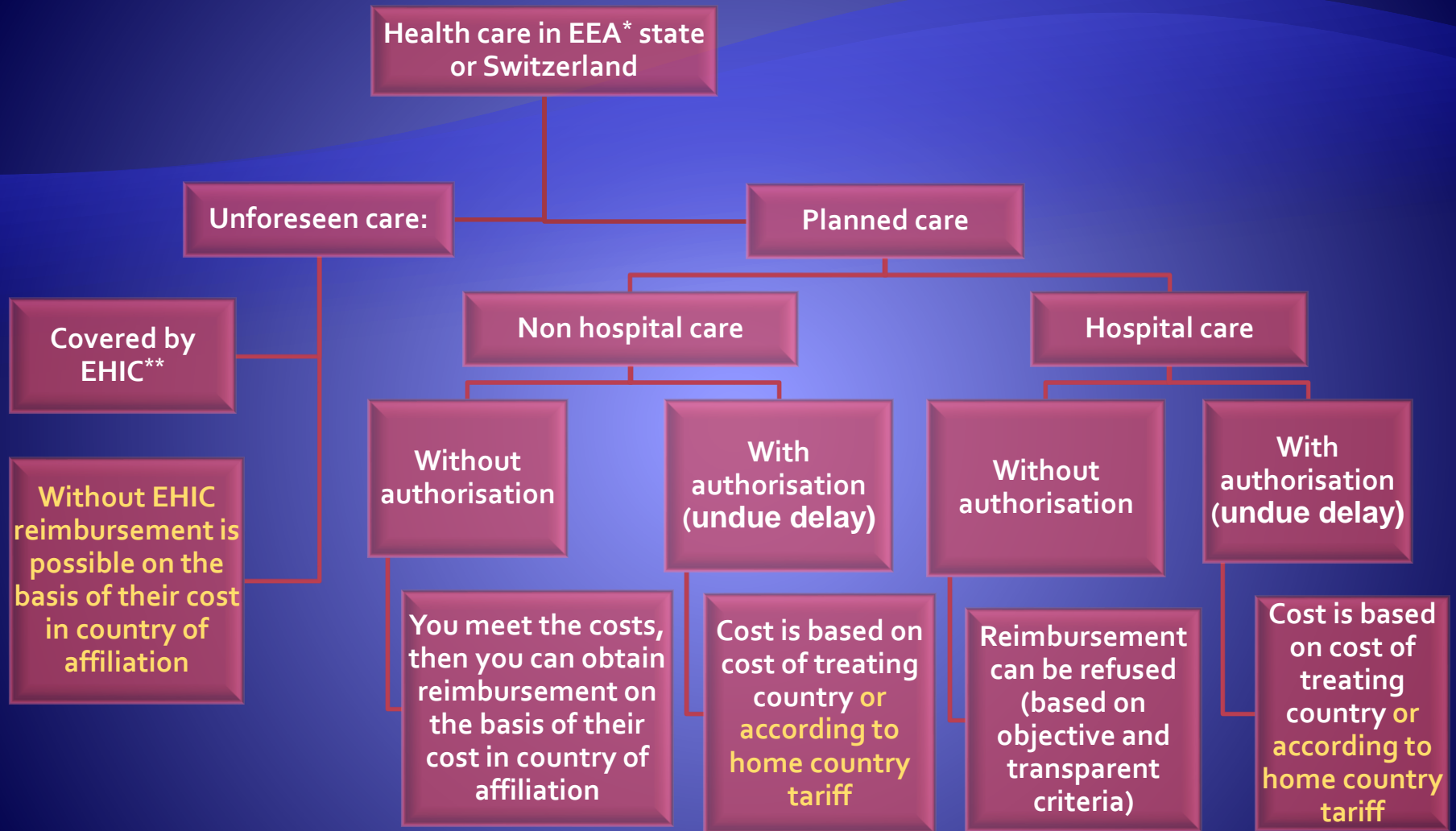
If Bulgarian list says:

Type of treatment covered: « For eye cancer, enucleation only »

Then reimbursement of proton-therapy as provided in Berlin can be refused

only the cost that is equivalent to the cost of enucleation to be reimbursed

New reimbursement scheme



*European Economic Area;

**European Health Insurance Card

Survey of Hungarian Patient Organizations

Have you ever heard about CBHC Directive?	60%
Do you know any patient who tried it	0%
Is there any demand for CHBC in your patient group?	80%
Would you participate in a network to monitor the implementation of the Directive?	100%

Gyakran feltett kérdések

2013/02/07

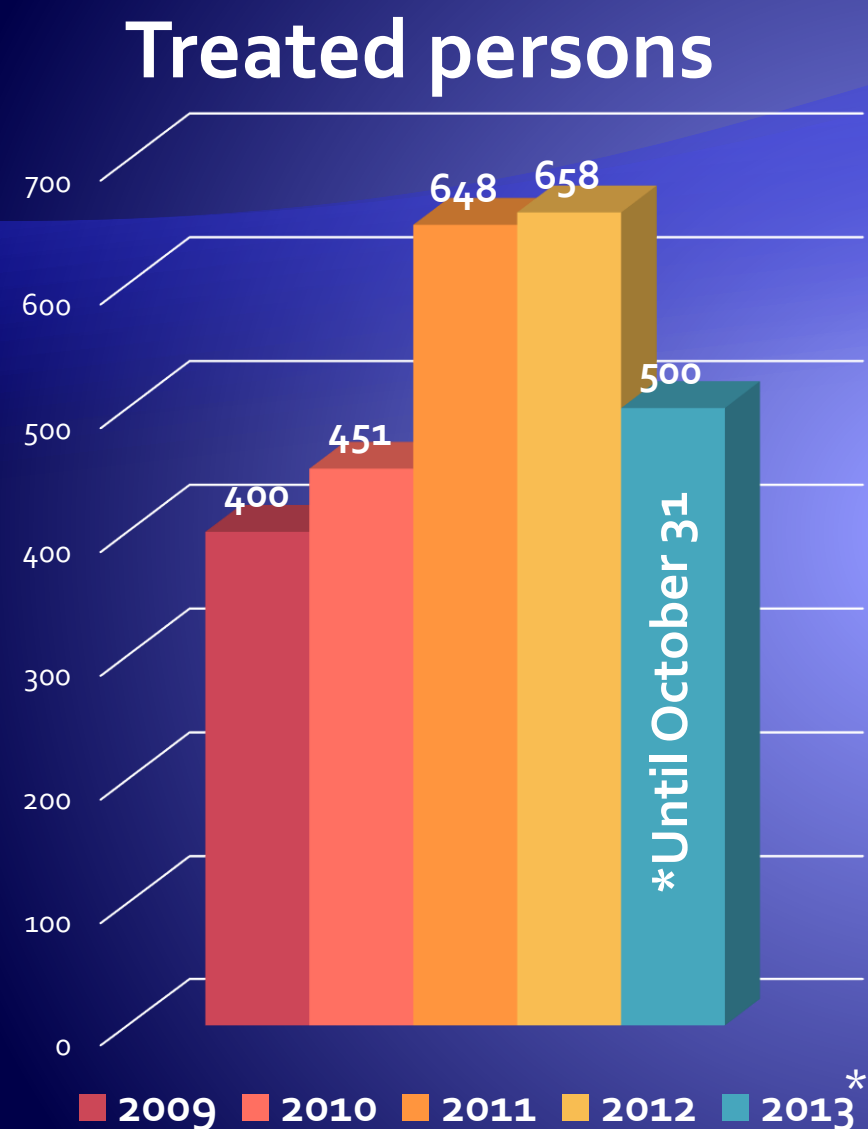
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EGÉSZSÉGÜGYI ELLÁTÁSRÓL
SZÓLÓ DIREKTÍVA ÁTVÉTELÉRŐL



- Bureaucratic and too long decision making!
- Patient needs to prepay, than a reimbursement is possible.
- Lack of reaching out to society

Hungarian reimbursement claims

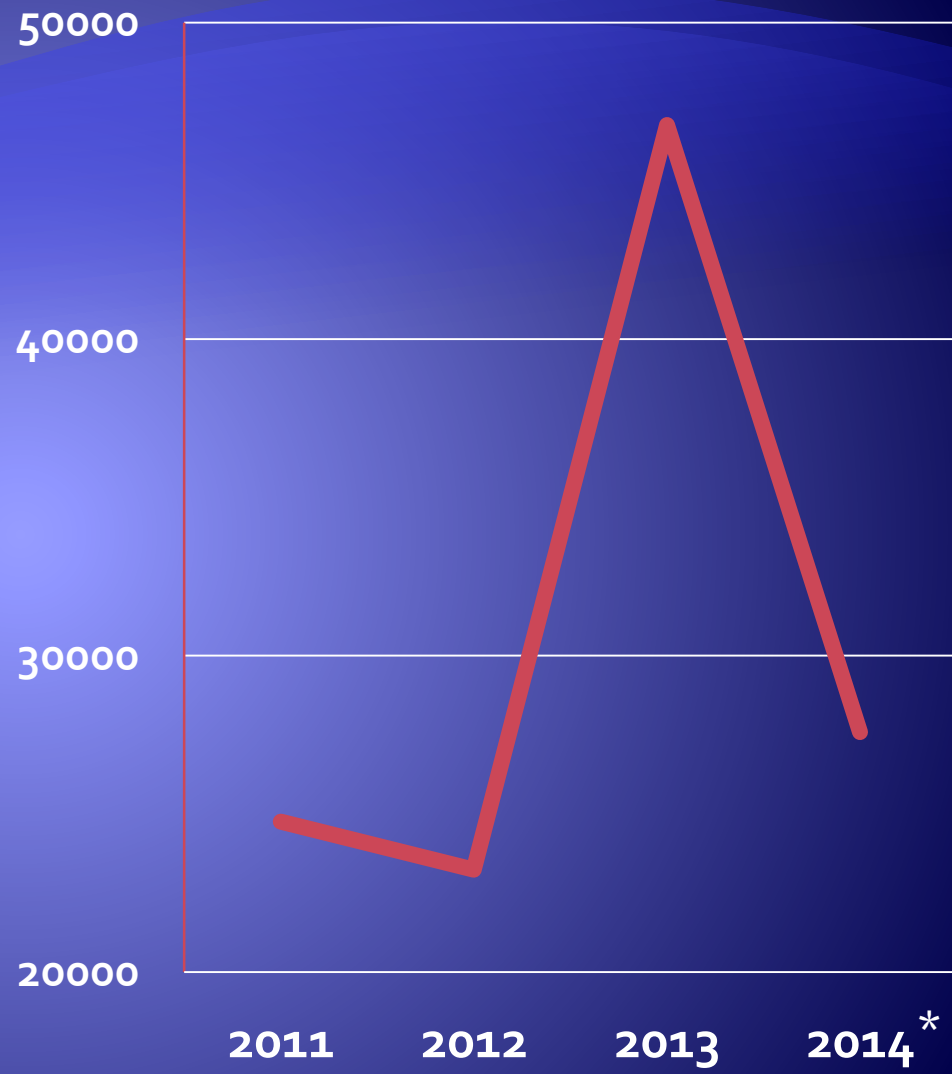
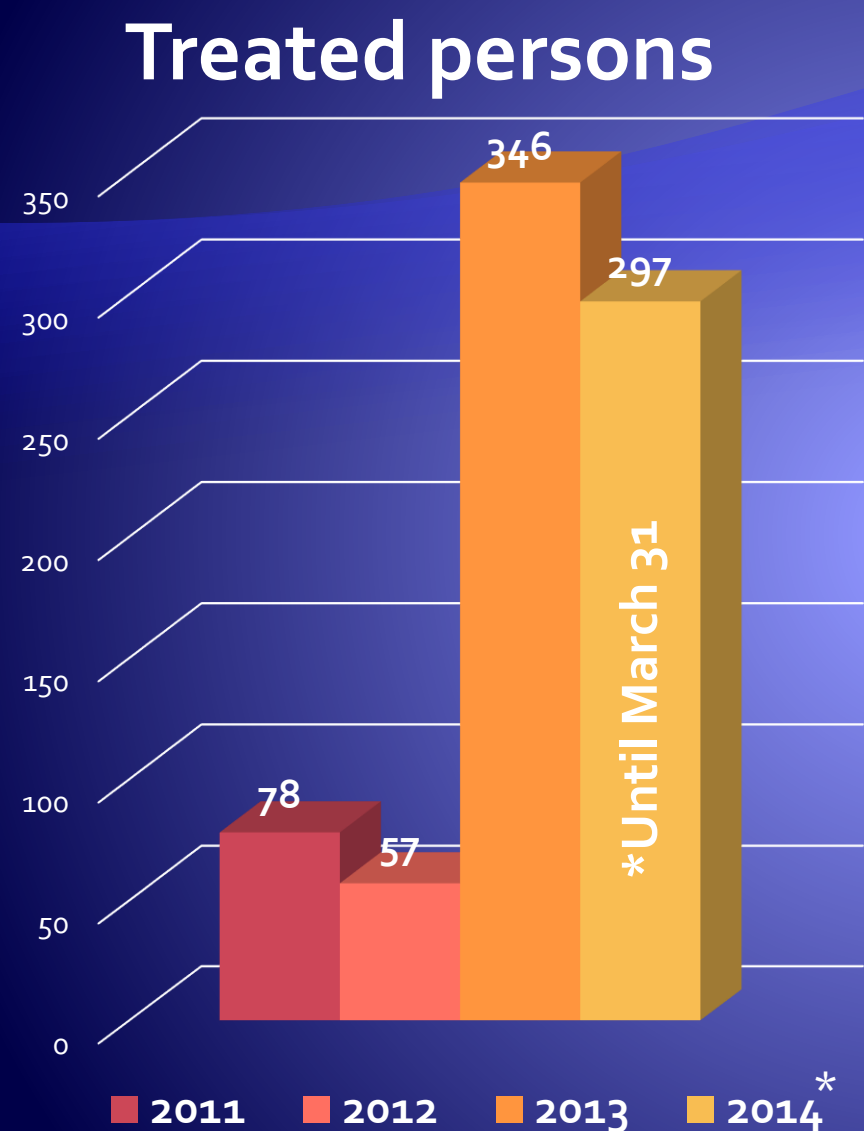
Treated persons



Data from National Health Insurance Fund (OEP).

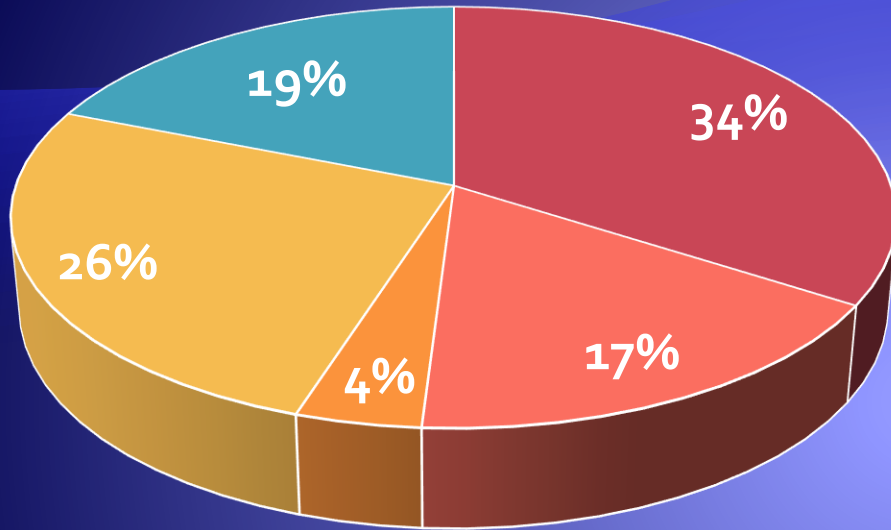
Slovenian reimbursement claims

Treated persons



— Costs (thousand €)

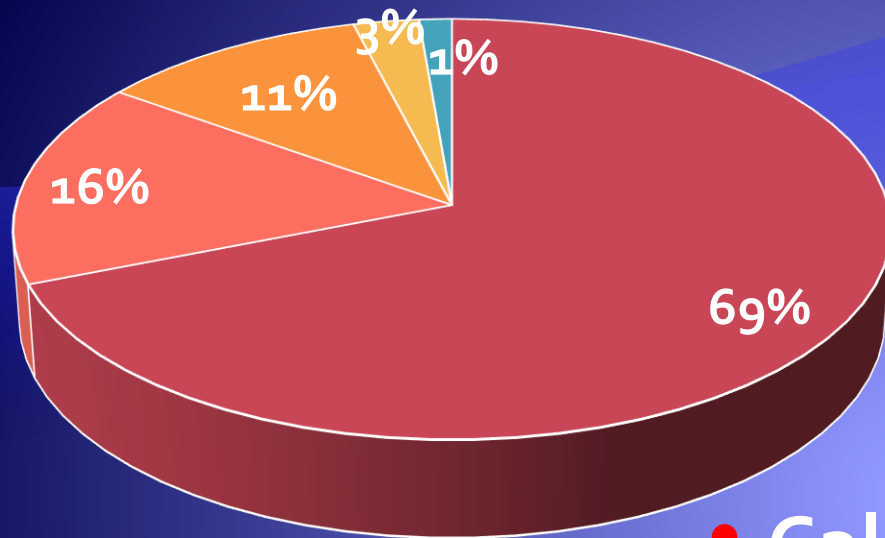
Experiences of the Hungarian NCP



- Asking for general information
- EHIC card
- Patient's complain
- CBHC out
- CBHC in

- More, than 100 requests since the directive came into effect
- 90 % Hungarian patients and experts
- From the EU: A, RO, GB, NL, CZ, SK, SLO, E, F, I, LV, CH
- Several questions about EHIC card.

Experiences of the Slovenian NCP



- Croatia
- Italy
- Austria
- Hungary
- Other countries

- Call center – (00 386)13077222, ± 6 calls/day
- E-mail – kontakt@nkt-z.si, ± 2 e-mails/day
- Personal consultation, ± 1/week

What is the impact for the EU?



- ◆ For every patient treated earlier, a gain in EU-wide healthcare **efficiency**, AND of EU-wide **well-being**
- ◆ **Patient-mobility** remains limited (currently 1%); but impact for individual patients is high



- ◆ **No significant impact on national budgets.**
- ◆ **Quality and safety** of cross-border care improves
- ◆ More clarity for all about rules for **reimbursement** of care
- ◆ Patients have better **access** to the care they need

What patient organizations can do?

- Get informed about the content and the implications of the Directive
- Can raise awareness and help patients find the right information
- Propose concrete measures of interest to patients
- Insist on NCP involves the patient organizations as regular partners
- Create guidelines for information to patients
- Feed back experiences to decision makers



Thank you for your attention!

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