

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

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Warsaw, Poland

19 March 2015

“ 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

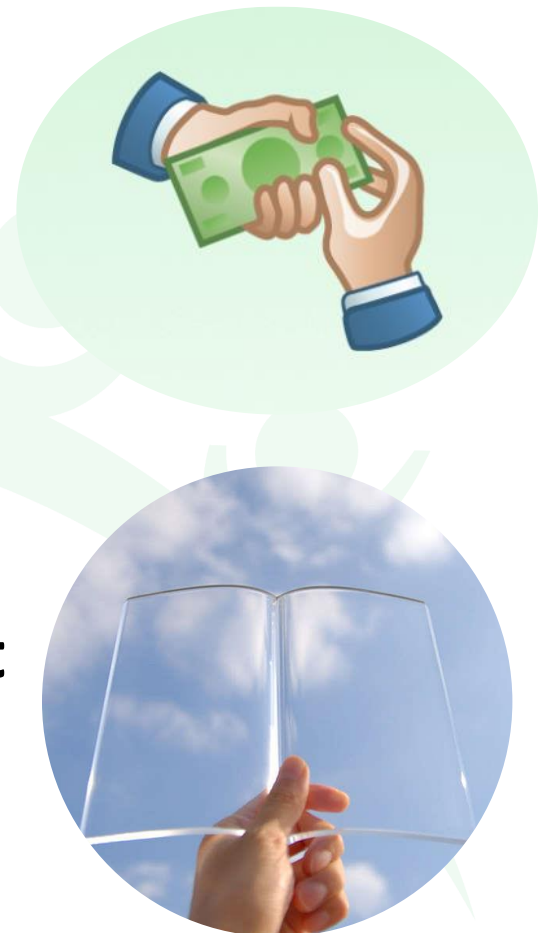
- Prior authorisation possible for
  - a) overnight stay; or*
  - b) highly specialised and cost intensive healthcare ("hospital care")...*
- Authorisation may be refused if no "undue delay"...
- ...and that decision must be "properly reasoned"



## 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 ?**

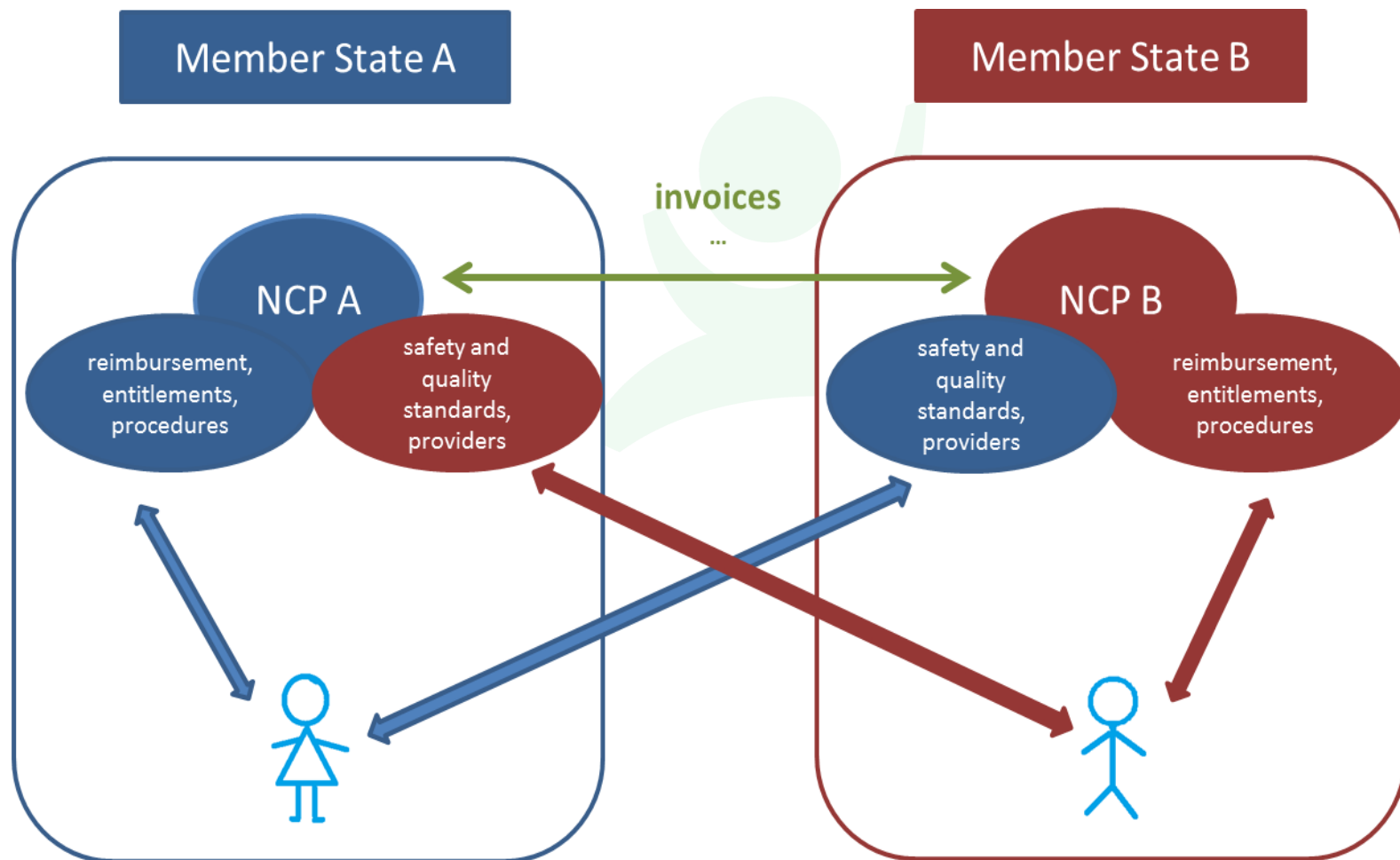
- NCPS should provide all information needed for a patient to make an informed choice: rights, entitlements, reimbursement, appeal processes, quality and safety standards, ...
- Easily accessible, available electronically, accessible to people with disabilities
- NCPs have to consult with patient organisations,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

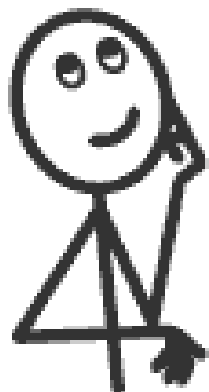
## The Directive

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

vs.

## 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...**

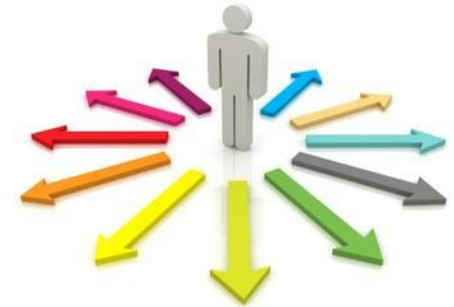
**BUT!**

**It is an  
important  
milestone for  
patients!**



# Poland – 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 Poland 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

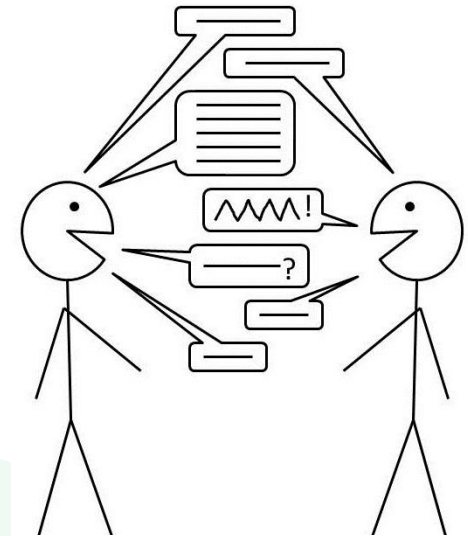
- Implementation so far – Member States are in different stages, will all comply?
- **Equity** – will cross-border healthcare be an option **for all citizens?**
- **Information and support** – will NCP become an enabling service or a gatekeeping mechanism?





# 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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