National Contact Points
Opportunities and challenges
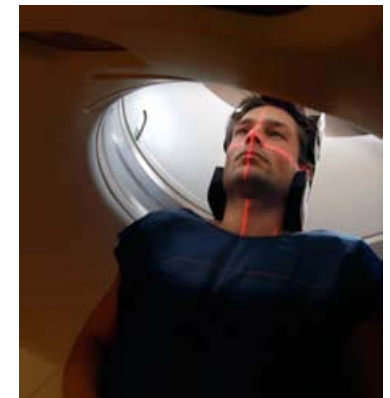
Cross-border Healthcare Directive

Brussels
22 October 2012

The 3 Aims of this Directive

1. Help patients to exercise **their rights to reimbursement** for healthcare received in another EU country

2. Provide assurance about **quality and safety** of cross-border healthcare

3. Establish **formal cooperation** between health systems

Information to patients

National Contact Points

Healthcare providers

Information to patients by NCP in the MS of affiliation

Patients receive from the NCP information on rights and entitlements relating to receiving cross-border healthcare, in particular the terms and conditions for reimbursement, and for appeal and redress if patients consider that they rights have not been respected. 5(b)

Information to patients by NCP in the MS of treatment

Patients receive from the NCP information on standards and guidelines, including provisions on supervision and assessment of healthcare providers and information on which healthcare providers are subject to these standards and guidelines. 4(2)(a)

NCPs shall provide patients with information on a specific provider's right to provide services or any restriction on its practice. 3(3)

NCP shall provide information on patients' rights, complaint procedures and mechanisms for seeking remedies 6(3)
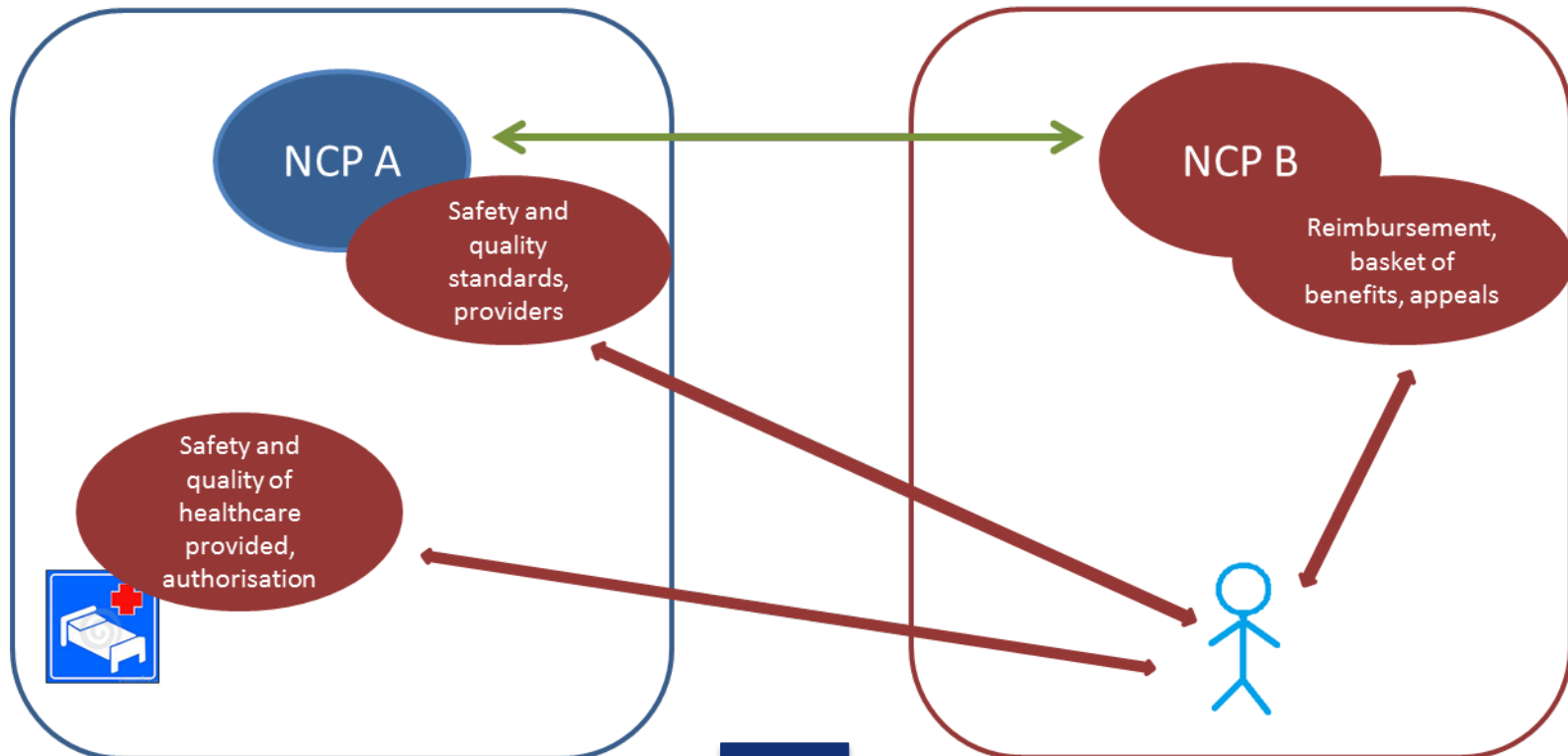
Information to patients by healthcare provider in the MS of treatment

In order to help individual patients to make an informed choice healthcare providers gives information to patients on quality and safety of the healthcare they provide, as well as on their authorisation and registration status. 4(2)(b)

NATIONAL CONTACT POINTS
Challenges and opportunities

Where to host NCP(s)?

What information?

How to make information easily accessible?

Level of details? How to provide it in a clear format?

Language?

How to consult stakeholders?

Time limit for replying to patients' requests?

How to cooperate with other NCPs and with EC?

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Mutual learning from practice

Higher transparency and access to information

Assistance for clarification of foreign invoices

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NATIONAL CONTACT POINTS PWC study - outline

1. Web Search: 98 existing websites with information about cross-border healthcare analysed => lessons learnt
2. Stakeholder consultation: recommendations from patient organisations and information providers => lessons learnt
3. **Pilot website content**
   a. **Types of information/sitemap: mandatory and recommended items based on the text of the Directive**
   b. **Functional and technical specifications – necessity rating (must-have and nice-to-have) based on the Contractor's opinion**
4. **Cost analysis**
5. **Recommendations**

NATIONAL CONTACT POINTS PWC study - sitemap

1. Home
2. About
3. Healthcare in [MS]
4. Going abroad
5. Healthcare for visitors to [MS]
6. News
7. FAQ
8. Contact
9. Helpline
10. Sitemap
11. External links

No	Section	Subsection		Description	Necessity rating	Reference
		3.5	**Liability insurance of health professionals**	Information regarding insurance that providers have in case of medical errors.	Recommended	-
		3.6	**Patients rights**	Information regarding patients' rights in [Member State], an overview of patients' rights in [Member State] including patients' right to choose his / her physician, receive information on treatment and quality and safety of healthcare in [Member State] (mortality, etc.), refuse treatment, privacy, access to (electronic) medical record, consent and sharing information, complaint procedures (in case of harm or reimbursement issues) etc.	Mandated	CHAPTER II, Article 6.3
		3.6.1	Patients' rights			
		3.6.1.1	Access to healthcare			
		3.6.1.2	Access to hospitals for disabled patients			
		3.6.1.3	Complaint and redress procedures			
		3.6.2	Access to your data			
		3.6.2.1	Access to (electronic) medical records			
		3.6.2.2	Patient consent for sharing and exchanging medical information			
		3.6.3	Access to information regarding safety and quality of healthcare			
		3.6.4	Complaint procedures			
		3.6.4.1	Complaint procedures in case of harm to patients while providing healthcare			
		3.6.4.2	Complaint procedures in case of reimbursement issue			
		3.6.4.3	Redress procedures			
		3.7	**Links to patients organisations**	Links to patient Organisations in [Member State].	Recommended	-
		3.8	**Links to national and European law**	Links to National [Member State] and European law.	Recommended	-
4	Going abroad	4.1	**Emergency care in the European Union**	Information for [Member State] citizens regarding healthcare abroad and their rights in case of emergency care. Also information regarding EHIC (scope and coverage) could be described in this section.	Mandated	CHAPTER II, Article 6.4
		4.1.1	Your rights: Directive 2011/24/EU			
		4.1.2	Your rights: European Health Insurance Card (EHIC) and European / national legislations			
		4.1.3	Scope of coverage of EHIC			
		4.1.4	Procedure to obtain EHIC			
		4.1.5	Reimbursement of healthcare services			

NATIONAL CONTACT POINTS
PWC study – technical specifications

1. Usability features
2. Accessibility features
3. High-level technical specifications
4. Pilot-website specifications

Item	Description	Necessity rating	Visual example
Website localization7	On top of language translation the website might even be localized: adapting the website to a specific region.	Nice-to-have	
Adjustable font size	Visitors should be able to select different font-sizes, supporting those visually impaired.	Must-have	A A A A
Compatibility with screen readers (NVDA, JAWS, Browse aloud)	Websites can be read out aloud by a humanoid voice, enabling visitors with low literacy and reading skills, dyslexia and mild visual impairments. This often works by speaking website content aloud, while highlighting the word as it is read and visitors can magnify text as required. Usually you can move the cursor over words which are then spoken aloud. As an example: alternatives for images should be used (in the form of ALT) by means of a textual description. The ALT attribute is used in documents to specify alternative text that is to be rendered when the element to which it is applied cannot be rendered. It is also used by 'screen reader' software so that a person who is listening to the content of a webpage (for instance, a person who is blind) can interact with this element.	Nice-to-have	
Responsive design	A responsive design should be used enabling users across a broad range of devices and browsers to have access to a single source of content (laid out to	Must-have	

NATIONAL CONTACT POINTS
PWC study – recommendations

Organisational setup

1. Assign **clear responsibilities** and steer on an agreed planning
2. Choose an **appropriate form** in line with the national system characteristics and assure **central coordination**
3. Leverage results of the **stakeholder consultation** and involve stakeholders at **early stages** of development
4. Timely **assess** what information is already available
5. Inventarise and possibly **leverage on existing entities**
6. Continue **knowledge sharing** between Member States
7. Facilitate an overview of **NCPs at EU level**

The transposition process

❑ **Entry into force:** 24 April 2011

❑ **Transposition period:** 30 months **(25 October 2013)**

❑ **Bilateral discussions** with 27 Member States:
- COM questionnaire on the transposition of the measures provided for in the Directive (May – October 2011)
- COM bilateral visits in all 27 Member States (2011 – 2012) to discuss particular issues related to transposition

❑ **Committee on Cross-Border Healthcare**
- **Formal forum** created by the Directive where all 27 MS will meet regularly to discuss and vote on implementing acts

Thank you!

Cross-border
Healthcare
Directive