

## What is the Cross-border healthcare Directive?

The EU Directive 2011/24/EU on the application of patients' rights in cross-border healthcare creates a legal framework for the patient's right to seek healthcare in another Member State and to benefit from cross-border healthcare services.

<sup>1</sup> EU Directive 2011/24/EU came into force on 25 October 2013. Member states were supposed to be implemented by 25 October 2015.



## EPF's Position:

The Directive has potential to facilitate patients' access to healthcare and achieve better quality care for all patients. However, there are significant gaps and uncertainties, and implementation will need to be closely monitored. In particular, the National Contact Points should become gateways to healthcare, rather than gatekeepers. They should work "with the patients, for the patients".



## WHY IS THIS DIRECTIVE IMPORTANT FOR PATIENTS?

- It offers additional possibilities for patients to obtain healthcare abroad
- It provides a minimum set of patients' rights



- It requires Member States to provide clear information to patients on their rights and options
- It provides a legal basis for European collaboration in the fields of health technology assessment, eHealth, rare diseases, and safety and quality standards



## KEY ISSUES



### Equity of access

The directive could help patients access high-quality treatment, more quickly. However, financial barriers such as the need for upfront payment, **prior authorisation and reimbursement** pose a barrier for access. Member States are required to be transparent about their "basket of benefits", which could lead to greater awareness by patients of gaps in the healthcare provision in their country. For patients with rare or complex conditions, the EU Regulation is still in many cases a better option.



### Information for patients

National Contact Points should provide information **that enables patients to make informed decisions**. But patients' needs are complex throughout the "patient journey", and National Contact Points vary in the quality of their services.



### Safety, quality and continuity of care

Patients should be able to **trust treatment to be safe and good quality**. Member States are obliged to inform patients about safety and quality standards, and patients who have accessed treatment abroad have the right to follow-up treatment at home. However, the quality and comprehensibility of information varies.

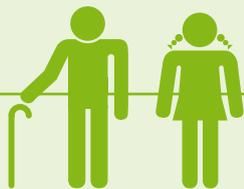


### Access to medical records

Patients' access to their medical information is important for continuity of cross-border care and fundamental for patient empowerment. **Patients should always be given a copy of their medical records** promptly and with no undue fees attached.



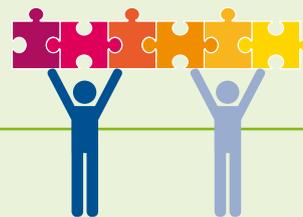
# WHY SHOULD PATIENTS' ORGANISATIONS ENGAGE AT NATIONAL LEVEL?



To ensure they know how the directive is being implemented and what impact this has on patients.



To be able to engage with their National Contact Point and provide feedback on the information and services it provides.



To be able to appropriately support their National Contact Points in fulfilling this public service.

At EU level, EPF acts as a bridge between the patient communities and European policymakers.

## KEY RECOMMENDATIONS

### → Information to patients:

Develop guidelines for provision of information to patients and standardised templates for all types of forms required in cross-border healthcare, with the involvement of patient organisations

### → Quality and safety:

Establish benchmarks and key indicators for quality of healthcare and patient safety and compare the information across institutions and Member States

### → Health inequalities and equity of access:

Collect evidence at European level on inequalities in access and their impact on patients. Create a mechanism for providing financial support for patients and families based on need



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