

Have sickness, will travel

By Cynthia Kroet - Today, 03:50 CET

Travelling across borders to receive treatment could become easier.



It is not yet common for patients to travel across national borders for routine surgery, such as a hip-replacement or a hernia operation, but it could become more frequent.

Cases in the European courts and the EU's

recent law on cross-border healthcare have established that patients do have rights, albeit circumscribed, to seek treatment abroad. In the case of hip-replacements or hernia operations, it is not that hospitals in their home country could not offer such operations, but the waiting times might be shorter abroad. For other conditions, some member states might offer more specialised care. The cross-border healthcare directive adopted in 2011 makes it easier for patients to get treatment abroad and, if prior consent has been obtained, have the home country's healthcare system pay for the treatment.

In theory, it is an important step forward in expanding access to healthcare. Tonio Borg, the European commissioner for health, described 25 October 2013, which was the deadline for member states to put the EU law into national laws, as an "important day for patients across the European Union".

An important element of the new law is the requirement for member states to set up national contact points to provide patients with "clear rules and reliable information about the [cross-border] procedure".

However, European Voice reported last October that member states were failing to comply with the new EU law and most had missed the deadline to put the directive into national legislation. Only a few had set up the websites that are required to provide the necessary cross-border transparency. Spain, which opposed the legislation, is far behind on transposing – and looks like taking several years to implement it.

By now, 25 member states have sent the European Commission details about the current state of play. "Before the summer we will review this information and decide if we continue with infringement procedures against countries that have failed to implement the law," a spokesperson for the Commission said.

When the transfer into national law is complete across 28 countries, it is estimated that about 1% of patients will be availing themselves of cross-border healthcare. The Commission says a vast majority of patients would still prefer to receive treatment in their own country. It also warns that patients must satisfy certain conditions before they get care abroad. "We have to manage expectations," Borg said. "If we tell people that anyone can go anywhere and get healthcare, we would be doing a disservice to the directive."

The new law's impact on overall access to healthcare will be limited, says Serge Bernasconi at Eucomed, an organisation representing the medical device industry. "National and regional authorities continue to decide what kind of healthcare is being offered in their member state or region. The access to healthcare only increases when there are capacity problems and long waiting-lists [in the home country] and a willingness of health authorities to support patients in receiving healthcare in other member states."

Even once the laws are all in place, there is still much to do to develop effective information services that will encourage patient mobility. A recent



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survey has shown that 60% of organisations representing patients in member states know about cross-border healthcare possibilities.

“One of the problems is the lack of data from different member states,” says Nicola Bedlington of the European Patients' Forum. “In many cases, patients do not know about the possibilities to receive cross-border healthcare and neither do insurance companies.”

A lot will depend on the attitudes of those insurance companies and other organisations that foot the bill for patient care. If they embrace the possibilities of EU law, convinced that better and cheaper treatment is available abroad, they could give a boost to the take-up of cross-border care.

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