THE DIRECTIVE ON PATIENTS’ RIGHTS IN CROSSBORDER HEALTHCARE:
CHALLENGES AND QUESTIONS
HOPE historical perspective

- Practical experiences

Receiving foreign patients: emergency/elective

Organising it: information/communication

Learning from it
The 3 Aims of this Directive

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

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

Establish formal cooperation between health systems.
Starting point:
European Court of Justice jurisprudence

• Healthcare is a service within the meaning of the EU Treaty

• If a patient is entitled to a treatment at home he or she is entitled to reimbursement for that treatment abroad

• Reimbursement is up to cost of that treatment in home system

• For some treatments (“hospital” care), health systems may require patient to seek “prior authorisation”
Helping patients

• Information to patients
  National Contact Points
  Providers

• Rules of reimbursement clarified

• Procedural guarantees
Safeguards for health systems

- **Conditions of reimbursement**
  - National health authorities pay out ONLY than for treatments that correspond to the benefits provided for in its territory;
  - They pay out NO MORE for treatments they would pay for at home.

- **Maintaining of national rules**
  - Conditions and formalities for treatments required in Member States can also be imposed for treatments abroad.

- **Prior authorisation system**
  - Member States can introduce a system of prior authorisation subject to certain limitations
System of Prior Authorisation (1/2)

- Scope for prior authorisation

Healthcare that:

- is subject to planning requirements:
  - Involves **overnight stay** in a hospital; or
  - use of **highly specialised or cost-intensive** medical infrastructures or equipments;

- involves a particular **risk** to patients or population;

- is provided by a healthcare provider who raises **concerns over quality and safety** of care.
Reasons to refuse a prior authorisation

- Safety risk for patient or for population;
- Healthcare is provided by a healthcare provider that raises concerns over quality and safety of care;
- Healthcare can be provided within a reasonable time limit (if it cannot be so provided authorisation must be granted).
Quality and safety

- **Transparency and accountability**
  Information on healthcare providers and on standards applied

- **Cooperation of Member States**
  On standards and guidelines on quality and safety
Cooperation between health systems (1/3)

- **Recognition of prescriptions**

  Improving recognition of cross-border prescriptions

- **European Reference Networks**

  Networks bringing together specialised centres across Europe helping citizens to better access highly specialized and complex healthcare and to disseminate information and expertise
Cooperation between health systems (2/3)

- **eHealth Network**
  Steering group for EU eHealth policy
  (interoperability; data sharing and patient summary records; public health data; transferability of data across borders)

- **Health Technology Assessment**
  A permanent EU structure of cooperation to take forward co-operation on HTAs
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
HOPE historical perspective

- Information leaflet for tourist going abroad

- Cross-border care in border regions reports, conferences and seminars

- European Health Insurance Card paper and conference

- Services directive lobbying and finally cross-border directive
HOPE key points

- Not something new ...
- What can we learn from past experience?
- More complex in an already complex environment
- Continuity of care is the most important element
- How does it fit in the CB directive? What is the CB bringing?
What is at stake for hospital and healthcare services?
More transparency at member state level

**National contact points:** information to patients

**Definition of benefits:** what is reimbursed or not

**Quality:** Member states would define standards and guidelines on quality and safety

**Price:** Apply to patients of other MS same scale of fees for healthcare paid for domestic patient in comparable situation
What is also at stake for hospital and healthcare services?

European reference networks
- Commission will develop criteria and conditions that they should fulfil to receive support from the Commission
- Member States identify healthcare providers and centres of expertise throughout their territory
What is at stake for hospital and healthcare services?
More transparency at provider level

Healthcare providers would provide individual patients with relevant information on:
- availability,
- quality and safety of the healthcare they provide,
- price,
- authorisation or registration status,
- insurance cover or other means of personal or collective protection with regard to professional liability,
- written or electronic medical record of treatment for patients
Do we do it today?
More transparency at provider level?

- availability?
- quality and safety?
- price?
- authorisation or registration status?
- insurance cover or other means of personal or collective protection with regard to professional liability?
- written or electronic medical record of treatment for patients?
What does availability mean?

Treatment available? To which level of complexity?

Specialists? To which level of sub-specialisation?

Practice numbers? What about possible complications?

Waiting lists? Waiting time?
“Quality: how do we guarantee it in crossborder care? Who will supervise?”

We do not (and will not soon) know much about quality, and certainly not to compare.

We will then not be able to guarantee much.

How can you then imagine an organisation supervising it at European level?
What do we know about the quality of care?

About the quality of care compared?
Cancer survival rates are increasing but…

**Cervical cancer**

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**Breast cancer**

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*Source: OECD Health Care Quality Indicators Data 2009 (OECD).*
In-hospital mortality rates following heart attack are decreasing in all OECD countries but...

Source: OECD Health Care Quality Indicators Data 2009 (OECD).
Quality of cross-border care: why does it matter?

Did we care before?

What about the consequences in the present crisis?

Future sustainability?
What about prices?

Sometimes mistaken with costs...

Different prices for hospitals in the same country

Different prices within the same hospitals

The myth of DRGs (EURODRGs results)
Appendectomy

- >18
  - w major cc
    - FZ20A
  - w/o major cc
    - FZ20B
- <19
  - FZ20C

English HRGs
French GHMs

Appendectomy

- Level 1
  - Uncomplicated
  - Complicated
- Level 2
  - Uncomplicated
  - Complicated
- Level 3
  - Uncomplicated
  - Complicated
- Level 4
  - Complicated
Procedures

• No general standard exist

• Most countries have developed an own catalogue of procedures

• Major differences in granularity
  – Austria : 1500 items
  – Germany: 30 000 items
Are DRGs better than patient characteristics to explain cost?

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Some considerations based on EuroDRG experiences:

- International comparisons in Europe are complicated by:
  - Different DRG systems and additional (supplementary) payments
  - Different Classification Systems for Procedures (and partly Diagnoses)
  - Different Cost Accounting Standards
  - Different Coding Practices (e.g. recording of secondary diagnoses)

-A comparison of differences in payment levels for similar patients can:
  - Raise questions about adequacy of payment
  - Illustrate difficulties in paying for cross-border care patients
Opportunities?
To attract patients/to retain workforce

Challenges?
Proven quality of care/cost efficiency

Threats?
Losing patients, professionals
Increase frustration
Further increase inequalities
Open door to litigation and increased premiums
What can we learn from medical tourism?

Figures ? Example of the US

Deloitte: from 750 000 (2007) to 1,6 M (2012)
McKinsey: 5000 à 750 000

Inclusion or not of:
- Accompagning persons
- Expats
- Emergency
- Non hospital
- Spa
« Rich » patients in « failing » systems: the quality factor

Care not available
Low level of technology
Lack of professionals
Bad quality

Cheap healthcare: the price factor

No or limited reimbursement
Increasing co-payment
TOURISME MEDICAL

→ les meilleures destinations
→ les pièges à éviter

Opération de la myopie, pose d'implants dentaires, lifting... pour ces traitements coûteux, les Français sont de plus en plus nombreux à être tentés par l'étranger. Mais comment repérer les bonnes adresses ? Enquête.

ENQUÊTE RÉALISÉE PAR LE DR DOMINIQUE PIERRAT
Des exemples de prix

**LES TRAITEMENTS DENTAIRES**

**Avec Smile Partner**

**LES COURONNES**

(En France et en Belgique: env. 600 €).

- En Hongrie, la couronne céramique-métal: 220 €;
  en céramique base zirconium: 400 €.
- En Espagne, la couronne céramique-métal: 350 €;
  en céramique base zirconium: 450 €.

**LES IMPLANTS**

(En France: autour de 2 000 €).

- En Hongrie, implant Alpha Bio + pilier prothétique (qui permet de visser l'implant): 780 € (530 € + 250 €);
  implant Nobel Biocare + pilier prothétique: 1 140 € (850 € + 290 €) + vol aller-retour Paris-Budapest
  + 6 nuits d'hôtel (3 étoiles): env. 420 €.

  Coût global: de 780 à 1 140 € + prix d'une couture + 420 € (séjour).

- En Espagne, implant Alpha Bio + pilier prothétique 890 € (690 € + 200 €); Implant Nobel Biocare
  + pilier prothétique: 1 090 € (790 € + 300 €).
  + Vol aller-retour Paris/Tenerife + 6 nuits d'hôtel
  (3 étoiles) en bord de mer: env. 460 €.

  Coût global: de 890 à 1 090 € + prix d'une couture + 460 € (séjour).

**Avec Esthetic Tours**

- À Budapest, pour la pose de 6 implants...
  - Premier voyage de 3 jours:
    radio panoramique Z 21 gratuite;
    6 implants Alpha Bio HN: 4 080 € (6 x 680 €).
  - Deuxième voyage de 5 jours après 6 mois de cicatrisation: radio panoramique: 35 €.
    Couronne céramique métal sur implant: 1 740 € (6 x 290 €).
  - 2 billets d'avion aller-retour: de 80 à 200 €,
    nuits d'hôtel, petit déjeuner inclus: 8 x 42 €.
  
  Une nuit remboursée: moins 42 €.
  Un billet remboursé: moins 150 €.

  Coût global: env. 6 200 € + 454 € (séjour).

**Avec Vyspee chez Premium Dental**


**LE LASER POUR LA MYOPIE**

(En France: autour de 1 000 € par œil.)

**Avec Novacorpus**

- LASIK: 1 000 € par œil.
- PRK: 1 500 € par œil.
FLYING PATIENTS
—Global

Preface
Consumers are increasingly looking beyond their native borders for low-cost, quality healthcare — and if there’s a safari thrown into the package, all the better. Monocle looks at the global hotspots attracting patients wanting anything from hi-tech surgery to a facelift.

Much like data processing and higher education, the market for healthcare has gone global. From Bangkok to Bangalore, Monterrey to Malaysia, peripatetic consumers have made medical tourism a €29bn international industry, growing by nearly 30 per cent each year. Fuelled by rapidly expanding — and ageing — middle classes, some 6.5 million people in both the developed and developing worlds are now shopping for medical services much as they would any premium product: with a focus on cost, quality and convenience.

“More than 3.2 billion people will enter the middle classes over the next 20 to 30 years,” says Josef Woodman, CEO and founder of medical tourism media firm Patients Beyond Borders. “Newly affluent populations aren’t just seeking western-style products such as TVs and iPods; they want western-style medicine as well.”

To meet this demand, international accreditation agencies such as the US-based Joint Commission International (JCI) and the United Kingdom’s Hospital Association (UKHA) have started awarding hospitals now meet JCI standards, with countries like Singapore and Saudi Arabia leading the sector. Armed with these seals of approval — and potential savings of up to 80 per cent — medical tourism facilities market themselves as luxury hotels they often resemble. And thanks to new social media sites such as ZocDoc — which raised $25m (£18m) from Goldman Sachs in September — patients are now empowered to source healthcare that precisely suits their needs, whether across the street or across the globe.

With Americans increasingly underinsured and Canadians and Europeans waiting ever-longer for essential procedures, “western” concepts of healthcare are clearly ready for a rethink. And medical tourism could likely fill this gap. “The ‘general hospital’ model is dying; replaced by incredible growth in specialised treatments” in Asia and Latin America, says Woodman. “This promotes greater efficiencies and economies of scale,” he adds, resulting in lower costs.
Asia’s leading edge
Singapora

Singapore continues to top Asia’s medical tourism league, though regional competitors such as Malaysia and Thailand are snapping at the city-state’s heels. With 30 first-class medical institutions, including Raffles Medical Group, and a healthcare system that keeps on winning accolades (The World Health Organisation ranked it the world’s sixth best in 2000), Singapore is consolidating its place as the Asian hotspot for hi-tech procedures. It helps that the price tag is considerably cheaper than in the US.

The government’s tourism board is co-sponsoring SingaporeMedicine, which promotes and markets the country as a premium medical destination around the world. And thankfully for Singaporeans medical visitor numbers continue to rise – with just under five million people, those hi-tech doctors wouldn’t have enough people to take care of unless they kept on coming from abroad. — L.L.

Riding a baby boom
Israel

Being one of the first countries in the world to successfully carry out in vitro fertilisation (IVF), Israel currently has the highest per capita number of users of the procedure (10 times more than in the UK). Since IVF costs are fully subsidised up to the birth of two children for all Israeli women, Israeli physicians have vast experience. It’s no wonder Israel has become the world’s capital of IVF. A main attraction for western patients is the low price – about €3,000 per treatment, compared with about €11,000 in the US.

“It’s a relatively simple procedure with no hospitalisation involved,” says Danny Engel, VP for marketing at Assuta Medical Center in Tel Aviv, “and the women are, of course, not sick — which means that IVF patients have time to visit the country, shop and act as ‘real’ tourists for most of their time here.” — AS

Pearly queen of Europe
Hungary

More than 200 dentists work in the small town of Mosonmagyaróvar, where dental treatment can cost a tenth of that in western Europe. Thousands of foreigners arrive each year in this idyllic town for everything from implants to whitening treatments or more complicated surgery.

The clinics usually work together with hotels that recommend excursions for guests and offer the “dental taxis” that pick them up from the nearby airports of Vienna and Bratislava. And there are collaborations and initiatives across the community to secure the town’s position as one of the leading dentistry centres in Europe, including a scheme between hotels and clinics where patients get special rates depending on how expensive and lengthy their procedures, giving guests something to smile about. — PLG

Hi-tech healing
South Korea

It’s not only the lure of heartthrob actors and K-pop fandoms that’s drawing visitors to South Korea. The country is becoming a hub for those seeking alternative medical treatments. The technology and treatment modalities available in Korea are breaking new ground, with the country targeting the global market by promoting its hi-tech medical capabilities.

300,000 by 2015, according to the Korean Health Industry Development Institute (KHIDI). Cancer is one increasingly renowned area of speciality, with the country leading the way in merged leading-edge technology with more traditional treatments such as aromatherapy, acupuncture and acupressure in some very impressive ways.”

— T.W.
• **European Society of Human Reproduction and Embryology**
  Europe struggles to meet the challenges posed by PGD patients travelling abroad

• Lyon, France -- A new study has shown that increasing numbers of couples are travelling abroad for **preimplantation genetic diagnosis (PGD)**, and that the **main reason for this cross-border movement is the legal position in patients’ countries of origin**.

• Other reasons for travelling abroad included the **quality of the treatment, test availability, expertise in certain diseases, cost and length of waiting lists** in their home countries.


EUROPE: Comparative costs of dental treatment

According to a recent study of the comparative cost of dental treatment in nine countries, the most expensive country for dental care is England. Cost saving is the primary driver of outbound UK dental tourism.

This study determined that in nine countries the total cost of a standard filling ranged from €8 in Hungary to €156 in England.
A market

Conferences

Magazines

Intermediaries

Associations
There's no doubt that sunshine, sea and beautiful beaches can do wonders for your overall sense of wellbeing. But if it's the 'feel-good' factor you're after Cyprus has just the right medicine. *Luke Chrysanthou* explains.

Cyprus is actively promoting itself as a destination that offers more than the traditional sun, sea and sand. As such, it is now one of the countries leading the drive to open up 'medical tourism' to a wider audience - a logical evolution for an island that combines an outstanding tourist infrastructure, with all the strengths of a modern European state.

Of course, travel for medical purposes is a serious business for everyone concerned, and at the end of the day it is all about the individual getting well. But there's nothing to say that the whole experience can't be as pleasant as possible.
“In the UK this week, medical tourism took another battering in the media. "Overseas 'health tourists' costing NHS at least £40m" was the headline on the BBC web site, resulting from a TV documentary that focused on patients from overseas who are securing treatment under the NHS for free. One third of hospitals were not asking patients whether or not they were resident in the UK and therefore eligible for treatment.

The BBC investigation also uncovered a black market in medical referrals and treatment in which access to GPs and hospital care was being fraudulently bought and sold to foreign visitors by practice administrators.”
• **How medical tourism benefits the NHS**
  Inbound health tourism to NHS hospitals is a significant income earner to the UK's NHS hospitals.

• Around £250m of private patient revenue is generated each year by London's leading NHS hospitals. Much of this comes from international patients visiting to benefit from London's medical expertise. But this very positive side of health tourism receives little or no mention in the UK media.

Medical tourism news 18 October 2012
Issues in the country of origin
Issues in the country of destination

Ethics of professionals, incl. managers?
Inequities between persons and countries?
Increasing/decreasing waiting lists/time?
  Continuity of care?
Consequences in flow of human resources?
  Use of public resources?
  Solving health problems?
  Industry generating revenues?
  Quality standards?
Perspectives: HonCab

A system for exchange of information for hospitals
Analysis of hospitals’ information systems on foreign patients by data collection

A system to receive feedback from patients receiving CB care with a focus on reimbursement issues

A hospital network with a functioning system for information exchange on the practical application of the Directive
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