



The first report on the Cross Border Directive 24/2011

Grado

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Regulatory framework


Cross-border healthcare is a right ensured by the European Regulation 883/2004 (EHIC). It was subsequently extended by the EU Directive 24/2011

R.883/2004

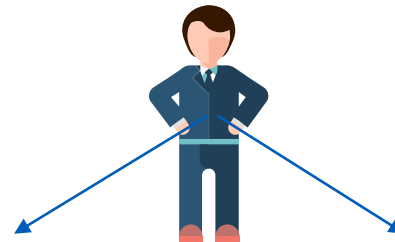
EHIC is a free card that gives you access to medically necessary, state-provided healthcare during a **temporary stay** in any of the 28 EU countries, Iceland, Lichtenstein, Norway and Switzerland, under the same conditions and at the same cost (free in some countries) as citizens in that country.

D. 24/2011

The **EU Directive 24/2011** ensures that EU MSs reimburse patients that received healthcare treatments within the boundaries of another EU Member State

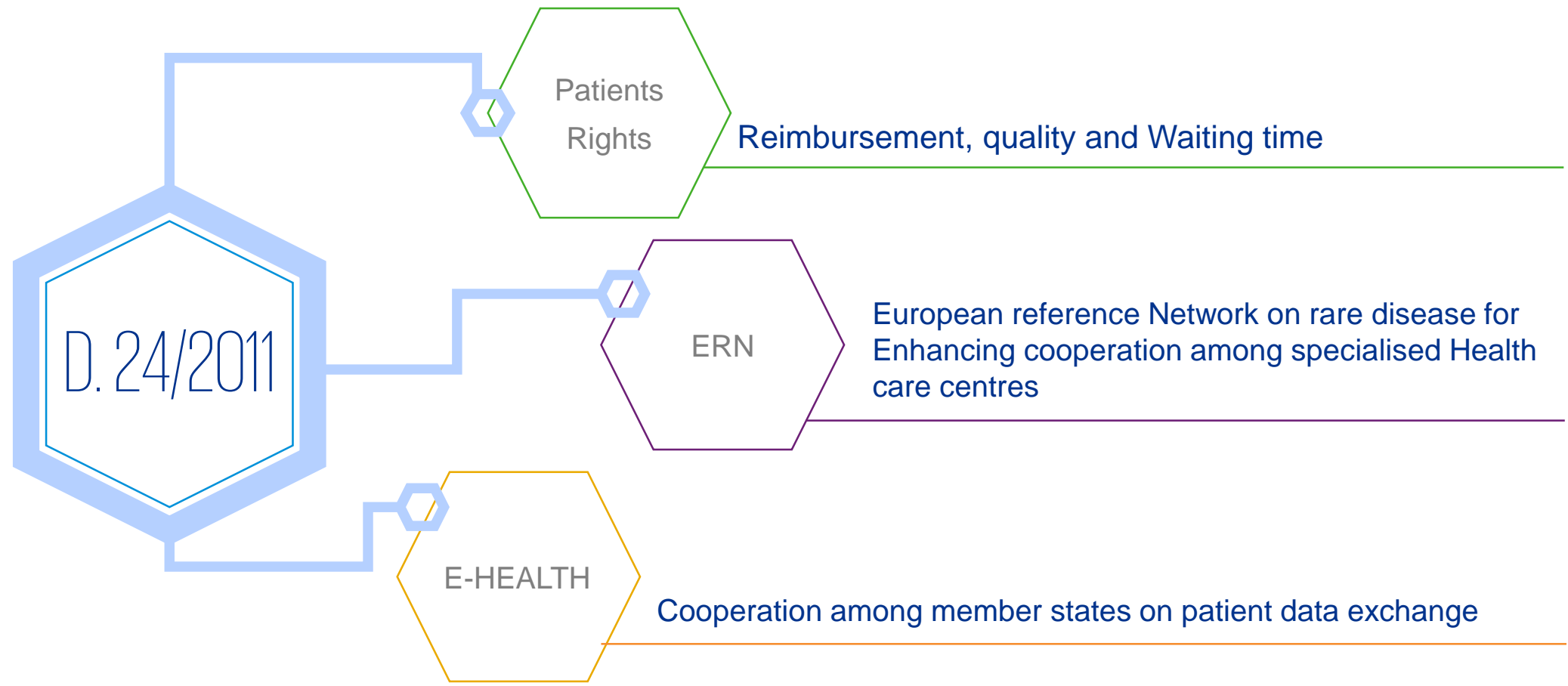


I was sick during my business trip
I had no choice!



I chose to go to that hospital!

The main object of the directive



Aim of the study and scope of the analysis

The EU Directive 24/2011 was due to be transposed by Member States by 25 October 2013. By October 2015 the EC documented on the functioning of the Directive. Before that date it was therefore commissioned an evaluative study focusing on three main topics:



The costs of cross-border healthcare shall be reimbursed by the MS of affiliation up to the cost that would have been assumed by the MS of affiliation had this healthcare been provided in its territory by a public healthcare provider

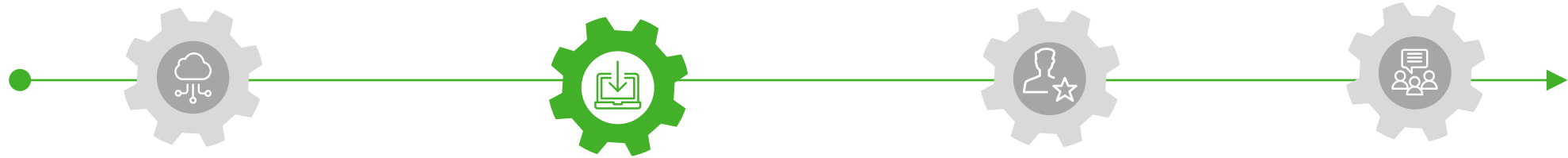


Though the Directive's provisions patients are reimbursed for the healthcare treatments requested. They will therefore have more freedom of choice relatively to the best provider in which they could access



The Directive aims at reducing patients' waiting time by allowing them to choose also foreign healthcare providers within a medically justifiable waiting time

The evaluative* study



- 28 MEMBER STATES
- 12 FOCUS COUNTRIES
- 200 STAKEHOLDERS
- MULTI DATA TOOLS
 - Interviews
 - Survey and eSurvey
 - Pseudo Patient Investigation (mystery shopping)

(coverage: 70% of the EU population)



- DISSEMINATION AND UPDATE
- CONFERENCES
- NEWS
- EU WEB SITES

* **EVALUATION:** Is the use of social (economic, organisational, political etc.) research method to systematically investigate the effectiveness of social intervention programs in ways that are adapted to their political and organisational environment and are designed to inform social action to improve social conditions

Resulttoday

In order to promote the Directive's implementation, each Member State designated one or more National Contact Points aiming at enabling patients to make use of their rights.

The implementation of the Directive need additional effort to allow patients to take its opportunities:



Communication: citizens are not adequately informed on the cross-border healthcare opportunities they have, with a specific focus on Directive's provisions



Reimbursement data: National Contact Points provide few information on the reimbursement level to which patients are entitled



Information on quality: NCPs provide few information on the quality of healthcare providers. These information are usually related to subjective ratings of patients that had been already received treatments in the considered healthcare providers.



Undue delay definition: the medically justifiable waiting time, upon which prior authorizations could be refused, is defined case-by-case and is not previously defined

The opportunities

Despite the operative functioning of the Directive has still to be improved, more and more patients will use its provisions to get hospital treatments abroad.

In order to take advantage cross-border healthcare opportunities a deep communication plan is needed. In addition, healthcare providers will have to enhance and highlight their reputation abroad. The areas to be promoted are:



Specialization

The EU Directive realized the definition of the European Reference Networks. These networks are organized by specialization centres for rare diseases. The healthcare providers that aim at becoming specialization centres will have to apply on a voluntary basis and will be examined in order to verify the quality requirements.



Quality

The healthcare providers could carry out information campaigns and cooperate with NCPs for the development of a tool highlighting the quality of healthcare providers.



Communication and support

Healthcare providers could promote and describe on their websites the reimbursement program and the reimbursement data for the treatments provided in their structures.



Thank you