Cross border healthcare simulation

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Directive on the application of Patients’ rights in Cross-Border Healthcare

- Adopted in March 2011, to be implemented by October 2013

- Rules on reimbursement of care provided in another Member State (< CJEU rulings)

- Flanking measures: quality of care, information, co-operation between Member States
THE SIMULATION: OBJECTIVES

- Understand the likely future impact of the Directive *in practice*
- Forecast potential issues
- Insights on potential bottlenecks and different ways of resolving them
5 groups of stakeholders
- Patients
- Insurers/Purchasers (2X)
- Public authorities
- Healthcare Providers

6 EU countries
- Belgium, France, Germany, The Netherlands, Luxembourg, Spain
- Movements of patients between them
- Different healthcare systems
THE SIMULATION: CONCEPT

- 3 case studies
- Including key issues
  + Prior authorisation
  + Rare diseases
  + Interaction with Regulation 883/04
  + Information to patients
  + Controlling inflows and outflows
- Specific questions for each stakeholder group
THE OUTCOMES: A SELECTION

- Conditions for reimbursement
- Tariffs and supplements
- Invoices
- Prior authorisation
- Information on treatment
- Information on reimbursement
- Language and translation
- Managing the health system
**CONDITIONS FOR REIMBURSEMENT**

- **Insurers/purchasers/public authorities:**
  - Same conditions as for care provided domestically

- **Healthcare providers:**
  - Would not adapt treatment procedures to the requirements of foreign insurers
**TARIFFS AND SUPPLEMENTS**

- **Providers:** Would charge private tariffs (not the “social insurance” tariffs)
- **Insurers:** Some would limit payments to the social insurance tariffs of the MS of treatment
How can insurers know what care has exactly been provided?

- Burden of proof lies with the patient
- Some providers willing to adapt invoices, against payment
PRIOR AUTHORISATION

- Request it may become the general rule
  + Patients: “to be on the safe side”
  + Insurers: To specify reimbursement

- Refusal if specific concerns on quality and safety?
  + Who should check?
  + How to check?

- Expected not to be applied in practice
Who should provide information on treatment options and quality and safety?

- **Patients**: (treating and referring) doctor
- **Providers**: National contact points
- Who is accountable for provided information?
Health insurers:
- Consider themselves as a crucial source of information

Patients:
- Plead for an independent source of advice, health insurers not always impartial
- Decisions too complex, should be taken by competent authorities (e.g. application of Regulation 883/04 or the Directive)
Invoices, medical record, treatment options

Who has to pay: Patient
Who is accountable?
MANAGING THE HEALTH SYSTEM

- Restricting high inflows?
  - Lack of information on number of foreign patients
  - No legal basis
  - Likely not to be applied in practice

- Impact of European Reference Networks
  - Pressure to reimburse care with an EU label

- Transparency on tariffs, invoices, costs
- Information on quality, prices
Directive brings legal certainty on important aspects
Pragmatic solutions likely whilst numbers remain low
Spill overs into the national system
Default position is that the patient is responsible
We can expect that patients will only use the Directive when there is no alternative, better managed option
... And much more:

Jelfs, E. and Baeten, R. *Simulation on the EU Cross-Border Care Directive, Final Report, OSE, EHMA, AIM, 2012*