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EAHM and the Cross-Border Directive

The new European Directive on patient rights in cross-border healthcare was adopted by the European Parliament and the Council of the European Union on 9 March 2011. It establishes, on a European legislative level, the general rule that patients have the right to receive healthcare in a EU Member State other than their own. Patients may be reimbursed up to the level of costs that reflect the level of support they would receive in their own state without distinction between outpatient and inpatient treatment. However, the demand for care may also be based on EU regulation 883/2004 on the coordination of social security systems still applicable and in accordance with the jurisprudence of the Court of Justice of the European Union which provides details on the level of reimbursement.

But beyond purely monetary aspects, the European Affairs Sub-Committee of EAHM has also identified a great challenge, which will be the development of rules related to the future movement of services in healthcare. This cannot happen without effective coordination of all stakeholders, both at government level and on the ground level with patient associations. It is now increasingly necessary to compare hospitals and other health services as well as on a national level, on a greater regional level and on a European level. But to be able to successfully compare them we must agree on a set of shared standards as well as indicators to measure the efficiency of different services. We must define prescriptive and qualitative standards that will enable us to ensure a high level of quality and safety of healthcare activity at all levels. To perform this important task of benchmarking, we will have to put in place a number of essential prerequisites. It is not enough to want to compare, we need the ability to do so.

The management of services must display the necessary transparency and the acts and procedures should be comparable. Maximum efforts should be made to provide patients with the information necessary to benefit from such services. They should be able to compare the services at home and across borders and be properly informed about the procedures they must follow as part of their trip abroad. Services must be comparable in terms of the level of quality and security as much as the costs. There is a risk of intense competition resulting from these new constraints unless we manage to change the system gradually and reflectively in the only direction possible, i.e. maximum quality for the patient while maintaining a realistic level of profitability. Nevertheless, health services must be managed so that the procedures and tools needed to face these new challenges are implemented and assimilated as quickly as possible. At the same time it is necessary to redouble efforts to maintain a level of competitiveness that will allow hospitals to effectively evolve in this new, more competitive environment.

The EAHM also wishes to be involved in the execution of these actions to be undertaken at two levels for successful implementation of the new directive.

1. In each country, with the national associations who will be invited to participate on behalf of hospital managers to assert their views on the creation of new national legislation, particularly when it comes to building management structures for information flow to the patients and other stakeholders.
2. At the European Union level, by working with the European Commission to promote the considerations and visions espoused by the EAHM, especially when it comes to working towards the definition of common standards for quality and research on indicators of quality and low running costs of hospital services.

It is for this reason that the EAHM is organising a follow up event to the November 2011 seminar in Dusseldorf. Again taking place in Dusseldorf in November 2012, the goal of the new seminar is to advance the realisation of the actions identified and to promote procedures that could be implemented at a European level for the high quality management of hospital services. We must be prepared for a new approach to working once the Directive has been transposed into national law in different countries of the European Union. Remember that the text of the Directive states in Article 21 that Member States must implement the laws, regulations and administrative provisions necessary to comply with the Directive by 25 October 2013.

We must not wait for that date but starting acting now, performing the tasks needed to work effectively with all health stakeholders in the EU who are confronted with the same challenges. Hospital managers must work in the spirit of healthy competition by learning from each other across borders. Do not forget that it will be the patient who decides as an informed customer. We believe that we will be able to make a positive assessment of this important work over the next two years and that we will be able to present the positive outcome of these actions at the next EAHM congress, likely to be held in Luxembourg in 2013. Author: Marc Hastert EU Affairs Subcommittee

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