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EU Affairs

Meeting the Challenge of Patient Mobility within the European Union

Rory Watson

Health Ministers from almost all 15-member states met for the first time in February to discuss patient m o b i l i t y within the European Union. The existence of this newly created high-level group in Brussels is powerful confirmation that public health policy cannot consider itself immune to developments in the European Union.

The fundamental remit of the group is to determine how to react to a series of European Court of Justice (ECJ) judgements which have opened the door for patients from one EU country to be treated in another and to have the costs reimbursed by their national health authorities or insurance companies. It has taken a long time for the group to be formed - the first ECJ rulings were over four years ago. But that delay merely underlines the sensitivity of many of the issues involved. Despite the group's existence, there is firm recognition that the sole responsibility for the provision and financing of health care remains with national governments. That will continue to be the case. David Byrne, the European Commissioner with responsibility in this area, has repeatedly underlined that the Commission has no intention of meddling in the management of health care systems.

But now that the ECJ has confirmed that patients can travel abroad for treatment, albeit subject to certain conditions, governments and health authorities have to find ways to ensure that these rights operate to the benefit, not the detriment, of health care systems.

As John Hutton, the junior British health minister, explained: "Cross-border health care is inevitably going to increase. Our job is to find a sensible set of arrangements for a satisfactory process.

The European Commission, which chairs the group, has identified four general themes which must be addressed: European cooperation in sharing resources; information provision for patients, professionals and policy makers; access to, and quality of, the care provided; and reconciling national and European obligations.

At one level, the group will have to consider the direct consequences of the ECJ's judgements. These leave a number of questions unanswered, most notabl how long should the waiting period for treatment in patients' home countries be before they are entitled to receive care abroad?

But the issues to be considered by the group extend further than the court's decision. For instance, if hospitals in one member state are unable to handle demand, but those in another have capacity, then patients travelling abroad for treatment need to be reassured about the standards of health care they will receive.

Health care cooperation already exists in parts of the Union. France, Germany, Belgium and the Netherlands have made efforts to create hospital administrative structures either side of the border as compatible as possible. Similarly, in more sparsely populated areas such as Scandinavia, centres of excellence are being developed. These enable hospitals to have a sufficient volume of patients to justify the heavy investment costs involved in the use of technologically advanced medical equipment.

Earlier this month, Britain and Belgium gave a practical demonstration of how this trans frontier cooperation can work. Mr. Hutton and Belgian Social Affairs Minister Frank Vandenbroucke signed a framework agreement to encourage cross-border patient mobility and the exchange of

experience in the field of healthcare.

Under the agreement, the English national health service (NHS) authorities involved will pay for the cost of treating their patients in line with the relevant tariffs applied in Belgium and where these do not exist, according to the costs agreed with individual hospitals. This is designed to respect the principle of equality of treatment between NHS and Belgian patients. This is the stipulation that the former do not receive priority over the latter.

The cooperation is reciprocal. English authorities are prepared to share their longstanding expertise in the fields of health technology assessment and evidence based medicine. This exchange of information will be primarily focused in the areas of drug treatment, diagnostic and therapeutic procedures, medical devices and needs assessment and forecasting. The agreement also sets out clearly the practical and contractual arrangements English health authorities and Belgian hospitals will apply as they develop this new form of cooperation.

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