HealthManagement
Promoting Management and Leadership

Volume 5 - Issue 3,2006 - News

EU Constitution Expands Health-Care Role of Union

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This article summarises the provisions for health, which will be introduced by the new constitutional treaty, if ratified. It also explains possible reasons for the French 'no' vote and how this reasoning is observed in other political debates at a European level, which also impact the health care sector.

The decision by European leaders in June to call a halt to ratification of the Union's new constitutional treaty will have repercussions for the health sector. The controversial text contains a number of innovations designed to pave the way for the Union to play a greater role in coordinating, complementing or supporting national action. If the treaty is eventually ratified, these innovations are unlikely to take effect before 2008 - over a year later than originally envisaged. If it is not, then they will remain moribund.

The current treaties already permit EU action to ensure a high level of human health protection. The constitution, however, explicitly expands this to cover 'physical and mental health' and allows the Union to monitor, give early warning of, and combat, serious crossborder threats to health. It encourages authorities to ensure the complementarity of health services in cross-border areas through the use of guidelines and indicators, exchange of best practice and regular monitoring and evaluation of the facilities available, and their use.

The draft constitution makes it clear that the EU and national authorities have shared responsibility in certain areas. High standards of quality and safety of organs and substances of human origin and blood, and measures to protect public health in the veterinary and phytosanitary fields already exist. To these are added similar quality and safety measures for medicinal products and devices for medical use, as well as measures to tackle crossborder health threats. It also specifies targeting tobacco and alcohol abuse. In addition to detailing areas of potential EU involvement, the constitution contains a stronger statement of the primary responsibility of member states "for the definition of their health policy and for the organisation and delivery of health services and medical care". The absence of the treaty will not prevent pragmatic cooperation between national health authorities where they consider this appropriate, but it weakens the potential involvement of European institutions, either as coordinator or facilitator, in such initiatives.

One of the main reasons that French, but not Dutch, voters opposed the draft treaty was that they feared it would undermine their particular social model by introducing a heavy dose of Anglo-Saxon economic liberalism. The debate on which economic route the Union should take is now very evident in the negotiations to amend EU legislation, for example on working time.

The wider economic debate is also making its presence felt in another area: the proposal to liberalise the provision of services in Europe (see also EU News, IM issue 2/2005, p. 10) The Commission, under pressure from several countries and professional organisations, has indicated that it is prepared to see the health sector excluded from the scope of the legislation. However, in opposition to the Commission and the responsible European Parliament rapporteur's report (by Evelyne Gebhardt), some MEPs do not agree to a health exception. As Sophia in 't Veld, a Dutch Liberal MEP, explains: "If health is not in the internal market and covered by the legislation, it will be forced on us anyway by the European Court of Justice. It will happen one way or another and it is better we take a political decision."

As if to underline her words, the Luxembourg-based judges have recently issued two judgements demonstrating their ability to use internal market rules to influence the organisation of the health sector. Both cases involve the provision of medicines. In the first, the Court ruled that the provision in France's Public Health Code stating that 'medical products imported into the country for personal use need prior authorisation', broke EU rules since it was a barrier to the free movement of goods. The Court also concluded that the practice was illegal even for medicines that were authorised in the Member State where they were purchased, but not in France.

In the second case, the Court criticised the operation of Sweden's monopoly system of retail sales of medicinal preparations which, since 1970, has been handled by Apoteket, a state-controlled company. The Court ruled that the system of selecting the products operated by the monopoly was liable to disadvantage medicinal preparations from other Member States and should therefore be changed.

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Agfa Selected as Accenture Subcontractor to Supply Digital Radiologysolutions for NHS IT Project in England

Agfa-Gevaert has been selected by Accenture to provide digital radiology imaging-management solutions to the North East and East clusters in England as part of Accenture's work for the National Health Service's PACS and Computed Radiography (CR) programme.

This contract extends Accenture's work for CfH, the NHS' long-term programme to deliver an improved integrated care record service. The NHS program is considered to be the world's largest government-sponsored rollout of health care IT solutions, and the North East and East clusters encompass 30 trusts made up of 75 hospitals that conduct approximately 10 million radiology exams per year.

The CfH program will integrate radiology images across England, ultimately allowing images stored in the North East and East regions to be transmitted and viewed digitally with Agfa's IMPAX PACS solutions.

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A First in Biplane Cardiology Systems

Siemens Medical Systems displayed its Axiom Artis dBC Magnetic Navigation device this month. The system uses digital flat detector technology to navigate catheters and guidewires to create the first biplane product designed for the cardiology suite.

The device is designed to allow doctors to perform procedures more quickly and, in addition, to allow doctors great access to anatomically difficult areas of the body by the use of magnetically guided catheters. The new device combines biplane flat detector and on-line magnetic navigation technologies, offering a better imaging with less radiation exposure to patients.

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Philips Helps Radiology Administrators Explore Best Strategies in Digital Radiography Transition

Philips Medical Systems has rolled out its Digital Radiography: An Administrator's Guide helping radiology administrators manage the sometimes daunting process of transitioning to digital radiography (DR). Philips has captured the experience of radiology and Picture Archiving and Communication Systems (PACS) administrators from community and academic hospitals who have managed this transition in order to assist others in their decision- making process.

The new Philips publication covers the basics of DR, assessing imaging needs, strategic planning, budgeting and implementation, and in-depth case studies. The guide can be obtained by visiting http://www.medical.philips.com/goto/DigitalRadiography. Philips has also just released a CD with an investment justification for DR, a pro-forma model to determine the financial break even point for leasing DR, and estimates of the impact of going digital on workflow efficiency and costs.

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Medical Display Technology for the Swiss TriPACS Program

Barco’s premium diagnostic display systems have been selected for the Swiss TriPACS project. The TriPACS system will allow the radiology departments of three hospitals in Zürich and Winterthur. to digitally view, exchange and store their medical images with great ease, thereby optimising their workflow and enabling better patient care.

Within the framework of this program, 40 Coronis premium display systems will be integrated into the hospitals’ Agfa IMPAX PACS systems in multiple phases. These displays were chosen for their intelligent I-Guard sensor technology, powerful display controller and user-friendly softcopy QA functionality all optimising the system’s image quality.

The integrated I-Guard sensor, in combination with Barco’s softcopy QA software, assures DICOM quality over the entire life cycle of the display, without the need for human intervention.

The MediCal Administrator software allows users to access the information in the entire display base and carry out QA checks from any remote location. Technicians or system administrators are automatically notified via email, mobile phone or SNMP if one of the hospital’s display systems performs below standard. A web interface provides access to the consistency data of all the installed displays, for scheduling of maintenance operations and reduced workloads.

Published on : Thu, 20 Apr 2006