# THE FIRST DIRECTIVE FOCUSSING ON 'PATIENTS' RIGHTS' – WHAT DOES THIS REALLY MEAN FOR PATIENTS ?

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Bucharest, Romania 23 April 2015

A STRONG PATIENTS' VOICE TO DRIVE BETTER HEALTH IN EUROPE



- Recognition in EU law that patients have a right to crossborder healthcare and to be reimbursed
  - Right to information creation of a NCP in each Member State
- Right to a copy of the medical record; Right to appropriate medical follow-up; Recognition of prescriptions made abroad
- Transparency of quality/safety standards for healthcare
- Legal basis for MS co-operation on eHealth and HTA, rare disease, quality/safety standards











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1 - Basic principles

- Patients have right of reimbursement when they receive healthcare in another EU MS
- The level of reimbursement is up to cost of treatment at home
- Quality and safety standards / legislation of Member State of treatment applies





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# **2 - Prior Authorisation**

- Prior authorisation possible for

   a) overnight stay; or
   b) highly specialised and cost intensive healthcare ("hospital care")...
- Authorisation may be refused if no "undue delay"...
- ...and that decision must be "properly reasoned"









## Question 1 - How much will I be reimbursed?

- Same fees as for domestic patients
- Reimbursement = same amount as "at home for similar treatment"
- Member States must have a transparent mechanism for reimbursement – based on objective, non-discriminatory criteria





# Question 1 – How much will I be reimbursed?

Example

	At home	Country A	Country B	Country C
Treatment cost	€100	€120	€90	€75
Reimbursement	€80	€80	€80	€75
Patient pays	€20	€40	€10	None

 What about travel costs? Member States are obliged to cover only the cost of treatment BUT they can decide to reimburse the full cost of the treatment and extra costs.



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## Question 2 – Do I have to pay upfront?

Yes: Patient have to pay and claim back the expense afterwards





→ Role of Patient organisations: should advocate in favour of direct payment to increase equity of access

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## National Contact Points have to be created by the Member States

## What information can I ask to the National Contact Point?

- NCPS should provide <u>all information needed</u> for a patient to make an informed choice: rights, entitlements, reimbursement, appeal processes, quality and safety standards, ...
- Easily accessible, available electronically, accessible to people with disabilities
- NCPs have to consult with patient organisations, healthcare providers, healthcare insurers

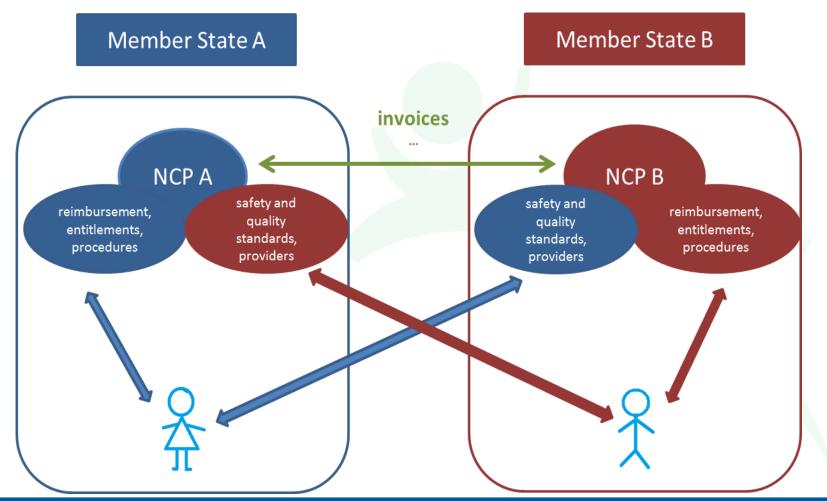


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# 4 - Information to patients

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## **The Role of National Contact Points**



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# 4 - Information to patients

## And what about healthcare providers?

- Healthcare providers should also provide the information needed to help patients make an informed choice:
  - treatment options and their availability
  - quality and safety of the healthcare
  - information on prices
  - clear invoices
- They must also provide information about their authorisation /registration status and professional liability insurance (Article 4(2)).





# 5 - Minimum patients' rights



- Right of appeal on authorisation and reimbursement decisions
- Right to transparent complaint procedure and to seek redress (all treatment must be covered by liability insurance or similar guarantee)
- Right to privacy
- Right of access to/copy of medical records
- Non-discrimination: access and prices



# 6- Directive or Regulation?

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## The Directive

- Covers ALL providers
- NO prior authorisation (in certain cases only)

## The Regulation

- only cover public-sector or contracted providers
- require prior authorisation
- BUT cover patient's actual costs
- AND possibly better for rare diseases



- Which one is best? Sometimes it is better for the patient to access care abroad under the Regulations than the Directive (with prior authorisation)
- How do I know? NCP is obliged to inform patient which regime is better

vs.

# Cooperation on guidelines for

- quality and safety
- European Reference Networks
- Health Technology Assessment
- eHealth
- Cross-border healthcare in border regions

# 7 - Co-operation between health systems





# The EU Directive on cross-border healthcare

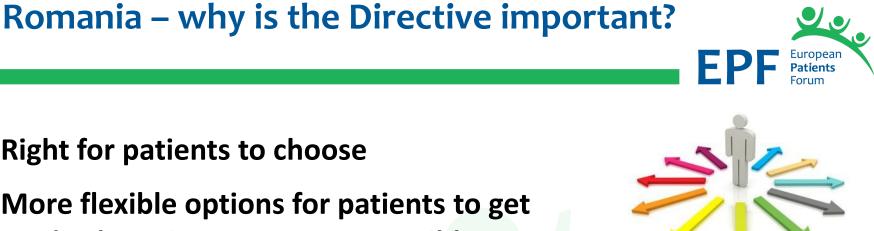




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- **Right for patients to choose**
- More flexible options for patients to get medical services as soon as possible
- It will stimulate providers to strive for **improving quality** – important for patients in Romania who access care "at home"
- Patients and patient organisations can use them to get informed about their rights, the safety and quality of treatment and how it compares to other MS





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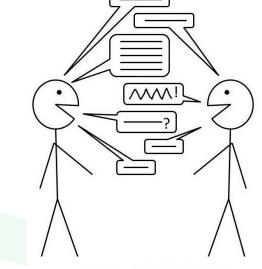
# Some areas of uncertainty/concern

- Implementation so far Member States are in different stages, will all comply?
- Equity will cross-border healthcare be an option for all citizens?
- Information and support will NCP become an enabling service or a gatekeeping mechanism?





- Engage with your NCP, give feedback on how it serves patients
- Ask your government to set up a system for direct payments and/or prior notification
- Give feedback to EPF and the EC on all aspects of implementation – how it "works" for patients (and when it doesn't)
- Provide information on your organisation's website







# What can Patient organisations do?



- Transposition check
- Monitoring of transposition by individuals and stakeholders
- Reflection on functioning of National Contact Points
- Regular reporting by Commission to EP and Council, with recommendations



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