



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

**Cross Border Directive
and the
National Contact Point**

The Irish Experience



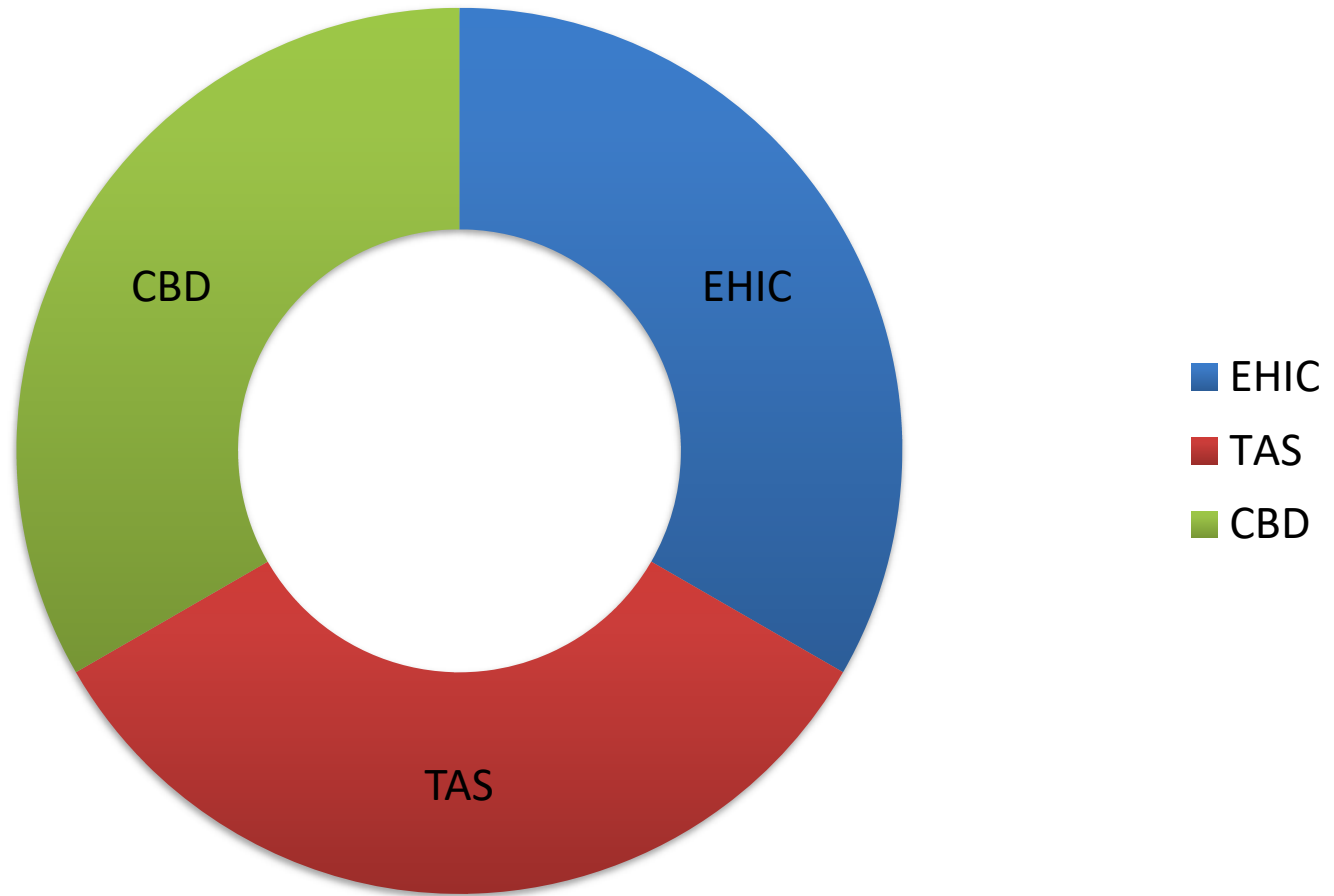
- **‘an area without internal frontiers in which the free movement of goods, persons, services and capital is ensured’.**
- Contained in the EU treaties there are four key principles to the European Single Market, two of these principles the Free Movement of Persons (TFEU, Article 45) and the Freedom to Provide Services (TFEU, Articles 56 and 57) are the justification for the EU for the introduction of the Directive 2011/24/EU now commonly referred to as the Patients’ Rights Directive (PRD) or the Cross Border Directive



Healthcare is a service within the meaning of the EU Treaty

- *If a patient is entitled to a treatment at home he or she is entitled to reimbursement for that treatment if availed of in another EU/EEA country*
- *Reimbursement is up to cost of that treatment in the home system*
- *For some treatments (“hospital” care), health systems may require patient to seek “prior authorisation”*

Healthcare Co-operation Across EU States



European Health Insurance Card (EHIC)



- EHIC is used to cover the cost of necessary care while travelling within the EU/EEA or Switzerland.
- Necessary care includes unforeseen healthcare resulting from illness or injury which occurs while abroad.
- Necessary care also includes care for chronic conditions (e.g. dialysis) or pregnancy while abroad which if not provided could restrict a persons right to free movement.
- The EHIC can be used for GP, pharmacy or public hospital costs.
- Invoices for the cost of care provided are issued between governments.

Treatment Abroad Scheme (TAS)

Reg 883/2004

- Based on EU Regulation, the TAS is strictly public to public referral.
- Authorisation for treatment under TAS must be sought and granted prior to availing of the treatment otherwise the patient is liable for the cost.
- Referral by the treating consultant to another EU/EEA country or Switzerland for a treatment which is not available in Ireland.
- No entitlement to travel or subsistence but the HSE on a discretionary basis covers the cost of flights for child and one adult (parent or guardian).
- Government to government payments.

Cross Border Healthcare



Patient Referral by
GP or Consultant



Community Care
Service



Acute or Tertiary
Hospital Service



EU/EEA



The CBD

- Patient entitled to access care in another EU/EEA country which he/she is entitled to in Ireland.
- The patient pays for the treatment and claims reimbursement from HSE at the cost of the treatment abroad or the cost in Ireland – whichever is the lesser.
- Travel expenses are not covered.



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The HSE operates a National Contact Point for persons entitled to public patient healthcare in Ireland.



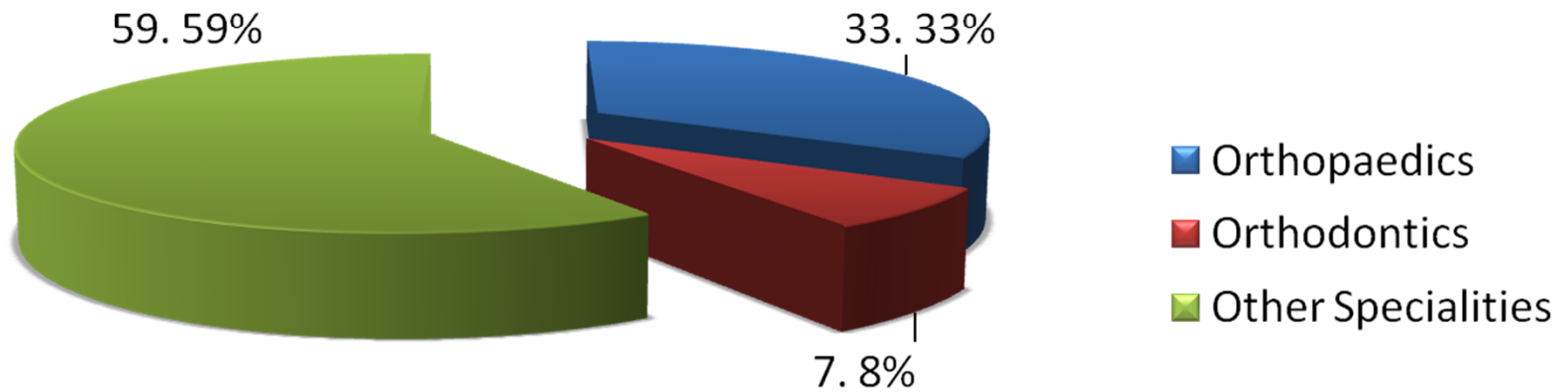
CBD Activity

Activity	2014	2015	2016	2017 (Jan – Oct)
Total number of forms issued	37	1594	2515	3390
Number of queries to the NCP	94	4591	5571	4354
Number of prior authorisations processed	30	219	324	1016
Number of reimbursements	148	150	1025	901
Total value of reimbursements processed	€29,264.79	€542,106.53	€1,447,698.61*	€3,210,797.97*

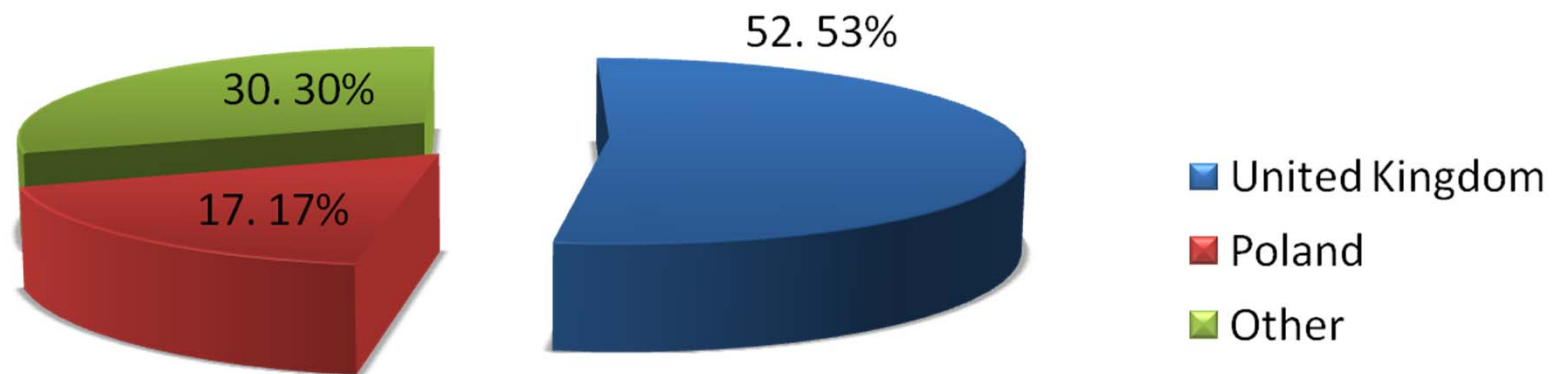
*for reimbursement are received in arrears so the reimbursement values will change on an ongoing basis.

Breakdown by Speciality

Breakdown by Percentage



Breakdown by Country of Treatment



Access to Care

- Waiting lists
- CBD is contingent on public pathways
- Pathways differ from country to country e.g. Ireland versus Poland

Queries to the NCP in Ireland



Queries (telephone, email, etc)

2015

2016

4,591

5,571

<i>Queries (telephone, email, etc)</i>	
2015	2016
4,591	5,571



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Too good to be true



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Lack of Information





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Cultural Barrier



Case Study – A hip replacement in France

- MJ is a fluent French speaker.
- A former professional dancer and currently teaches yoga but was unable to work due to hip pain.
- On a waiting list for inpatient treatment (hip replacement).
- Applied for prior authorisation for hip replacement in France.
- Had a double hip replacement in France.
- Was fully mobile within 10 days of the surgery.
- *“I can’t tell you how much I appreciated the help and support you gave me at that time of great darkness in my life. It has been months since my hip surgery in Paris and my recovery has been amazing. With the hip pain gone, my life is truly coming back!”*

Case Study B – Hip replacement France

- Sought hip replacement in France after chance meeting with MJ in an outpatient waiting room.
- Had double hip replacement with ceramic implants (which do not need revision).
- Irish reimbursement rate €10,931 per hip total €21,862 max reimbursement rate.
- Cost in France was €19,462 but was reimbursed €19,453 as the cost of the TV in the room was not reimbursable!
- When contacted 10 days post surgery, CD apologies for missing the call as she was Hoovering and didn't hear the phone! The point being that 10 days later her life was back to normal – consider this against waiting list times.

Case Study C – cleft palate

- SR was diagnosed with a cleft palate pre-birth during the mother's ante natal care.
- Both parents were from Eastern Europe.
- The parents sourced corrective surgery in the Czech Republic and scheduled the intervention for a few days after the baby's birth.
- The maximum reimbursement rate for the surgery in Ireland was €10,241.
- The actual reimbursement value claimed was €993.54 being the cost of the surgery in the Czech Republic.

Case Study – Irish Olympic Athlete

- An Irish olympic team athlete was diagnosed with a heart condition that would impede training in Dec 2014.
- Upon diagnosis the athlete contacted the NCP in December.
- The athlete organised the necessary intervention in the private sector in London for March 2015.
- In June 2015, the athlete had already returned to the olympic training regime.
- The maximum reimbursement rate for the treatment was €14,876 but the actual reimbursement claimed was €13,916.

Lessons from Case Studies

- Language can be barrier but this can be over come.
- When MJ returned to Ireland she passed on her experience to other patients in the outpatient waiting room, a number of whom then used the CBD to access their care. Patient advocates are the greatest promoters of use of CBD healthcare.
- The CBD has the capacity to enable patients meet their medical needs in a timely manner.

Lessons learned from case studies

- **The CBD allows Irish residents from other EU/EEA countries ease of access to care in their home country if they so choose.**
- **Care in certain countries may be considerably cheaper or indeed considerably more expensive than in Ireland.**



Lessons learned from case studies

- Access to the private health sector under the terms of the CBD is a significant advantage when timeliness is a major factor.
- The private health sector is not necessarily more expensive.



32

National Contact Points

It is of specific interest in this extremely important area there are no formal or indeed informal mechanisms whereby the 32 National Contact Points can meet as a group with the EC (and/or the EPF) to discuss the operation of the Directive around Europe.

Let's talk!



The HSE Cross Border Directive National Contact Point

is a Gate Way and not a Gate Keeper and assists patient's coming to and going from Ireland who have chosen to have their planned treatment in line with the provisions of the Cross Border Directive.

The National Contact Point Office Contact Details:

Telephone: + 353 56 7784546

Facsimile: 056 7784549

Email: CrossBorderDirective@hse.ie

Webpage: www.hse.ie/crossborderdirective



Thank you!



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