

# 7th European Health Forum Gastein 2004

*"Global challenges for health -  
European approaches and responses"*



## **Patients' Mobility and Health Systems in Europe: The Next Five Years**

### **Media information on October 8th 2004**

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Whether it is to save money or to enjoy medical treatment that is not offered in one's own country – there are many reasons for the increasing mobility of European patients, but there still exist as many barriers. Despite growing popularity the total of European patients who have themselves treated abroad only amounts to two percent. Moreover, the major part of it is restricted to the so-called "cross border"-areas, that is, patients "only" drive into their neighbouring countries and do not travel longer distances, Magda Rosenmöller, speaker at the Spanish IESE Business School with a focus on Health Management, put into perspective yesterday, October 7<sup>th</sup> 2004, at the European Health Forum Gastein:

"The primary weaknesses in Europe are of a truly elementary nature: patients do want to have themselves treated abroad, but they fail to overcome bureaucratic obstacles, language barriers or to understand the completely different systems." Point in case, there are 17 different kinds of electronic health care in Spain at the moment ("e-card") – for foreigners an almost impenetrable bureaucratic jungle, emphasises Rosenmöller. Add to this the insecurity that many people feel about whether their health insurance covers the cost for medical treatment abroad. There, in fact, often is a lack of adequate contracts between the different national health insurances. It should not come as a surprise, then, that the confusing regulations concerning the health systems may eventually discourage citizens to transfer, in the true spirit of the freedom of mobility, their place of residence and work to another EU-country, adds Rosenmöller.

#### **Europe-wide Contact Point as an Objective**

A possible solution could be a central contact point with an identical organisation in all EU-nations. This would not only reduce bureaucratic expenses but also offer new possibilities to inform potential patients. However: "If, in this case, the mobility of patients keeps growing, we would face the almost impossible task to plan ahead the necessary amount of staff and infrastructure, because the number of patients could fluctuate constantly", warns

Rosenmöller. Then some hospitals might have to cope with a capacity overload, while others could be almost empty.

By contrast Rosenmöller fully supports the idea to have leading European doctors concentrated at one place if required. This would encourage the important exchange amongst specialists and, because of the concentrated knowledge, would make the best treatment of difficult diseases possible. "This could mean a boost to the efficiency of health care", said Rosenmöller.

### **Necessity to cede Sovereignty**

EU-members already show the necessary consciousness for the problems, but now the task is to approach a solution step by step, that can be put into practice. "But European health policy resembles national security: nobody wants to cede any sovereignty." However, if the mobility of patients wants to be coped with successfully, this would be an absolute necessity, explains Rosenmöller.

Another problem looms ahead: in order to plan the future volume of patients in the Union, detailed data is a must. So far, however, there is still a lack of reliable statistics as responsibilities to collect the necessary data within the national health systems are often easily rejected, stresses Rosenmöller.

### **Research Team to Deliver Results**

To improve the situation, Rosenmöller recently decided to lead an international research team, which, by offering detailed case studies, hopes to provide the EU politics and the European Court of Justice with a thorough foundation for future decisions. Working together with various other European institutes the objective is to both illuminate the dimensions of patients' mobility and the international cooperation of the different national health insurances as well as concrete possible solutions. Even though the project will continue up until the year 2007, Rosenmöller hopes to present first results already at the European Health Forum Gastein 2005.