



EHFG 2011: PATIENTS' MOBILITY "STRONG INCENTIVE FOR ENHANCING QUALITY OF CARE"

Patients and health care providers are increasingly crossing borders within the European Union to deliver or receive treatment. New EU regulations are trying to come to grips with what has long been recognised as a right of citizens to do so. Motivations vary among member states and social groups, but specialty treatment and speed of access are important factors. While cross border care is potentially a strong incentive for enhancing the quality of therapies, health telematics should also be used where possible to let patients and carers stay where they are, experts told the European Health Forum Gastein.

Bad Hofgastein, 6 October 2011 -- “The central principle within the EU of freedom of movement for people, goods and services also applies to the freedom of patients to find the best health care solution, fitting to their personal need and preferences,” Albert van der Zeijden, Vice President of the European Health Forum Gastein (EHFG), today told the meeting.

The European Court of Justice issued its first ruling on this principle as far back as 1998. But it was only this year that the European Parliament and Council formally adopted a directive on the application of patients’ rights in cross-border healthcare aimed at providing greater clarity governing such care and the reimbursement of its costs. The directive covers responsibility for quality and safety and strengthens cooperation in areas such as networks of reference centres for specialised care. However, it still needs to be adopted as national legislation in member states, some of whom are strongly reluctant to go along. It may therefore take more time than the prescribed thirty months, in addition to further discussion, before the principles of uniform implementation are accepted throughout the EU.

Generally people prefer their healthcare closer to home, though in a 2007 “Eurobarometer Survey” a little over half were open to the idea of treatment in another EU country. “As the survey also showed, quicker access to treatment is sometime a factor when patients opt for a different country, as is a specific expertise, or because the nearest hospital is just across a border,” Albert van der Zeijden said. “Though cost is cited least, it is still a factor for nearly half of EU citizens surveyed.”

Strong quality incentive

There is a “strong advantage of cross border treatment from the patients’ point of view: Cross border care is potentially a strong incentive for enhancing the quality of care, as the health care systems have to take into account the health care successes in other countries,” Albert van der Zeijden noted. “Just as with the opening of markets in goods, competition generates greater efficiency in terms of combined price and quality. If enough patients vote with their feet, their home providers will presumably be pressured to explain why.”

Though the willingness to travel for care varies widely among member states and social groups, according to a 2007 European Commission report, patient mobility is often motivated by dissatisfaction with home country health care provision.

Technology enticing patients while creating privacy concerns

According to the EHFG Vice President, “patients should have the freedom to make a choice for the best treatment option but in general also should not be forced to accept treatment abroad. The acceptance of treatment should always be based on the principle of well-informed consent.” The Internet and internationally trained health professionals are among the factors making patients better informed consumers claiming the right to choose their own provider.

But “cross border care is also tremendously challenging the patients” needs for information and privacy,” according to Albert van der Zeijden. “Data related to people’s health is particularly personal so cross-border access to and exchange of such data is sensitive.”

An analysis by the European Data Protection Supervisor (EDPS) has defined two main areas of concern in this regard: different security levels among member states in terms of technical and organisational measures; and integration of privacy in e-health applications. A guarantee of security and privacy is no stronger than the weakest link in a chain, the EDPS argues; so if an organisation in one member state is insufficiently vigilant, the security of all data could be compromised.

Rare disease patients

“Cross border care can be a matter of life and death for people with a rare disease. Subsidiarity can never be an excuse to deny such care across borders,” the EHFG Vice President stressed. “Patients with a rare disease sometimes cannot find diagnosis locally, or may prefer to access a centre of expertise based in another country. Some rare diseases are not even recognised in all countries, let alone treated, and small countries are often less able to offer comparative medical services.” Some of the 6,000 to 8,000 known “rare diseases” affect as few as dozens of people, while others afflict several hundred thousand. Overall, between five and eight percent of the EU population are affected, meaning at least 25 million people suffering from widespread diseases designated as “rare.”

In sum, cross border care within Europe is an increasing reality, and it is working both ways: patients going abroad and health care professionals coming to the patients. To further enhance the benefits, as Albert van der Zeijden points out, “health telematics should also be used where possible to let them both stay where they are, whilst the care itself crosses the borders.”

The EHFG is the most important conference on health care policy in the EU. This year it attracted more than 600 decision-makers from 45 countries for discussions on the latest developments in health care policy.

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