"HIGH QUALITY HEALTHCARE IN EUROPE"

ROUNDTABLE REPORT

11 September 2008, European Parliament, Brussels

1. INTRODUCTION

On 11 September 2008 the Council of European Dentists (CED) and the Standing Committee of European Doctors (CPME) organized jointly a roundtable entitled "High Quality Healthcare in Europe." The focus of the roundtable was the Commission's recent proposal for a Directive on the Application of Patients' Rights in Cross-Border Healthcare (COM(2008)414 final) and the purpose of the event was to bring together Commission officials, MEPs and stakeholders to discuss the draft Directive in a wider institutional and political framework.

The roundtable took place on the premises of the European Parliament under the patronage of Othmar Karas, MEP (EPP). The debate was moderated by Dr. Mathias Wismar, Senior Health Policy Advisor at the European Observatory on Health Systems and Policies. The Commission proposal was introduced by the EU Commissioner for Health and Consumers Androulla Vassiliou. Participants in the debates that followed were: DG SANCO Head of Unit Bernard Merkel, MEPs Bernadette Vergnaud (PES) and Holger Krahmer (ALDE), as well as Presidents of the CED, Dr. Orlando Monteiro da Silva, of the CPME, Dr. Michael Wilks, and of the European Patients' Forum, Dr. Anders Olauson. The roundtable attracted a wide audience of over 130, including Brussels-based policy makers and representatives of associations with an interest in health policy from around the European Union.

2. WELCOME BY OTHMAR KARAS, MEP (EPP)

MEP Karas welcomed the participants and thanked the organizers for their initiative in organizing an exchange of views on the draft Directive. He reminded the audience that healthcare had been excluded from the general Services Directive and that the present draft Directive aimed to fill a gap in this respect, while at the same time respecting the basic principle of free movement of persons and the specificity of the health sector. The draft Directive is expected to define the rights of individuals to healthcare without jeopardizing the quality of health services or weakening the national healthcare systems that are in many EU countries already under substantial financial pressure. The Directive should strike a balance between quality standards for cross-border healthcare, patients' rights and funding mechanisms.

3. KEYNOTE ADDRESS BY ANDROULLA VASSILIOU, EU COMMISSIONER FOR HEALTH AND CONSUMERS

Commissioner Vassiliou characterized the draft Directive as the most important initiative in the health sector during the current Commission's mandate. She acknowledged that the discussion leading to the adoption of the Directive is likely to be difficult, but hoped that an agreement could be reached on a workable and useful document that would address major concerns of patients in Europe.

She explained that the draft Directive was based on two pillars: the first was based on the Court of Justice jurisprudence and sought to define patients' rights, ensure safety and quality, and clarify conditions of reimbursement, and the second aimed at establishing a new framework for increasing cooperation between Member States, sharing best practices, and increasing synergy between Member State and EU level initiatives in certain health related fields. The end result would be a more efficient and a more coherent system for patient mobility and cross-border access to health services. The Directive is not promoting patient mobility for its own sake but only clarifying patient rights as enshrined in the Treaty and as already applied in the European Court of Justice jurisprudence.

On the issue of reimbursement, the Commissioner clarified that the draft Directive would not modify the existing framework of social security schemes under which EU citizens are reimbursed in full for treatment in another member state on the condition of prior authorization. Rather, the two systems would exist in parallel, with the new proposal expanding patient choice on where to get treatment while being reimbursed up to the amount they would have paid for the same treatment in their own country. Prior authorization for hospital care would be included in the Directive as a tool for Member States to protect their healthcare systems.

The proposed legal framework was structured around three main areas. First, it reaffirmed the common principles of all EU health systems: universality, equity, access to good quality health care and solidarity. Second, the Directive clarified the entitlements of patients and related conditions to receive healthcare in another Member State. Third, the Directive established a new framework for European cooperation in key areas for the future.

While the Directive encouraged the setting of quality and safety standards, the Commissioner asserted that they would be defined by Member States as the Directive respected the principle of country-of-origin responsibility for provision of healthcare. Among other provisions of the Directive, the Commissioner highlighted the establishment of European Reference Networks, new mechanisms for data collection, and facilitation of cross-border recognition of medical prescriptions.

The Commissioner acknowledged that the present draft Directive did not address all relevant questions in the health sector. Most notably, the cross-border mobility of health professionals continues to be covered by the Directive 2005/36 on the recognition of professional qualifications; other issues related to health professionals will be addressed in the Green Paper on European Healthcare Workforce the Commission is expected to present in November.

Mrs. Vassiliou concluded by stressing that the purpose of the Directive was to help patients receive appropriate healthcare wherever they are without changing the rules or the management of Member States' health care systems.

4. FIRST PANEL: VIEWPOINTS OF THE EU INSTITUTIONS

Bernard Merkel, DG SANCO Head of Unit explained the historical context and the rationale behind the draft Directive. He stressed the specificity of health services, which are based on values, in comparison to general services, and the need to codify relevant European Court of Justice decisions. The draft Directive is intended to bring clarity to the issues of quality, standards and redress, and increase transparency on cross-border healthcare for patients, health professionals and authorities.

Mr. Merkel reiterated that the Commission's purpose in the Directive was not to encourage mobility of patents, but only to make it easier for patients who want or need to access cross-border healthcare, to do so. He emphasized that only 1 percent of patients currently sought treatment abroad, as most people preferred to be treated close to home, and that the Commission did not anticipate this number to increase substantially as a result of the Directive.

MEP Vergnaud (PES) welcomed the draft Directive in principle, particularly as it respected the principle of subsidiarity and increased patients' access to information. She argued that health services cannot be seen as a commercial issue, and thus welcomed the fact that they are covered by a sectoral directive. However, she cautioned against unnecessary complexities in the text, particularly against referring to provisions from other legislation in force, when defining criteria for reimbursement of costs. She also pointed to unclear definitions, for instance of "undue delay" and "hospital care", and encouraged health professionals to provide input.

MEP Vergnaud saw health services as a key to social and territorial integrity in the EU and the draft Directive as a potential tool for increasing citizens' confidence in the EU and resolving the EU identity crisis. Consequently, the draft Directive in question should also address issues relating to the mobility of health professionals. In contrast, MEP Krahmer (ALDE) and MEP Karas (EPP) felt that the proposed Directive should focus on patients' rights only. MEP Karas further expressed disappointment at the attempts of some political groups to either prevent the adoption of the draft Directive or to turn it into a services directive, and stressed the need for overcoming ideological differences regarding health services in the European Parliament.

The question of financing and prior authorization emerged as a major issue of concern. MEP Vergnaud felt that prior authorization should be compulsory for all cross-border healthcare to avoid creating a 2-speed system in which wealthier patients could afford to travel abroad and pay for healthcare up front, while less affluent patients would be obliged to wait for authorization. Mr. Merkel felt that this concern was unfounded; the Commission was not trying to create a 2-speed system but rather to correct the disparities under the current system under which citizens have different information on the possibilities for cross-border treatment. The Commission hopes to establish a level playing field by promoting clarity on rights and their implementation. MEP Krahmer saw prior authorization for hospital care – which is upheld as a principle - as an unnecessary obstacle to mobility, enabling member states to create new bureaucratic barriers and restrict competition which would otherwise lead to increasing quality. MEP Karas described provisions on prior authorization as a compromise measure; while getting rid of prior authorization was the ultimate goals, member states would not agree to the Directive without it. He said a two-pronged approach was needed: services of general

interest must be protected and those beyond the general interest can do with more competition.

The panellists also had different opinions on the issue of European Reference Networks. MEP Vergnaud welcomed the idea as a mechanism for sharing knowledge and technology, while MEP Krahmer criticized the potential role for the Commission in determining profiles and specializations of treatment centres and hospitals.

Looking forward to the work of the European Parliament, MEP Vergnaud anticipated a lively discussion. MEP Karas highlighted the need for enough time for a thorough debate with all stakeholders and hoped that the European Parliament would hold a hearing with Member States before moving forward on the Directive. He stressed that the main discussions would take place in the Environment, Public Health and Food Safety Committee (ENVI) rather than in the Internal Market and Consumer Protection Committee (IMCO). The timetable would be agreed between committee rapporteurs who still needed to be appointed. He anticipated first and possibly second reading in the European Parliament to take place and the Council to produce a common position in spring 2009, before the next parliamentary elections, and hoped that the MEPs could avoid using the draft Directive as a tool in electoral campaigns.

5. SECOND PANEL: VIEWPOINTS OF MAJOR HEALTH PROFESSIONS AND PATIENTS

CPME President Dr Michael Wilks warmly welcomed the draft Directive on behalf of European Doctors. He pointed out that the aim of CPME as it is defined, is very much linked to the core topic of the Directive: to promote the highest standards of medical training and medical practice in order to achieve the highest quality of healthcare for all citizens of Europe. CPME is also concerned with the promotion of public health, the relationship between patients and doctors, and free movement of doctors within the European Union.

All these topics are reflected in the draft Directive, especially in Article 5, which deals with quality, safety and information. Dr Wilks pointed out that efficient information systems for both patients and physicians are essential to support cross-border care.

He also underlined the importance of e-health and IT issues in providing good information to patients.

Finally, Dr Wilks raised some difficult definitions within the Directive such as the definition of hospital care, which should take into account the place where the care is provided and what is treated. Therefore, he appreciated and accepted the invitation from the first panelists to healthcare professionals to be involved in the drafting of such definitions.

CED President Dr Orlando Monteiro da Silva agreed on the importance of healthcare professionals' contributions to other measures set out by the Directive at sub-legislative level as well, such as establishing criteria for European Reference Networks. He voiced his concerns on how to set standards for quality, which he said is difficult to measure. Quality is the right care at the right time in the right place. But this can refer to structures and processes rather than to results. Dr Monteiro da Silva saw good basic training and continuing education of health professionals, as well as a commitment to lifelong learning, as issues of equal importance in the overall debate on quality.

As far as patients' mobility is concerned, he welcomed the point made by the Commissioner's and the others EU institutions' representatives stating that patients' mobility would not be encouraged as such.

CED Vice-President Prof. Dr Wolfgang Sprekels felt that the discrepancies between health systems in Europe meant that it won't be possible to achieve compatibility in the next few decades. Therefore, it was best not to try to harmonize healthcare in the EU too quickly but to respect Member States' prerogative since they had the necessary experience and knowledge in the area. The process of harmonization should proceed gradually, starting with sharing experience and exchanging best practices. The dentists were in favour of most parts of the Directive, particularly as it codified European Court of Justice rulings on cost reimbursement, and introduced the idea of European Reference Networks and of general liability insurance. At the same time, reversal of the burden of proof principle would not be acceptable.

EPF President Dr Anders Olauson welcomed the Directive as one of the most important initiatives in the health sector. He stressed that patients would always prefer to receive treatments as close as possible to their home and in their mother tongue. Nevertheless, if their condition is severe or their disease is rare, it is crucial that they can access treatment abroad. To achieve this goal, it will be important to focus on the provision of information to patients: make the information understandable and easy to access.

Dr Olauson expressed his regret on bureaucracy's slowness and complexity but he stressed the will of patients to get involved in this process as they were very much interested in the issues of safety and quality.

Mr Merkel made clear that the harmonization of healthcare systems or quality standards was not on the EU agenda. The aim of the Directive is to provide accessible information to patients on what is available in every Member State and how to receive it.

When asked on the quality standards in Member States, Dr Wilks acknowledged that all Member States did not provide the same services and that there was always room for improvement. Yet, he saw that the possibilities underlying the new Directive and patients' mobility could literally boost the national services in all Member States.

6. OPEN DISCUSSION WITH THE AUDIENCE

The question of electronic-prescriptions was raised by the audience as it is important to make sure that pharmacists are able to identify the correct product from a prescription coming from another country. It was stressed that e-health and IT must contribute to and not obstruct provision of better health care.

On the issue of the legal basis for the Directive, Mr. Merkel felt that it was appropriate that the Directive would be based on Article 95 of the Treaty (internal market), but that it was at the same time fully in line with Article 152 (health). Mr Merkel reiterated that the purpose of the draft Directive was to codify the legal judgments already pronounced, to deduct principles and build a general framework out of them.

Participants discussed the values in the draft Directive that aspires to provide the right to the *right* care to all EU citizens. On that specific aspect, Dr Wilks pointed out that the doctors

support the same basic values as the Directive, which are solidarity and equity. Dr Monteiro da Silva concluded by stressing that health could definitely not be treated as a business.

7. CONCLUSIONS

Moderator Dr Wismar thanked all the participants for a fruitful debate and summarized the discussion with the three following points:

First, it was widely accepted that a sectoral directive was needed on patients' mobility, taking into account the specificity of healthcare.

Second, the panelists agreed on the need for a coherent framework, but acknowledged that there were still open questions regarding the implementation of the Directive, and that it was therefore necessary to have cooperation and input from stakeholders from all Member States.

Finally, Dr Wismar noted that the panelists confirmed that there was a European dimension to healthcare, but what was missing was a master plan for a straightforward policy in medium and long term, as there was no proper legal basis for health policy at EU level.