

# *New directives, new impacts*

**Will health systems need to adapt?**

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# Overview

- **Directive on cross-border care**

- Governance of health systems
- Acces to care
- Quality of care

**Impact**

*Opportunities*  
*Challenges*

- **EU internal market:**

- **impact**

# Directive on cross-border healthcare

- Opportunities?
- Challenges?

# Governance of health systems

## *Opportunities*

- **Transparency and information**
  - Tariffs, invoices, reimbursement level
  - Basket of benefits, eligibility criteria
  - Procedures for complaints and redress
  - Waiting times: undue delay
  - Quality

# Governance of health systems

## *Opportunities*

- **Breaching monopolies** → better performing providers
- Pressure to **improve the domestic system**
- Addressing **waiting times**
- Additional **income** for **providers**
- **Economies of scale**
- **INN** prescribing of pharmaceutical products

# Governance of health systems

## *Challenges*

- Implementation costs, administrative **costs**
- Pressure to **reimburse care domestically**
  - **Non-contracted providers**
  - Centres of Excellence
  - Definition of the benefit package
- **Change in funding systems**
  - Explicit catalogue of benefits
  - Parallel systems: benefit in kind and fee for service
  - **Investment costs** shifted to receiving country
  - **Fraud?** Manipulation of invoices

# Governance of health systems

## *Challenges*

- Changing **power relationship** between actors
- **Provider induced demand**
- GP **gatekeeper system** challenged
- **Cost containment measures** challenged
- Bypass **priority setting** mechanism
- **Commercial behavior** of providers (prices, patient selection)
- More **fragmented healthcare systems**: Public support for solidarity and equity principles challenged

# Access to care *Opportunities*

- Reduction of **waiting times**
  - For patients going abroad
  - In the sending healthcare system
- Access to care
  - Closer to home
  - Highly specialised
  - In a familiar environment



# Access to care *Challenges*

- **Unequal access to care abroad**
  - Socially advantaged groups
    - **Costs:** higher tariffs, travel, accommodation
    - **Self management:** conditions, invoices, translation, medical file, choice of provider, language
  - Health status
    - No co-morbidity, fit to travel

# Access to care *Challenges*

- **Shift of resources** to treatments for which patients are likely to go abroad
- Closure/underinvestment in domestic infrastructure
- **Increased waiting** times in receiving countries
  - Tools to restrict inflows likely not to be applied

# Quality of care

## *Opportunities*

- Quality supervision of **non-statutory providers**
- More experienced providers

## *Challenges*

- Continuity of care
- Complications and post treatment
- MRSA procedures

# Free movement of services *Is more than patient mobility*

- Providers providing **temporarily** services abroad;
  - Care provision **from a distance**;
  - Provider **permanently** establishing in another Member State
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- Care providers can challenge regulation if it hinders their access to or exercise of their activity
  - **Potential deregulatory effect**

# Free movement of services

## Impact

- Regulation to be checked
  - **Necessary** and **proportional**
- Examples:
  - Communication on evaluating national regulations on **access to professions** (*COM/2013/0676 final, 2 Oct 2013*)
  - Case law on planning of pharmacies, rules of professional conduct relating to fees and advertising
- **High burden of proof** for regulating authorities

# Conclusions

- Tension between Health systems objectives and internal market
  - Remove regulation
  - Justification possible
- Impact of the Directive on patient mobility
  - Overall preserves steering capacity of MS
  - Wide variety of impacts
  - Irrespective of the actual patient flows
  - Used by domestic actors: exit from the statutory system, more competition in the system
- Wider impact of the free movement rules is not addressed
- **Impact assessment needed**