New directives, new impacts

Will health systems need to adapt?

Rita Baeten Venice, 17 March 2014



Overview

- **Directive** on cross-border care
 - Governance of health systems
 - Acces to care
 - Quality of care

Impact

Opportunities

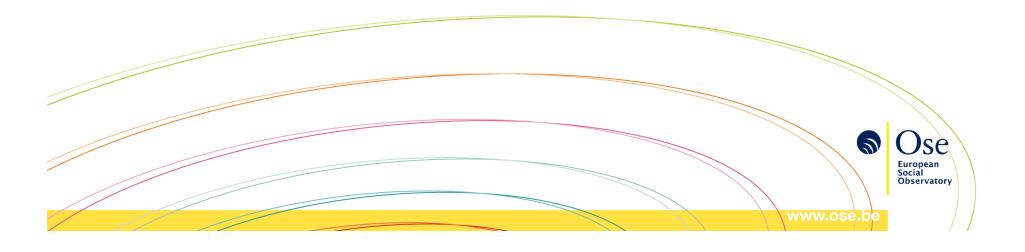
Challenges

- 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
- 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

