

Quality in Health Prevention (Quhep) Summer Meeting 2019

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Cross-border health prevention service provision in Europe

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Overview

1. Changes in EU finance and service markets
2. EU impact on national healthcare and prevention systems
3. Options and challenges for the EU health prevention sector
4. Legal basis for cross-border health prevention services
5. Specific requirements for Hungarian providers in the field

Changes in EU finance and service markets

- *Megatrends:*
European Union has developed from a mere “cluster of Member States” to a serious (economic and political) World Region being in competition with other regions on the planet

Regional competitors in East and Southeast Asia (especially China and the ASEAN states) are unstopably advancing in global finance and economics

Over the next 10-15 years, 90 % of the world’s economic demand for finances, goods and services will be generated outside the EU
- *Large-scale repercussions:*
Internal adaptations and structural reforms within the EU Member States become inevitable

Objective for National economies: being globally competitive yet socially responsible

Hence: EU aims at extending and strengthening the Economic and Monetary Union along with the creation of a European Social Pillar (Union)
- *Furthermore:*
EU supports national initiatives for digitalisation in all areas of work and private life and will establish a European Single Digital Market

Digital client solutions and supporting online service instruments (apps) gain in importance

EU impact on national healthcare and prevention systems

- **EU Legislation (“hard law”)**
Constant shifts in balance of power between EU and MS modify substance of subsidiarity
 - Public finances including social security budgets (Euro zone): 100 %
 - Safety and health at work: 90 %
 - Single Market, economy, competition: 80 %
 - Healthcare, prevention, rehabilitation: 20 %
- **EU Budgetary Surveillance / Open Method of Coordination (“soft law”)**
Benchmarking and peer pressure; applied wherever EU legislative power is missing
 - Implementing a *process-driven convergence* of national budgets and legal systems on the basis of commonly agreed (EU) strategic goals and guidelines
 - *Sustainability assessment* of budgets and *outcome measurement* of systems on the basis of harmonised (Eurostat) macroeconomic statistical indicators
- **EU Jurisdiction / Judicial Development of Law**
Examining the legal EU compatibility of all national structures and systems
 - Review standard: especially free movement of persons and freedom of services in the Single Market / opening of borders, reducing distortions in competition
 - Judgements have overall binding effect across the EU

Options and challenges for the EU health prevention sector

- Free movement of persons and freedom of services create a *creeping erosion* of the traditional *territoriality principle* in all healthcare and prevention areas
- Consequently, any form of *medical health or prevention treatment* of patients / clients is a *free tradable service* to be provided / received across the EU
- Increased *transnational price transparency* (as a result of the Single Market and the Euro) *sharpens competition* between all providers of healthcare and prevention services
- Increased *transnational comparability of performance* (regarding *quality, safety, service professionalism and price*) entails public *consumer debates* and influences *clients' choices "pro or con"* a given health prevention system and its competing service providers
- European Commission publishes *regular reports* on cross-border health provision on the basis of patients' requests to the *National contact points* in each MS (*benchmarks*)
- In June 2018 EU Commission released *2 studies*:
 - „*Member State data* on cross-border healthcare following Directive 2011/24/EU (2016)“
 - „Study on cross-border health services *enhancing information provision to patients*“
- EU Commission sees *potential for improvement* with view to websites of National contact points: transnationally mobile patients should receive *more and better information on standards, quality and safety of health treatment* in the addressed MS or destination and on details of cross-border *cost reimbursement*

Legal basis for cross-border health prevention services

- European and national legislation allow EU patients/clients under **specific conditions**
 - to receive **medical treatment as well as rehabilitation and prevention services** (inpatient and outpatient treatment)
 - abroad i.e. **across borders in other EU Member States**
 - **against reimbursement** of costs by their respective health insurance fund at home
- EU legislation:
 - Regulation (EC) No 883/2004 – on the **coordination** of social security systems
 - Directive 2011/24/EU – on the application of **patients' rights** in cross-border healthcare (including the operation of “**National contact points**” for mobile patients in each MS)
- National legislation (the German case, introduced in 2004):
 - **Statutory health insurance sector:**
 - Social security code (SGB V) paragraph 23 – medical prevention and care measures
 - Social security code (SGB V) paragraph 40 – rehabilitation measures
 - Social security Code (SGB V) paragraph 13 section 4 – cost reimbursement
 - **Public sector civil servants' health provision:**
 - Civil service benefits act and relevant by-laws (BBhV, BBhVVwV) paragraphs 11, 35 – recognised spas and resorts listed in the annexes thereto
 - **Private health insurance sector:**
 - No general legal regulation, assumption of medical costs depends on individual company tariffs or complementary insurance policy

Specific requirements for Hungarian providers in the field

- **Individual outpatient care:** patients (self-payers) with medical prescriptions for prevention measures from home country receive **unproblematically** reimbursement from their respective national health insurance scheme (up to the level of its national ceiling)
- **Collective arrangements:** since 2004 German sickness funds have systematically started concluding *framework contracts with selected institutions of rehabilitation and prevention services* for inpatient and outpatient treatment *across Europe* (paragraph 140e SGB V),
 - **main indications:** diseases of *cardiovascular, musculoskeletal, gastrointestinal systems*
 - **criteria:** compliance with German *standards, professional qualifications, special treatments*
 - **also:** German sickness funds carry out regular (5 years term) *visitations and evaluations*
 - **however:** since 2008 the **cross-border strategy** of German sickness funds has **changed:**
tendency: less inpatient treatments abroad, preference for home markets
- **Nevertheless:** targeted *lobbying / promotion* for specific Hungarian health prevention services is required and must continue
 - transnational dialogue and cooperation is the way ahead: service providers must develop and offer *evidence based high quality products* for a growing international prevention market
 - strategic and operational initiatives must be extended to enhance quality and safety of services for *better political and customer recognition at national and EU level*

That's all

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