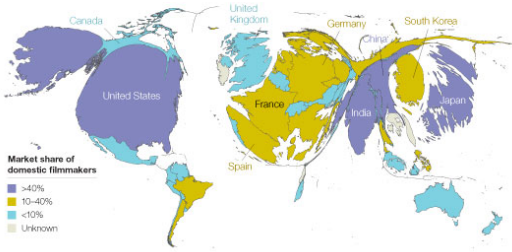


Countries sized by relative share of worldwide box office revenue, 2009



L'inspection générale des finances a passé au crible les avantages fiscaux et sociaux

ÉVALUATION... Inefficace Peu efficace Relativement efficace Très efficace

... DE 84 NICHE FISCALES

d'un enjeu financier supérieur à 200 millions d'euros.



... DE 21 NICHE SOCIALES

d'un enjeu financier supérieur à 200 millions d'euros.



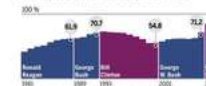
... PAR CATÉGORIE D'IMPÔTS, en %

Catégorie	en milliards d'euros
Impôt sur le revenu	32,48
Taxes sur la valeur ajoutée	13,40
Taxes intérieures de consommation sur les produits énergétiques	5,454
Mesures communes à l'impôt sur le revenu et l'impôt sur les sociétés	4,26
Impôt sur les sociétés	2,216
Impôt sur la fortune	0,984

SOURCE : INSPECTION GÉNÉRALE DES FINANCES

La note américaine dégradée, qui conserve un AAA selon Standard & Poor's ?

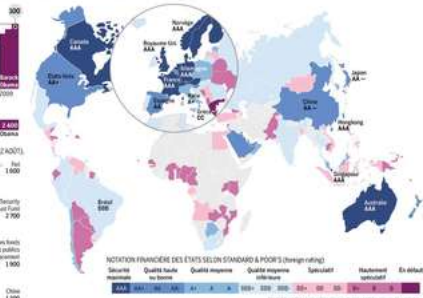
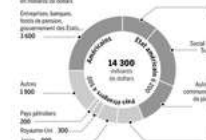
ÉVOLUTION DE LA DETTE AMÉRICAINE, en pourcentage du PIB



ACCUMULATION DE LA DETTE LORS DES PRÉSIDENTENCES



LES DÉTENTEURS DE LA DETTE AVANT RELEVEMENT DU PLAFOND (2 AOÛT)



Conference “Exploring areas and benefits of cooperation in cross-border healthcare to protect patients’ rights”
 European Parliament - Brussels, 1 March 2017



Ilaria GIANNICO
 Secretary General
 European Union of Private Hospitals



European Union of Private Hospitals

Facts and figures

- UEHP Members (18 European Countries) are National Private Hospital Associations
- 5.000 Accredited Hospitals by contract with Social Insurances
- Principles: free access, quality, equity and economic sustainability
- Reinforcement in Member States for a better access to health care without delay : the question of waiting list is still actual.
- Quality of care is a permanent goal. In a fair competition between providers, quality of care and information to patients (and care givers including physicians) remain necessary.
- Efficiency, according to DG SANTE recommendations, is obtained by strategic investments and optimal management in private accredited hospitals.



UEHP position on the EU Directive 2011/24

- ❖ UEHP has been monitoring the implementation of the Directive and welcomes the **shift of the debate** from “*providing healthcare services all over Europe*” to “**protect and enforce patients rights to equal, safe and quality treatments all over Europe**”.
- ❖ **The private hospitals in Europe promote patients’ freedom of choice** of the treatment, the physician and the place (according to the *European Charter of Patients’ Rights*).
- ❖ UEHP believes that the **freedom of choice can stimulate a fair competition in healthcare among the different countries in Europe**, thus contributing to the **improvement of quality of care and sustainability of National healthcare systems**.
- ❖ The **potential** of the cross-border healthcare Directive:
 - ✓ *Reduce waiting lists*
 - ✓ *Overcome the rigid separation of NHS*
 - ✓ *Improve quality standards of care*



...however

The private hospitals in Europe agree on a set of issues affecting the **real** implementation of the Directive:

- ❖ **Poor citizens awareness of their rights**
- ❖ **Lack of clear, structured and comprehensive information for patients seeking care abroad**
- ❖ **Regulation 883/2004 or Directive 2011/24/EU?**
- ❖ **Very limited involvement of the private sector**
- ❖ **Lack of cooperation and communication with Ministries and NCPs**
- ❖ **Administrative burden and time to handle the requests**
- ❖ **Language barriers and dialogue among NCPs**
- ❖ **Low reimbursement tariffs**
- ❖ **Compulsory prior authorization for special treatments and hospitalisation**
- ❖ **Divergent clinical guidelines among countries in EU**



Experiences coming from UEHP hospitals



GREECE



PANHELLENIC UNION OF
PRIVATE HOSPITALS

Implementation of the EU Directive 2011/24: lost in funding & accounting rules

- ✓ **The Public Insurance Fund** – lack of a specific service dedicated to cross-border healthcare
- ✓ **Accounting rules** – accounting to the public insurance fund is subject to compulsory deduction of the 50% claw back. In accordance with a law adopted by the Greek Parliament on 23.12.2016, hospitalization costs of European citizens are excluded from the mandatory discount of 50%, but the clinics will receive these payments when the Greek Insurance Fund receives them from the foreign one, i.e. after 2-3 years.
- ✓ **The DRG system** – The DRGs were costed per 2.09 when it comes to European citizens including medical fees. What is the amount of money to be received by the Greek Insurance Fund? Is it the cost of hospitalization costs submitted by the clinic or the cost paid by the foreign Insurance Fund in the patient's country of origin?
- ✓ **The Greek Ministry of Health** – no communication between the Ministry and the healthcare providers. Information available only from Greek NCP.

Experiences coming from UEHP hospitals



SPAIN



Implementation of the EU Directive 2011/24: full involvement of the private sector

- ✓ **The transposition of the Directive** – ASPE collaborated with the Ministry of Health in the initial discussions on the transposition which brought to the approval of the law on February 7, 2014
- ✓ **Communication** – The website of the Ministry contains very complete information on the rights of citizens and steps to follow to request reimbursement of treatments (<https://www.msssi.gob.es/pnc/portada/home.htm>). It also includes information leaflets ([http://ec.europa.eu/health/sites/health/files/cross border care/docs/cbhc leafletet es.pdf](http://ec.europa.eu/health/sites/health/files/cross_border_care/docs/cbhc_leafletet_es.pdf)) and other documents of interest to interested patients.
- ✓ **The NCP** – The **National Contact Point** is located at the Ministry of Health, Social Services and Equality. The National Contact Point complements its information activity with that of the units responsible for information of the Autonomous Communities and private health care providers. **ASPE** website contains some information about cross-border healthcare and **is the National Contact Point for private health care providers.**

Experiences coming from UEHP hospitals



AUSTRIA



Implementation of the EU Directive 2011/24: poor involvement of the private sector

- ✓ **Communication** – poor information, need for a clear, well-regulated flow of communication (who speaks to whom about what?)
- ✓ **Private sector involvement** – the Austrian Association has not been involved in the legislation, nor in the implementation
- ✓ **Equal pay** – development of a new, fair European accounting system

Experiences coming from UEHP hospitals



ITALY



Implementation of the EU Directive 2011/24: exclusion of the private sector

- ✓ **Communication** – very poor information on dedicated websites from the Ministry of Health - NCP (www.salute.gov.it , www.dovesalute.gov.it). Only 65 PUBLIC hospitals available in Italy for cross-border healthcare?
- ✓ **Private sector involvement** – the private sector has not been involved in the legislation, nor in the communication with the NCP. Private hospitals are completely excluded from the information given by the NCP website!
- ✓ **Structural problems** – prior authorization for hospitalisation, administrative burden, time to handle the requests, reimbursement tariffs, eligible costs, etc.

UEHP calls for

- ❖ **Improvement of *communication* with all the actors involved at all levels**
 - ✓ *Multi-language information*
 - ✓ *User friendly, high quality and effective information on NCPs websites*

- ❖ **More *integration* in healthcare (*enhance cooperation* between healthcare providers, patients organisations and social insurances)**

- ❖ ***Guidelines* on a *common European accounting system* (*eligible costs, reimbursement, time for payment, etc.*)**

- ❖ ***Involvement of the private sector* : *how can we help?***
 - ✓ *Get the most information we can and spread it to our members*
 - ✓ *Enhance cooperation with the European Reference Networks*
 - ✓ *Each National Association of private hospitals can start a dialogue with all actors involved in its country*
 - ✓ *Each National Association of private hospitals can fix a meeting with the NCP in its own country*
 - ✓ *Keep a record of reported issues by the hospitals more active in receiving patients from abroad*
 - ✓ *Send these data to the Commission and help them become aware of the problems encountered by the healthcare providers*
 - ✓ *Liase with other associations of healthcare providers and write common positions*



***Medicine is a social science, and politics is
nothing else but medicine on a large scale.***

Rudolf Virchow

(1848), in his weekly medical newspaper Die Medizinische Reform, 2. In Henry Ernest Sigerist, *Medicine and Human Welfare*, (1941)

Thank you for your attention!

Ilaria Giannico

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