



## EXPLORING AREAS AND BENEFITS OF COOPERATION IN CROSS-BORDER HEALTHCARE TO PROTECT PATIENTS' RIGHTS

1 March 2017, 10:30 - 12:30  
Room ASP A7H1 - European Parliament, Brussels

Mariano Votta's speech, March 1<sup>st</sup> 2017

### Welcome address and keynote presentation

Good morning and thanks a lot for your decision to join us today.

Special thanks to the MEP David Borrelli, hosting our event today and co-founder of the MEPs Interest Group "European Patients' Rights and Cross-Border Healthcare", which starts with this initiative starts a new working year

Other special thanks to Lucie Robson, Senior Editor for the European journal Health Management, who accepted to coordinate the event.

Welcome and welcome back!

Indeed, as you probably remember, a year ago, on 3 May 2016 we were here, to officially introduce our informative campaign on cross-border healthcare. In particular, the MEP Borrelli was here, as he is particular sensitive to requests and petitions coming from civic associations and from those involved with protection of rights.

Today, after a year, we are here again:

- To report what we have done in a year;
- To promote again this initiative, in 2017;
- To underline and propose some ideas of general interest
- To gather and share a series of indications suggested by everyday experience, to grant every patients – everywhere - the right to receive planned care abroad.

What my colleague Sonia is going to show you shortly is an initiative which in a certain sense aims at fulfilling a role which European Institutions do not endorse anymore at 100%, while national institutions still struggle to 100% endorse a - maybe not eye-catching - civic initiative which was very appreciated by other stakeholders instead. Therefore we have decided to:

- 1) Extend the dissemination activities in all the Member States, involving civic and patient associations in the only way we know, that is co-working, in partnership, to pursue common objectives. Indeed, we all are aware that only 2% of patients have had treatment abroad because they had actually planned to do so. But we strongly believe that, if properly adopted, the Cross-border Healthcare Directive can help reduce regional differences within each Member State, with benefits for the rest of 98% of the EU population.
- 2) After the dissemination of the campaign in all the Member States, we plan - on one hand - to reinforce and address the campaign to specific patients, that is those suffering from rare diseases, who can benefit enormously from knowing well and firsthand the European Reference Networks. This implies also the involvement of organisations focused on rare or chronic diseases, ERNs, EU networks such as EURORDIS, that we thanks in advance for having accepted our invitation today.
- 3) On the other hand, there is the idea to disseminate the campaign also in specific areas, such as the border areas. As highlighted also by the EU Commission in his last publication<sup>1</sup>, the border areas and regions show better cooperation, sometimes also because framework agreements formerly existed (this is the case, for example, of the French-Belgian border);

Going back to the role of Institutions, we believe the European Commission should still play a key role. For instance:

- ❖ To build a network of all the NCPs in order to have a proper dialogue with the stakeholders identified by the Directive - including patient associations - and arrange annual meetings with patient organisations at national level to assess the situation;

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<sup>1</sup> [http://ec.europa.eu/health/cross\\_border\\_care/docs/hci\\_frep\\_en.pdf](http://ec.europa.eu/health/cross_border_care/docs/hci_frep_en.pdf)

- ❖ To develop guidelines, together with the European Commission, NCPs and patient organizations, to better inform citizens, and support an information campaign, with the direct involvement of civic and patient organisations;
- ❖ keep monitoring the situation and collect data at European level, with the direct involvement of both civic and patients associations, to identify, in each Member State, evidences of inequalities in access to healthcare and how they affect patients as well as good practices to share;
- ❖ provide professional trainings for National Contact Points and leaders of patient organisations to avoid, for example, confusion between the legislation under Regulation and the legislation under Directive for emergency care and planned treatments;
- ❖ to update the APP “European Health Insurance Card”, in order to add the information contained in the Directive, details about the NCPs, the European References Networks, contacts of patient associations across Europe committed on the topic, etc.
- ❖ foster and apply this experience of an informal but structured network of patient associations located in several Member States ready to be the reference point for citizens and patients, and a constructive counterpart for the National Contact Points, to other contexts as well, such as, for instance, prevention from infections to contribute to the EU Health Programme on cross-border infections and health threats.
- ❖ Above all, we would like to explore with the European Institutions the concrete possibility to integrate different European policies (which may end up being also a cost-effective and cost-efficient strategy), starting from the following 4 aspects:
  - 1) introduction of rules on mediation, ODR/ADR. If we consider cross-border disputes and the rules on mediation/alternative dispute resolution promoted in several sectors by the European Commission, we feel that these issues should be introduced also in the framework of cross border healthcare.
  - 2) integration of the principles of the Directive in the context of the EU mobility policy, considering the enormous work that is being done at European level on the issue of mobility and on the protection of passengers. The Directive can increase a new category of passengers, which is that

of citizens with their specific needs as patients and as users of transportation. Hence, it would be useful to integrate the principles of the cross-border Directive in the context of the EU mobility policy to the end of promoting knowledge amongst citizens. On the other hand, the means of transportation should also adapt to the needs of mobility of those who travel not for business or pleasure, but for healthcare reasons (multiple languages, specific comfort facilities, prices, etc.).

3) work for a better coordination of the EU agencies and structures (Solvit, Your Europe Advice, National Contact Points, Europe Direct, European Consumers' Centers-Network) which help and inform citizens, so that they can cooperate more, and more efficiently, keeping one another informed on their role and activities.

4) the experience of the ECC-Net in healthcare, as follows:

starting from the experience of the European Consumer Centres Network (ECC-Net)<sup>2</sup>, Active Citizenship Network encourages the DG Sante and DG Consumer to work together in order to integrate this ECC-Net, or to build a **European Patient Centres Network (EPC-Net)** in order to improve citizens' protection in the framework of cross-border issues with the direct involvement of patient organisations. We should work for this priority in 4 years time since the deadline for the work programme 2018-2021 is in 2 weeks and it does not mention these kind of cross-border issues. Yet, here are the main added values provided by a European Patient Centres Network:

- It will be a reference point for patients seeking care abroad when they need advice or support before, during or after their stay in another country, as well as to give specific information on the local healthcare system - with a focus on the implementation of patients' rights – to answer the questions citizens shall ask them.
- It will facilitate the exchange of information, data collection and best practices, monitoring – at the same time – citizens' problems and identifying common solutions on cross-border healthcare.
- It will strengthen the cooperation among other actors involved, such as National Contact Points and European Reference Networks;

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<sup>2</sup> A network supported both by the European Commission and Member States with consumer organisations for the management of cross-border disputes in consumer policies.

In closing:

- We are aware that the lack of economic resources does not encourage Institutions to undertake this solution, but please explain us why consumers' issues on cross-border can be managed while patients' issues cannot?
- We are also aware that the EU Commission is directly accountable for consumers' issues in the European Union, while each Member State is responsible for its own Health system. Of course we are not suggesting to change the EU treaties, but just to find a common solution for common problems. Why would you protect more a consumer when he buys a product abroad rather than a patient when he buys a healthcare service abroad?

According to the title of our initiative, exploring areas and benefits of cooperation in cross-border healthcare to protect patients' rights, we would be glad if the European Commission could establish a working group for each of the ideas shared today, involving also civic and patient organizations to understand and discuss in details their feasibility. Any comments from participants on these ideas will be welcome of course.

For sure, I thank in advance all the panelists for providing us data and information. Special thanks to the MEPs, the EU Commission and the National Contact Points from Ireland and Romania for accepting our invitation. For each future event planned by the Interest Group "European Patients' Rights and Cross-Border Healthcare" you are more than welcome to join the round table. I hope we can cooperate together and I thank you for your attention and support to our activities.