



THE FIRST DIRECTIVE FOCUSING ON 'PATIENTS' RIGHTS' – WHAT DOES THIS REALLY MEAN FOR PATIENTS?

„Start by doing what's necessary then do what's possible and suddenly you are doing the impossible”

Saint Francis of Assisi

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The 3 aims of the Directive

1. Help patients to exercise their **rights to reimbursement** for healthcare received in another EU country
2. Provide assurance about **safety and quality** of cross-border healthcare
3. Establish **formal cooperation** between health systems



Helping patients



- **Information to patients**

Patients will have to access to all relevant information via National Contact Points

- **Rules of reimbursement**

Clarification of rules – patients will know:

a, need for prior authorisation; b, reasons for refusal; c, level of reimbursement, and d, need for up-front payment

- **Procedural guarantees**

Patients will benefit from:

a, clarification of responsibilities; b, clear rules if something goes wrong; c, right to review of administrative decisions; d, right to judicial proceedings

Rare disease patients



- **Easier access to information**
The National Contact Points will make patients, health professionals and payers of healthcare aware of the possibilities for referral to other MS-s
- **Dissemination of expertise**
By means of e-Health tools, databases (Orphanet, etc.) and networking of Centres of Expertise
- **Fostering appropriate clinical assessment**
Decisions about prior authorisation (for diagnosis especially) should be based on appropriate clinical evaluation by experts in that field

Quality and safety

- **Transparency and accountability**
Information on healthcare providers and on standards applied
- **Member States responsibility**
Refusal of prior authorisation if doubts over quality and safety of healthcare provider
- **Cooperation of Member States**
On standards and guidelines on quality and safety



Cooperation between health systems

- **Recognition of prescriptions**
A prescription issued in another country will be more effectively recognised
- **European Reference Networks**
They will bring together specialised centres across Europe helping health experts to disseminate information and expertise
- **Health Technology Assessment**
A permanent EU structure of cooperation to help decision-makers to make the right decisions on health investment and spending
- **E-Health**
A first step towards „interoperability“ of ICT for health at EU level for safety and quality of care, continuity of care, and health research

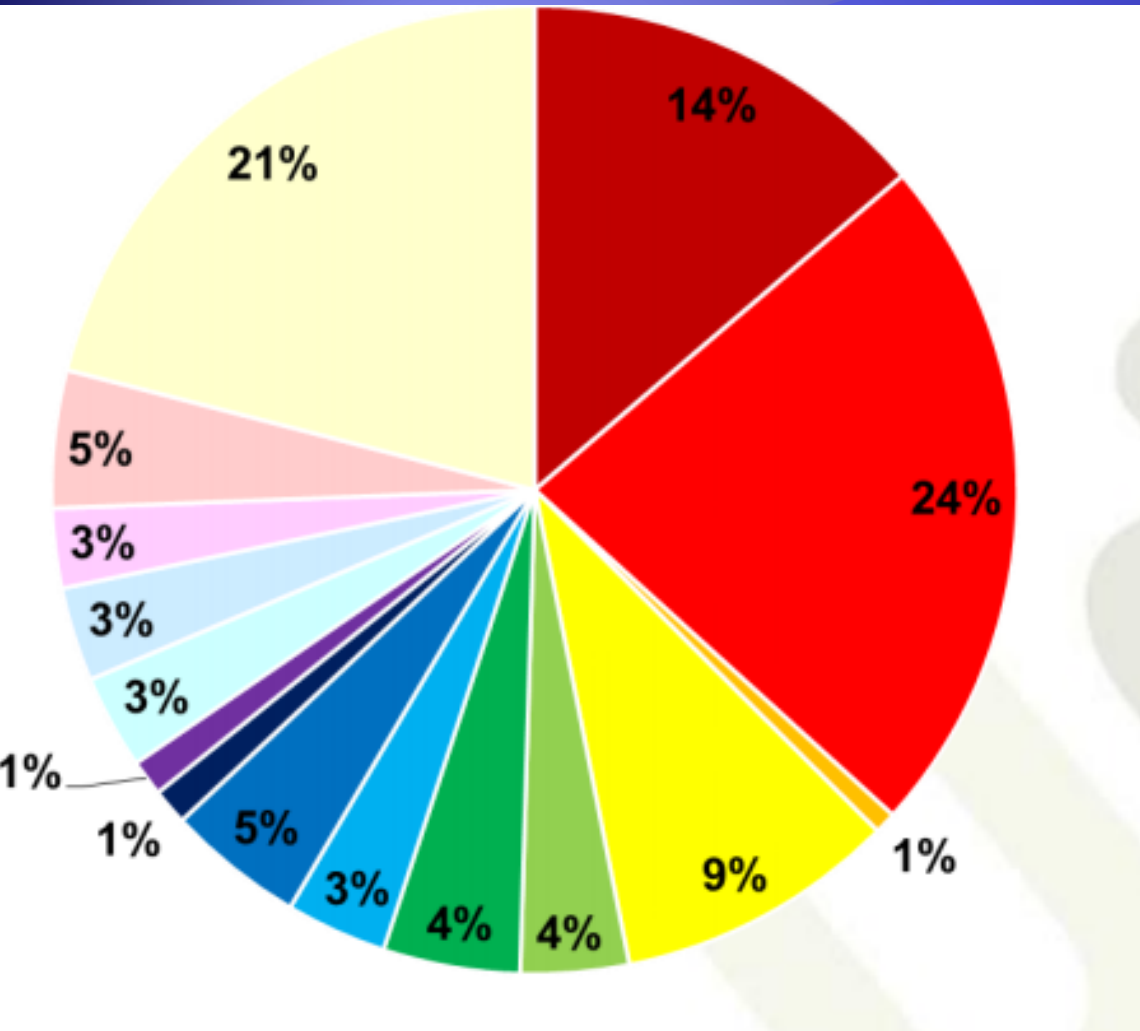


We have both the Regulation and the Directive!

- Prior authorisation not needed if treatment is on the « list »
- When on the list, reimbursement on the basis of their cost in country of affiliation

It is possible that patients would find it better to apply for cross border health care under the Regulation than under the new Directive!

Questions to NCP



14% rights by the Directive

24% rights by the Regulation

1% other NCPs

9% cross-border healthcare services

4% pre-authorization

4% reimbursement procedures

3% HC providers

5% HC services

1% quality and safety

1% prices

3% equity

3% healthcare collaboration

3% complaints

5% general operational questions

21% local and EU healthcare information

Statistical DATA

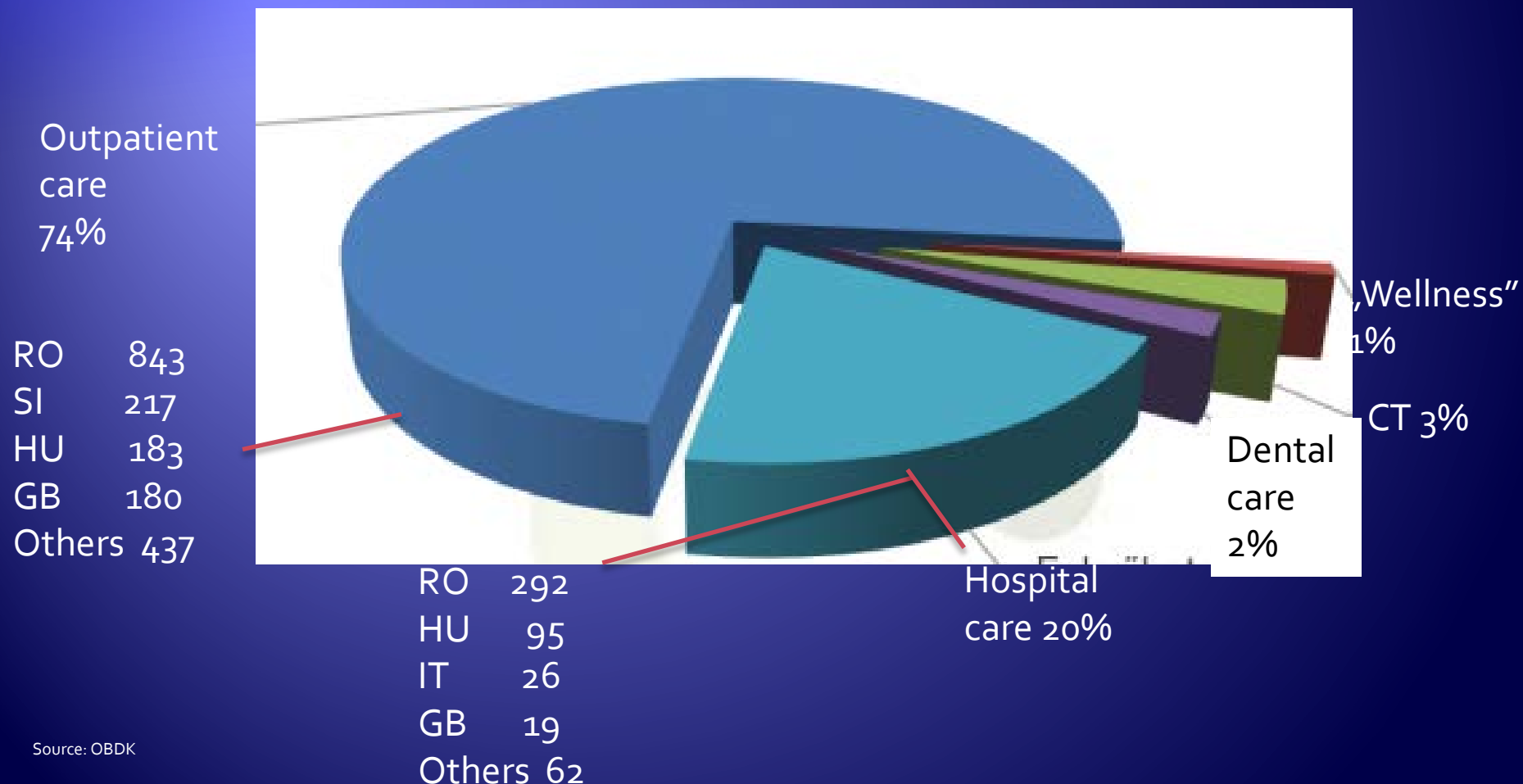
Hungarians to Abroad

Period: 25.10.2013 – 31.03.2015

| | |
|---------------------------|-----|
| Requests arrived | 665 |
| Pre-authorisation needed | 662 |
| Without pre-authorisation | 3 |
| Authorized | 491 |
| Refused | 67 |
| Simply not-authorized | 62 |
| Process cancelled | 45 |

Statistical data 2014 from abroad to Hungary

Total: 2519 persons



Survey of Hungarian Patient Organizations

| | |
|--|------|
| Have you ever heard about CBHC Directive? | 60% |
| Do you know any patient who tried it | 2% |
| Is there any demand for CHBC in your patient group? | 80% |
| Would you participate in a network to monitor the implementation of the Directive? | 100% |

Gyakran feltett kérdések

2013/02/07

KÉRDÉSEK ÉS VÁLASZOK A
HATÁRON ÁTNYÚLÓ
EGÉSZSÉGÜGYI ELLÁTÁSRÓL
SZÓLÓ DIREKTÍVA ÁTVÉTELÉRŐL



- Bureaucratic and too long decision making!
- Patient needs to prepay, than a reimbursement is possible.
- Lack of reaching out to society

Facts

The patients are NOT going abroad because:

- ◆ The ,bigger' treatments are subject of prior authorisation
- ◆ The ,smaller' treatments and/or medicaments and/or medical devices will not be reimbursed (below the limit)
- ◆ Extremely high costs of the ,official translation' – even higher than the reimbursed amount
- ◆ The reimbursed amount is below the real costs which was invoiced and pre-paid to the healthcare provider because of the local „list-prices“ of the NHS

The healthcare providers are NOT interested in CBHC because:

- ◆ They can not invoice the real costs of the interventions – unless the patients' budget would allow it – because they have a ,price-list' of NHS and these prices are not reflecting the real costs
- ◆ Some countries' patients could not be authorised to treated abroad



What is the impact for the EU?

- ◆ For every patient treated earlier, a gain in EU-wide healthcare **efficiency**, AND of EU-wide **well-being**
- ◆ **Patient-mobility** remains limited (currently 1%); but impact for individual patients is high



- ◆ **No significant impact on national budgets.**
- ◆ **Quality and safety** of cross-border care improves
- ◆ More clarity for all about rules for **reimbursement** of care
- ◆ Patients have better **access** to the care they need

What patient organizations can do?

- Get informed about the content and the implications of the Directive
- Can raise awareness and help patients find the right information
- Propose concrete measures of interest to patients
- Insist on NCP involves the patient organizations as regular partners
- Create guidelines for information to patients
- Feed back experiences to decision makers
- Participate in the ACN supposed EPC-Net 😊



Respond to questions

1. Based on your experience, what are the main challenges or concerns in your country for patients willing to travel abroad for care? Have you got any data or significant case history you would like to share?
 - ◆ The health status of the citizens – one of the worst in the EU
 - ◆ The healthcare professionals (HCPs) are underpaid
 - ◆ The HCPs leave the country + e.g. the family doctors' are +60

Respond to questions

2. What should be done at EU level because the transposition process would not only be a “problem” of single Member States but a coordinated action supervised by the EU institutions?

- ◆ elaborate/harmonising quality and safety rules and indicators
- ◆ role of NCPs: instead of „gatekeeper” „infocenter” +patient support
- ◆ clear distinction between healthcare services under the directive and regulation and border-regions co-operation

Respond to questions

3. What can we DO and PROPOSE as a group of different stakeholders for a more effective implementation?

- ◆ Involve patient organisations (PO) to harmonising the quality and safety rules
- ◆ Involve POs to dissemination of CBHC directive
- ◆ Continuous training for PO leaders/team leaders – update their knowledge and info materials about CBHC

Thank you for your attention!

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