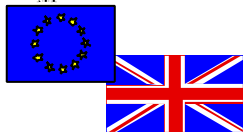


Briefing on Cross-border health

Department of Health, London

31 July 2003



Mike Tremblay PhD

Tremblay Consulting

mike@tremblay-consulting.biz
+44 (0) 1233-770710

Overview

- This presentation endeavours to balance the wider debate on cross-border health and the specifics of quality --
 - importance of a European debate
 - the significance of the ECJ rulings
 - defining the policy options
 - quality issues in a cross-border setting
 - principles for cross-border health quality
 - questions for group discussion (Marilyn)



Importance of a debate on European health services

- Will help de-couple discussions on citizen access to care from a focus on health systems financing
 - moving from a Community defined through economic freedoms to a Union defined through personal freedoms
- ECJ appears uncomfortable in its attempt to reconcile treaty issues and non-interference in health system financing
 - new thinking is clearly needed particularly around 1408/71
 - past complacency is no longer an option





- ECJ supports the notion of the rational citizen in informed decision-making
 - rulings favoured the individual over ‘the system’
- health services are goods and services like other goods and services (exceptionalism)
 - Health goods and services enjoy cross-border portability, as do individuals seeking those goods and services
 - Clinical practice and corresponding administrative procedures must reflect generally accepted ‘international’ practice and evidence
- health activities are an economic activity like any other (economic)
 - States’ reimbursement policies cannot be used as a tariff barrier
- health professionals are in the labour market like any other (recognition)
 - A doctor is a doctor is a doctor
- prior authorisation is appropriate if treatment is not available within a reasonable period of time but administrative procedures must be compatible with treaty requirements

Framing the issues: the UK & the EU: 1

- EComm agenda is to enable greater cross-border certainty and access for people, goods, services and capital
- ECJ agenda is to support the informed rational citizen in decision-making
 - What does that say about their rulings and quality?
- How do we apportion tasks and responsibility for quality between member states -- on their own, together and in an EU context
- What are the standards now?
 - E.g. UK's bilateral contracts, Norway's Patient Bridge, others
- How to retain the national interest in extra-territorial health services transactions
 - How can extraterritorial interests in quality of health services be recognised?
 - What are the interstate interests in quality and standards?



Framing the issues: the UK & the EU: 2

- Important for UK to understand the drivers of other health systems as they reflect a different legitimate approach to system management
 - common objectives through diverse approaches
 - some systems are federal and therefore decentralised
 - citizen choice, second opinion, access differently developed
 - public/private providers, public/private payers, citizen co-payments
 - what differences are relevant?
- What are potential unintended consequences of European quality standards on national health systems and citizens?



Policy environment

- ECJ is likely to continue to be an active player
 - “bell the cat”, since we know this leads to surprises
 - counters member state denial
- There is a policy vacuum in cross-border health
 - do we need a “Convention on Cross-border Health”
 - this has been coming for some time
- Resistance is futile
 - no one is going to change the treaty to make it all go away
- Locus of responsibility is unclear
 - supranational or intergovernmental leadership
 - bilateral deals unlikely to be acceptable in EU context
- Will selective engagement work on quality standards?
 - issues focused, ... but who sets the agenda?
- Other factors?
 - <...>

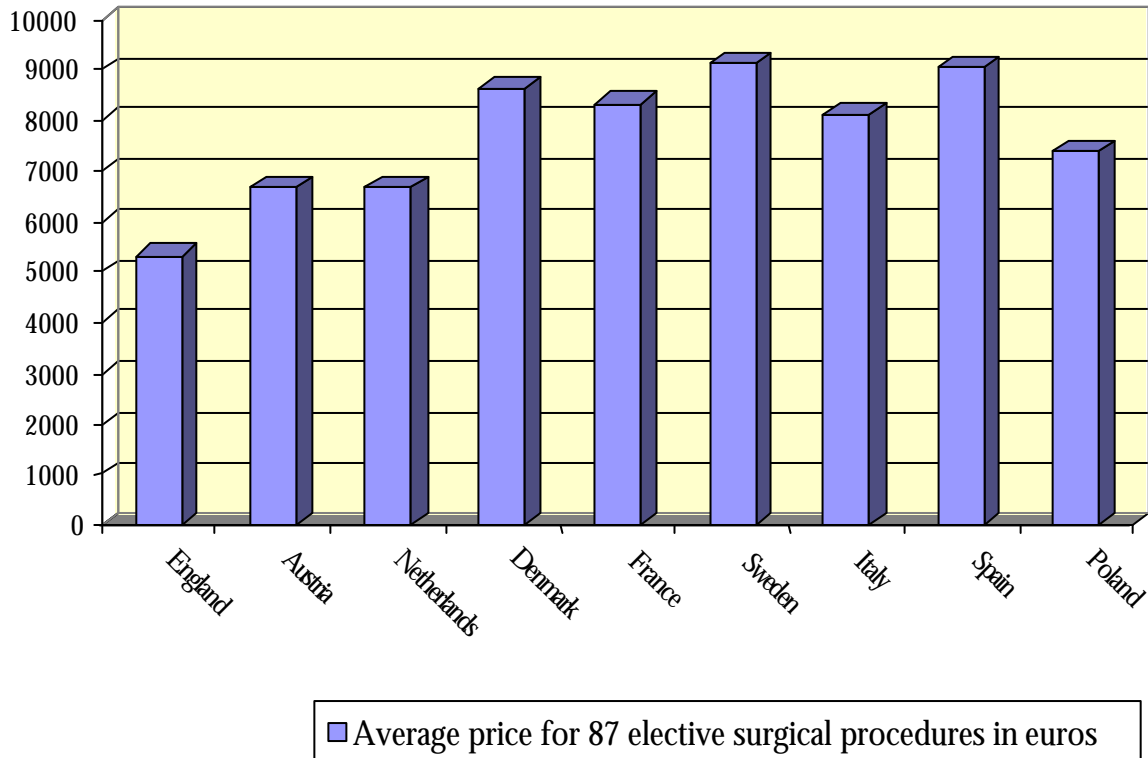


Possible implications for quality

- does cross-border health care mean that patients can 'buy' themselves to the front of the queue by going to another country?
- will an internal market for health services, goods and labour emerge?
- Are we prepared for the patient's decision-making to take advantage of freer access to goods and services (e.g. medicines, devices, diagnosis and treatment)?
 - Secondary care to primary care shift
- will Euro-level bodies be pre-eminent?
 - will a European framework of benchmarks for quality, medical training and practice, licensing and accreditation of providers, and patient rights override national standards?
- will comparative price differentials have an impact on national pricing and organisation of care?
- will procedure coding be required to underpin standards?
- could quality standards be used as non-tariff barriers?



Average Price



Comparing Classification Systems

	UK	Germany	Netherlands	Austria	Italy*	Denmark**
Name of procedure code	OPCS	OPS-301 v.2.1	Tariffboek	MEL	ICD -9-CM	NOMESCO
Appr. no of procedures	6900	8000	3000	600	6500	8000
Aggregates	HRG	SE/FP	none	MEL groups	DRG	Dk DRG
No of aggregates	547	70	none	341 surgical (522 medical)	490	560
Disease classification	ICD-10	ICD-10	ICD-10	ICD-10	ICD-9-CM	ICD-10

** Italy, Spain and Poland use very similar systems based on ICD-9-CM ** Sweden and Denmark are similar*

Source: Campden Publishing/SCHARR, 2002



Some quality issues & the cross-border patient

- Clinical encounter
 - patient's perception of care
 - referral systems
 - knowledge and selection of appropriate providers
 - follow-up, care management, prescribing
 - maintaining primary clinical responsibility, record keeping
 - safety, errors, clinical fault and litigation
- Security & privacy of all information involved
 - access to health records
- Establishment of entitlement, authorisation
 - Cross Border Smart Card
- Administration of the cross border system
 - inter-system quality audit
 - framing language of health care business
 - claims processing, pricing, payment systems, subrogation



Some principles to consider to drive quality

- *Portability*
 - national benefits *apply* throughout the EU in a *uniform* manner (ECJ)
- *Accessibility*
 - *comparable* terms and conditions for *access* and *administration* of cross-border entitlements (ECJ)
- *Comprehensiveness*
 - all *medically necessary care* that meets *international standards*
- *Accountability*
 - to ensure *consistency* of services and *adherence* to standards across the EU, including a system for *dispute resolution*

'quality' markers italicised



Apportioning tasks -- some thoughts

Member State responsibility

- Define: Frame quality standards compatible with national public interest concerns
- Perform: provide advice and information; enable various (economic) incentives to promote quality; establish organisational frameworks
- Check: supervise compliance with quality expectations
- Do: share information about quality improvement

EU responsibility (do we...?)

- Define: Frame quality standards compatible with cross-border and treaty concerns
- Perform:
 - Provide information on cross-border activity;
 - Enable cross-border standards development (in all areas of health)
- Check: report on nature and quality of cross-border care
- Do: create an information sharing environment to improve quality



Discussion points



Questions to address in the group discussions

- What does "healthcare quality" mean in the cross-border context of UK and European community priorities and jurisdiction, and in particular in the context of benefits to patients, citizens, clinicians and payers
- What principles and priorities should inform/guide/enable
 - collaboration between member states
 - action by the Commission on behalf of the EU as a whole, or
 - actions which are solely the responsibility of individual member states, on healthcare quality?
- What information, systems, methods, safeguards, actions, mechanisms, etc. may be appropriate or necessary at the level of member states and at the EU level to ensure healthcare quality for patients, citizens, clinicians and payers in respect of cross-border health?
- Are there particular issues arising which challenge member states' responsibility for their own health care systems in a cross-border context, and in particular the specific interests of the UK?
- What further work should be undertaken in this area?





Cases of the European Court of Justice in health

Things to learn and do

- What standards are used in existing bi-lateral cross-border contracts?
 - UK's current EU contracts
 - Norway's Patient Bridge
- What standards apply in existing cross-border clinical activity?
- What do the ECJ rulings say about health quality?
- What are areas of likely agreement/disagreement?
 - Country level
 - EU level



Decker and Kohll: the dam is breached

- Decker
 - free movement of goods covers health goods (glasses)
- Kohll
 - free movement of services covers health services (outpatient/ambulatory -- dentistry)



ECJ's health rulings

<i>ECJ #</i>	<i>Name</i>	<i>Svc</i>	<i>Ins</i>	<i>Focus</i>
120/95	Decker	B	L	Goods
158/95	Kohll	D	L	Services
160/96	Molenaar	F	D	Equity in service provided
368/98	Vanbraekel	F	B	Better care elsewhere and pay higher fees
411/99	Ferlini			Discriminatory billing
157/99	Geraets-Smits, Peerbooms	D A	NL NL	Authorization, international standards, undue delay
385/99-1	Muller-Faure van Riet	D B	NL NL	Contracted vs non-contracted providers





Cross-border procedures

European Health Smart Card

- Issued by national authorities
 - health or multi-public service
- debate over functionality
 - health record
 - insurance data
 - vital statistics
- dilemmas
 - does it enable access or authorise treatment?
 - Is a data store or only a data key?



Problems of Comparison

GB	Germany	NL	Austria
Procedure code K601	Procedure code 5-377.1	Procedure code 033272	Procedure code 2366
Implantation of intravenous cardiac pacemaker system	Implantation eines Herzschrittmachers und Defibrilators, einkammersystem	Het inbrengen van twee endocardiale elektroden en het aansluiten van een subcutaan geplaatste pacemaker.alleen de cardioloog of alleen de chirurg.	Implantation of pacemaker to prevent irregulare pace
<i>Aggregate / group</i> Pacemaker Implant except for AMI, Heart Failure or Shock (E08)	<i>Aggregate / group</i> Schrittmacher-Implantation, Einkammersystem - auch Reimplantation (9.01)	<i>Aggregate / group</i> None	<i>Aggregate / group</i> Pacemaker implantation (MEL10.01)

Source: Campden Publishing/SCHARR, 2002



Comparing Hip Replacement

	UK	Germany	NL	Austria
Procedure Name	Total prosthetic replacement of hip joint using cement OS	Implantation einer endoprothese am Huftgelen	Vervanging van de femurkop en het acetabulum	Totalendoprothese des Hüftgelenkes zementiert
Procedure Code	W378	5-820	038567	4261
Aggregate Name	Primary Hip Replacement	Einbau einer Hüftkopf-/Schaftprothese	Vervanging van de femurkop en het acetabulum	Mittlere Eingriffe Becken / Hüfte / Oberschenkel
Aggregate Code	H02	FP 1703, FP 1706, FP 1707	C005	MEL14.14

Source: Campden Publishing/SCHARR, 2002



Comparing Lens Transplants

	UK	Germany	NL	Austria
Procedure Name	Phakoemulsification of lens	Extracapsulare Extraction der Linse (ECCE) mit Einfuhrung einer alloplastische Linse	Cataractoperatie extracapsulair, met inbrengen van kunststoflens.	Extracapsular extraction (phakoemulsification) with lens implant
Procedure Code	C712	5-144 (.22)	031241	1555
Aggregate Name	Phakoemulsification Cataract Extraction with Lens Implant	Extrakapsuläre Operation des Grauen Stars mit Linsenimplantation, ggf. einschl. Iridektomie	Cataractoperatie extracapsulair, met inbrengen van kunststoflens.	Katarakt-Operationen
Aggregate Code	B02	3.01	C007	MEL15.05

Source: Campden Publishing/SCHARR, 2002



Smits-Geraets/Peerbooms: which means

- Proposed hospital treatment must meet standards of international medical science (not domestic standards)
- authorisation can only be refused if the patient can receive the same or equally effective treatment without undue delay



Smits-Geraets/Peerbooms: ECJ said...

“the need to have resort to a system of prior authorisation... makes it possible to ensure that there is sufficient and permanent access to a balanced range of high quality hospital treatment on the national territory,
to ensure that costs are controlled and to prevent any wastage of financial, technical and human resources.

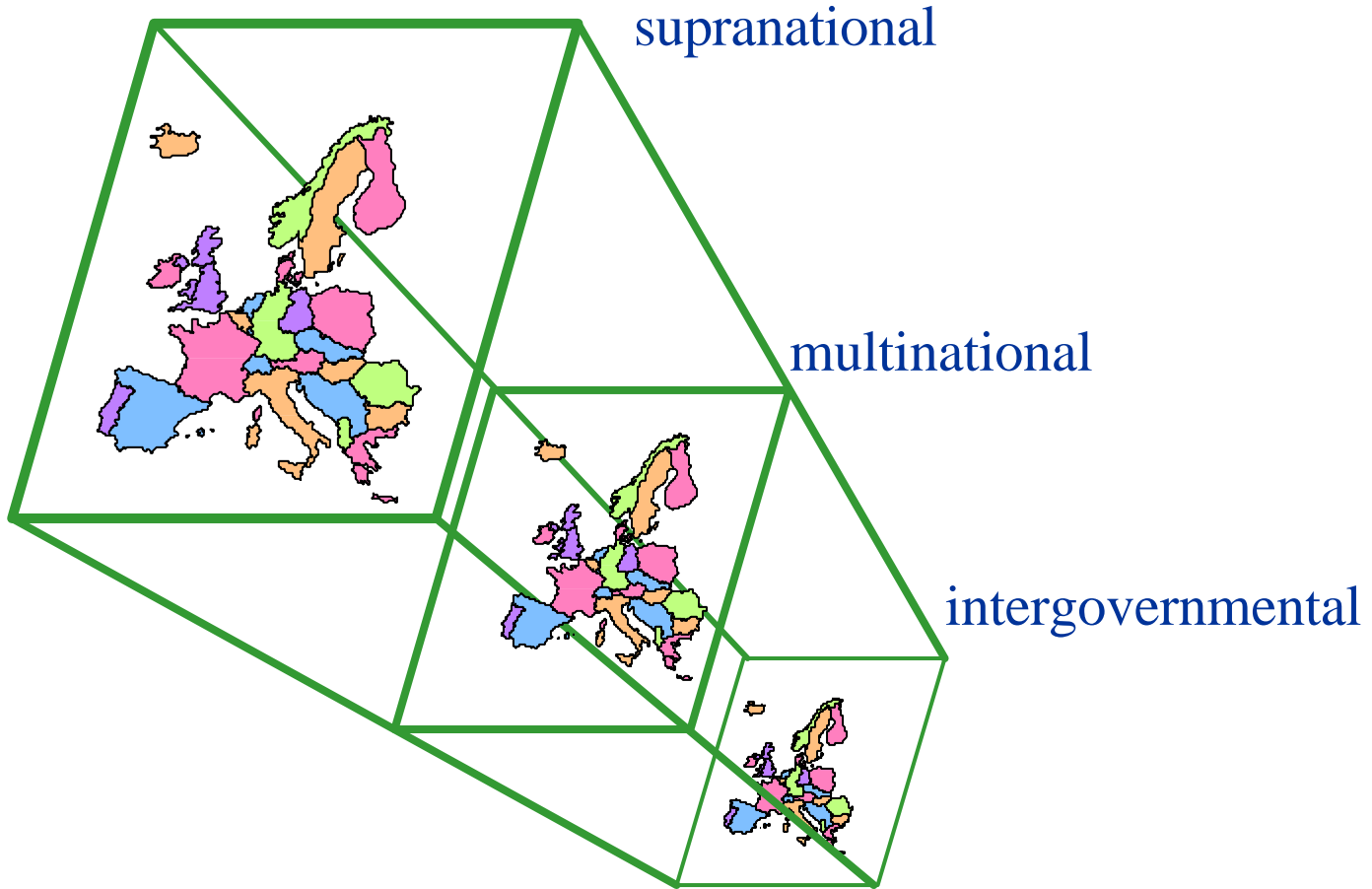
Nonetheless, any conditions... which must be satisfied in order to obtain prior authorisation must be justified....





A reminder of the structure of the
European reality: a 3d structure of
international, intergovernmental and
supranational systems

3d Europe



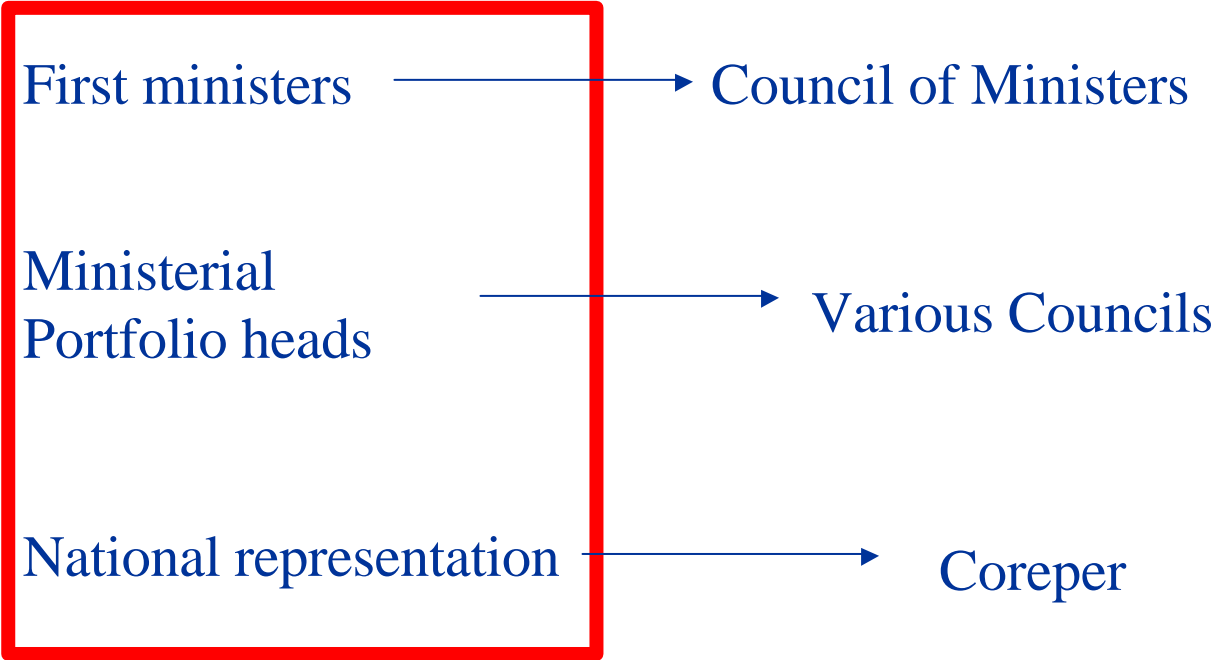
The 4 freedoms & the single market



Freedom of movement of people
Freedom of movement of goods
Freedom of movement of services
Freedom of movement of capital



Intergovernmental Europe



You & me

Home State

Primus inter pares



Multinational Europe



Supranational Europe

European Commission
*enforcement of Treaty
obligations of member
states*

European Court of Justice
law and sovereignty

European Parliament
democratic legitimacy

