Implementation of the EU Directive on Patients’ Rights in Hungary

Challenges, chances, tasks, benefits and threats without frontiers

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Main issues

• **The overall context**
  – Common challenges in Europe
  – The approach by the Hungarian Presidency
  – The Europe 2020 Strategy
  – Operation of the internal market
    - The directive on cross-border health care

• **Responses to complex challenges**
  – Synergic processes

At EU level:
  – EU level health policy considerations
  – Enhanced co-operation among Member States

At national level:
  – Health sector transformation
  – State of play in preparing for the implementation of the Directive
Approach by the Hungarian EU Presidency

- Overall health sector theme: **Patient and Professional Pathways in Europe**

- Top priority issues put on the agenda of the informal meeting of Ministers of Health:
  - **Investing in health systems of the future**
  - Human Resources for Health
  - The new EU Health Programme following 2013
Investing in health systems of the future

European health systems face common challenges due to:

- demographic ageing,
- changing population needs,
- increasing patient expectations,
- major disparities, serious health gaps (between and within Member States),
- changing care philosophy,
- rapid technology diffusion;

under the circumstances of:

uncertain and fragile economic climate particularly due to recent global economic-financial crisis limiting resources available to our health systems

urgent need for health sector modernisation
Key challenge

It is not at all a new phenomenon!

Key question - fundamental trade-off:

How to find the sensitive balance between

Ensuring access to high quality health care services

The circumstances of the scarcity of economic and other resources

Scale and urgency of the changing situation; if unaddressed it might become a destabilising factor in future economic and social landscape of the EU
Positioning health / health care in the Europe 2020 Strategy

EU2020 Strategy’s fundamental objectives

• overcoming the European impact of the global economic-financial crisis;
• to make the EU a smart, sustainable and inclusive economy which will, in turn
• deliver high levels of employment, productivity, social and territorial cohesion.

In this process, the active involvement and participation of the health sector is indispensable!

EU2020 can create the momentum to shift health policy from its previous predominant focus on cost-containment
• towards a position where innovation becomes an acknowledged driver of economic growth.

Health/health systems considerations are not explicitly reflected in the Strategy, but health issues should be embedded in the Strategy in many ways!

healthy labour force, leading to
healthy population in general - higher employment levels,
central, essential precondition - less people being at risk of poverty,
- exploiting innovation and research potential.

Hungarian implementation
Positioning health / health care in the EU Multiannual Financial Framework 2014-2020

• **EU Budget proposal for 2014-2020**
  – close interrelation with the implementation of the Europe 2020 Strategy
  – can be decisive in determining the room for manoeuvre for governments in modernising health services and improving health status

It is crucial that investments in health / health care remain eligible for EU structural fund financing in the new EU Multiannual Financial Framework
The directive on cross-border health care

- **Parallel process**: completion of the operation of the internal market
- **Evident impacts on the health sector**
- **The implementation of the directive**: more inter-connection among national health systems
- **More responsive, more flexible, more open, more interactive national health systems**
Responses to these complex challenges

- **Health sector challenges without frontiers** - while health policy is a national responsibility

- **EU level policy response, enhanced co-operation** is needed in several areas, including exchange of experiences, best practices in:
  - the development of innovative solutions to balancing future demands against affordable resources;
  - how to modernise health systems – also through evidence-based health policy decision making - to become more effective, cost-efficient, flexible and responsive to real needs and rapid changes as well as economic affordability
Responses to these complex challenges

• **Synergic processes:**
  - Responding to socio-economic challenges vs preparing for the implementation of the cross-border directive;
  - EU vs Member State level health sector priorities, strategies;
  - Member States’ health sector modernisation efforts vs their preparations for the implementation of the cross-border directive
Preparations for the implementation of the directive in Hungary

• **Legislative procedures** at national level:
  - Detailed examination of national legislation
    - Identification of areas for new legal provisions – key issues:
      - Prior authorisation
      - Reimbursement procedures, reimbursement rates

• In line with national health sector transformation procedures – identification of areas where extra capacities should/could be preserved or further developed
  - Rare diseases – networks of reference centres
  - Networks of reference centres in other areas
  - Further areas of national excellence
Preparations for the implementation of the directive in Hungary 2.

- **Participation in enhanced EU level co-operation**
  - **eHealth** – priority area during Hungarian EU Presidency, with special emphasis on:
    - evidence based, IT supported decision making processes,
    - inter-operability, with special emphasis on patient identification,
    - the role of telemedicine in counter-balancing human resource shortages
    - ePrescription
  - **Health Technology Assessment** – participation in networking and Joint Action
  - **Quality of Care, professional liability insurance** – new national background institution established, essential area of national health system transformation
  - **National Information contact point, patient rights** - National Patient Rights and Documentation Centre will be established

Hungarian implementation 13
Have you strong pain in your chest?  
Which region sensitive?  
For strong Physical examination?  
The pain is stinging?

1. Erős fájdalmat érez a mellkasában?
2. Melyik terület érzékeny?
3. Erős fizikai igénybevételre?
4. Szúró jellegű a fájdalom?

Vannak fájdalmai?  
Máte bolesti?  
Czy odczuwa Pan/Pani bóle?  
Avez-vous des douleurs?  
Are you in pain?

Haben Sie Schmerzen?

Aveti dureri?

Ha dolori?

Har ni ont?

Tiene Ud. Dolores?

Siziniz var mi?

Imate li bolove?

Hungarian  
Czech  
Polish  
French  
English  
Deutsch  
Roman  
Italien  
Swedish  
Spanish  
Turkish  
Serb-kroat
Authorisation and reimbursement

- **Current Hungarian rules on the basis of social security coordination regulations and case-law**
  - **Unplanned health care** in case of emergency – European Health Insurance Card
  - **Planned health care** on the basis of prior authorisation (detailed explanation follows)
  - Reimbursement on the basis of domestic costs according to the **case-law** (detailed explanation follows)
Planned health care on the basis of prior authorisation

- Decision of the National Health Insurance Fund (OEP) on the basis of the proposal of a national professional institute (**only medical criteria**, as the proven effectiveness of the treatment abroad, the expected success of the intervention and the lack of possibility to ensure this treatment at a domestic service provider are taken into account)

- OEP **finances full costs**, including other related costs such as travel costs and pays directly to the foreign service provider

- This present practice is more generous than the rules of social security regulations, as full and extra costs are paid and not only contracted providers can be reimbursed (might become a sustainability issue at a later stage)
Reimbursement on the basis of domestic costs according to case-law

- From the accession of Hungary to the EU (2004), the judgements of the Court of Justice are taken into account and out-patient care can be reimbursed on the basis of domestic costs when taking advantage of such services in another Member State.

- Very limited practical effect due to the low level of domestic costs as compared to EU15 countries and to the necessity of upfront payment.
Implementation of the Directive regarding the rules of reimbursement

• **Some rules already exist** on the basis of the implementation of the case-law (the reimbursement of out-patient care on domestic cost level)

• **The system of prior authorisation** has to be reconsidered
  – according to the Directive authorisation cannot be automatically required but the **list of treatments have to be submitted to the European Commission** and the proportionality criterion has to be met when drawing up this list – the reimbursement rules of these treatments on domestic cost level have to be created
  – the patient has to be reimbursed according to the Regulations if the requirements are met, which requires possibly **one complex procedure dealing with both legal instruments**
Expected effects of the Directive on the outflow of Hungarian insured persons

- No major increase in outflow is expected, because
  - The mobility of Hungarians is low even within the country (but increasing)
  - Patients prefer to be treated in Hungary
  - Waiting lists are still relatively moderate
  - Low level of foreign language knowledge and information
  - Upfront payment and low level of reimbursement
  - Prior authorisation may be requested and in certain cases refused according to Article 8 of the Directive
  - The domestic administrative formalities can be applied (Article 7(7) of the Directive)
Expected effects of the Directive on the inflow of EEA insured persons

- The low level of domestic costs, the high professional level of service provision and the relatively moderate waiting lists could evoke a significant inflow, but on the other hand
- The directive declares that nothing in this Directive should oblige healthcare providers to accept for planned treatment patients from other MSs or to prioritise them to the detriment of other patients (recital 21) the inflow can be kept within limits
Possible effects on hospitals

- **Service providers have to apply the same scale of fees** for healthcare for patients from another MSs, as for domestic patients in a comparable medical situation (Article 4(4) of the Directive) longer waiting lists, the possible need of refusal of patients in the spirit of recital 21

- **As waiting lists are basically of a financial nature, possibility of offering non-publicly financed free capacities on market prices – at the same price level as for insured Hungarians – can provide opportunities for receiving patients from other MSs, if the price is still lower or at least not higher than the domestic costs of the sending Member State**
Practical implementation

• Develop a comprehensive supply conditions which apply to all international patient treatment

• Study and evaluate foreign and hungarian insurance systems

• Work out and introduce parallel Hungarian and multilingual medical documentation
Cross-border co-operation

• Hungary is actively participating in cross-border health care co-operation projects within the EU:
  – Between 2004-2006: INTERREG IIIA (cross-border), IIIB (transnational) and IIIC (interregional) projects;
  – Between 2007-2013: the European Grouping of Territorial Cooperation (EGTC) process.
Hungary is the managing authority in six projects:
- Hungarian-Slovakian ERDF (European Regional Development Fund) cross-border program
- Hungarian-Romanian ERDF cross-border program
- Hungarian-Croatian IPA cross-border program
- Hungarian-Serbian IPA cross-border program
- Hungarian-Romanian-Slovakian-Ukrainian ENPI cross-border program
- South-East European transnational ERDF program

Hungary participates in other projects with Slovenia and Austria.

Hungary takes part in the ENPI (European Neighbourhood Policy Instrument) through a project together with Slovakia, Romania and Ukraine.
Health care objectives of the projects

- In general these projects are aiming at achieving the following objectives:
  - Supply of equipment, surgical instruments
  - Research, education and training
  - Cross-border observatories
  - On-line co-operation in the field of exchange of best practices and education
  - Mutual establishment of health care portfolios (including the mutual acceptance of health insurance cards, referral to a health-care institution in another state)
  - Co-operation in the field of emergency and/or disaster management
  - Health promotion, disease prevention

Hungarian implementation
Implementation of projects in the field of health

- Hungarian-Slovakian co-operation
  - 6 projects (e.g. emergency health care)
- Hungarian-Romanian co-operation
  - 19 projects (e.g. oncology, emergency health care, telediagnostics, common disease notification system)
- Hungarian-Austrian co-operation
  - 3 projects (e.g. ion therapy, health tourism, traditional medicine)
- Slovenian-Hungarian co-operation
  - 7 projects (e.g. healthy living, preventive services)
- Hungarian-Croatian IPA program
  - 8 projects (e.g. sustainable regional health industry)
- Hungarian-Romanian-Slovakian-Ukrainian ENPI cross-border program
  - 2 projects (e.g. supply of diagnostic instruments)
Thank you for your kind attention