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DOKUMENT ROBOCZY

w sprawie sprawozdania specjalnego ETO nr 7/2019 (absolutorium za rok 2018): działania UE w zakresie transgranicznej opieki zdrowotnej – ustanowiono ambitne cele, lecz konieczne jest usprawnienie zarządzania

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EU actions for cross-border healthcare: significant ambitions but improved management required

Summary

While cross-border healthcare remains marginal in comparison to healthcare delivered domestically, in some situations, the most accessible or appropriate care for patients is available in a Member State other than their home country. Patients' ability to make a free and informed choice to access cross-border healthcare can improve their healthcare.

The 2011 Cross-border Healthcare Directive seeks to guarantee EU patients' right of access to safe and high-quality healthcare across national borders within the EU, and their rights to be reimbursed for such care. The Directive facilitates closer cooperation in a number of areas: notably the cross-border exchange of patients' data and access to healthcare for patients with rare diseases.

Approximately 200 000 patients a year take advantage of the systems put in place under the Directive to receive healthcare treatments abroad: less than 0.05 % of EU citizens. In recent years, France reported the highest number of outgoing patients and Spain the highest number of incoming patients. The majority of patient mobility has been between neighbouring Member States.

The Court's conclusions

The Court concluded:

- While EU actions in cross-border healthcare enhanced cooperation between Member States, the impact on patients was limited at the time of our audit. These actions are ambitious and require better management.
- The Commission has overseen the implementation of the Cross-border Healthcare Directive well. It has guided the National Contact Points towards providing better information on cross-border healthcare, but there remains some scope for improvement.
- At the time of the Court's audit, no exchanges of patients' data between Member States had taken place and no benefits to cross-border patients from these exchanges could be demonstrated. The Commission did not establish an implementation plan with timelines for its new eHealth strategy and did not estimate the volumes of potential users before deploying the cross-border health data exchanges.
- The concept of European Reference Networks for rare disease is widely supported by EU stakeholders (patients' organisations, doctors and healthcare providers). However, the Commission has not provided a clear vision for their future financing and how to develop and integrate them into national healthcare systems.

Based on these conclusions, the Court make recommendations focusing on the Commission's support for National Contact Points, the deployment of cross border exchanges of health data, and EU's action in the field of rare diseases.

The Commission's position

- The Commission agrees with most of the Court's observations and will notably continue to urge Member States to submit completed data sets on patient flows and patient mobility.
- The Commission agrees with the Court that there remains a lack of awareness of the Directive's benefits for EU citizens. Raising awareness requires cooperation between all actors involved – National Contact Points, health authorities, health insurers, health providers and patient organisations – at local, regional and national level. At EU level, the Commission publicises the Directive and its benefits on the Europa website of the Directorate-General Health and Food Safety and on the website "YourEUROPE". The Commission will urge NCPs to provide information about the ERNs on their websites.

The Court's recommendations

1. Provide more support for National Contact Points (target implementation date: 2020)

The Commission should:

- (a) building on former actions, support the work of National Contact Points, including on how best to communicate the relationship between the Cross-border Healthcare Directive and the Social Security Coordination Regulation pathways,
- (b) provide guidance on presenting information about European Reference Networks on the National Contact Points websites;
- (c) follow up on the use by National Contact Points of the 2018 toolbox.

2. Better prepare for cross border exchanges of health data (target implementation date: 2021)

The Commission should:

- (a) assess the results achieved for cross-border exchanges of health data via EU-wide eHealth Infrastructure (for ePrescriptions and Electronic Patients Summaries);
- (b) in the light of this, assess the 2012 eHealth Action Plan and the implementation of the 2018 eHealth strategy, including whether these actions have provided cost-effective and timely solutions, and meaningful input to national healthcare systems.

3. Improve support to facilitate rare disease patients' access to healthcare

The Commission should:

- (a) assess the results of the rare disease strategy (including the role of the European Reference Networks) and decide whether this strategy needs to be updated, adapted or replaced;
- (b) in consultation with the Member States set out ways forward to address the challenges faced by the European Reference Networks (including integration of the European

Reference Networks into national healthcare systems, and patients' registries);

- (c) work towards a simpler structure for any future EU funding to the European Reference Networks and reduce their administrative burden.

Zalecenia sprawozdawcy:

Parlament Europejski,

- z zadowoleniem przyjmuje sprawozdanie specjalne Trybunału, zawarte w nim wnioski oraz gotowość Komisji do wdrożenia zaleceń;
- wyraża zadowolenie z faktu, że Komisja zapewniła odpowiedni nadzór nad wdrożeniem dyrektywy w państwach członkowskich i wspierała prace krajowych punktów kontaktowych odpowiedzialnych za informowanie pacjentów korzystających z transgranicznej opieki zdrowotnej; ponadto w ostatnim czasie opracowano praktyczny zestaw narzędzi dla krajowych punktów kontaktowych;
- wyraża żal, że pacjenci w UE nadal borykają się z problemami w dostępie do opieki zdrowotnej za granicą oraz że jedynie mniejszość potencjalnych pacjentów jest świadoma przysługujących im praw do korzystania z opieki transgranicznej;
- ubolewa, że nadal występują problemy i opóźnienia związane z interoperacyjnością krajowych systemów zwrotu kosztów;
- wyraża żal, że pomimo dużych oczekiwań ze strony Komisji transgraniczna wymiana danych dotyczących zdrowia pacjentów nie przyniosła spodziewanych rezultatów; zwraca uwagę, że strategia z 2018 r. w dziedzinie e-zdrowia nie zawiera planu wdrożenia; podkreśla, że Komisja nie doceniła trudności związanych z wdrożeniem ogólnounijnej infrastruktury w dziedzinie e-zdrowia;
- zachęca Komisję, by we współpracy z państwami członkowskimi wzmocniła zrównoważony charakter europejskiej sieci referencyjnej ds. chorób rzadkich;
- zwraca się do Komisji, by zaktualizowała ramy działań UE dotyczące chorób rzadkich;
- apeluje do Komisji, aby wykorzystwała wnioski z wszystkich doświadczeń zdobytych w ramach projektów pilotażowych europejskich sieci referencyjnych;
- uważa, że Komisja zapewniła wsparcie na rzecz utworzenia 24 europejskich sieci referencyjnych, ale nie stworzyła skutecznego systemu oceny uczestników;
- zwraca uwagę, że pomimo opóźnień Komisja uruchamia obecnie ogólnounijną platformę rejestracji chorób rzadkich.