

**Response to the consultation on European Commission's proposals for a Directive on the application of patient's rights in Cross Border Health Care**

**Introduction**

1. The European Region of the World Confederation for Physical Therapy (ER-WCPT) is a European non-governmental, organisation representing the professional associations of physiotherapists from 36 countries including the Member States of the EU and EEA, that are simultaneously members of the World Confederation for Physical Therapy (WCPT).
2. The ER-WCPT welcomes the EU Commission's proposals to ensure greater legal certainty for patients who wish to exercise their rights to cross border care, to provide clearer information to support patient choice and to foster closer collaboration between Member States.
3. The ER-WCPT wants to stress that Cross Border Health Care can be successful if applied in a regulated free market environment, where the basic services are guaranteed for all.
4. Should there be evidence that patient flows are creating an imbalance, prior authorisation for hospital based treatment will act as a helpful corrective and assist Member States with planning.
5. There are a number of practical issues that the ER-WCPT believes require further attention if patients' interests are to be well served, whether treatment is sought in the home state or abroad.

## **Costs**

6. The Gallup Organisation. Cross border health services in the EU, Analytical Report June 2007, states that 'in principle there should be no additional costs arising from patients who seek cross border health care' (5.1.1.1 page 34). The ER-WCPT would draw attention to the resource implications for Member States of
  - setting up systems for charging and reimbursing patients
  - developing data collection systems with interoperability
  - planning and workforce management costs given the uncertainty of about how current service capacity may be used in the future

## **Definition of 'hospital' and 'non-hospital' care**

7. Variability of definitions between Member States may give rise to confusion in terms of whether or not prior authorisation would be required.

## **Equality of Access**

8. The Charter of Fundamental Rights of the European Union and the Council Conclusions on Common values and principles in EU Health Systems, (June 2006) support equal access according to need, regardless of ethnicity, gender, age, social status or ability to pay. EU health systems also aim to reduce the gap in health inequalities.
9. Equal access to care may be impeded by the need for patients to pay for their care first before applying for reimbursement. Delays in the reimbursement of costs may cause a cash flow problem for those with fewer resources. It is the responsibility of the Member States to guarantee that healthcare is accessible for all.

10. Directive 95/46/EC on the protection of personal data requires that secure, robust systems are in place for data transfer. It is important to ensure that patient information about cross border health care highlights the right to access personal data 'in an intelligible form' (Article 12a). Linguistic concerns may act as a barrier to choosing cross border health care, especially for older people and those from minority ethnic backgrounds in their home Member State. Translation and interpreting services may be required.

### **Continuity of Care**

11. Chapter 1.5.1 of the Proposal for a Directive on cross border care stresses the importance of ensuring continuity of patient care between 'different treating professionals and organisations'. The ER-WCPT would strongly endorse this. It is essential for patients to be able to reintegrate into the care pathway on their return to their Home State in a timely manner. For example delays in accessing rehabilitation services after surgery may compromise the expected benefits.

12. Patients need to be able to make an informed choice about cross border health care and how best to ensure continuity and completeness. To this end they require information about the availability and accessibility of the full range of essential services relevant to their needs. ER-WCPT strongly recommends that details of physiotherapy and other rehabilitation follow up be provided so that patients are clear which essential elements of the whole care package can or cannot be met by a particular provider.

### **Professional Competence and Patient Safety**

13. Close cooperation between regulators across the internal market will be required to ensure health professionals meet the required standards of competence and cannot be struck off in one Member State and then

practice in another. The Internal Market Information system will facilitate information sharing.

14. It is of crucial importance for patient safety that patients' information and health records will be accessible by all involved health professionals in a comprehensive way.

## Standards

15. Article 5.1 requires standards to be put in place that ensure high quality health care and that these are monitored by providers. Clinical practice may differ between Member States but there is scope for the development of consensus across the EU on service standards through the CEN accreditation system. Greater public awareness of European accreditation mechanisms would be helpful in building confidence in cross border health services.

## E-health

16. No shared formats are in place currently, either within or between countries. Although necessary, the establishment of interoperable systems could well be costly and time consuming. ER-WCPT notes that additional training may be required for health care professionals for example regarding using new e-health systems. Who will identify the training needs of health care professionals?

## European Reference Networks

17. Who will be responsible for following up the European Reference Networks after the set up phase? Will this be an ongoing task for the EU Commission, or the specialist centres themselves? Further information on the composition of the High Level Group on Health Services and Medical Care would be helpful.

### **Practical Questions Specific to Physiotherapy**

18. What procedures will be necessary in the case where a patient receives medical / surgical treatment in another Member State and rehabilitation in a 3<sup>rd</sup> Member State such as post-op rehabilitation (common for sports related injuries)?
19. Regarding continuity of care between different treating professionals and organisations, professional competence and patient safety; specific protocols, for example relating to post-surgical physiotherapy follow up, across borders may conflict. How should this be managed?

The European Region of the World Confederation for Physical Therapy (ER-WCPT) will remain open for any questions or further explanation of its recommendations.