

European Academy of Sciences and Arts

European Institute of Health

Project

Cross border Health Care Harmonization in European Regions

Report requested by Commissioner John Dalli

European Union

European Academy of Sciences and Arts

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Cross Border Health Care: Harmonization in European Regions

Background:

In 2007 the project „The European Lead Market in Health Care“ has been requested by the former EU-Commissioners Verheugen and Vassiliou. At the end of 2008 the final report has been delivered to both Commissioners, which has been well received, widely disseminated and referred to in the political, scientific and public health field.

This report contains enormous potentials towards a common European Health Care regulation, beyond national interests. The present Health care is still considered as a subsidiary national task causing substantial bias, misallocations and side effects for each health care system. Beside those limitations Health is embedded politically in a very complex field, where many stake holders try to gain advantage. In reality health care has to be adapted from a fragmented system political driven toward a system with comprehensive modern market structure. Here is the basis given to start with a European Health and to overcome all the deficiencies among the Member States.

Most attempts stimulating a European concept of a common Health Care system failed due to national restrictions. Despite the rigid structures there have been single cases, where patients have been sent for specialized treatment to specific foreign centres (also European case law: British patients in France etc.). Due to the increasing mobility many people need medical treatment outside their country. Therefore, MEP Bowis stimulated in the last session of the European Parliament the topic “Cross border Health Care” in order to overcome many national deficiencies in daily Health Care Delivery.

To overcome all the national burdens and to stimulate a new concept according to the agenda 2020, the concept of a common Health Care Market has been born. In reality Health Care Delivery is a complex market, not comparable to a potato market or a market in IT or the car industry: Asymmetric information, entry barriers, supply driven demand, monopolistic tendencies among others, causing constant flaws and misallocations. A better, transnational, Europe wide regulation can help overcoming these biases.

Environment of Health

The whole topic Health is very complex and there is place for interventions of many stake holders. In reality a Health System is dedicated to people who need medical help - the patient.

Centre of the System: The Patient

The patients are increasingly by more informed and they join patients organizations with heavy political influence.

Prevention has to be stimulated much more, lastly in the own interest of everybody.

Actors: The Doctors with his auxiliaries

The doctors with their auxiliaries are the central issue, where the treatment is done and starts. This is the point where the patients enter the system and the point is given where the costs of treatment start.

Health Care as market

The key element in the report to the Commissioners is to demonstrate the complex system with many items clustered in three areas:

Health Care - the Arts of Medicine

In this area there are all medical provisions starting from prevention, diagnosis, and therapy to rehabilitation and secondary prevention. This reflects almost the whole scope of medical provisions delivered by the doctors and ancillary medical staff.

The most medical provisions are effective and beneficial to the patients. Some are less or not effective and are items to be re-evaluated. The European Institute of Health proposed in the report to classify the medical provisions in the light of effectivity and long term outcome and to order them in four classes. Class A and B reflects efficiency, C and D no efficiency. This implies for the whole system, that only treatments in A or B are to be totally remunerated. This is the basis for financing Medical Organizations.

The Classifications are task jointly with the European Societies.

Health Organization

Because individual European countries have differing systems of health care organization, it is important to address harmonization of health care organization across borders. Harmonizing of healthcare organization can be done a many levels depending on the need including service provisions at the primary, secondary and tertiary care level, but also at the medical and nurse staffing levels. Systems to facilitate the transfer of patients and medical information are particularly relevant. For example, a patient coming from one country experiencing a heart attack while on vacation in another must have some mechanism to transmit his or her past medical information. This same mechanism of medical information transfer would allow the patient to inform the relevant institutions as to the course of his hospitalization when he returns home. Such information transfer will avoid the costly duplication of medical interventions and tests in the long run. Medical and nursing staff with foreign language and cultural competency skills is also an essential aspect of information transfer and harmonization at the health organization level.

Offices

The patients enter the system usually in the offices of the practitioners, who has the primary care and decides to guide the patients through the system. This is the key point guiding the patient through the system.

Outpatients

Outpatients are those patients who require medical treatments which can not be delivered in offices. There are special services outside in and outside of hospitals too mainly for diagnosis and special care.

Hospitals

The hospitals are institutions for high medical care and spread in our lands. There are three types:

- the Standard Hospitals, mainly found in small communities
- the General Hospitals in larger communities offering extended care
- the Central Hospitals mainly the University Hospitals.

At present the greatest challenge is the financing of the system. Therefore it is most desirable, that all the services start to assess their provisions monetarily. This gives the incentive for a market to compare and to offer provisions.

Health- Financing

At first it has to be stated, that the Society gives the order to the medical community to care all equally and according the standards known as “Health for All”. The provisions are costly and have to be paid. The patients are paying the system via

- their insurances

- via the taxes

- out of the pocket.

These embracing European Systems are unique in the world..

In responsibility to the tax-payer, the medical community is forced to classify their doing, so that only those are remunerated which meet Class A and B.

The pricing is task of all the medical organizations. Automatically the market will adapt the size of hospitals and quantity toward quality.

Important is the role of the insurances. It is evident, that part of the insured citizens is not able to pay the full insurance premium. These citizens need the support of the other members of the insurance – a mandatory system – or of the tax payer via direct financial transfers. A basic form of solidarity is a nondispensable part of the whole system.