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L'azienda Ospedaliero-Universitaria di Trieste ed i Progetti trans-frontalieri

Javni razpis št.02/2009 / IntegrAid - Integriran pristop k izboljšanju nujne medicinske pomoči na čezmejnem območju

Bando pubblico N.02/2009 / IntegrAid - Approccio integrato al miglioramento dell'assistenza medica di urgenza nell'area transfrontaliera

Sandro Centonze

2007-2013

cooperazione territoriale europea
programma per la cooperazione transfrontaliera
Italia-Slovenia

evropsko teritorialno sodelovanje
program čezmejnega sodelovanja
Slovenija-Italija

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Projekt sofinancira Evropski sklad za regionalni razvoj

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DIRECTIVE 2011/24/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 9 March 2011 on the application of patients' rights in cross-border healthcare

4.4.2011 EN Official Journal of the European Union L 88/45

DIRECTIVES

DIRECTIVE 2011/24/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL
of 9 March 2011
on the application of patients' rights in cross-border healthcare

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty on the Functioning of the European Union, and in particular Articles 114 and 168 thereof,

Having regard to the proposal from the Commission,

Having regard to the opinion of the European Economic and Social Committee (1),

Having regard to the opinion of the Committee of the Regions (2),

Acting in accordance with the ordinary legislative procedure (3),

Whereas:

(1) According to Article 168(1) of the Treaty on the Functioning of the European Union (TFEU), a high level of human health protection is to be ensured in the definition and implementation of all Union policies and activities. This implies that a high level of human health protection is to be ensured also when the Union adopts acts under other Treaty provisions.

(2) Article 114 TFEU is the appropriate legal basis since the majority of the provisions of this Directive aim to improve the functioning of the internal market and the free movement of goods, persons and services. Given that the conditions for recourse to Article 114 TFEU as a legal basis are fulfilled, Union legislation has to rely on this legal basis even when public health protection is a decisive factor in the choices made. In this respect, Article 114(3) TFEU explicitly requires that, in achieving harmonisation, a high level of protection of human health is to be guaranteed taking account in particular of any new development based on scientific facts.

(3) The health systems in the Union are a central component of the Union's high levels of social protection, and contribute to social cohesion and social justice as well as to sustainable development. They are also part of the wider framework of services of general interest.

(4) Notwithstanding the possibility for patients to receive cross-border healthcare under this Directive, Member States retain responsibility for providing safe, high quality, efficient and quantitatively adequate healthcare to citizens on their territory. Furthermore, the transposition of this Directive into national legislation and its application should not result in patients being encouraged to receive treatment outside their Member State of affiliation.

(5) As recognised by the Council in its Conclusions of 1-2 June 2006 on Common values and principles in European Union Health Systems (4) (hereinafter the 'Council Conclusions') there is a set of operating principles that are shared by health systems throughout the Union. Those operating principles are necessary to ensure patients' trust in cross-border healthcare, which is necessary for achieving patient mobility as well as a high level of health protection. In the same statement, the Council recognised that the practical ways in which these values and principles become a reality vary significantly between Member States. In particular, decisions about the basket of healthcare to which citizens are entitled and the mechanisms used to finance and deliver that healthcare, such as the extent to which it is appropriate to rely on market mechanisms and competitive processes to manage health systems, must be taken in the national context.

(6) As confirmed by the Court of Justice of the European Union (hereinafter the 'Court of Justice') on several occasions, while recognising their specific nature, all types of medical care fall within the scope of the TFEU.

(1) OJ C 175, 28.7.2009, p. 116.
(2) OJ C 120, 28.5.2009, p. 61.
(3) Position of the European Parliament of 23 April 2009 (OJ C 184 E, 8.7.2010, p. 362), position of the Council at first reading of 13 September 2010 (OJ C 275 E, 12.10.2010, p. 1), position of the European Parliament of 19 January 2011 (not yet published in the Official Journal) and decision of the Council of 28 February 2011.

(4) OJ C 146, 22.6.2006, p. 1.

Italia-Slovenia 2007
Slovenija-Italija 2013

Direttiva 2011/24/EU: chapter IV

COOPERATION IN HEALTHCARE

- Article 10 – mutual assistance and cooperation
- Article 11 – recognition of prescriptions
- Article 12 – European reference networks
- Article 13 – rare diseases
- Article 14 – eHealth
- Article 15 – HTA

...Direttiva 2011/24/EU: Art. 10

*"Member States shall **facilitate cooperation** in cross-border **healthcare provision at regional and local level**"*

*"The Commission shall **encourage** Member States, particularly neighbouring countries, **to conclude agreements** (...) (and) **to cooperate in cross-border healthcare provision in border regions**"*

→In quali situazioni funziona la cooperazione trans-frontaliera?

→Può essere incoraggiata, sostenuta?

Di cosa abbiamo bisogno perché la cooperazione trans-frontaliera funzioni?

TOOLKIT

Per avviare / mantenere una collaborazione transfrontaliera:

1. un bisogno locale
2. persone/professionisti dedicati
3. interessi condivisi tra partner
4. sostegno esterno
5. semplici regole e semplice governance

1. Un bisogno locale

Se non esiste un bisogno, non c'è ragione di collaborare

- Esempi di bisogni locali:
  - Distanze (rispetto ai Servizi)
  - Chiusura di un ospedale, di un re
  - Mancanza di una specialità, disc
  - "Bacino di utenza"

  → **Dove esistono flussi spontanei**

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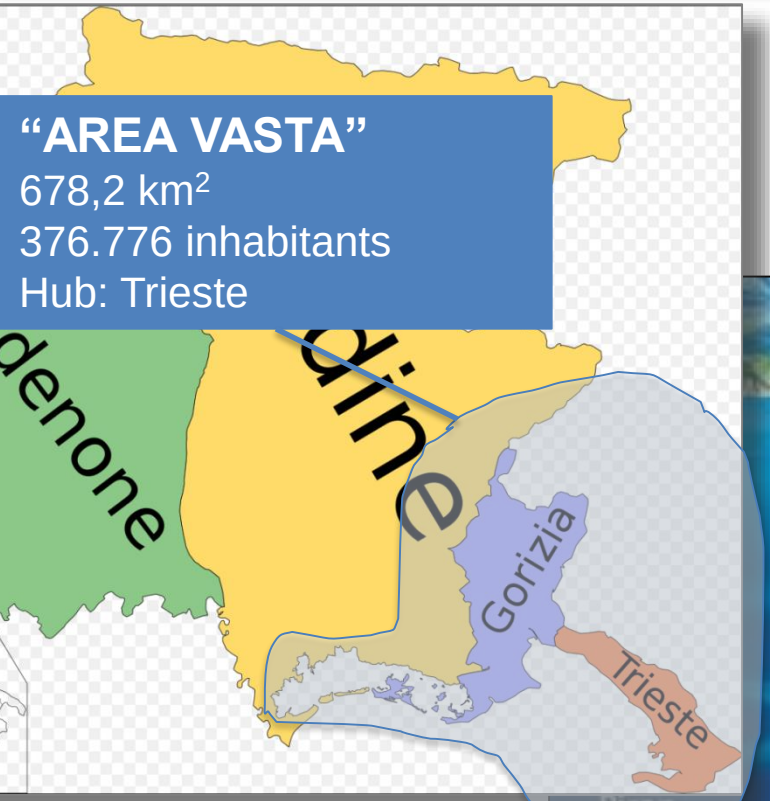
"AREA VASTA"
678,2 km^2
376.776 inhabitants
Hub: Trieste



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2. Pe le dedicato

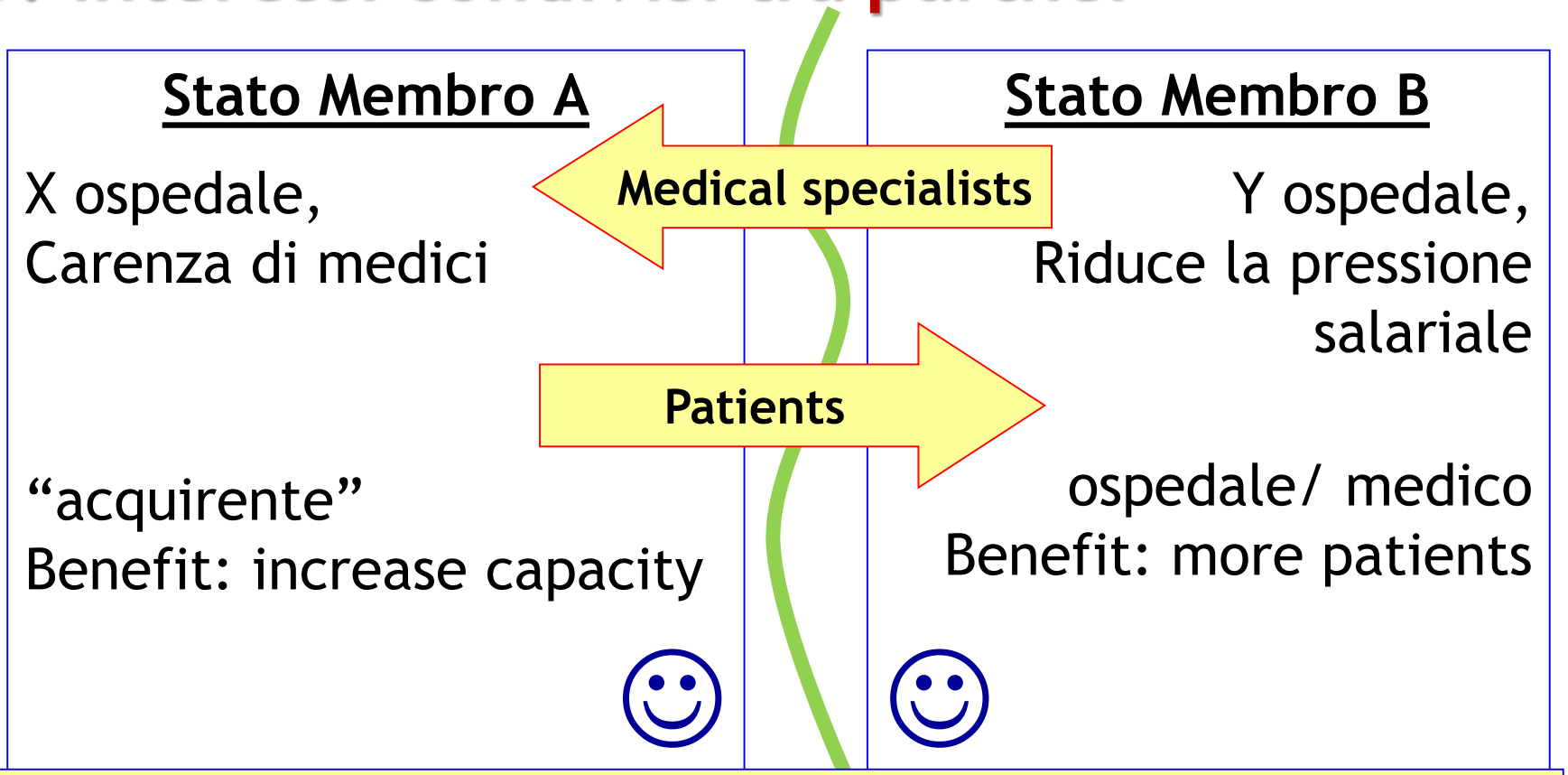
- ✓ il
  - –
  - – Crede ne in 'cross-border'
  - – Progetto pe
- ✓ determinazione
  - – Tempo (>10 anni)
  - – sforzo
  - – energia
- ✓ Cosa accade se i front-runners abba

'Front-runners'

breve termine

"la cooperazione trans-frontaliera è come un matrimonio: necessita di una certa quantità d'amore..."

3. interessi condivisi tra partner



Entrambe le parti devono riconoscere il beneficio

4. Sostegno esterno

Gruppi di interesse: GPs, ospedali / associazioni mediche (boicottaggio se minacciate)

– *Paura di perdere pazienti/reddito? Lobby che si oppongono alla cooperazione trans-frontaliera*

Autorità:

– *autorizzazioni eccezionali, deroghe legali, aiuto*

– ***collaborazione deve soddisfare le priorità dei sistemi*** *(esempi DK-DE, SP-FR, AT-DE)*

Finanziari: banche, comunità ed enti locali, EU

Se fallisce il sostegno è probabile che anche la collaborazione abbia fine

5. semplici regole e semplice governance

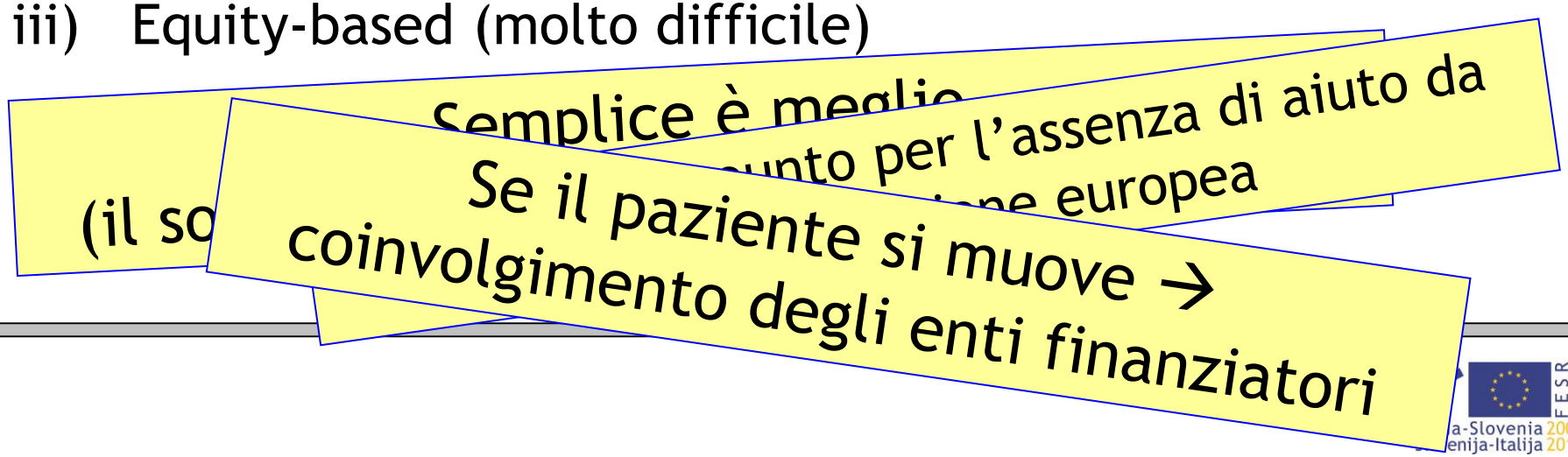
Collaborazione trans-frontaliera = coordinare 2 sistemi = **complessità**

3 meccanismi di collaborazione:

i) Relazionale (facile, imprevista)

ii) Contrattuale (lavora bene)

iii) Equity-based (molto difficile)



Analisi comparativa:

Primary data on hospital collaboration

<u>Evidence base</u>:

7 border-regions

11 countries

Local researchers

Stakeholder interviews

NO
FI
Finnish patients access primary/secondary care in Norway

DK
Danish cancer patients: at Flensbourg hospital

NL
BE
DE
FR
Maastricht / Aachen UH
plans for joint cross-bord
Baumalu/Simbach
emergency service
ward/ joint corona

AT
French patients get specialised care at Belgian centers

RO

BU
Ca
anaesthetists from Silistra

ES
Newly built Cerdanya hospital to serve the border-region population

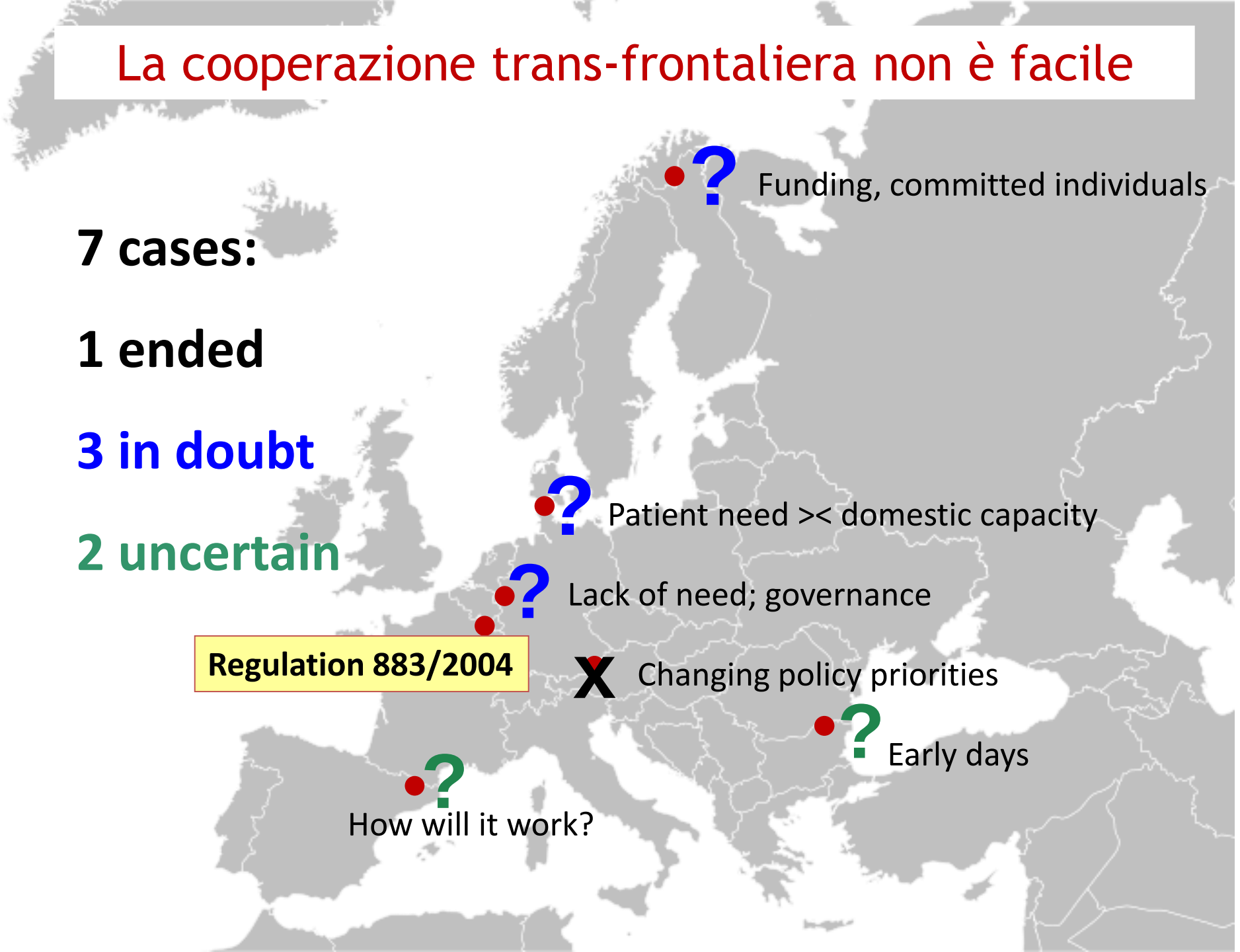
SEVENTH FRAMEWORK PROGRAMME

Examples of flows

Year	Number of French patients at Belgian hospital (Dinant) ophthal, gynaec, radiology, paediat.
2009	3 468
2010	5 112
2011	6 055

Doctors commuting Aachen-Maastricht UHs
Vascular surgery: joint professor
Nuclear medicine: joint professor
Neurosurgery: prof performs DBS at both hospitals

La cooperazione trans-frontaliera non è facile



Istituzioni ed interessi sono radicati in ambito locale

Le regioni di confine sono particolari …

Geografia
Demografia
Prossimità
Lingua (dialetti)

Nessuna eccezione cross-border?

… tuttavia gli incentivi e le soluzioni sono sempre locali

- Politiche di assistenza sanitaria Catal.), riforme (AU, RO)
- Criteri basati su volumi (NL, DE), metodi fi finanziamento (BE),
- Garanzia dei tempi d'accesso (DK)
- Diritti delle minoranze Sami (FIN)

La collaborazione Cross-border >< Directive 24/2011/EU

La collaborazione trans-frontaliera può essere "incoraggiata"?

→ molto difficile: esistono le condizioni?

TOOLKIT

1. un bisogno locale
2. persone/professionisti dedicati
3. interessi condivisi tra partner
4. sostegno esterno
5. semplici regole e semplice governance

?

Le Regioni di confine rimangono saldamente radicate nei propri sistemi sanitari (nessuna eccezione!)

Interessi locali >> collaborazione cross-border

POLICY SUMMARY 1

Economic systems ar in Europe: implicatior

Sarah Thomson, Jo
Tamás Evetovits, M
Philipa Mladovsky, A
Jonathan Cylus, Ma
and Hans Kluge

POLICY SUMMARY 14

Cross-border health care in Europe

Katharine Footman, Cécile Knai, Rita Baeten, Ketevan Glonti, Martin McKee

World Health Organization
REGIONAL OFFICE FOR Europe

European Observatory on Health Systems and Policies
a partnership hosted by WHO

SEVENTH FRAMEWORK PROGRAMME

Evaluating care across borders
ECAB

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Hvala za vašo pozornost!

Grazie per l'attenzione!

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REPUBLIKA SLOVENIJA
SLUŽBA VLADE REPUBLIKE SLOVENIJE ZA RAZVOJ IN EVROPSKO KOHEZIJSKO POLITIKO

Ministero dell'Economia e delle Finanze

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