Facilitate healthcare across national borders to reduce waiting lists

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With thanks to members of EPECS

In this article, EPECS (European Patient Empowerment for Customized Solutions) calls on EU states, parliaments, healthcare providers and insurers to make additional efforts to promote the rights of EU citizens to care across national borders. Care across national borders offers distinct opportunities to combat growing waiting list problems, including from the SARS-Cov-19 pandemic. EPECS - an organisation for the position of EU citizens in healthcare - takes a stand, identifies the responsibilities of healthcare providers and insurers, and offers suggestions for action.

Within the European Union (EU), free movement of people, services and goods is a fundamental right. With its open borders, the EU has more than 500 million inhabitants and is a truly global player. In addition, the EU offers unprecedented opportunities to strengthen the quality of life of all its inhabitants (with health as the highest good) in the years to come. The acquired rights of EU citizens in healthcare - including the cross-border care directive partly based on the Decker-Kohll judgment, among others (Greguol, 2019) - are a crucial part of this. Directive 2011/24/EU aims to ensure the exercise of patients' rights in healthcare across national borders. Thus, it seeks to ensure patient mobility and a high level of health protection (recital 5 of the directive). When the patient chooses to seek healthcare in another Member State, the directive requires the patient to be informed about different options (recitals 11 and 20 of the directive). This directive gives EU citizens the right, sometimes in necessary consultation with their health insurer, to choose care across borders over care in their country of residence. However, cross-border care is usually not actively promoted by healthcare providers and insurers, making it accessible only to well-informed citizens (Glinos et al., 2010).

One third of the EU population lives in border regions; regions where two or more countries border each other. In these regions, socio-economic disadvantages appear to be relatively high (Ponds et al., 2013). This is also linked to the relatively poor health of the population in these regions (euPrevent, 2019). In these regions, there are many opportunities to organise care across borders, as hospitals and other health facilities just across the border are often closer than facilities in the home country (Legido-Quigley et al., 2007; Bouwmans et al., 2020). Cooperation across borders in providing these facilities to all EU citizens is crucial in improving the health of citizens in border regions. However, research shows that care across borders is the exception rather than the rule even in such border regions (Beuken et al., 2020).

The need for care across borders is particularly high. In the Netherlands, even now, much care is being postponed in the aftermath of the SARS-cov-19 pandemic. A recent NRC article talks about 120,000 Dutch people waiting for medical treatment (Nieber, 2022). Major staff shortages mean that many patients cannot get the care they need in time. Efforts to reduce suffering for citizens due to delayed care should not be limited by national borders. However, from a number of news articles, cooperation across borders appears to be stagnating. The following was written in regional newspaper De Limburger last year about exchanging patients to reduce waiting lists. Translated with www.DeepL.com/Translator (free version)

On the possibility of transferring Limburg patients to Germany, as suggested earlier this week by a hospital director in Münster, both Zuyderland and Maastricht UMC+ are crystal clear: with the current differences in regulations, protocols and funding, this is not an option. Zuyderland made a serious attempt last year to house waiting list patients at the Klinikum in Aachen. "The willingness was there and the capacity was available there," says David Jongen. But all kinds of practical obstacles caused the cooperation to founder. "What about aftercare? Who is liable if something goes wrong, the Dutch doctor or the German hospital?" recalls Jongen of some stumbling blocks. "And what do insurers say if we structurally send patients to Germany?" (Langenveld, 2022)

In a related article by national news channel NOS on 6 June 2022, Alex Friedrich, board chairman of Münster University Hospital (DE) called for cooperation. He called for better cooperation between Dutch and German hospitals along the border, with Dutch patients being able to go to Germany under permanent supervision of Dutch doctors for care for which there are long waiting lists in the Netherlands. Friedrich, who worked as a professor and physician microbiologist in the Netherlands for many years, thus shows sensitivity to existing sensitivities involved in cooperation across the border. (Zurhake, 2022)

"It is also not the intention to bypass Dutch doctors," says Friedrich. "There should be a Dutch-German care pathway in which the patient is guided by their own doctor." (Zurhake, 2022)

Nevertheless, the article also clearly reflects the scepticism of national healthcare providers. VWS spokesperson Joeke Kootstra does not see care across the border as a large-scale solution to waiting lists in the border region. Care across the border is, according to Kootstra, "not an appropriate option for a large proportion of patients (...)." (Zurhake, 2022)

EPECS sees in these statements, besides a missed opportunity, mainly a contradiction between the European directive and its national ratification in times of increasing waiting list problems. The aforementioned directive has previously led to the creation of national contact points (Article 6 of the directive) and the development of the European reference networks and e-health (Articles 6, 12 and 14 of the directive). However, this information to patients will only be effective if they are actually involved in decisions about care, both on a personal and administrative level. Involving citizens and putting their perspective at the centre, is essential to formulate coherent health policies that are also accepted and experienced by citizens. According to EPECS, the above-mentioned examples show that additional efforts are needed from all parties in health care to include the citizen's perspective in (policies on) care across borders. As Beuken (2022) argues in her thesis, patients are undervalued sources of information to improve care across borders. These experts by experience should be utilised much more often in the strategic use of care across borders.

EPECS calls on the healthcare sector (healthcare providers and insurers) to directly facilitate and support patients in need of medical treatment in care across borders. In addition, agreements on cross-border care should be made to make sustainable cooperation in healthcare between the Netherlands, Germany and Belgium more attractive. We reiterate the role that citizens in border regions can play in formulating va inclusive policy. Collectives such as Association of European Border Regions, Active Citizenship Network and EPECS have the necessary networks to stimulate citizen and patient participation. EPECS is ready to engage with healthcare providers and insurers (and anyone who would like to play a role in optimising care across borders) on strengthening European care pathways.

List of sources and literature, see NL version