



Pan-European e-Health services for mobile citizens

A Milestone Towards the e-EHIC

European Economic & Social Committee

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Service Validation Phase A

Project Status, Achievements & Results

Context & Challenges



- ❑ Pan-European initiatives to foster mobility & skills inside the E.U with common rules for social protection
- ❑ Since June 2004: common EU Health Insurance Card (EHIC) – ensures access to health care when abroad inside the EU & the EEA
- ❑ **EHIC**: Eye-readable document – minimum common denominator – only a temporary solution on the way forward to an e-EHIC
- ❑ Announced decision on long-term course – 2008+ to introduce an electronic EHIC that will progressively replace the eye-readable EHIC
- ❑ But in 25 Member States + other EFTA countries – different health systems and care entitlement, different levels of IT infrastructure -
- ❑ **NETC@RDS challenge**: to demonstrate potential of same service for all EU/EFTA citizens based on different but interoperable national/regional IT infrastructures

Project at a Glance

- ❑ **Consortium of 20 partners from 10 member states** : *Austria, Czech Republic, Finland, France, Germany, Greece, Hungary, Italy, Slovak Republic, Slovenia*
- ❑ **Partners**: statutory health insurance institutions, technical or economical organisations, hospitals, health practitioners associations
- ❑ **Budget**: 20 M€ co-funded by the EC DG INFSO e-TEN Programme
- ❑ **Time table**:
 - Phase A1 Market Analysis & Technical Requirements (2002 – 2003)
 - Phase A2-A3 Validation of the Service (2004 – 2006)
 - Phase B Initial Deployment (2007 – 2009)
 - Phase C Full Deployment of the Service (2010+)
- ❑ **Common objective for phases A, B & C**:
 - A stepwise approach on the way towards the e-EHIC

Basic Concept

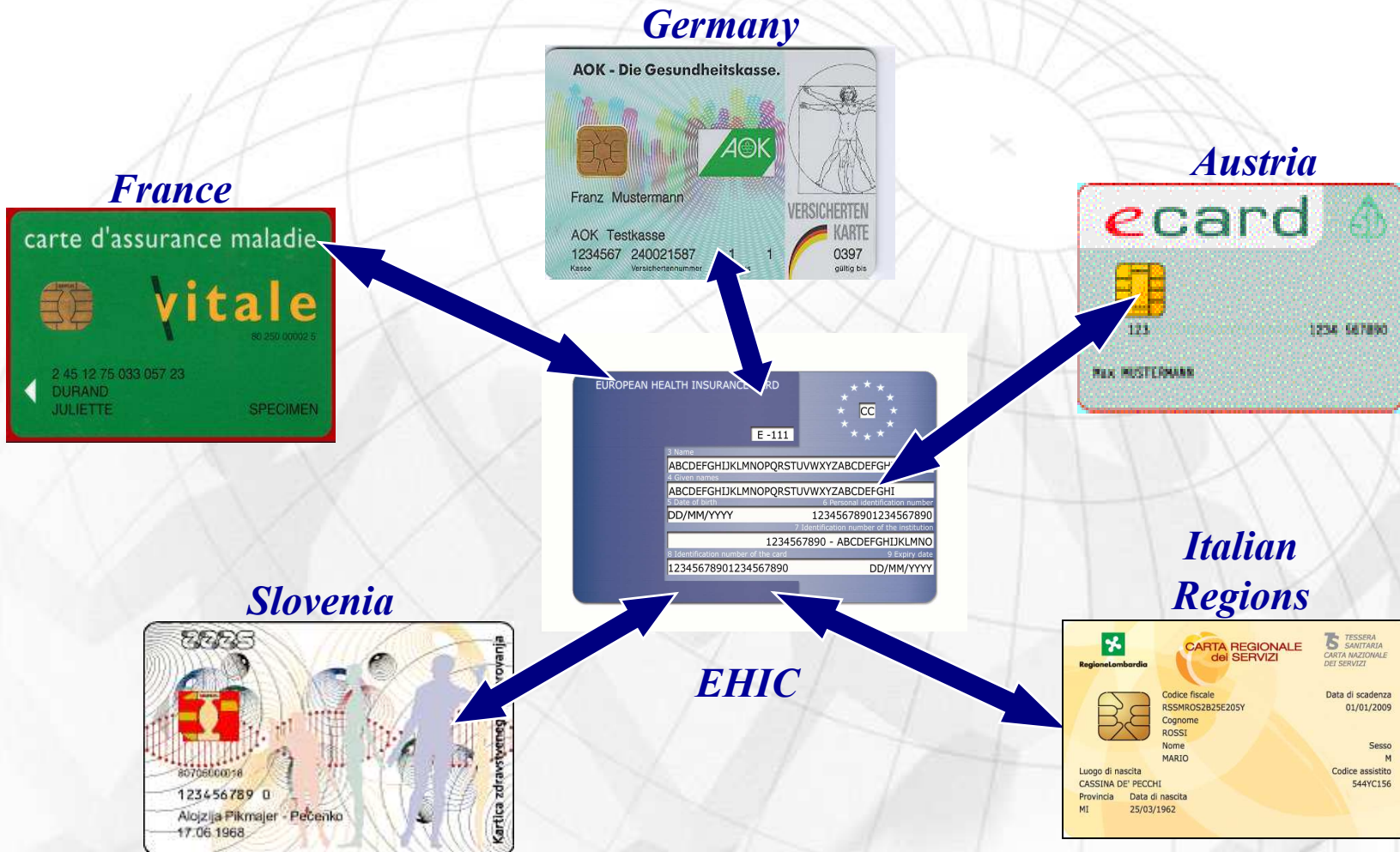
Proposed definition

An electronic European Health Insurance Card (e-EHIC) is a digital process with the result of a trustworthy data set for entitlement at the healthcare provider

It can be used for associated inter-state back office e-billing reconciliations as well

Thus, the introduction of a new specific health insurance smart card is not necessary whilst the e-EHIC trustworthy dataset can be obtained either by scanning the eye-readable EHIC or by reading national/regional health smart cards then by checking data on-line

Cards Accepted in Project Pilot Sites



Stake Holders for the Service

□ USERS

- **Hospitals (short term) and Health Practitioners (long run)**
 - Computer and Internet connection as minimum required equipment
 - Terminal device (OCR, SCR) as recommended -but optional- equipment

□ PROVIDERS

- **Health Insurance or Health Fund Institutions**
 - Providing downloadable applets to read national health insurance smart cards when necessary (front desk application)
 - Linking national portals to entitlement data repositories (back office)
- **The NETC@RDS Consortium**
 - Coordinating common security policy
 - Maintaining common specifications (portal, client software API)
 - Supporting NETC@RDS terminal device certification
 - Monitoring service deployment and technical support
- **Business (industrials, vendors)**
 - Providing NETC@RDS certified terminal equipments for the market

Achievements & Results

- ❑ **General Agreement** granting costs for those health care services delivered in pilot regions - also a legal basis for future permanent office
- ❑ **Final Report** providing recommendations for the e-EHIC
 - *Description of the service*
 - *Pilot implementation, evaluation and dissemination actions*
 - *Investment & Deployment Plan*
 - *Enhancements and Further Additional Functionalities*
- ❑ **Common infrastructure and applications for:**
 - *Optical recognition of the EHIC eye-readable information*
 - *Capture of the EHIC dataset from national/regional health insurance SC*
 - *On-line verification of patient entitlements & social rights*
 - *Electronic billing of health care costs abroad inside the E.U*
 - *Extension to other e-services in the Health and Social Protection sector*
- ❑ **75+ pilots running the service in 10 member states, 3 000+ user cases observed !**

Benefits & Further Steps

Initial Deployment Phase B

Benefits from the Service

For citizens/patients:

- ❑ Easier and faster procedures for cross-border access to health care

For health care providers:

- ❑ Less administration and manual typing of data, speeding up costs refunding:
 - *.e.g. average time to clear the costs claimed by pilot hospitals in Paris to CPAM (local health insurance office) is now 2 weeks whereas 2 months were necessary before the service was implemented !)*

For health insurance providers:

- ❑ Less administration, improved reliability and security of data: -> **cost savings**

For the Community and the Smart Card / Telecom industry:

- ❑ **Fostering the acceptance of citizen entitlement for free access to health care abroad inside the E.U/EFTA.** Validated professional basis for imminent political decisions on electronic European Health Insurance Cards
- ❑ Jointly developed, harmonised solutions and expertise based on existing national systems

Interoperability of existing national systems across borders, use of the same national document for different purposes and saving investment in new electronic card systems

Phase B Objectives & Roadmap

- ❑ Consortium extension from 20 to 26 partners in 15 European countries
- ❑ “Self-sustainable” cooperation partners are welcome !
- ❑ Extending pilots from 50 to +300 access points on a yearly stepwise basis
- ❑ Aiming to establish close cooperation with the Technical Commission (CASSTM)
- ❑ Building a self-sustainable permanent structure standing on a legal basis (General Agreement)
- ❑ Monitoring evaluation of the service and user acceptance of EHIC/national health insurance cards abroad inside the E.U
- ❑ Extending the service to the billing-clearing procedure

Portal Deployment

Phase B Target

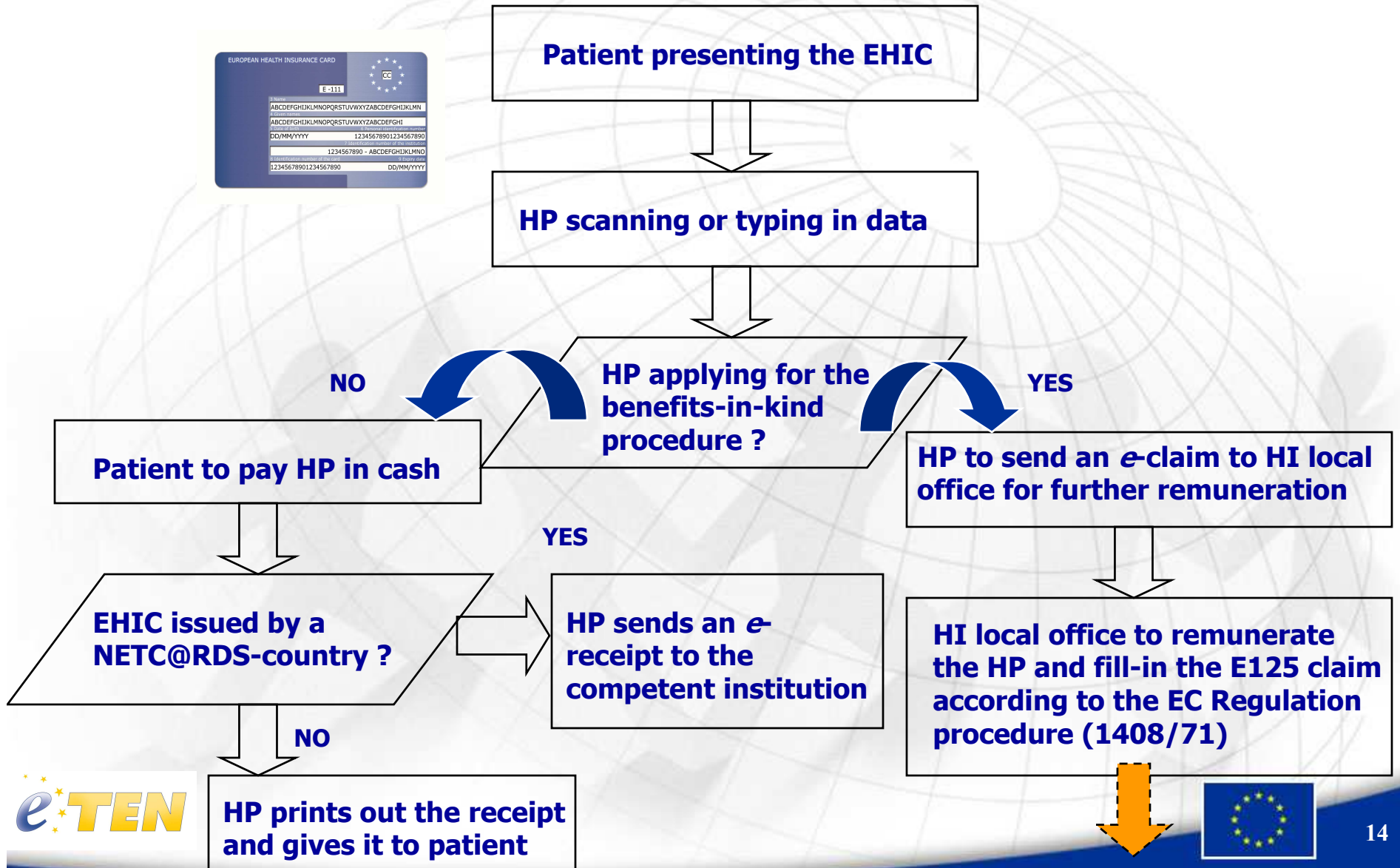


Rules for E.U inter-states health costs

□ Both options to claim costs for those health care delivered abroad inside the EU/EFTA countries are applicable now:

- *either by application of E.U Regulation 1408/71, art 22-1-a)*
 - *Then benefits-in-kind would be provided on the basis of the rate applicable in the country of temporary stay*
- *or on the basis of decisions of the ECCJ*
 - *Kohll & Decker (28-04-98)*
 - *Smits & Peerboms (12-07-01)*
 - *Watts (12-05-06)*
 - *Then benefits-in-cash may be calculated either on the basis of the rate applicable in the home country or on the basis of the rate applicable in the country of temporary stay according to patient preference*

e-billing scenario 1



e-billing scenario 2



Patient presenting an e NHIC

HP reading data in card

HP checking entitlement (if on-line)

HP applying for the benefits-in-kind procedure ?

NO

YES

Patient to pay HP in cash

HP to send either an e-claim to HI local office for remuneration (if on-line) or a paper claim

YES

On-line procedure ?

HP sends an e-receipt to the competent institution

NO

HI local office to remunerate HP and fill-in the E125 claim or forward the bill abroad (case of bilateral agreement)

HP prints out the receipt and gives it to patient



Phase B : financial contribution per nation

Country	Pop (M)	Pilots	PCs	M€	(%)	Fund %
France	60	30	45	2,20	14,20	10,97
Germany	82,5	82	123	2,00	12,91	10,00
Austria	8,2	10	15	1,73	11,60	8,65
Finland	5,2	10	15	1,40	9,30	6,97
Italy-regions	17,6	17	88	1,40	9,30	6,71
Netherlands	16,3	16	24	1,00	6,45	5,03
Norway	4,5	10	15	1,00	6,45	5,03
Greece	11,1	11	17	1,00	6,45	5,03
Czech Rep.	10,2	15	30	1,00	6,45	5,03
Hungary	10,1	40	40	0,89	5,74	4,45
Slovak Rep.	5,4	10	24	0,70	4,51	3,48
Liechtenstein	0,03	3	5	0,59	3,80	2,90
Slovenia	2,00	10	15	0,26	1,67	1,29
Romania	21,7	3	7	0,17	1,09	0,83
Poland	38,2	38	57	0,09	0,58	0,45
TOTAL	293	305	521	15,49	100,00	76,82

Vision for the long run Phase C (2010+)

- ❑ Adoption of the NETC@RDS recommendations for smooth and stepwise introduction of the e-EHIC
- ❑ Harmonised integration of the service in national/regional infrastructures and front desk applications
- ❑ Full Deployment of the service in the whole Europe (EU+EFTA countries)
- ❑ Extension of the service towards new applications in the Health and Social Protection sector (training, jobs, mother and child, pensions)
- ❑ Self-sustainable permanent structure to be a link between stake holders of the NETC@RDS-based services
- ❑ Paving the way for an European Labour Market whereas fostering worker's mobility thanks to easier access to pan-european public e-services

Thank you very much !