



Cross-border healthcare: Implementation of Directive 2011/24/EU and National Contact Point in Italy



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Dear Editor,

We have read with great interest the article “Self-reported illness among Boston-area international travelers: A prospective study” [1]. Authors start with an observation that as global travel continues to grow, with international tourist arrivals reaching 1.1 billion in 2014, the number of travelers becoming ill during or after travel could also increase.

In context of global travel increase, we would mention that in 2011, European Union adopted the Directive 2011/24/EU on the application of patients' rights in cross-border healthcare, that established the rights of patients in Europe to receive healthcare in another member state and the right to reimbursement for it [2].

However, the overall number of patients using cross-border healthcare services is still relatively low compared to the overall use of healthcare services in the European Union. This is probably due to the fact that people still know very little about the potentials of cross-border healthcare and their confidence in this type of care is still perhaps low.

Therefore, it is important to receive Directive 2011/24/EU [2] to member states, to create National Contact Points (NCPs) that provide patients with information about their rights, as well as on practical aspects of cross-border healthcare. Each member state is responsible for ensuring compliance with the common principles for health care; specifying the entitlements of patients to health care in another member state; and establishing a framework for european cooperation in various areas.

In this letter to editor, we want focus on relevance of information on cross-border healthcare and on Italian initiatives, particularly law August 6, 2013, n. 96 [3] and the institution of NCPs. The NCPs provide patients with information for accessing cross-border healthcare within the European Union, in particular on: licenses (conditions and procedures); reimbursable healthcare expenses; terms, conditions and procedures for reimbursement of costs; procedures, administrative and judicial, to resolve disputes in the event of refusal of authorizations and reimbursements; data to be included in prescriptions issued in another member state of the European Union so that they are accepted in Italy, and *vice versa*. People assisted by the health system of another country of

the European Union may request the above information from the NCPs of that country.

In Italy, law with which the final phase of the formal transposition of Directive 2011/24/EU [2] commenced, entered into force on 2013 [3]. Before this date, people were subject to the rights provided for in the regulations that already governed the assistance of the citizen, in a country other than their own, but this directive can now be applied.

In Italy, the NCPs for cross-border healthcare was officially established on April 2014. Key issue to make known about the cross-border healthcare directive is that NCPs provide citizens with complete and accurate information on entitlements and legal status concerning patients' rights and liability but also to quality and clinical aspects of care, as well as to availability, prices and other practical aspects. To the patient that asks for access to cross-border care should be provided with data that are clear, unambiguous and complete, to avoid any misunderstanding. Also, healthcare providers should give patients clarifications on specific aspects of the healthcare services they offer and on treatment options.

On the website of the Italian Ministry of Health, information is available in Italian and English language [4].

The Italian contact point provides explanations on: standards and guidelines on quality and safety of the national health service; healthcare providers (healthcare professionals, hospitals and other care centers) operating in Italy, also with regard to their authorization to provide services or any restrictions against them; Italian accessibility to hospitals for people with disabilities, patient's rights in Italy, complaints procedures and other mechanisms of protection (appeals and complaints), as well as the legal and administrative options available to resolve disputes in Italy, even in the event of harm arising from cross-border healthcare.

The relevant information relating to the health systems of other EU countries can be requested from the relevant NCPs, either directly or through the Italian NCPs. The people assisted by the health system of any country in the European Union can also obtain specific information about the care provided by all healthcare providers directly, and specifically: treatment options (types of treatment available for a specific disease); availability of care (e.g. waiting lists); quality and safety of health care provided; detailed and understandable rates and fees; registration or authorization to provide health care services; insurance or other means of protection for professional liability in case of damage.

Pamphlets and posters about the patient's rights and how to receive care in other countries are also available. Italy is open to receiving patients from other countries. The Directive recognizes the principle of non-discrimination in access to care. Member states

which provide treatment must not discriminate between patients according to their national origin as regards treatment and the cost of services. For patients from other member states, conditions and prices must be the same as those applied to patients in their own country. It is a duty inform the patient on the costs of healthcare, whether it be domestic or foreign.

Therefore, we should consider Directive 2011/24/EU as an opportunity to improve and standardize the rights of all European citizens regarding their health services. This would increase legal certainty and transparency on benefit packages, tariffs and reimbursement levels and may push authorities to address weaknesses in the domestic systems, particularly regarding waiting times [5].

By using cross-border practices it will be possible to ensure continuity of care and assistance to citizens. Furthermore, if the system is set up well, it will ensure quality healthcare and the adoption of state of the art techniques, in particular concerning the diagnosis and treatment of rare diseases. This will in turn contribute to making healthcare more effective.

Declaration of interest

The authors report no conflict of interest.

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