

BTO - Meeting of Commissioner Andriukaitis with Dr Garassus and Ms Giannico representing the European Union of Private Hospitals, 28/11/2016, 11am - Basis 376

29 November 2016

11:41

Participants: Commissioner Vytenis Andriukaitis, Member/ Cabinet Expert Paula Duarte Gaspar, [REDACTED] (Policy officer, SANTE.B3)

[REDACTED], [REDACTED], European Union of Private Hospitals (UEHP)

[REDACTED], [REDACTED], introduced himself and explained the goals of UEHP:

- representing the interests of more than a dozen federations of private hospitals and over 4,000 accredited, private clinics contracted under social security coverage in Europe,
- promoting the involvement of the private sector which currently represents 20% of hospital beds in Europe
- being a good partner in the interest of modernisation of health systems, patient mobility and quality of care.

He mentioned a recent contact with the Ministry of Health of Portugal who informed UEHP of an important forthcoming meeting in March 2017. He expressed a firm willingness to disseminate information on the priorities and position of the European Commission to national members.

Dr Andriukaitis welcomed UEHP and expressed the importance attached to improving integrated care, reducing the inpatient to outpatient ratio, devoting special attention to primary care and connecting this effectively to the secondary and tertiary care sector. He highlighted the need for thinking informed by the science of gerontology, cooperation between different levels and for an approach mindful of regional change and geographic movements. Reducing the number of inpatient days would create a more mobile system, with due attention to accessibility, cost-effectiveness in use of medicines and treatment, better public procurement, improved coordination of care, new technology assessment and strengthened health promotion platforms. The Commissioner explained that a forthcoming European Commission study on hospitals establishing subsidiary branches abroad in the EU indicates that there is substantial variation between Member States in terms of waiting time and business registration fees, as well as in terms of the fee for authorisation from the government body. He furthermore informed the participants of the Expert Panel Opinion on "Best Practices in commissioning from private providers", an authoritative contribution to discussions on how to improve the performance and sustainability of health systems. Dr Andriukaitis moreover highlighted the importance of ERNs in the field of rare and low prevalence diseases and mentioned the conference in Vilnius on 9 March 2017 launching the networks. He stressed the importance of drawing on methodologies, targets and benchmarks developed in the fourth edition of the OECD "Health at a Glance" Report published last week. The HTA proposal and the "Prevention, promotion and protection" agenda received pride of place, particularly given the pressure on financial resources that all health systems are facing. The pandemic of behavioural diseases triggered by health determinants, which our societies are struggling with, requires the deployment of a broad preventive platform and agenda, in which hospitals play a significant role. The Commissioner reiterated the need to cooperate for the sake of resilient, balanced and sustainable health systems and to curb the health workforce deficit we see today, especially in terms of GPs and nurses active on the ground. Open questions remain as to how the cooperation between the private and public health sector can be rationalised so as to counter unfair competition and social dumping.

Dr Andriukaitis discussed a number of practical, real-life problems and notwithstanding the fact that the organisation of health systems is in the hands of Member States, socially acceptable prices are the cornerstone to social justice. He drew attention to issues connected to a slow recovery and

global political instability affecting the sustainability of health resources, leaving an open question as to the future strengthening of primary health-care. In terms of AMR, the Commissioner encouraged UEHP to put forward more involvement from their partners in the AMR Awareness Raising Day and to develop more in this direction in the future. Issues surrounding resilience (sustainability and accessibility), social dumping and health workforce planning were alluded to in the closing remarks.

██████████ thanked for the opportunity to have the meeting and stressed that their federations never speak of “medical tourism” *per se*, only of patient mobility for certain patients. He welcomed the push for transparency and for the HTA initiative. He referred to his members as the “stars of bed management”, with continuity of care high on their agenda before and after the stay of the patient, intense coordination with nurses and GPs and smooth transfers to outpatient care. UEHP see themselves in a social partnership with governments, incentivising quality of care. He alluded to a recent awareness-raising initiative by the Private University Hospital in Milan entailing cooking courses for patients – patients can be attracted only on the basis of quality, which needs to be demonstrated every single day. His colleague, ██████████ highlighted that the private sector in healthcare is not a niche, but a complementary sector, stimulating innovation and developing best practices for the benefit of patients, not least in integrated care.

Commissioner Andriukaitis closed the meeting thanking for the discussion and making a reference to ERNs, integrated systems and clinical trials.

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