W.6. The ASPHER president's public health walk

Human Trafficking, Public Health and the Law. A Spring School from the New Haven Perspective, ERASMUS Intensive Programme (IP), 4 – 16 March 2013, Siena, Italy

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Background
Human trafficking describes a new form of slavery and affects thousands of people annually, mostly women and children. A Spring School on the topic of 'Human Trafficking, Public Health and the Law' was developed and performed by four European institutions: Technische Universität Dresden, Germany; Università degli Studi di Siena, Italy; Masarykova Univerzita, Brno, Czech Republic, Universitatea Romano-Americana, Bucharest, Romania and completed by three experts from St. Thomas University, School of Law, Miami, Florida, United States
Objectives
The goal of the IP was to present and analyze the problem of human trafficking and its efforts on public health and to recommend concrete solutions in close cooperation between the participating students and experts in medicine, social sciences and law by using a methodology which was not fully introduced to Europe until now. The teaching methodology was interdisciplinary and applied procedural steps which are recommended by the New Haven School of Jurisprudence and developed at the Yale Law School, the so called New Haven ''principles of procedure''.
Results
The main outcome of this IP was the ''Siena Principles on Human Trafficking, Public Health'', which is published in the ''Handbook of Human Trafficking, Public Health and the Law: A Spring School from the New Haven Perspective''. An interdisciplinary approach has been applied, combining science, medicine, law and policy.
Conclusions
This Intensive Programme enabled the students to deal with problems on human trafficking, public health and the law by applying an innovative problem-solving methodology, the interdisciplinary approach of the New Haven School. Students have adapted a comprehensive multi-method interdisciplinary methodology to analyze and resolve a complex problem across cultures, scientific disciplines and social-economic lines in preparation for transnational action in the context of the 21st century.
Key message
- The application of this new multi-method methodology is a good solution for problemsolving of human trafficking in the 21st century.

New approach to education of medical law

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Background
World widely is recognized the necessity of the law education at medical faculties nowadays. From public health point of view it is about the interaction among patients, medical doctors, health care professionals and health care system. Medical doctors educated in law will be able to better protect of patients health, themselves in society, and the health care system itself as well. Although here could be nuances in particular countries between the law and healthcare systems, however the approach described in this study to education could be similar everywhere.
Objectives
The main purpose of our educational program is to increase the law literacy of medical students.
The questions are:
1. How to make the education of law innovative?
2. How to teach law interactively?
3. How to make law understandable for medical students?
4. How to follow all three points above and still be effective?

Results
Here was a project at the beginning that brought together faculties from Medical, Law and Pedagogical colleges plus physicians, lawyers and judges. The results of that team were three lessons which were implemented into the curriculum of medical faculty; Basics of law literacy for physicians; Law aspects of the medical professions; Legal physician patient relationship. Linking the legal world with the world of medicine is through specialized workshops as part of those lessons. Innovative is, that students learn the law by analyzing of the legal case which is played by actors during workshops. After watching the case students are divided into small groups and they interact with facilitators (lawyer and physician). Students then identify details of any error or mistake, then they meet all together and share their remarks. Furthermore students use a textbooks and interactive workbooks during lessons.
Conclusions
According to the lessons and workshops evaluations were 65% of medical students very satisfied and 24% satisfied with the form of lessons. 57% of medical students evaluated study material as very understandable and 33% as understandable. 51% of medical students evaluated lessons as very effective and 43% as effective. During the credit interview most students pointed out especially enjoyability and benefit of lessons for future praxis as physicians.
Key messages
- Medical doctors educated in the law as protectors of public healthcare system.
- School as play at faculty of medicine is possible.

Cultural Interview by mental health nurses in diagnosis and treatment of non-western patients in primary care, The Netherlands, 2013

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Background
Anxiety, depression and medically unexplained physical symptoms are highly prevalent among non-western migrants.

Complaints are presented differently, compromising diagnosis. The difficult relationship between doctor and patient reflects on patient satisfaction, trust, compliance and referrals to secondary care. Taking social and cultural context of the patient into consideration by using the Cultural Interview (CI) will result in an improved doctor-patient relationship, more adequate diagnosis and more effective treatment.

Methods and Design

The CI is adapted for implementation in primary care among migrant patients. A training module is developed. A controlled and clustered trial started to assess the effect on compliance to treatment compared with usual care.

Quantitative data are collected using questionnaires and information from GP registries. Qualitative information is collected from the registry of the process, intake reports, as well as from interviews with nurses, general practitioners and patients. Quantitative outcome measures: primary outcome is compliance to treatment. Direct secondary outcomes are: trust in health care, the health care provider-patient relationship, the number of no-shows, and the degree of insight in complaints. Indirect secondary outcomes are: improved mental and physical health, medical consumption, absenteeism and the effects on the implementation of stepped care therapy.

Results

In the intervention group of the study it is expected to obtain a higher compliance, increased trust by the patient, an improved health care provider – patient relationship and a better diagnosis of clarification of complaints. This should lead to improved social functioning and quality of life, resulting in improved mental and physical state of health. Decreasing number of consultations, less diagnostics, lower medical consumption and less absenteeism has to increase cost-effectiveness.

Conclusions

The final product will be a version of the Cultural Interview, ready for use in primary care, also outside mental health support, together with a training module for its implementation

Key message

- Practitioners should integrate social and cultural context of the patient into diagnosis and treatment resulting in an improved doctor-patient relationship.

Finding cost-saving potentials in drug prescriptions by using a business intelligence system

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Background

The Main Association of Austrian Social Security Institutions (HVB) provides a business intelligence system for the Austrian sickness funds called ''BIG''. This system contains a vast amount of well-structured information, largely based on claims data. Only anonymized and aggregated data is processed and concentrated information is then provided in various ways for research and management purposes.

Methods

A recently initiated BIG-project aims at displaying savings potential without affecting the quality of care by examining the prescription behavior of primary care providers in the outpatient sector. In the underlying mathematical model quantity and type of prescribed pharmaceuticals are left unchanged. Therefore, the price difference between prescribed and comparable generic drugs is the only source for cost-savings in the model. The foundation of the calculations is the electronic reimbursement code ''eEKO''. In this catalogue a list of comparable generic pharmaceuticals is assigned to each drug covered by the sickness funds. The calculation of the savings potential is based on the actual prescriptions of a chosen past period. Two different prices are then assigned to these prescriptions. Current prices are used to compute the expected cost of past prescription behaviour. The expected cost of economical behaviour is calculated by using the current prices of generic drugs in the case of prescriptions that have a cheaper alternative in the eEKO. The difference between the cost of past prescription behavior and economical prescription behaviour is the savings potential. Thus, the tool is based on a prospective mathematical model using current instead of actual prices.

Conclusions

The question that can be addressed is rather ''what are potential current cost-savings, assuming that the same drugs are prescribed as in the chosen past period'' than ''how much money could have been saved in the past period?''. This is supposed to increase the acceptance of the project among the sickness funds, which are being analyzed in the tool and financing it at the same time. The results are presented online in easy-to-use webtools which are supported by graphs and maps and provide lists of drugs, ATC-codes, sickness funds or regions ranked by savings potential.

Key messages

- Austrian sickness funds can monitor the savings potential resulting from doctors' prescription behaviour based on a list of comparable generic pharmaceuticals that is assigned to every drug.
- By using a prospective mathematical model acceptance among sickness funds should be increased.

Early multidisciplinary assessment was associated with longer periods of sick leave - a randomized controlled trial (RCT) in a Swedish primary health care centre

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Background

In Sweden sick leave issues have had high priority within the medical and political debate in recent years. The authorities have invested large sums of money, two billion SEK/year (233 million EUR/year) 2009-2013 in accelerating and improving the rehabilitation of sick listed individuals. At the same time there has been a lack of RCT to study the effect on return to work (RTW) of interventions in primary health care. This RCT aimed to study the effect on RTW from an early multi-disciplinary assessment in a primary health care centre.

Methods

In this study patients who visited GPs at a primary health care centre in mid-Sweden and asked for a sickness certification due to psychiatric or musculoskeletal diagnoses were invited to participate in the study. Patients included should not have been on sick leave for more than four weeks. 33 patients were randomized to either an assessment within a week by a physiotherapist, a psychotherapist and an occupational therapist (18) or to ''usual care'' (15). The therapists used methods and tools they normally use in their clinical work.

Main outcome measures were proportion of patients still sick listed three months after randomization, total and net days on sick leave and proportion that were on part time sick leave.

Results

At follow-up three months after randomization, there was a trend toward a higher proportion of patients still sick listed in the intervention group (7/18) compared to the control group (3/15). The intervention group also had significantly longer sick listing periods with a mean of 58 days, (95% CI= 42-74), compared to the control group with a mean of 36 days (95% CI 18-54), ($p = 0.038$). The proportion of persons who were part time sick listed was significantly higher in the intervention group (10/18) than in the control group (2/15) ($p = 0.027$).

Conclusions
In this RCT an early multidisciplinary assessment resulted in longer periods on sick leave and more persons on part time sick leave.

Key message
- This study highlights the need for RCT in primary health care to study the effect of interventions on RTW.

EurSafety Health-Net: First results of the euregional infection control quality certificate for nursing homes in the Dutch-German border region

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Introduction
EurSafety Health-net is a major Dutch-German cross-border network to promote infection prevention and patient safety. Representatives of hospitals, local health authorities, nursing homes and general practitioners cooperate in regional networks in order to align infection prevention strategies. As a sub-project, an euregional quality certificate is awarded to nursing homes that successfully implement a defined set of infection prevention strategies.

Methods
Within the EurSafety Health-net project, a multi-step plan for nursing homes was designed in order to support set-up and implementation of basic and up-to-date infection prevention strategies. For that purpose ten quality criteria -primarily concerned with infection control practices- had to be put into practice by the nursing homes. Evaluation and quality audits are carried out by project staff and local health authorities. The criteria include e.g. setup of an infection control committee, editing and implementation of guidelines on infection prevention and control, continuous education of staff and a survey on risk factors, the status of infections and antibiotic use in the facilities.

Results and Conclusions
Networking across regional and professional borders has proven to foster infection prevention and patient safety. By now, more than 200 nursing homes in the project area assigned to take an active part in the EurSafety Health-net and agreed to realize the quality criteria. The EurSafety Health-net quality program for nursing homes stimulated and supported facilities in both countries to set up and implement a complete infection control program. Preliminary results of the survey resemble those of other studies on infectious diseases in nursing homes in Europe. Among the infections treated with antibiotics, infections of the urinary tract and the respiratory system occurred predominantly. Major risk factors for infection were incontinence, immobility and disorientation. The results may uncover future fields of action for advanced infection prevention measures. Until now, the certificate has been awarded to 27 Dutch nursing homes and publicly illustrates the additional efforts undertaken to improve infection prevention. Several facilities in Germany will follow in the first half of 2013.

Key message
- Set-up of networks crossing regional borders and bringing together healthcare providers of different sectors generates powerful activities leading to optimized infection prevention and patient safety.

A New Approach: Qualitative Evaluation of Continuing medical education Nagorno Karabagh, March 2013

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Background
A continuing medical education program, sponsored by Armenian American Health professionals and Fund for Armenian Relief, is a free-of-charge program targeting physicians in Nagorno Karabagh that started in 2011. To improve the program, we designed an innovative qualitative evaluation of effectiveness of program components, strengths and limitations.

Methods
Given limitations of quantitative evaluations, a rigorous qualitative design evaluation was conducted, including focus group discussions and in-depth interviews with key stakeholders. These stakeholders included continuing medical education (CME) program participants, officials of the ministry of health, chief physicians of hospitals and program supervisors and instructors.

Results
Saturation was achieved and triangulated results were reported. All stakeholder groups indicated that program successfully achieved professional exchange among physicians from different areas, updated professional skills and knowledge, and increased confidence in managing patients. However they also indicated limitations on application of the gained skills and knowledge due to lack of medical equipment and technologies available in hospitals and clinics. The stakeholder groups, hospital chief physicians, officials of ministry of health and training instructors indicated that initially physicians lacked motivation to participate in the continuing medical education but were required to participate.

Conclusions
This innovative qualitative evaluation of a continuing medical education program identified characteristics of unexpected strengths and obstacles that would not have been fully understood using a quantitative evaluation instrument with prior fixed questions. This approach led to more targeted specialized improvements.

Key messages
- Improving the quality of health care provided by Nagorno Karabagh Physicians.
- Efforts to improve the capabilities of a continuing medical education program for Nagorno Karabagh physicians' professional development.

Public Health Physicians and Empathy. Are we really empathic? The Jefferson Scale applied to Italian resident doctors in Public Health

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Large gaps in care quality resulting from ineffective communication between health providers, patients, and other health

care organizations have been documented. Research suggests that effective, empathic communication positively influences health outcomes. Many studies focused on the assessment of clinicians empathy, while there is still a lack of evidence on the role and level of empathy for public health medical doctors, especially during their postgraduate education. The aim of this study was to assess empathy level of public health residents, and to investigate differences in empathy scores using a validated questionnaire.

The Italian version of the Jefferson scale of Physician Empathy was mailed to all the resident doctors of the Italian Schools in Hygiene and Public Health during the month of April 2013. Individual Empathy Scores (IES) were calculated, as well as descriptive statistics for the items and scale levels. The difference in empathy scores according to physician's gender, age class, career rank, place of residency, work experiences (medical direction vs research career) were examined trough t test or ANOVA as appropriate.

352 out of 402 resident doctors replied the questionnaire (response rate 87%). The mean of IES was 118.5 (SD ± 13.4; range = 54-140; median = 120). There were no IES differences between career rank ($p = 0.3$), age class ($p = 0.2$), and place of residency ($p = 0.07$), while females had higher IES than males (120.3 vs 114.9; $p < 0.01$). Physicians who have had experience in healthcare administration reported higher IES compared to those who only performed research activity (120.4 vs 117.1; $p = 0.02$). In addition the respondent physicians believe that the development of social skills should be promoted with greater attention during the undergraduate education (78%) and during the postgraduate education in public health (65%).

Our results show a good level of IES in the public health residents, with some significant differences according to gender and physicians work experience. Furthermore, considering empathy and cultural competence essential for public health professionals in order to provide and manage high quality patient-centred care, the widespread demand for specific training outlined by this survey should be taken into adequate account.

Key message

- Considering the importance of medical empathy, this study explores the condition of public health physicians during their training period for the development of proper educational strategies.

Economic burden of community-acquired pneumonia and invasive pneumococcal diseases in subjects aged ≥50 years: the Italian situation

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Background

Streptococcus pneumoniae (Spn) is a common cause of Community-Acquired Pneumonia (CAP) and Invasive Pneunmococcal Diseases (IPD) and an important cause of health care costs.

The purpose of this cost-of-illness analysis (COI) is to estimate the economic burden of diseases caused by Spn among people ≥50 years old in Italy.

Methods

This analysis was performed from the Italian National Health Service perspective. Only direct medical costs related to outpatient and inpatient care were taken into account. Regarding outpatient management of CAP by General Practitioners (GPs), the cost drivers considered were: diagnosis, visits to GPs and drugs. Incidence rates were taken from literature and unit costs from national tariffs. Regarding inpatient costs due to pneumococcal CAP and IPD, hospital discharge records related to 2009 and DRG tariffs were used.

Results

Overall annual costs related to outpatient management of CAP by GPs were €3.7 million (visits to GPs: €1.2 million; diagnosis: €0.5 million; drugs: €2.0 million), with an annual average cost per patient of €182 (visits to GPs: €61; diagnosis: €25; drugs: €96).

In 2009, overall hospitalization costs of microbiologically confirmed pneumococcal diseases were €9.0 million (pneumonia: €6.6 million; meningitis: €1.2 million; septicaemia: €1.2 million), with an annual average cost per patient of €3479 (pneumonia: €3135; meningitis: €5911; septicaemia: €4311).

Nevertheless, this value may be underestimated as it does not consider CAP and IPD with unspecified aetiology. In fact, there is evidence that about 1/3 of these cases are due to Spn, with overall hospitalization costs among patients aged ≥50 years which amounted to €47.5 million in 2009.

Conclusions

This COI showed that the total cost due to inpatient pneumococcal diseases and outpatient CAP among patients aged ≥50 years was more than €60 million annually. In particular, the main cost driver is represented by hospitalizations.

The considerable economic burden among people ≥50 years old supports the need to prevent pneumococcal CAP and IPD with an effective vaccine.

Key messages

- This analysis showed that in Italy the total cost due to inpatient pneumococcal diseases and outpatient CAP among patients aged ≥50 years was more than €60 million annually.
- The considerable economic burden among people ≥50 years old supports the need to prevent pneumococcal CAP and IPD with an effective vaccine.

Barriers and facilitators for citizen participation in healthcare decision making at the local level in Bulgaria (Bulgaria, 2009)

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Background

The past experience has taught the value of citizen participation but it has also highlighted the difficulties of mobilizing people. Identifying the barriers and facilitators of the citizen participation in health decision-making in the municipalities can contribute to more effective approach in influencing the local health policy-making process.

Methods

A mixed-method research design includes in-depth interviews with 23 health experts and active citizens and personal interviews with 328 citizens in two Bulgarian municipalities with different demographic, socio-economic, geographic and ethnic profiles. The qualitative research was used to identify the barriers and facilitators of the citizen participation while the quantitative one to find out the most important of them.

Results

The recognized barriers and facilitators can be presented in several groups: related to the citizens (personal), the health decision-makers (interactive) and the community environment (structural). As the most important barriers for participation are considered the citizen pessimism (61%), followed by the lack of citizen interest in participation (41%) and the distrust and the bad communication between the different stakeholders' groups (39%). On the other hand the facilitators, considered as the most helpful, are more publicity by municipal authorities on the citizen participation initiatives (60%), the media involvement in hot topic discussions (38%) and the improved attitude and communication based on a mutual respect (37%). Among the citizen motivators for participation in healthcare decision-making, the topic that

affects you personally, the possibility of your voice to be heard and the possibility to wear responsibility for your own health are scored the highest and are above other altruistic motivators.

Conclusions

The biggest barriers for the participation in health decision-making in the two Bulgarian municipalities are mostly personal related and concern the citizen perception and motivation. To overcome those obstacles citizens call for more transparency and better stakeholders' interaction. The provision of feedback about successful initiatives and the highlighting of personal benefits of the citizen involvement will make people more likely motivated.

Key message

- The better understanding of the barriers and facilitators of citizen involvement can provide practical suggestions for the improvement of the local healthcare decision making.

What works in public health? An evidence-based tool for setting priorities in the field of prevention and health promotion research

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Issue:

In all European Countries, it's necessary to set the improvement of public health as a priority. An evidence-based priority setting process is imperative for funding decisions about primary and secondary prevention.

Description of the problem

On July 2012, on behalf of CCM (Centre for Disease Prevention and Control of the Italian Ministry of Health), we were appointed to build up a policy framework aimed at helping Regional policy makers to identify ineffective and/or inefficient (hereinafter ''obsolete'') prevention programs in order to eliminate them.

A first extensive review, concerning the topic ''Public health'', ''Health promotion'' and ''Preventive programs'', was conducted to find a methodological tool for identification, prioritization and assessment of obsolete prevention programs. We observed a lack of specific tools related to prevention programs. A second extensive review was carried out, focused on any other health technology (e.g. medical devices, medical or surgical procedures). We found a methodological guideline –proposed by the Galician Health Technology Assessment Agency.

Results

We developed a public health framework to assess and set priorities for disinvestment in useless interventions: 1) Identification of potentially obsolete prevention programs by means of a systematic review of the health regulations and the prevailing legislation; 2)Detection of effectiveness and cost-effectiveness evidence for each identified program by reviewing national and international public health guidelines, scientific literature and by communicating to national experts; 3) Assessment of obsolete prevention programs through a comparison between points 1 (i.e. regulation) and 2 (i.e. evidence); 4)Priority setting of ineffective and/or inefficient prevention programs to be dismissed, by building up a prioritization instrument upon objective criteria classified in three dimensions (i.e. population/epidemiological patterns; cost implications; equity); and 5)Proposal of a guide to edit reports about, and to provide policy makers with useful information on obsolete prevention programs.

Lessons

This guide can be used by different bodies interested in primary and secondary prevention programs assessment. All stages have advantages and limitations so this in an initial version which can be improved over the course of time.

Key messages

- In an environment of limited health care resources, costs and the clinical effectiveness of preventive interventions are factors that should be considered in funding decisions.
- Reinforcing positive points in the disinvestment process in planning for public health could result in new possibilities for reinvestment, therefore in more sustainable healthcare system.

Do Croatian students who want to work in family medicine differ from their peers who prefere clinical specialities?

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Background

Demand for family medicine practitioners as the base of primary health care in Croatia is distinct. According to relevant data around 60% of medical doctors work in hospitals, while 25% work as family practitioners. Our study objectives were to examine and identify factors influencing their decision to choose family medicine as a future profession.

Methods

Participants were six consecutive generations of final year students from the Zagreb University School of Medicine (academic years 2005/06 to 2011/12). The instrument was an anonymous questionnaire containing questions regarding (a) desired future specialization (b) motivation to enter medical school (c) opinion on the reputation of several medical specializations, (d) relevance of medical school curriculum subjects for future work in the healthcare sector and (e) students' socio-demographic characteristics. Bivariate and multivariate logistic regression analyses were done to compare factors associated with wanting a specialty in family medicine compared to a clinical specialty.

Results

Out of 1180 final year medical student who answered the questionnaire, 916 (77,6%) had indicated their specialty of choice and their results were taken for analysis. Regarding family medicine as a specialization of choice, 123 (13,4%) students opted for it, with statistically significant gender distribution (16,3% female and 8,1%male students, $p = 0{,}001$). Results to questions on the motivation to enter School of Medicine and importance of different subject in medical curriculum showed no statistically significant difference. The reputation ranking of the offered six specialists were exactly the same; with the surgeon being the highest, general practitioner second to last and public health specialist the least prestigious specialty.

Conclusions

Research results have not demonstrated statistically significant differences between two groups of students. However, gender was the only significant factor influencing their career choice: more female students would like to work in family medicine. Reforms of the whole health sector are needed to empower family medicine as a discipline and encourage best students/physicians to opt for this specialty.

Key messages

- Only 13,4% of medical students would like to work in primary care and a low proportion of students appreciate highly both family practitioner and public health professionals.
- Future medical doctors need to understand primary care needs and know its tasks.

State of health research in Kazakhstan: a cross-sectional study from Almaty

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Background
The state of health research in the countries of the Commonwealth of Independent States has been called as drastic in a recent evaluation. Several efforts have been made to break isolation of Kazakhstan from international medical research, education and practice. The aim of this study was to assess the opinion of researchers, health managers and practicing physicians about the current status of health research in Kazakhstan.
Methods
A cross-sectional survey was performed at 3 research institutes, 3 research centers and 2 randomly selected clinics in Almaty (former Alma-Ata). Altogether, 207 (99%) of 209 employees involved in research participated in the study. Researchers, health managers and physicians comprised 63.8%, 16.4% and 19.8% of the sample, respectively. Proportions were compared using chi-squared and Fisher's exact tests.
Results
Although 38% of the total sample had the highest research degrees, less than 1% of the sample has international publications. More than three thirds of researchers reported unsatisfactory degree of transparency of financing health research comparing to health managers and physicians ($p < 0.001$). Considerable variability between the groups was observed in the perception of the agreement between the research conducted and health needs of the vulnerable groups ($p < 0.001$). Career opportunities for researchers were also perceived differently with the highest proportion of those who unsatisfactory among researchers themselves ($p = 0.025$). A greater proportion of physicians (39.0%) compared to the other groups considered the existing conditions for dissemination and implementation of research results as unsatisfactory ($p = 0.008$).
Conclusions
The perception of our responders of the current state of health research in Kazakhstan raise concerns about criteria for awarding PhD degrees without international publications, transparency of funding and agreement between the research conducted and real health needs in the country as well existing conditions for disseminating and implementation of the results of health research in practice. Given self-reported nature of the data, the findings should be interpreted with caution.
Key message
- The state of health research in Kazakhstan as reported by researchers, health managers and practicing physicians in Almaty is drastic and needs improvement.

Re-thinking the European Added Value of the European Union Patients' Rights Directive

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Being the first piece of European Union (EU) legislation enacted specifically on healthcare, the EU Patients' Rights Directive is revolutionary in the field of European public health. However, even during a crucial time of its legal and practical implementation in the EU Member States (MS), little is known on the European Added Value of this Directive and how it will benefit patients and the quality of their cross-border care experiences.
The study set out to analyze the ex-ante added value of Directive 2011/24/EU with a focus on information requirements and structures allowing patients to make informed decisions on their health and the exchange of good practices within inter-connected networks. A literature review and seven qualitative semi-structured expert interviews were conducted between February and April 2013. Data gathered from the interviews were fitted into pre-existing themes framed a priori and thus, analyzed deductively.
By definition, the trans-national element of cross-border healthcare immediately hints at an added value of European integration. Despite variations in the way stakeholders view the Directive's Community value added, there is a general consensus that EU-level involvement may be significant in optimizing ''new'' patients' rights through the provision of more choice and tangible information to patients which in turn, increases transparency. The Directive was also seen as a tool to strengthen the role of collaborative learning and networking among MS health systems for instance through European Reference Networks (ERNs).
The success of the Directive is tied to its implementation at grassroots level. Thus, despite the fact that Directive 2011/24/EU has the potential to improve patient empowerment and pave the way for more best practice exchange in healthcare, a tailor-made plan needs to be developed to clarify the breadth and depth of information to be provided to citizens through National Contact Points (NCPs) and to ensure that the Directive does not amplify existing health inequalities. In line with the 2013 European year of citizens, the Directive may also give European patients a stronger voice and the capacity to steer the cross-border healthcare policy agenda forward.
Key messages
- Two years after its adoption, the Directive still raises uncertainties and unanticipated implications. The study is a step towards raising public awareness as part of the Directive's implementation.
- Stakeholders generally agree that next to existing national Member State initiatives, appropriate EU intervention in public health policy can bring about added value.