



## **10TH EUROPEAN PATIENTS' RIGHTS DAY EVENT - "REDUCING WASTE AND INEFFICIENCY IN THE HEALTHCARE SYSTEMS, INCREASING QUALITY OF PATIENT CARE" - EUROPEAN PARLIAMENT - 4 MAY 2016**

Brussels, 4 May 2016

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Ladies and Gentlemen,

It is a great pleasure to join you today to mark the 10<sup>th</sup> European Patients' Rights Day.

Ten years ago, this meeting focussed on the importance of having a European patients' rights day. Since then you have been campaigning tirelessly to promote patients' rights and awareness on key issues and initiatives: sustainable healthcare, chronic disease, patient empowerment, safety, quality and access to healthcare to name but a few. I hope you will continue doing so. We have made together a long way during this decade and more will need to be done.

We find ourselves in the cross-roads today. We have built a cross-border healthcare Directive that offers us new opportunities and sets the start for the European Reference Networks. Indeed, the call was launched in March.

I am glad to see that once again you have chosen a pertinent theme for this year's conference: reducing waste and inefficiency in healthcare systems.

It is a key priority for the Commission and it must remain a key priority for Member States as well.

Reducing waste and inefficiency - what does it mean in reality? For me waste is first related to the waiting lists. It is unacceptable to see so many patients waiting for treatments and care.

Second, waste is when we remain silent and inactive on prevention, early diagnosis and population screenings. It's not only a waste of time – it's a waste of life. For instance cancer, when somebody gets diagnosed in an early stage, less time is wasted and a life can be saved.

Finally, let me mention the waste of resources and mismanagement: mismanagement of beds, hospitals, use of old and ineffective treatments. The key priorities here are: patient-community-team-oriented approaches.

Team-approach seems to me very important - a European pilot regional project -ImPrim - Integration into Primary Care - had an excellent idea to join teams of specialists, general practitioners, nurses, psychologist to deliver primary care more efficiently.

What do we mean when speak of "efficient healthcare systems"?

We mean resource efficiency: NOT cost-cutting, but making a better use of available resources to benefit patients.

We also mean supporting systems that:

- reduce the risk factors in an efficient manner.
- ensure prevention, protection and promotion measures as well as early diagnosis and treatment.

I would particularly mention here three type of cancers where populational screening should be an obligation – it's breast cancer, cervical cancer and colorectal cancer. Unfortunately our countries are very weak on that. It is a real waste, these cancers are simple to diagnose, treatment is effective and gives good results.

- Finally, systems that keep people healthy and deliver high quality care to those who need it.

Efficient systems mean also better use of what innovation brings: eHealth, e-prescription, e-records and, of course, using information about medical pricing.

Let me also mention our Euripid project that would provide list of prices of medicinal products, which, of course, have an impact on the accessibility to drugs.

I have already referred to the cross-border healthcare Directive - a major piece of legislation for patients' rights in the EU and a legal framework for Member States' co-operation.

As you know, the Commission published a report on the operation of the Directive in September 2015 and the current state of play vis-à-vis transposition. It covers the main provisions, including the use of prior authorization, patient mobility, reimbursement practices, information to patients, and cooperation provisions.

The report was discussed at political level in the Informal Health Ministerial in Luxemburg last September and during the European Parliament ENVI Committee this February.

Since the Directive was agreed, the Commission has actively monitored the transposition of the Directive in Member States to ensure all the obligations are met, both in terms of completeness and in terms of compliance.

Following infringement proceedings against 26 Member States for late or incomplete transposition, I am glad to say that the Directive is now almost completely transposed across the EU.

This is positive progress. However, I regret to say that serious concerns remain vis-à-vis compliance for a number of Member States where the Directive has not always been properly transposed.

In some, for example, there are very elaborate systems of prior authorization - an obstacle for patients seeking healthcare in another country. In some there are low reimbursement tariffs. In others, complex administrative requirements exist.

The Commission is determined to do its utmost to overcome these challenges so that EU citizens can reap the full benefits of this important legislation. Where necessary, I am ready to launch new infringement cases to ensure that patients can use their rights.

Although every Member State has set up a National Contact Point there is the need to improve the way they operate and the quality of information they provide to patients.

We know from Member State data that so far – with a few notable exceptions – relatively few patients have used the Directive to get treatment abroad.

Why?

Partly because of delays in transposing the Directive. Partly because it has sometimes been transposed in a way that actually deters patients. A third – and perhaps most important reason in the context of today's event – is that the number of patients who know about their rights is still very small.

In this context, it is clear that organizations such as yours have a key role to play: raising patient awareness about the rights this Directive gives them.

At EU level, a number of initiatives to improve awareness on rights to cross-border healthcare were also included in the recently adopted 2016 work plan for the health programme.

A final point on cross-border healthcare is the opportunity it offers to support and deliver more efficient healthcare systems.

We all know that health systems across the EU face similar challenges: increasing pressure on resources, workforce shortages, and ageing populations to name a few.

There is no simple answer. However, the cross-border healthcare Directive has identified a number of areas where co-operation across borders might offer a solution to the eternal and complex problem of doing more, with less.

European Reference Networks – the first of which we expect to have up and running at the end of 2016 – will help to provide affordable, high-quality and cost-effective healthcare for patients.

And, where relevant, they will improve patients' access to the best possible expertise and care available in the EU for specific conditions.

Patient organisations have played a very important role here. Their active engagement, input and strong support have been a key element in the design and now implementation of the European Reference Networks. A patient-centred approach is one of the main characteristics of the networks and I hope this fruitful collaboration will continue with and within the future networks.

Ladies and Gentlemen,

Reducing waste and inefficiency in healthcare systems and increasing quality of patient care depends on collaboration, I mentioned - patient-community-team-oriented approach. It requires active commitment from individual bodies, including Member States, European institutions, patients and health professionals.

These objectives are not mutually exclusive and today's event is an important step towards tackling these challenges together. I count on your continued support and cooperation.

Thank you.

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