

Preface

Patient mobility is often described as a marginal phenomenon in Europe since the overall number of patients that receive cross border care remains minor compared to the total population. However this phenomenon is increasing markedly. The process of globalization and the availability of medical information means that patients are more informed on treatment available well beyond their national boundaries. Patient empowerment implies that new generations will actively ask to be treated by the health care system that best meets their needs. A succession of individuals has already challenged the status quo and, in many cases, the European Court of Justice has upheld their arguments. At a political level, the EU has issued the EU Directive no. 24/2011/CE of 9th March 2011 concerning the application of patients' rights in cross border healthcare. This Directive has reformed the authorization procedures that were previously required to allow patients to go abroad to access health care services. In this respect, the Directive has contributed to improving the level of freedom of choice for the European citizen, but it does not seem to have increased actual patient mobility across Europe. Freedom to choose is a necessary condition to grant the people of Europe the same access to public sector health care services. The latter is a key instrument for an efficiently functioning "single market" ensuring real mobility within the EU.

The aim of this book is to study the current European health care market and discuss the hypothesis of a European right of citizenship with reference to health care services. The book is intended to provide a deeper understanding of the health market and stimulate reflection on European integration studies at a university level. The hypothesis for a fully coordinated European Health System will be investigated in great detail, highlighting the connected social and economic implications.

This publication is a result of the Jean Monnet Lifelong Programme. Patient mobility for health within the EU borders is an issue of great interest in the European Union debate. The health side of European integration is generally undervalued but, on the contrary, it is crucial to fostering an effective internal market and to ensuring economic and social progress in Europe. Effective health integration in the European Union would represent a value-added resource in the path toward the effective mobility of people. For this purpose, it is extremely important that policy-makers of different European States agree on a unique international agreement to regulate the economic implications of patient mobility.

At present we can observe very different National Health Care Systems in Europe but the condition required for a full integration and the ability to cope with the increasing mobility of people inside the EU is a set of shared rules. The harmonization process is certainly very demanding, both from the economic and social point of view, but certainly it is a feasible target.

One of the goals of the present publication is to deepen the knowledge in advanced topics in the field of European integration in order to improve the awareness of the need for a common European health policy.

The current European health care market is considered in order to put forward the challenge of a European right of citizenship with reference to health. New viable solutions have to be identified and implemented to make it easier for people from the EU to access health care services everywhere in Europe even if very few citizens are aware of its relevance. The goal of a fully coordinated European Health System is still far from being achieved even though its existence is fundamental to granting people mobility.

The present book focuses on theoretical and empirical aspects concerning patient mobility and health integration, both from positive and normative perspectives. To this extent, topics such as health economics and health systems, health data collection and data analysis, health mobility flow, health funding systems and financial sustainability, common European indicators for quality and international transfers will be presented and discussed.

In the first chapter [Brekke, Gravelle, Siciliani and Straume](#) present the current state of affairs in cross border care.

Their review depicts what we know about patient mobility at a theoretical and empirical level. This chapter deals with actual choices of patients; the following chapter by [Pfarr, Schmid and Schneider](#) is instead an attempt to interpret where these choices come from through the study of patient preferences.

The empirical part presenting evidence on cross border mobility at EU and national level opens with the contribution by [Kifmann and Wagner](#) that presents German patients' choices concerning treatment abroad. The following chapter by [Glinos](#) studies the mobility of health care professionals within the EU, a very interesting and often neglected theme especially in view of the uneven distribution of some professional figures across Europe. Patient mobility at national level is studied using data for the UK and Italy.

[Dusheiko](#) presents the choices of UK patients regarding their hospital admission at national and international level and shows the responses of the National Health Service (NHS) to these choices in terms of rules to regulate the flow of patients.

[Balía, Brau and Marrocu](#) examine patient mobility across Italian regions using data on hospital discharges. What makes the Italian case more interesting is the decentralization of the NHS that yields to large regional variations in patient flows in favor of Center-Northern regions, which typically are 'net exporters' of hospital treatments. The empirical section of the book concludes with the contribution by [Crivelli and Salari](#), which presents evidence of the impact of federalism and cross border shopping on the healthcare system in terms of efficiency, equity, and cost containment in the case of Switzerland. The Swiss system can, in fact, be used to

draw important policy implications on the likely effects that health care integration may have at European level. The last three chapters of the book develop this line of analysis by studying the welfare implications of cross border shopping. [Levaggi and Levaggi](#) study the combined effects of restrictions on the use of health care, transfer prices, and mobility rules on social welfare. [Montefiori](#) focuses on hospital competition in a context where the latter might have asymmetric objectives and costs, which are reimbursed using a uniform prospective payment. Different equilibrium outcomes, under perfect and asymmetric information are provided.

Finally, [Levaggi and Menoncin](#) study cross border shopping in a context where equity issues are taken into account (through a super-national equalization grant) and health care is modeled as an impure public good.

This book provides new empirical and theoretical insights for a more comprehensive understanding of patient mobility and the health care market. It is intended for health researchers, decision-makers, and professionals concerned with health care provision and patient mobility. The goal is to provide, through scientific and methodological rigor, new informative tools useful for the implementation of new policies in the health care sector in order to implement effective health care integration in the European Union.

This project has been funded with support from the European Commission (Lifelong Learning Programme of the European Union). This publication reflects the views only of the authors and the Commission cannot be held responsible for any use which may be made of the information contained therein.

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Health Care Provision and Patient Mobility

Health Integration in the European Union

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2014, X, 244 p. 13 illus., Hardcover

ISBN: 978-88-470-5479-0