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On 26 November 2011, the CPME Board adopted the "CPME Statement on Health Technology Assessment in Relation to Cross-Border Healthcare" (CPME 2011/131 FINAL EN)

CPME Statement on Health Technology Assessment in Relation to Cross-Border Healthcare

The Standing Committee of European Doctors (CPME) represents medical doctors across Europe and is composed of the most representative National Medical Associations of 27 European countries. CPME aims to promote the highest standards of medical training and medical practice in order to achieve the highest quality of healthcare for all patients in Europe. CPME is also concerned with the promotion of public health, the relationship between patients and doctors, and the free movement of doctors within the EU. CPME also cooperates closely with national medical associations from associated and observer countries, as well as with specialised European medical organisations and international medical associations.

I. Introduction

The dissemination of scientific knowledge in health care and prevention in EU is becoming increasingly important due to the cross-border movement of health-care personnel and patients.

Health services do not always use the best available methods. Some routine methods of diagnosis and treatment are, in fact, obsolete and ineffective. Some newer methods are widely used, even though their benefits, risks, and costs have never been critically evaluated. At the same time, there are methods that should be used on a much broader scale - methods shown by scientific assessment to be both beneficial and cost effective. Scientific assessment is needed in health care - both for established methods and for new medical innovations.

The foundation for physicians should be to work in accordance with scientific knowledge and accepted standards of practice. Research results and comprehensive clinical experience should guide the delivery of health care.

Rue Guimard, 15 - B-1040 Brussels - Belgium
Tel. : +32 (0)2 732 72 02 - Fax : +32 (0)2 732 73 44 - E-mail : secretariat@cpme.eu - Web : http://www.cpme.eu

Each year, millions of scientific articles are published in biomedical journals worldwide. It is extremely difficult for the individual caregiver to monitor the extensive and ever increasing flow of new research findings, even within a specialized field. Furthermore, research results are not always clear, consistent, and reliable. There is a need to review all of this knowledge systematically and critically – scientific assessment is needed.

II. Definition

Health Technology Assessment (HTA) is defined by the European network for Health Technology Assessment (EUnetHTA) in the following terms:

Health technology is the application of scientific knowledge in health care and prevention.

Health technology assessment (HTA) is a multidisciplinary process that summarises information about the medical, social, economic and ethical issues related to the use of a health technology in a systematic, transparent, unbiased, robust manner. Its aim is to inform the formulation of safe, effective, health policies that are patient focused and seek to achieve best value.

Despite its policy goals, HTA must always be firmly rooted in research and the scientific method.

Examples of Health Technology

- *Diagnostic and treatment methods*
- *Medical equipment*
- *Pharmaceuticals*
- *Rehabilitation and prevention methods*
- *Organisational and supportive systems within which health care is provided*

(Reference: http://www.eunethta.eu/Public/About_EUnetHTA/HTA/)

III. HTA in Relation to Cross-Border Healthcare

Evidence-based medicine is approached differently by the EU Member States.

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Whilst the European Commission has responded to the need to increase research into developments in the delivery of healthcare[1] at EU level, Member States continue to have a varying sustainability and efficiency in their healthcare systems.

Freedom of services in a European Union without barriers facilitates patient mobility. While this practice mainly concerned dental work, fertilisation techniques or aesthetic procedures in recent years, it can increasingly be seen for treatments such as replacements with artificial joints, invasive cardiology, transplantations and many more. However, there are also certain limitations to this mobility. On the one hand, patients suffering ill health may not wish to take on the additional burden of trying to find health care in another country. On the other hand, national health authorities have been known to try to discourage patients from seeking treatment abroad. Both these factors risk limiting patient mobility in general or restricting it to patients who are well-educated and can afford to carry out the necessary research, thus being more likely to travel than the less educated patients.

Health professionals may also make use of their freedom of movement, and for example decide to establish themselves in another Member State. Also, institutions providing healthcare increasingly cooperate through telemedicine or direct contact across Member States' borders.

The 'Directive 2011/24/EC on the application of patients' rights in cross-border healthcare'[2] (Cross-Border Healthcare Directive) guides patients who seek healthcare in other Member States[3] , but preserves national rights for Member States to organise their own healthcare systems.

For the most part, national healthcare systems are backed up by public funds, so the charges for medical treatment for patients from another Member State are often higher. Very often there are wide gaps between domestic fees and medical billing for patients from other Member States.

However, the problems related to reimbursement must not be a barrier for cross-border healthcare. The creation of a data-based public domain with good practice guidelines, in

[1] The priorities for research in healthcare in 2012 as identified by the Directorate-General for Research and Technological Development (RTD) of the Commission include ageing and chronic diseases linked to ageing, the development of personalised medicine approaches, the improvement of the availability of organs for replacement and the promotion of the development of new medical technologies,

[2] The text of the Directive 2011/24/EC can be found here.

[3] Regulation (EC) 883/2004 on the coordination of social security systems provides further rules on this. The full text of the Regulation can be found here.

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diagnosis and treatment, of Member States would be an advantage. The utilisation of HTA indicators and good practice guidelines should be included in the development of healthcare IT applications.

Art. 15 of the Cross-Border Healthcare Directive on 'Cooperation on Health Technology Assessment' sets out that "the Union shall support and facilitate cooperation and the exchange of scientific information among Member States within a voluntary network connecting national authorities or bodies responsible for health technology assessment designated by the Member States."

Reflecting this provision, on-going initiatives at EU-level aim to increase and elaborate the cooperation of national HTA bodies across Europe, in order to find solutions through the exchange of good practice and common efforts[4].

IV. CPME Recommendations

CPME strongly supports HTA and is in favour of framing the mid- and long-term structures currently being established with a service dimension in mind. EU HTA initiatives should not be a black box, but provide national stakeholders with valuable data and support national HTA-bodies with basic information related to special items and become a useful service point.

CPME calls for the social and ethical dimension of HTA to be further elaborated to the benefit of patients, payers, and providers.

In light of these principles, CPME has the following recommendations:

- In order for the guidelines produced by the national HTA-bodies to have impact it is important that those who are going to use the guidelines are involved in the HTA process. Hence it should be possible for all interested parties, such as physicians and medical organisations, to post questions regarding HTA-related matter to the national HTA-agency. Generally, the topics selected by the HTA-agency should be of major importance to public health and quality of life. HTA should be a bridge between scientific knowledge and everyday healthcare.
- In order to use scientific knowledge in everyday health care the health care provider needs to offer resources, especially time, for internal discussions regarding the implementation of scientific knowledge. There needs to be a strong commitment from both physicians and employers in order to bridge the gap between scientific

[4] An example of such an initiative is the European Network for Health Technology Assessment (EUnetHTA).

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knowledge and everyday work. The HTA-agencies should focus on comparative analyses of treatment methods rather than comparing a treatment with placebo.
- EU-level initiatives should provide a structure in order to foster a transparent information exchange across borders on what specific subjects national HTA bodies are working on.

The following ideas could be pursued further

1. Every HTA should be based on explicit standards and make clear recommendations based on those standards.
2. References to academically reliable libraries and journals and other information sources should be made available to health related media, industry and providers.
3. Consumer links to expert information should be facilitated.
4. Methods of optimising the exchange of information between stakeholders and HTA providers should be explored.

European physicians are dedicated to cooperating on these questions and call for EU policies in support in order to work towards better healthcare for all patients in Europe.

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