



## Union Européenne de l'Hospitalisation Privée European Union of Private Hospitals

### Report Strategy meeting of the EEC Members Evangelisches Krankenhaus - Vienna 18 January 2017 – 10am - 4pm

Dr Paul Garassus, UEHP President, welcomes the participants and informs them that he will be chairing the meeting instead of Dr Erich Sieber who is not feeling well.

Dr Garassus opens the meeting with a brief introduction on the problems encountered when discussing with Ministries, EU officials and Member States about how efficient the private hospitals are and to make them understand that we are full partners of change.

Then, Dr Garassus asks to make a “*tour de table*” of the attendees to briefly introduce each other: Austria (Mrs Pekatschen), Greece (Mr Sarafianos), Hungary (Mr Feder), Lithuania (Mr Paskevicius), Serbia (Mr Damjanovic, Mrs Rankovic), UEHP (Dr Garassus, Ms Giannico) .

The meeting starts with the first point on the agenda (list of topics attached), “access to healthcare market”. Dr Garassus introduces the topic by saying that the EU Directive 24/2011 on cross border healthcare can really be an opportunity for private hospitals, but it is not properly working! We need evidence to demonstrate the performance of the private sector in EU healthcare, that is why we need to work on communicating data.

After that, **Mr Paskevicius holds a presentation on the “Lithuanian private healthcare in the context of operating conditions: challenges & opportunities”** (attached), in which he presents the structure, functioning and financing of the healthcare system in Lithuania, as well as some health inequalities dealing with different accounting standards, purchasing of medical equipment, allocation of EU structural funds, etc., together with some recommendations to solve these problems. In particular, Mr Paskevicius stresses the problem of the distortion of competition in the way EU money (structural funds) are going only to public structures, never to private!

Also, there is a clear need for the development of an international set of ethical codes for private hospitals with an explicit list of services and prices and with the agreement of Ministries on how much the patient has to pay. This would help stop phenomena like corruption, negotiation of the price (Hungary) and/or of the content of the treatment (Serbia) between the doctor and the patient, and other “VIP” or “Falsch private care” mechanisms. This is a major source of concern for all attendees!!

After an open discussion, Dr Garassus asks Mr Paskevicius what the Lithuanian Association of Private Hospitals would suggest as priorities for UEHP:



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- 1) UEHP to develop contacts not only with DG SANTE but also with DG Competition and DG Internal Market, and in general to be more visible at EU level;
- 2) To dedicate a chapter on the UEHP Factbook (in the next edition) on the EU structural funds going to public and private sector in all UEHP countries;
- 3) To stimulate a debate at EU level on distortion of competition, asking for the best regulation for the private sector;
- 4) Try to understand how can we prove that free choice + free competition + free economy lead to better satisfaction of the patients.

All the attendees agree on these priorities and Mr Feder also adds that in Hungary the only way to move forward with private hospitals is by having more pressure/support from Brussels.

**Mr Sarafianos then holds a presentation on the Greek healthcare system** (attached), particularly focusing on distortion of competition between public and private sector, unequal payment of equal services, unequal regulations and requirements for medical equipment, staff, hospital infrastructure, coverage of state /social insurance costs in the public and private hospital, etc.

Mr Sarafianos concludes that the objective of UEHP must be a single strategy on health in the single European market, with basic policy instructions/directions on which the national health policy of each country shall be based.

Everyone should understand that the private sector does not compete with the public one. It can cooperate with it by offering health services to those who choose it, having trust to the quick restoration of their health problems.

Finally, **Mrs Rankovic and Mr Damjanovic give some facts and figures of the Serbian healthcare systems** (text attached) and states that private providers are poorly integrated in the overall Serbian healthcare system. After presenting the main problems and inequalities the private sector faces in Serbia, Mrs Rankovic also adds that in Serbia there is a lack of patients' engagement at two levels, direct care and policymaking. Then Mrs Rankovic draws the attention on the work of Serbian association for the creation of an informal body called "Medical Forum" gathering 17 Serbian health institutions and associations. Health policy change in Serbia started in June 2015, and the Medical Forum soon became an informal forum of communication and information between government and all relevant civil society players. Recently, Medical Forum was recognized by the Serbian Ministry of Health as a partner and all parties, including the Ministry, signed a Memorandum of Understanding under the auspices of Serbian Chamber of Commerce.

The participants compliment the Serbian association for the great job, this is indeed a best practice to share.

The meeting ends with more awareness of the problems that EEC countries have in common and a lot of shared proposals and recommendations for actions to be taken at EU level, tackling the major issues related to the healthcare sector in Europe.