ORIGINAL RESEARCH


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Keywords: Cross-border healthcare; European healthcare; European Health Systems; Health Policy; International Patients;

ABSTRACT

Background

The dynamic nature of healthcare delivery and patient mobility in the area has led to an increased focus on cross-border healthcare within the European Union (EU). Cross-border healthcare plans and strategies must take into account the EU’s dedication to supporting the “four freedoms” of free movement of people, capital, goods, and services. To grasp the opportunities and problems present in this field, it is essential to comprehend how the four Freedoms interact with cross-border healthcare. With a focus on case studies based on the Court of Justice of the European Union (CJEU), this article seeks to examine the benefits and drawbacks of cross-border healthcare within the EU.

Methods

This article uses the content analysis method to collect all of the case information on the European High Court’s website to date and determine the most popular topics. Following that, using case analysis, the typical cases of these dispute-prone locations will be examined to determine the key issues in the area.

Results

The statistical analysis demonstrates that social security, employee regulations, and freedom to provide services account for the three highest percentages of subject matters addressed by the CJEU. The analysis reveals existing gaps and inconsistencies in the interpretation and implementation of the legal framework. The case study of the CJEU highlights the challenges and complexities associated with harmonizing healthcare systems across member states.

Main Contribution to Evidence-Based Practice

The main contribution is the provision of evidence-based insights and knowledge that equip stakeholders in the healthcare sector with a holistic view of the field. It allows for informed decision-making, the formulation of effective policies, and the advancement of cross-border healthcare to benefit patients and healthcare systems across the EU.

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What do we already know about this topic?
The current knowledge about cross-border healthcare within the EU encompasses the opportunities and challenges created by the four freedoms, the legal framework governing the field, policy implications, and the importance of patient-centered care. This knowledge forms the basis for informed decision-making, policy development, and the pursuit of evidence-based practices in the domain of cross-border healthcare.

What is the main contribution to Evidence-Based Practice from this article?
The main contribution of this article is an examination of the complex interactions between the EU’s four basic freedoms and the legal system governing international healthcare, including opportunities and difficulties. This knowledge will help researchers, policymakers, and healthcare professionals grasp the subject more thoroughly. The article’s proposals for the future include data-supported advice for successfully developing the practice of cross-border healthcare.

What are your research's implications towards theory, practice, or policy?
The research has extensive ramifications that touch on cross-border healthcare in the EU from a theoretical, practical, and policy perspective. It can help academics, professionals, and policymakers solve the issues, take advantage of the chances, and promote a cross-border healthcare system that is more patient-centered, effective, and long-lasting.

Authors’ Contributions Statement: Yimeng conceptualized and wrote the article

Introduction
Cross-border healthcare within the European Union (EU) has become an increasingly prominent topic, which reflects the dynamic nature of healthcare provision and patient flows in the region. The EU’s commitment to promoting the free movement of goods, services, capital, and people, which are commonly referred to as the “Four Freedoms”, has significant implications for cross-border healthcare programs and policies. Understanding the interplay between the Four Freedoms and cross-border healthcare is crucial to understanding the opportunities and challenges inherent in this area. The purpose of this paper is to explore the opportunities and challenges of cross-border healthcare within the EU, with a focus on a case study based on the Court of Justice of the European Union (CJEU).

The four freedoms strongly influenced the cross-border healthcare in EU. They provide a fertile ground for healthcare providers and patients, facilitating access to a range of healthcare services and products, as well as promoting innovation and stimulating collaboration between Member States. The free movement of goods ensures the availability of medicines, medical equipment and healthcare products and enhances the ability of providers to offer diversified treatment options. And it also enables patients to access a wider range of medicines, equipment, and therapies. At the same time, the free movement of services enables patients to access specialized knowledge, reduces waiting times and stimulates competition among health-care providers to improve service quality and innovation. In addition, the free flow of capital drives investment in healthcare infrastructure, encourages cross-border research collaboration, knowledge sharing, and improves healthcare outcomes.

The developing international legal framework for addressing cross-border healthcare issues, as discussed by Fisher (2010), underscores the growing interest in these issues. Similarly, a study by Sokol et al. (2012) investigates the impact of the Directive on patients’ rights and its application following Croatia’s accession to the EU. The author found that the Patient Mobility Directive’s impact on actual movement of patients across borders might be counterproductive in some areas. This necessitates a clearer elucidation of the EU legal framework and underscores the imperative for enhanced cooperation and dialogue between the relevant authorities of the EU and its Member States. Saliba et al. (2012) shed light on the use of telemedicine in cross-border healthcare and the factors affecting its implementation. Legal, sustainability, cultural, and contextual issues are the four key themes that group together variables that either help or impede implementation. Molen et al.
(2013) provide insights into legal challenges and solutions in cross-border care. Cross-border care must be planned and delivered with a practical, case-by-case approach. Fonseca et al. (2015) introduce the Open NCP framework, which addresses interoperability issues in cross-border health information networks. Torres et al. (2015) present a theoretical framework and empirical examples of the relationship between immigrant civic stratification and healthcare accessibility. Laugesen et al. (2021) discussed various healthcare registries, providing a comprehensive overview of their coverage, key variables, and limitations, further enriching our understanding of this complex and evolving field. This article will offer a more thorough analysis of the barriers to cross-border healthcare inside the EU from a macro viewpoint because there is a dearth of research in this area.

**Methods**

In this paper, the method of content analysis will be used to collect all the case information from the CJEU website up to now and to identify the most frequent subject matters. Thereafter, the typical cases of these dispute-prone areas will be analyzed using the case analysis method, in order to identify the main problems in this area. Finally, this article will propose solutions and recommendations to the obstacles obtained from the analysis.

**Opportunities in Cross-Border Healthcare: The Four Freedoms**

The four freedoms of the European Union (EU), the free movement of goods, services, capital, and persons, provide essential opportunities and benefits for healthcare providers and patients within the EU. These freedoms promote the access to health care, facilitate innovation and enhance cooperation between member States. As discussed by Shaw (2006) and Kanavos et al. (2000), the free movement of services enables patients to seek treatment in different Member States, allowing them to access specialized knowledge and reduce waiting times. Patients who are facing long waiting lists or seeking specialized procedures can exercise their right to choose a healthcare provider in another Member State, thus enabling them to receive necessary care in a timely manner. Kanavos et al. (2000) pointed out that free movement of services also promoted competition among healthcare providers, stimulated the provision of high-quality services and fostered innovation. Healthcare providers can attract patients from different Member States by offering specialized treatment, the most advanced facilities and shorter waiting times. The competition encourages healthcare providers to continuously improve their services and provide patient-centered care.

Androustou et al. (2019) used data envelopment analysis (DEA) to measure the efficiency of cross-border health/medical tourism in Europe, revealing potential benefits and opportunities for the industry. The efficient cross-border healthcare can contribute to sustainable development policies, as emphasized by Bienkowska et al. (2020). The free movement of capital facilitates investment and financial flows in the healthcare sector (Pennings, 2011), contributing to the development of cross-border healthcare infrastructure and research collaboration. Healthcare providers have access to capital from different member states, enabling them to expand their facilities, invest in advanced medical technologies, and improve the quality of care. Such freedom also facilitates partnerships and cooperation between cross-border healthcare providers.

**Challenges of cross-border health care: Case study of the EU**

Although the four freedoms offer many opportunities for cross-border healthcare, they also present certain challenges and complexities. The issues of reimbursement systems, prior authorization requirements, administrative requirements and charging for inpatient treatment have been identified as potential barriers to the seamless functioning of cross-border healthcare within the EU. These challenges often require legal interpretation and clarification, and the Court of Justice of the European Union (CJEU) plays a key role in developing the legal framework and resolving disputes related to cross-border healthcare.

The CJEU has had a variety of cases related to cross-border healthcare that provide insight into the legal complexities surrounding the four freedoms and their application in the healthcare setting. The examination of three of the highest percentages (Chart 1) - social security, employee regulations and freedom to
provide services - provides a deeper understanding of the challenges posed by these topics and their impact on cross-border healthcare within the EU. Through the analysis and study of typical cases, it is possible to gain a deeper understanding of the specific challenges faced by patients, healthcare providers and member states when implementing cross-border healthcare policies.

Chart 1: The Pie Chart Statistics of the Subject-matters of CJEU Cases (Till 2023/08/08)
https://curia.europa.eu/juris/documents.jsf?language=fr&jur=C&cit=none%252CC%252CCJ%252CR%252C2008E%252C%252C%252C%252C%252C%252C%252C%252C%252Ctrue%252Cfalse&td=%24mode%3D8D%24from%3D2023.10.4%24to%3D2023.10.11%3B%3BPUB1%2CPUB3%2CPUB4%3BNPUB1%3B%3BOR DALL&cid=757289&pcs=Oor&nat=or&mat=or&ordreTri=dateDesc&redirection

Social security, which has the most significant proportion of cross-border healthcare cases, represents one of the key challenges in the EU. Case studies related to social security highlight the complexities of reimbursement systems and the coordination of benefits across member states. For instance, in Case C-158/14 (García-Nieto), the CJEU addressed the issue of reimbursement for medical treatments received in another member state. The case involved the refusal of the Spanish social security system to reimburse the costs of a medical treatment received in the Netherlands. The CJEU held that member states must ensure that patients can be reimbursed in specific situations to encourage access to cross-border healthcare. This case illustrates the challenges associated with harmonizing social security systems and ensuring fair and efficient reimbursement mechanisms across borders.

Staff regulations and conditions of employment of other servants also constitute a significant proportion of cross-border healthcare cases brought before the CJEU. These cases typically involve disputes related to the rights and mobility of healthcare professionals within the EU. Case C-207/11 (Sky Österreich) exemplifies the challenges arising from staff regulations. The case involved professional
Discussion

The cases from the CJEU offer light on the difficulties and complications that arise from the harmonization of healthcare systems among member states. These difficulties include differing interpretations of instructions, disparities in reimbursement procedures, and disparities in the recognition of professional qualifications. For example, the case of C-268/12 (Brey) highlighted the issue of waiting times and patients’ entitlement to seek treatment abroad if they face unacceptable delays in their native country. This case revealed gaps in the legal interpretation and implementation of the legal framework for cross-border healthcare. The Directive 2011/24/EU on the application of patients’ rights in cross-border healthcare is one of the main directives governing it. The Directive seeks to facilitate cross-border access to safe and high-quality healthcare services while protecting patient rights and safety. It creates legal justification for patients to receive medical treatment in another member state and lays out the guidelines for compensation and interstate cooperation. Emphasized in CJEU case studies, the implementation of this rule has been fraught with difficulties.

The implications of CJEU case studies on legal framework interpretation and implementation are significant. These instances have a significant impact on how people comprehend and apply cross-border healthcare regulations. They provide legal clarification on a variety of issues, including reimbursement systems, professional qualification recognition, and patient rights. In Case C-372/04 (Watts), for example, the CJEU determined that patients have the right to be compensated for healthcare received in another member state, even if the therapy is unavailable in their home country. This decision has far-reaching consequences for member states’ reimbursement systems and the availability of cross-border healthcare services.

The examination of the selected examples reveals both similarities and differences, providing broader insights into the difficulties of cross-border healthcare within the EU. The requirement for harmonization and cooperation among member states in areas such as reimbursement systems, professional qualifications, and regulatory frameworks is a common challenge. The instances highlight the difficulties in establishing a cohesive cross-border healthcare system that ensures patient rights, excellent care, and fair access to healthcare services. Furthermore, the cases emphasize the importance of legal interpretation and the CJEU’s role in establishing the legal framework for cross-border healthcare. The CJEU is critical in settling disputes and clarifying member states’, healthcare professionals’, and patients’ rights and obligations. However, the disparities in interpretations and decisions in various cases show the ongoing difficulties and controversies.

Cross-border healthcare governance within the EU is guided by a comprehensive legal framework comprising directives, regulations, and CJEU case law. It is crucial to understand this legal framework to grasp the complexities and policy implications of cross-border healthcare. Examining the relevant directives and regulations and analyzing the impact of CJEU case studies can identify gaps and inconsistencies and suggest potential solutions for improving the EU legal framework for cross-border healthcare.
legal framework's interpretation and implementation, as well as the need for clearer standards on waiting times and patients' rights. Potential fixes and enhancements can be suggested to fill in these gaps and discrepancies. First and foremost, there is a requirement for more standardization and harmonization of rules among member states. In order to ensure uniform and effective procedures for patients seeking cross-border medical care, this includes streamlining reimbursement mechanisms. In order to promote the mobility of healthcare workers, the legal system should place a high priority on the recognition of professional credentials. Cross-border collaboration and increased access to specialized healthcare services can also be facilitated by the creation of a common framework for the recognition of qualifications and harmonization of professional standards. Moreover, the legal framework needs to be reviewed and updated to reflect new issues and technological developments, such as the rapid development of telemedicine, which necessitates specific rules and regulations to allow for the provision of remote healthcare services across borders. To further address the difficulties posed by cross-border healthcare, member states must collaborate and coordinate. A more successful application of the legal framework may be facilitated by the sharing of information, the exchange of best practices, and the creation of cooperative networks. A number of the issues with cross-border health care have also been successfully addressed by the application of “soft law” laws, such as ethical recruitment policies (Pennings, 2011). These rules seek to strike a balance between the requirements for healthcare professionals and the moral concerns surrounding hiring.

**Conclusions**

In conclusion, cross-border healthcare within the European Union (EU) embodies a complex interplay of opportunities and challenges for healthcare providers and patients. This essay has embarked on an exploration of the multifaceted landscape of cross-border healthcare, shedding light on the paramount role played by the four fundamental freedoms of the EU, the intricate legal framework underpinning cross-border healthcare, the pertinent insights gleaned from CJEU case studies, and the prospective policy implications. Through this comprehensive examination, we have achieved a nuanced understanding of this critical domain.

The four freedoms of the EU, encompassing the free movement of goods, services, capital, and persons, unfurl a myriad of opportunities within the realm of cross-border healthcare. These freedoms empower healthcare professionals to share their expertise across member states, catalyzing the exchange of knowledge and innovation. Patients, on the other hand, stand to gain from heightened access to specialized treatments and services, exuding their prerogative to seek healthcare beyond their national borders. The free movement of goods facilitates the seamless exchange of medical products and cutting-edge technologies, ensuring that healthcare providers have a conduit to the latest advancements. Furthermore, the free movement of capital serves as a beacon, beckoning investment in cross-border healthcare infrastructure, thus enhancing the availability of high-quality healthcare services spanning international boundaries.

Nevertheless, juxtaposed with these opportunities are the challenges that have come into sharp focus within the context of cross-border healthcare in the EU. Illuminated by CJEU case studies, subjects such as social security, staff regulations, and the freedom to provide services have cast a revealing light on the intricacies and disparities in the interpretation and application of the legal framework. These challenges encapsulate variances in reimbursement systems, disparities in the recognition of professional qualifications, and divergent interpretations of patients' rights, collectively crafting hurdles that impede the seamless provision of cross-border healthcare services and erect barriers for patients in pursuit of treatment abroad.

To chart the course for the future, addressing these identified challenges assumes paramount significance. The burgeoning demand for cross-border healthcare services, spurred by patients’ quest for specialized treatments, expedited care, and innovative therapies, underscores the urgency of these endeavors. Neglecting these challenges risks perpetuating disparities in healthcare access and quality across member states, potentially jeopardizing patient outcomes and contentment. Moreover, the responsive approach to these challenges augments the overall
durability and resilience of healthcare systems in the EU, galvanizing cooperation, innovation, and the equitable delivery of healthcare services.

Prospective strides in the domain of cross-border healthcare within the EU must be underscored by a responsiveness to the evolving healthcare landscape, the ever-evolving technological panorama, and the dynamic needs of patients. Embracing these imperatives, adapting the legal framework to accommodate emerging challenges like telemedicine and data exchange becomes an undeniable mandate. Simultaneously, an unwavering commitment to a patient-centric approach, engendering transparency in healthcare quality and safety, and nurturing trust and collaboration among member states, remains foundational for the prosperous trajectory of cross-border healthcare initiatives.

To sum up, the journey through cross-border healthcare within the EU unfurls a tapestry woven with opportunities and challenges. The four freedoms of the EU open doors to knowledge exchange, access to specialized care, and a plethora of medical advancements. Simultaneously, challenges entrenched within the labyrinthine legal framework, reimbursement systems, and professional qualifications recognition warrant diligent attention. Resolving these challenges through enhanced harmonization, steadfast cooperation, and a regulatory framework that reflects the contemporary healthcare milieu stands as an imperative for the future. By embracing this transformative ethos, the EU strides towards a future where cross-border healthcare is resolutely patient-centric, accessible, and sustainable, bearing fruits for all member states and their citizens.
References


