





A two-tier social security ?

Europeanisation of national health systems ?!

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Zorg over de Grens
in de Euregio Maas-Rijn



Projekt  Zorg over de grens



The origins and development of sickness funds in Belgium





The origins and development of sickness funds in Belgium

– The Christian Mutuality's responsibilities and areas of activity

1. Health care and disability insurance management
2. Joint decision maker for the compulsory insurance and political lobbyist
3. The organization of supplementary services and benefits
4. A social Movement
5. Solidarity beyond borders



The origins and development of sickness funds in Belgium



- A legal framework is created
 - Law of 1851 : allows mutual societies to acquire legal status
 - Law of 1894 : extends the responsibilities of mutual assistance societies and encourages them to group together to provide “*common services*”
 - = foundation of the mutual movement in Belgium
 - Law of 1990: Law on sickness-funds as a “*sui generis*” society – not for profit company
- Today: 4.5 mio insured people / 9.5 mio inhabitants in Belgium



The origins and development of sickness funds in Belgium





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Solidarity beyond borders





The way to Europe: up to a higher and better social protection and a more performant healthcare

- *Institutional & legislative framework:*
- The European Treaty and national systems of healthcare: do they know each other ?
- The restricted role of the Treaty in healthcare matters
- Although the Court of Justice is watching the rules – the Case Kohll Decker – the case of love – people are moving the rules – social security systems / healthcare systems are not an untouchable island out of the influence of Community law.
- The infringement procedure against Belgium on the complementary insurance for hospital



The way to Europe: up to a higher and better social protection and a more performant healthcare

- *A perspective for the future :*
- Europeanisation in a way of convergence (not harmonisation/ no 13th ! system) coördinating systems & supporting, subsidiarity & convergence, modernising social protection.
 - Regulation 883/2004 (former 1408/71) the mobility of the citizenz/workers needs a regulating & legislative framework to bridge the gap between the national systems who are not able at their own to facilitate the mobility of the social insured people
 - Coördinationregulation: working in Belgium , living in the Netherlands (residency) – working in the Netherlands, living in Belgium
 - allocation rules, protecting rights in development (ex. pensions), exporting rights, administrative coöperation



The way to Europe: up to a higher and better social protection and a more performant healthcare

- *People are moving the framework !!!*
 - The migrant workers (historic reason), the border residents, the mobility of patients and people, consumers (ex. Milano shoppers), students, the euregions, ...
 - The regulation is restrictive, conservatif, defensif and not pro-actif. MCB-syndrom of the Member States !
 - I want the “best of both worlds” in a vision of convergence to a higher level, pro-actif, with respect to national schemes & competent bodies, but transparant across borders. Healthcare, legal & institutional contexts are historical and cultural influenced and legislative frameworks make sense.



The way to Europe: up to a higher and better social protection and a more performant healthcare

- The message is: (networks)...to play a pivotal role in bridging the gap between the legal, functional, technical requirements and the legacy health information systems at national and regional scale. (cfr. Handshaking on internet)
- How to explain: convergence in social protection by means of collaboration/partnerships & development of services for the citizens.
- Answers to the new social risks in modern formulas adjusted to the features of today and tomorrow: lack of public finances, lack of responsabilisation, the need of activating on several fronts. (institutional, citizens, politics) healthy ageing, activating people, ...”Ways of employability” as a new way of social inclusion.



The way to Europe: up to a higher and better social protection and a more performant healthcare

- The “drivers” of the europeanisation:
 - Migrant workers, mobility at the borders, pensionado's, centers of reference, medical science, internet, ...
 - Mobility of patients and professionals, HP's,... quality of care in European and international standards, education of HP's, healthcare online, international collaboration between hospitals & research institutes, international collaboration between health-insurances & health-services
 - e-Health towards a personalised and individualised healthcare and e-identity
 - Acute & chronic care, chronic is not actual in legislation, but will be...
 - All these developments are more fundamental than only juridical questions about European legislation.
 - Europe is growing bottum-up facilitating the need of the citizens.



The way to Europe: up to a higher and better social protection and a more performant healthcare

- The social agenda of Europe: some interesting topics:
 - Social inclusion & third sector
 - E- inclusion, e-Ten
 - Healthy ageing
 - Flexicurity
 - Pension debate
 - Gender problems
- Main competent EU-institutions in healthcare:
 - DG Social affairs: EESSI - Regulation 883
 - DG Infso: Netc@rds, epSOS, STORK
 - DG Sanco: Patientmobility Directive – result of the high level process



The way to Europe: up to a higher and better social protection and a more performant healthcare

- EU social protection & collaborating in upgrading social rights & developing social services. Cfr. Directive on patient rights & cross border mobility.
- Social organisations can better move to European rights than member states can, by collaborating and funding European societies & developing new services as answers to people's needs.
 - Collaborating in international partnerships, with respect to national schemes and competences
 - With a capacity of delivering services across borders in an interoperable way, exchange of services & expertise.
 - In a mutual and cooperative way (not for profit) of funding for the citizens.
 - Cfr. Collaboration between CM & CZ & AOK in a European perspective.



e-Health and service providing: point of view from Belgian Health Insurance Funds – an outstanding example of Europeanisation

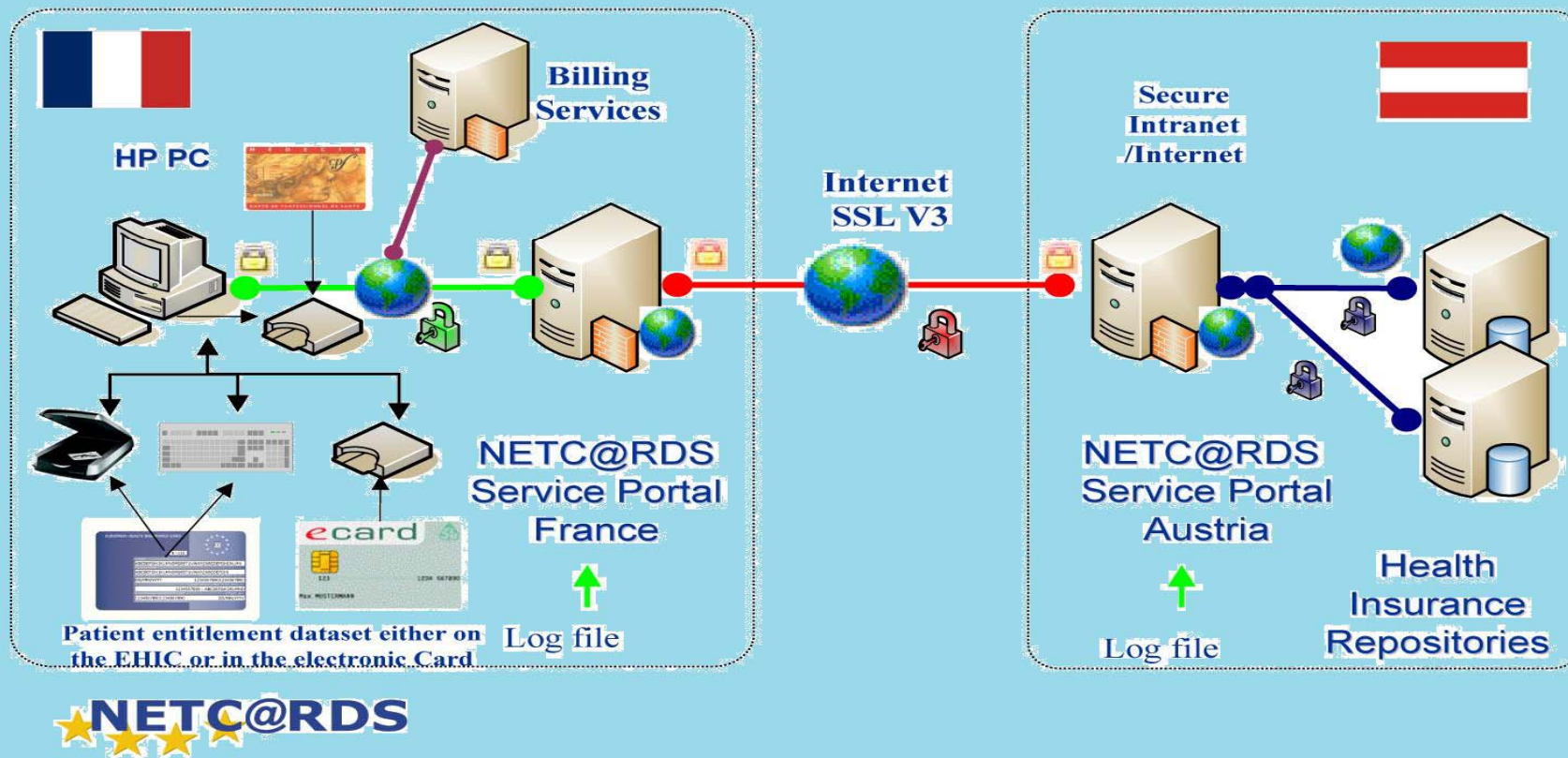
- Health insurance funds:
 - evolution towards service providers to patients/insured members and to hospitals and HP's: development of national e-health infrastructure (My) Carenet,/ e-Health platform open to hospitals and HP's
 - facilitators of health care across borders, esp. In border regions in a way of convergence (with respect of the national schemes/competent bodies and transparent across borders): urging the need of integrating/linking the national infrastructure to interoperable networks, ex. Carenet International, the Crossroads Bank for Social Security
- Need of “portal to portal” communication: cfr. VECOZO in the Netherlands, integrating or compatible for
 - EESSI communication in Healthcare = traffic in health care within the Regulation 883
 - Traffic in Healthcare outside the Regulation, i.e. the Directive Patientmobility within EU / outside EU
- Integrating the service at the point of care by means of web-services
 - In the hospital information system
 - In the healthinsurer information system
 - In the e-identification of the patient: cfr. Evolution of the SIS-card towards electronic identity in Belgium
- Integrating new facilities
 - E-insurance check
 - E-billing or preparation of the billing
 - E-autorisation of care possibilities
 - E-prescription
 - E-medical dossier



e-Health and service providing: point of view from Belgian Health Insurance

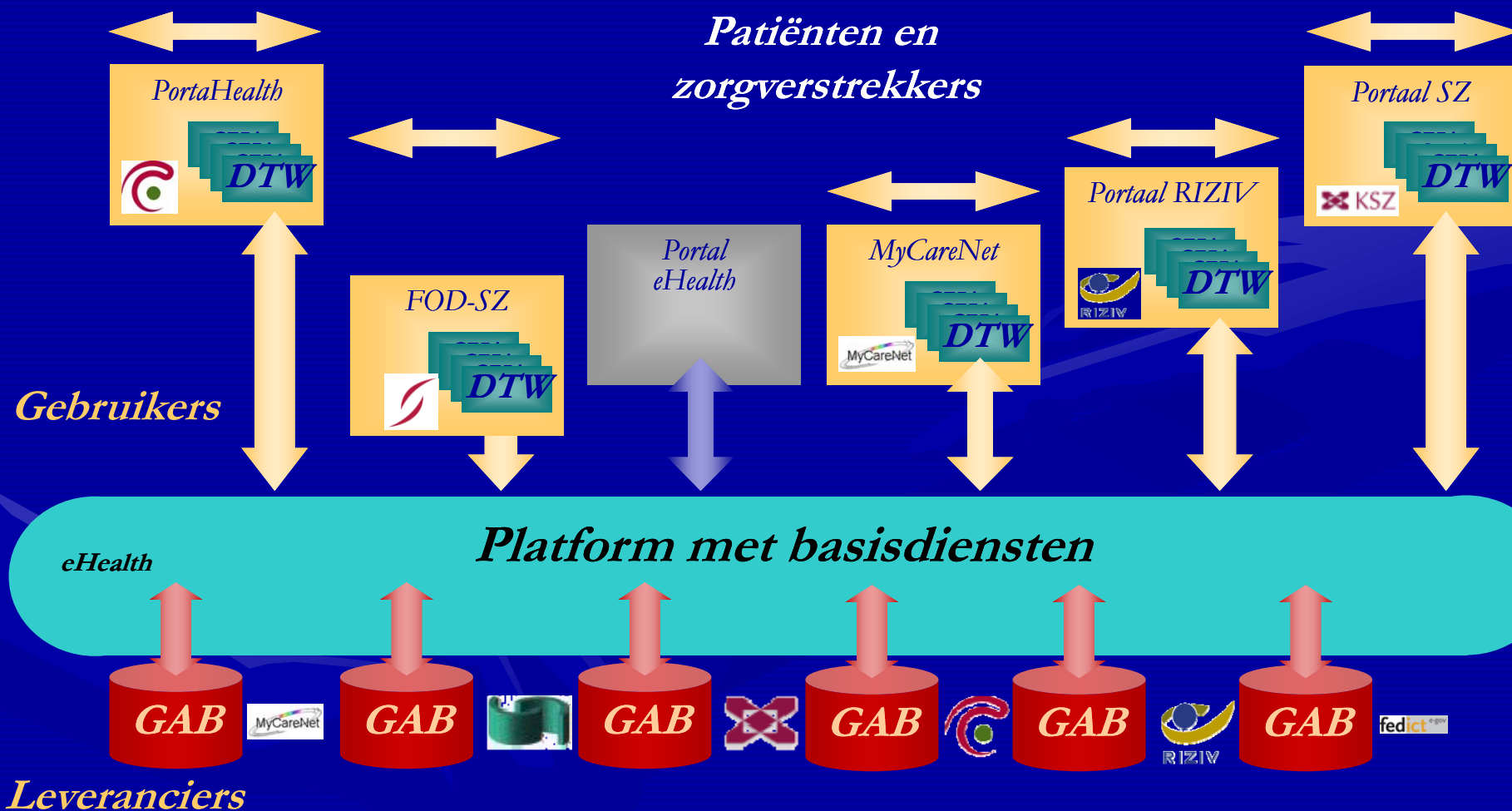


A template user case





eHealth-platform







Up to the future ...
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