

E.A.N.A.

Europäische Arbeitsgemeinschaft der Niedergelassenen Ärzte
European Working Group of Practitioners and Specialists in Free Practice
Groupement Européen Médecins En Pratique Libre

Minutes of the EANA Meeting

held from May 23-24, 2008 in Stockholm/Sweden

present:

President:	Dr. Pruckner
Vice-President	Dr. Zollner
Austria	Dr. Lohninger
Belgium	Dr. Lemye
Czech Republic	Dr. Tautermann
Germany	Dr. Zollner Dr. Bittmann Dr. Jäger Ms Leutloff-Simons
Greece	absent with excuse
Hungary	absent with excuse
Ireland	Dr. Lynch Dr. Richardson
Luxembourg	Dr. Schummer
Portugal	absent with excuse
Romania	Dr. Serban
Sweden	Dr. Bagenholm Dr. Hellberg Dr. Welander
Switzerland	Dr. Guisan
Slovakia	Dr. Pásztor
Recording secretary	Ms Ruppitsch
May 23, 2008	May 24, 2008
start: 9 a.m.	start: 9 a.m.
end: 5.30 p.m.	end: 1 p.m.

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Dr. Pruckner welcomes all, especially Dr. Serban, and opens the meeting.

1. Welcome address and introduction by Dr. Ewa Nilsson Bagenholm

The President of the Swedish Medical Association outlines the situation of doctors and of the professional representative organization in her country (see enclosure).

2. Comments on the minutes of the meeting held in Montreux from Nov. 30 – Dec. 1st, 2007

No comments, the verification of the minutes is unanimously accepted.

3. Approval of the agenda

As Dr. Wilkes presently is prevented by other obligations, there is no CPME report. The followings topics are included in the agenda:

Medical studies: conditions of entry

Cooperation between

doctors in Europe; forms of partnerships

4. President's report

Dr. Pruckner reports on:

CPME: France, Spain and Italy were absent at the last meetings, due to financial controversies. The issue of patient safety shall be incorporated into the e-health document

UEMS: produces duplicate papers

UEMO: restructuring and elections

EU Commission: EU Commissioner for health, Mr Kyprianou resigned

5. Treasurer's report

Dr. Lemy who reports on the balance of accounts: € 19.351,44 due to membership fees received in 2008 from:

Germany 2000

Austria 2000

Czech R. 1000

Lux. 2000

Portugal 1000

Belgium 2000

Switzerl. 2000

Total: 12 000

Payment of arrears: Hartmannbund 1000 (2007)

Overplus from 2007: 6351,44

Total €19351,44

The annual membership fees (2008) are still outstanding from: Slovakia, Ireland, Sweden, Hungary. Dr. Welander asks for electronic invoice transmission.

The financial situation has improved due to the fact that the FMH has assumed the costs of the meeting held in Montreux. Therefore, it has become possible to plan the EANA website project and the production of a brochure.

There is general agreement that it is worth considering external funding of EANA. This topic shall be on the agenda of the forthcoming meeting. For this purpose, a business plan shall be drafted.

6. PR measures, strategy for attracting new members

a) website

Dr. Pruckner presents the new website: www.eana.at

It follows a detailed discussion covering the following aspects:

- trilingual presentation is a basic requirement (German, English, French)

- website - welcome, archive, newsletter

- clear objectives

- resolutions

- pictures of meetings

- the website shall be renamed into www.eana.eu there are ongoing efforts to acquire this domain, as it has already been reserved

All organizations shall be notified and asked to have their website linked to the EANA website. At the forthcoming meeting, a report shall be presented on the number of website visits.

Dr. Pruckner makes the motion to install the EANA website, to assume the costs of € 945 (incl. taxes), as well as of € 90 (incl. taxes) per month, and to charge him and Mag. Zahrl with editorial affairs. They would decide on the content of the website.

Resolution: motion unanimously adopted

Dr. Pruckner will clarify the question of costs to be incurred by young PWG delegates who will be invited to the EANA meeting in Brussels. For this purpose, advertisements by insurances, banks, etc could be used in a testing period of one year.

Dr. Lynch stresses the importance of translation, in his opinion, “doctors in free practice” is not a correct translation.

Dr. Bittmann requests that the topic “self-employment, private doctors, family doctors” shall be put on the agenda of the forthcoming meeting.

b) folder

The folder shall serve as both reference and recommendation and shall be installed on the website as download.

The following amendments are planned:

- the address shall be rectified

- EU connection via picture of Brussels (EU Parliament)

- supplementation of the EANA logo

- “we care for you” shall be changed into “doctors in free practice caring for you”

- supplementary statement of members and of the account number

Dr. Lemy will do the translation into French, Ms Leutloff will do the one into German.

Dr. Welander confirms the absorption of costs of the first printing in English.

There is unanimous agreement that the website shall be installed first before producing the folder.

7. Short national reports,

in particular with regard to repercussions of prevention

Dr. Zollner takes the chair over this topic.

Germany

Dr. Bittman outlines the funding problem of the health care system and that a health fund shall be instituted. A new remuneration system has been promised to be introduced, however it seems unclear to doctors. Dissatisfaction among doctors increases. Many are ready to cancel their contracts with health insurance funds,

which leads to problems in manpower planning and of supply of doctors. The sustainability of the system is no longer guaranteed (completely new self-employment conditions, direct contracts, etc).

Slovakia

Power - point presentation by Dr. Pásztor (see enclosure).

Belgium

Dr. Lemye outlines prevention in his country, according to which every province has its own system. There is competition between prevention and curative medicine for financial reasons. Duplication of services in the field of emergency medicine: hospital or ambulance or general practitioner. There are efforts to make the emergency on-call system more professional by way of central distribution. As from July 2008, doctors will earn additional 2€ for seeing the patient in the evening. Economisation shall be improved by distinguishing chronic from dying patients.

Luxembourg

Dr. Schummer reports that euthanasia as patient right was first introduced in the Netherlands, then in Belgium and now in Luxembourg. Until today, no doctor has been accused of his medical assistance in this context. Doctors may seek the advice of an expert, the costs of which have to be assumed by the patient.

Switzerland

Dr. Guisan reports that the freedom of contract is an important issue, which, however, has not yet been regulated by law. After cancellation of the health insurance fund contract, a new contract may be negotiated.

Liberalisation in Switzerland: there is a decrease in social services and public funds have to go directly to insurances. According to him, prevention is chaotic in Switzerland, and many doctors do not perform any preventive services. Tobacco prizes have been increase in order to create a new prevention fund (20 million SFR).

Romania

According to Dr. Serban, doctors are remunerated from the hospital budget and GPs have contracts according to the number of their patients (patients have to assume the costs for services which are not covered by the State, and directly pay the doctor's fee). Self-employed doctors are only awarded contracts on condition that they furnish proof of 3 years practice in family medicine. There is no numerus clausus (restricted admission to university), but doctors emigrate due to their bad remuneration in Romania. There is a national prevention programme (funded by revenues from tobacco and alcohol).

Austria

According to Dr. Lohninger, it is planned that the results of preventive checks will be transmitted electronically in anonymised form to health insurance. No HPV vaccination programme has been introduced. There is a draft bill according to which, besides others, statutory (compulsory) insurance and the Medical Chamber's monopoly in negotiating contracts shall be abolished. This lead to an information campaign, protests and strikes in June 2008 while Austria was hosting the EURO.

Ireland

To Dr. Lynch's regret, the European Competition Law is used for evading negotiations with doctors. It is hard to understand how quality shall be produced without the required means. A general accident insurance is being developed. There are primary prevention and vaccination programmes.

Czech Republic

Dr. Tautermann's report has already been distributed. Self-employment seems to be the greatest problem. Health insurance funds, having saved 2 million k., are broke.

Sweden

In addition to his written report, Dr. Welander reports that 50% of doctors are under a national contract, that the age limit for retirement shall be abolished and that new regulations shall enter into force as per July 2008 regarding the taking over of practices.

New legal provisions have a positive impact on the situation of self-employed doctors.

8. Prevention

Dr. Jäger gives a power-point presentation on prevention in Germany (see enclosure) and reports that preventive check ups are covered and presents details about vaccination and screening.

It follows a detailed discussion on the question whether comprehensive prevention has any impact, for instance in lowering the sick leave figures, or in enhancing quality of life.

Dr. Bittmann fears that, in the future, cancer patients will be punished for not having averted their disease by preventive measures. According to politicians, due to improved prevention programmes, there will be no longer seriously ill patients which, according to Dr. Bittmann, is a total misapprehension. 50% of the revenue of gynaecologists for instance results from preventive services.

9. The medical liberal profession

The resolutions on this issue of 1980, 1991 and 1999 are enclosed.

10. Telemedicine

a) position paper

After an ample discussion, Dr. Pruckner makes the motion to adopt the resolution on this issue (see enclosure).

Resolution: motion unanimously adopted

b) e-health: costs-benefit ratio

According to Dr. Lohninger, the consent of the doctor and of the patient should be the precondition for using information included in the electronic health file. There are private companies establishing health files for money as long as the document has not been put into practice.

Dr. Hellberg, working with the electronic health file, does not see any improvements, due the load of information stored in the file.

Dr. Lynch stresses the importance of informed consent given by the patient.

Ms. Leutloff-Simons reads an article of the German Medical Journal (Deutsche Ärztezeitung) of May 21, 2008 about the planned Europe-wide cross-linking of health services. This three year project on cross-border linking of electronic health services shall be launched this summer. 12 countries, including Germany, participate in this project of the European Commission, under the leadership of Sweden. 31 companies will be represented and it is the objective of this project to make the respective national e-health infrastructures compatible, in order to make diagnoses and medication information of patients, but also electronic prescription available at European level. One aspect is the assumption that a growing number of patients will seek EU medical care in another EU country. Until now, the portion of health services provided abroad in general health care costs was below one percent. E-health applications: electronic health file, medication management, biomedical sensors, in public health (crisis and plague management). EU funding amounts to eight million Euro.

Dr. Schummer notes that in the US, patients spend much money for their health, in order to avoid that their data are registered. Furthermore he points out that the relationship of trust between the patient and the doctor is above all data!

11. Medical studies – conditions of entry; Numerus clausus (restricted admission to university, according school leaving grades)

Dr. Lemy raises the question whether countries face problems regarding admission to medical studies. In Belgium, such restriction was introduced in 1990 (after an oversupply of doctors in 80ies and 90ies). In 2000, only 20% successfully completed medical studies. As the present restrictive situation for admission to medical studies has proved a failure, a reform is under way.

Dr. Lohninger: in Austria, there is no shortage of doctors, 50% of self-employed doctors have no contract with a health insurance fund (i.e. patients directly pay the fee and may apply reimbursement of a percentage of the costs). Doctors are being “exported” mainly to the new Lander in Germany (350 in 2007).

According to Dr. Jäger, there was an oversupply of doctors in Germany ten years ago, today, however, many emigrated in countries such as Switzerland.

Dr. Guisan: in Switzerland, young doctors want to have regulated working times and do not want to be the slaves of their patients. This is why it is hard to find doctors who are willing to work in the rural area. There are entrance examinations for medical studies.

Dr. Lynch: in Ireland, there is a rising number of female doctors and there are four medical universities, the admission to which is regulated by entrance examinations. Manpower planning and demographic development show that 150 new doctors will be needed per year, which requires 200 – 300 university graduates.

Dr. Schummer: Luxembourg was divided into 17 sectors (from 4 to 30 doctors), regrouping was done in three sectors. Young colleagues are highly qualified and motivated, but they have a different approach to their profession, compared with former days.

Dr. Zollner: new organizational structures are needed, the state should not intervene in educational matters.

12. Cooperation between doctors in Europe; forms of partnerships

Dr. Lynch raises the question of forms of cooperation and partnerships of doctors in Europe. In Ireland, the national structure was transformed into a state-organised company. "What happens, if there is no profit? Do we treat patients or clients?"

Dr. Welander: the number of private doctors in rural areas of Sweden is insufficient. Clinics are acquired and resold, three huge companies intend to take over the entire out-patient care sector.

Dr. Jäger: in Germany, doctors have entered so-called cooperatives and liberal character of the profession has been maintained. Their establishment constitutes their old age provision, however, the shortage of doctors makes it nearly impossible for them to sell their practice to a doctor, i.e. they have to refer to private organizations.

Ms Leutloff-Simons: a regulation in France going back to the 60ies provides that in group practices, doctors have to hold 51% of shares and investors are restricted to 49%.

Dr. Lemye: there are no major investors in Belgium. In order to evade long waiting periods, many British and Dutch patients come to Belgium for receiving medical care. French and German patients come to Belgium, because medical care in the home

country is more expensive. In Germany, medical care establishments (“Medizinische Versorgungszentren”) may also be instituted by non-doctors.

Dr. Zollner: according to economic experts, investors rush into the market, because the health care sector is so badly organised.

Ms Leutloff-Simons: it is worth putting the issue of “new structures for the provision of out-patient care” on the agenda of the forthcoming meeting. In Germany, it is planned to privatise even University clinics.

Dr. Pruckner: What are the models of these new structures in the individual countries, also with regard to the new EU Directive which aims at fostering mergers and consolidation? New ideas are needed, in order to gain control.

Dr. Lynch: private investors have no interest in seriously ill patients, accident and emergency medical care, week-end duties. These demanding duties will remain with the self-employed doctor.

13. Miscellaneous

The next meeting will be held from 28 to 29 November in Hungary, most probably in Budapest.

The meeting of the European medical professional organisations will be held in Brussels from 11-13 June 2009.

The venue of the EANA autumn meeting of 2009 will be discussed at the forthcoming meeting.