European Health Insurance Card (EHIC): towards simplification for healthcare professionals

Marc Lange reviews the state of affairs of the deployment of the European Health Insurance Card (EHIC), launched early last year, and the progress to date with regards to its deployment and electronification

Since January 2006, the European Health Insurance Card (EHIC) has replaced the well known E111 form, as well as some other E forms, in all EU member states and Iceland, Lichtenstein, Norway and Switzerland.

This plastic card has been designed as a first step towards a full-blown electronic system where patients, healthcare professionals and social security institutions can communicate without paper in cross-border situations, in the same way as they would within countries. Additional steps are electronification of the card (eEHIC) and intensification of the cross-border electronic exchanges between social security institutions.

EHIC is in the pocket of the citizens

This first step, with eye-readable data, is already a success – by the end of 2006, EHIC was in the pocket of more than 150 million European citizens (a third of the total EU population). This success can be explained by the fact that, for citizens, EHIC is simple in comparison with E111 (there is no need to request it for each individual trip away with a longer validity period). Furthermore, the launch of EHIC has been advertised across all member states, and has raised awareness about citizen's rights when travelling abroad.

Some problems remain, however – such as acceptance by healthcare professionals and foreign patients confusing public hospitals and private practices with usable and nonusable EHIC.

Also, healthcare professionals can rightly claim that EHIC will not benefit them as they still need to copy the data from EHIC in order to register a patient in their administrative system.

Entitlement to care in another member state

According to regulation 1408/71, all persons insured under the legislation of a member state are entitled to healthcare during a temporary stay in another member state. The EHIC certifies this entitlement, of course, as long as the card is valid.

This validity is assessed on the sole basis of the expiry date printed on the card.[1] In other words, the reimbursement of the provided care is due by the member state of insurance, irrespective of the fact that the person is entitled or not. In case a valid EHIC is used by a person whom entitlement has ceased, the institution that issued the card is authorised to apply an appropriate sanction.[2]

Before the introduction of the EHIC, the extent of this entitlement varied according to the category of the insured person, some having access only to "immediately necessary" care (workers and the members of their family), others to "necessary" care (pensioners and the members of their family).

In parallel with the EHIC launch, the council adopted a regulation that aligns the entitlements of all different categories of insured persons.[3] As a result, as from 1 June 2004, all insured persons staying temporarily abroad are entitled, on the basis of their EHIC in the member state, to necessary healthcare,

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"taking into account the expected length of the stay".[4] "Necessary healthcare" is to be understood as the care a person needs during his/her stay abroad in order to prevent him/her from being forced to return home before the end of the planned duration of stay.

Electronic EHIC (eEHIC)

Several member states and regions have now deployed health insurance/social security cards (HISS). Some of them have already generated their second generation of cards. Through eEHIC, the objective they pursue is to integrate EHIC better with their cards: indeed, using eEHIC data instead of paper data will allow them to streamline the administrative procedures enforced in healthcare professionals' practices. For healthcare professionals, using an eEHIC would then not differ very much from using the cards they are used to.

However, such a motivation to deploy eEHIC may not exist in the member states that do not use HISS. Member states will therefore continue to provide the persons they insure with an EHIC. Hence, eEHIC will run in parallel with EHIC. Some of these member states, however, have deployed health professional cards (HPC). Their infrastructure could therefore be used for reading eEHIC issued by another member state.

eEHIC could constitute a platform for further use of cards, such as allowing automatic verification of entitlement of a patient insured abroad. Although this is not currently necessary, as the current EHIC has face value (ie, valid card means entitlement), such a verification process, which is not much different from what is currently done with a credit card, would allow member states to bilaterally agree on a faster interstate reimbursement procedure.

How is eEHIC likely to be?

The first question often raised is what the card will look like, as this is the object that one can touch. In fact, the decision lies on the member states, and one can expect to see different eEHIC in the future.

Physically speaking, some eEHICs already exist, although these are not useable electronically. Indeed, there are member states and regions that place an EHIC on the rear side of a social security/health insurance card, which is equipped with a microprocessor. Once the technical specifications are agreed upon at European level on the electronic data, these cards will be electronically updated. eEHIC could also be an EHIC with a chip.

Furthermore, we should not exclude the idea that, one day, eEHIC will take the form of an eID card, although this raises some questions still to be addressed. Similarly, why should we exclude the idea that, sooner or later, mobile telephones will become eEHIC compatible?

It has already been said that one key objective is to enable healthcare professionals to use an eEHIC in a similar way to the national or regional social security/health insurance cards they are used to. Hence, studies are undertaken in order to enable the card reader and communication infrastructure currently in place in healthcare professionals' premises to be reused after necessary adaptations.

Should eEHIC be used in online mode for accessing, from abroad, data and services located in the member state where the patient is insured, then a cross-border data exchange platform will be needed. Again, there is such a platform in preparation, called electronic exchange of social security information (EESSI), which will enable all public administrations to exchange electronically social security data on mobile citizens, such as tourists, workers, job seekers and their families.

When will this become a reality?

While a crystal ball is often needed to determine the end of a project of this level of complexity, one can already state that work is pretty much advanced already.

Several general principles have been agreed upon by the competent authority, and the complementary ones will follow. This authority is the Administrative Commission for Social Security for Migrant Workers (CASSTM) that is made up

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of official representatives of the member-state ministries in charge of social protection.

For technically supporting the work of the CASSTM, the European Commission has requested the European Committee for Normalisation (CEN) to launch a two-year workshop inventorying the possible standard solutions needed to implement the agreed principles. In the next step, the workshop will elaborate implementation profiles that will ensure technical choices are implemented in a consistent and interoperable manner across Europe. Results are expected by the end of 2008, and will be published in the beginning of 2009, once they have been reviewed and approved by CASSTM.

Similarly, the European Commission has conducted a feasibility study for EESSI, the cross-border communication platform. One can expect the deployment stage to be launched in the course of 2008. Finally, one should also not forget to mention the netc@rds project that was launched several years ago with the financial support of eTEN, a European programme. Netc@rds is successfully developing and testing a prototype for eEHIC, as well as some complementary services. You may have already heard about it. This project has been, and is still, a useful laboratory for the future official deployment of eEHIC. ■

This article reflects only the personal views of its author, and does not in any way reflect the views of the European Commission.
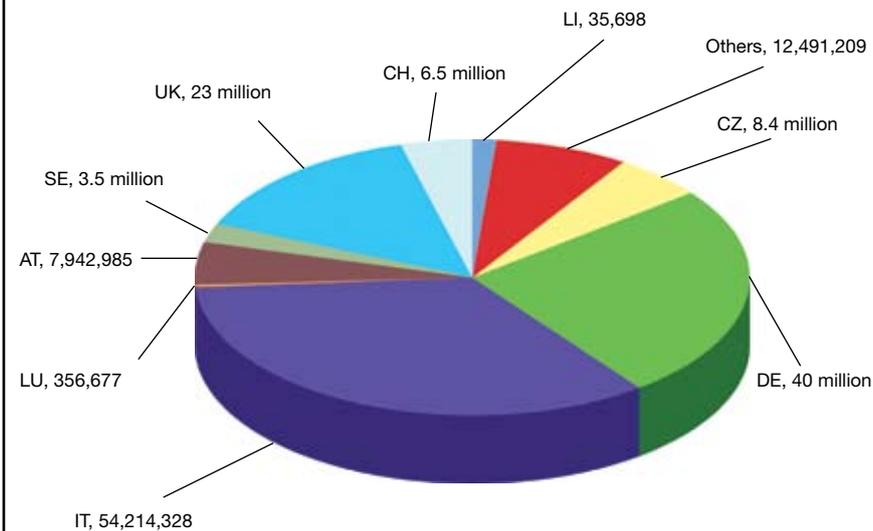
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Resources

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Figure 1. Total amount of EHIC

Issued by the member states that have issued an EHIC to more than 33% of the population (end 2006). *Source: Secretariat of the Technical Commission for Data Processing*

- LI, 35,698
- Others, 12,491,209
- CH, 6.5 million
- CZ, 8.4 million
- UK, 23 million
- SE, 3.5 million
- DE, 40 million
- AT, 7,942,985
- LU, 356,677
- IT, 54,214,328

Figure 2. Deployment of health insurance/social security (HISS) cards and health professional cards (HPC).

Source: Secretariat of the Technical Commission for Data Processing

- Countries where HISS cards have been deployed
- Countries in which a region has deployed HISS cards
- Countries in which HPC have been deployed only