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The European Commission published a study, produced by Matrix Insight, containing an analysis of the current situation with regard to mutual recognition of medical prescriptions in the EU. The study was commissioned by way of preparation for the implementation of Article 11 of Directive 2011/24/EU on the application of patients' rights in cross-border health care.

Health Reports for Mutual Recognition of Medical Prescriptions: State of Play



Executive Summary

This study has been carried out in the context of Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare (CBHC). The CBHC Directive stipulates that the European Commission shall adopt measures to facilitate the recognition of prescriptions issued in another Member State (Article 11). At the time of submission of this report, the European Commission was preparing an impact assessment with regards to these measures, designed to help implement Article 11. The results of this study were to inform specifically the baseline analysis underlying the status quo policy option (cf. 'Option 1 – "no policy change"' in associated Roadmap). More specifically, this study provides a scientifically valid baseline measurement of existing problems associated with the mutual recognition of medical prescriptions, including an estimation of the impact in terms of financial cost and patient harm.

Study Design

In addition to targeted evidence reviews and stakeholder interviews, the analysis was informed to a large extent by a **survey completed by nearly 1,000 dispensers across seven Member States** (Denmark, Germany, Greece, France, Netherlands, Poland, UK) sharing their views on dealing with foreign prescriptions across eight pathologies (Asthma, COPD, Depression, Diabetes, Epilepsy, Hypertension, Ischaemic Heart Disease, Osteoarthritis/Rheumatoid Arthritis).

The seven sampled Member States represent 56% of the EU population¹ and 53% of all prescriptions². The sampled pathologies account for 25% of the disease burden in men and 29% of the diseases burden in women³ across the WHO Europe A region and between 19% and 64% of all prescriptions in Denmark, the Netherlands, France, Germany and England.⁴

The research team made a conscious decision not to engage in any form of 'mystery shopping'. The concern was that pharmacists would be reluctant to engage with the research in such a way that could raise questions of professional liability. The research team thus opted to engage with pharmacists in their capacity as experts, asking them for their opinion on possible problems associated with the dispensing of prescriptions originating in another EU Member State.

Main Findings

An **estimated 2.33 million foreign prescriptions** are presented for dispensing across the EU annually. Our analysis suggests that **55% of these prescriptions are not dispensed immediately**.

Key challenges are verification of prescriber and prescription; possibly exacerbated by handwritten prescription, those presented in an unfamiliar language, or missing information.

The availability of (substitute) drugs has been mentioned as a problem less often.

In case of a problem prescription, patients may incur a short delay or medication gap as they obtain a new prescription from a local physician. Existing evidence suggests that although a short-term health effect following a medication gap cannot be ruled out for the majority of pathologies, the relative frequency of it is not clear and **the anticipated level of harm tends to be low**.

The major cost associated with a medication gap due to a delay in dispensing is thus the **cost of going to a local physician**. Assuming that for each of the 1.28 million delayed prescriptions a visit to a local physician is required (estimated at €34 per visit), **the associated costs amount to approximately € 43.6 million per year**.

http://ec.europa.eu/health/cross_border_care/docs/matrix_mutual_recognition_prescriptions_en.pdf