

CoR INTERREGIONAL GROUP ON HEALTH & WELL-BEING

Topic – “Healthcare in Cross-Border Regions”

Wednesday 26 June 8h00 – 9h00

Room JDE 51, European Committee of the Regions

Minutes

9.00 Welcome and introduction by the Chair, Birgitta Sacrédeus

The chair, Birgitta Sacrédeus, welcomed all the participants and introduced the topic of the meeting: “Healthcare in Cross-Border Regions”. Within the EU, border areas are home to 30% of the European population, 150 million citizens respectively. Furthermore, living in a border does not lend itself well to free movement of labour and services. This means that the healthcare systems of border regions are significantly affected.

1. Presentation of the EU Health Policy Platform Joint Statement on Healthcare in Border Regions

Ms Julia Winkler, Project Manager, Health and Social Fund of Lower Austria

Ms Winkler introduced the EU health policy platform Thematic Networks, collaborative networks that bring together different stakeholder organisations to produce holistic joint statements on health-related developments in the EU. Ms Winkler continued describing the Thematic Network on “Healthcare in cross-border Regions” and the related Joint Statement. Through those two, the aim of EUREGHA and the Healthacross initiative is to support the European Commission’s efforts to map crucial challenges in cross-border and regional cooperation in health care and to identify successful experiences, which could be scaled up. Ms Winkler stressed that while writing the Joint Statement it is being used a participatory approach and all stakeholders concerned with cross-border healthcare are welcome for ideas and comments. The crucial aim of the Joint Statement is to identify challenges and successful existing experiences to be scaled up. Moreover, five goals have been selected to reach this objective:

1. Acknowledge diversity and bottom-up initiatives and exchanging information;

2. Recognition of professional qualification and skills, as well as staff/student exchanges in the health care sector;
3. Innovative financing and payment mechanisms;
4. Coordination of health services and investments;
5. Strengthening National Contact Points, broadening the tasks on all directives and regulations related to cross-border health care, and strengthening awareness and building trust with citizens and between countries;
6. Supporting the European Cross Border Mechanism and its implementation in all the EU member countries; and
7. Better data management to serve as a basis for work in the future and to show health trends and the necessity and savings of cross-border collaboration.

Ms Winkler concluded saying that in September will take place a webinar to present the updated draft Joint Statement and in October the presentation of the official document at the Policy Platform annual meeting.

1. European Cross-Border Cooperation on Health: theory and practice

Mr Henri Lewalle from the Franco-Belgian health observatory

Mr Lewalle described the legal basis for cross-border healthcare in the European Union and mentioned Maastricht art129, in which member states are encouraged to cooperate across the borders. Mr Lewalle also mentioned the Directive on patients' rights in cross-border healthcare that, adopted in 2011, is an important stage in EU health policy. Indeed, the Directive ,beyond addressing the question of reimbursement of healthcare provided outside the patient's Member State of affiliation, provides a legal framework within which to organize structured cooperation between the Member States in a range of areas such as health technologies, creating referral networks or eHealth.

Mr Lewalle introduced then the case of cooperation between France and Belgium. Between 1992 and 2017, this cooperation was developed along three axes: healthcare cooperation, emergency medical care and medico-social cooperation. The successive Interreg programmes have provided heavyweight backing to cross-border cooperation on the Franco-Belgian border. Mr Lewalle stressed that the programmes Interreg have provided a lot of support and

technical assistance to the local partners to develop, embed and secure structured cooperation, in particular by encouraging inter-hospital agreements and defining a first cross-border health area. The first experiment was the Transcards project, whose aim was to provide solutions to healthcare access problems in an isolated area with a low population density, deserted by healthcare professionals and with only small hospital structures. Mr Lewalle explained that during the various Franco-Belgian healthcare cooperation initiatives launched between 1992 and 2002, on several occasions the national administrative authorities involved underlined the absence of the legal basis needed for validating proposed projects and agreements. Therefore, in 2005 “the 2005 Franco-Belgian framework agreement on healthcare cooperation” was signed by the French and Belgian health ministers on behalf of the two governments.

Mr Lewalle said that Between 2008 and 2015 seven ZOASTs (true regulatory arrangements for cross-border healthcare districts) were set up. Today they cover the whole Franco-Belgian border area and have become references for healthcare cooperation in the EU. Inside the ZOASTs patients have the right to receive all the care provided in the country they are visiting (outpatient, day hospitalization, conventional hospitalization etc.).

Mr Lewalle concluded mentioning the Communication from the Commission "Boosting Growth and Cohesion in EU Border Regions" that highlights ways in which the EU and its Member States can reduce the complexity, length and costs of cross-border interaction by proposing a set of actions to enhance the competitive and cohesive situation of border regions.

2. Network of Regional Hubs on cross-border health-care directive

Mrs Dorota Tomalak, Administrator, NAT Secretariat, CoR

Mrs Tomalak spoke about the Regional Hubs that the Committee of Regions has now launched, which have been put in place to get information from regions on how the implementation of the cross-border health-care directive is happening on the ground. The CoR is looking for concrete regions and implementations through different sub-thematic sessions which the third one will be dedicated to cross-border healthcare. She mentioned that 23 of 36 regions involved are border regions. From that, there will be a questionnaire for consultation developed over the summer, which new partners can be brought in to help with. In November, the questionnaires will be returned, translated, and analysed to create a

technical report. This report will then be looked at from a political perspective in an effort to marry technical and political work. Mrs Tomalak said the report should be ready by spring.

Q & A Session

Mr Hallman Goran spoke about an example of cooperation between Norway and Sweden, noting that it was very positive and could provide information on how to work on cross-border healthcare with a non-EU member state. Mr Lewalle made the point that France also works Switzerland and other states who aren't a part of the EU, as they are in the European economic area and hence have tools that can be used in healthcare.

Another participant asked if there were plans to have social partners in the attempts by the Committee of Regions. Mrs Tomalak responded that different points of views would be an added value, but that they are looking more for answers from local and regional governments. There was also a call on cross-border regions to create consultation bodies between employers, employees, experts, and other groups.

A participant asked Mr Lewalle a question about how reimbursement works. He explained that in France, patients have social security cards. A system of interoperability was created that allows a Belgian hospital to take a French card and put it into a card reader which is connected to the French network. This then registers that person in France as someone in a Belgian hospital, and the data is used to create a file automatically. The Belgian system then transfers to French regular treatment, which pays the bill.

Close of meeting

The participants were thanked for taking part in the meeting.

The next meeting of the CoR Interregional Group on Health and Well-being will take place on the 9th of October as a part of the European Week of Region and Cities on the topic "The SDGs for a Healthy Social Europe - time for partnership and innovation".

10.00 Close of Meeting