

EUREGHA HIGH LEVEL CONFERENCE 2017 **EXPLORING REGIONAL CROSS-BORDER COOPERATION IN HEALTH**

Current practices and future outlooks

Minutes

The EUREGHA High-level Annual Conference took place on 6 December 2017 in the premises of the Welsh Government EU Office in Brussels.

Welcome by Nick Batey, Chair of EUREGHA and Head of European & International Funding, Welsh Government, Wales

Nick Batey welcomed participants to the EUREGHA Annual Conference 2017, “*Exploring regional cross-border cooperation in health: Current practices and future outlooks*”. Mr Batey proceeded to present EUREGHA, the European Network for Regional and Local Health Authorities. EUREGHA aims at promoting collaboration in the field of health and is a key network for the establishment of successful partnerships between its members and relevant stakeholders.

Every year, EUREGHA organises a thematic conference on a topic of big importance for the member regions. The topic of today’s conference, cross-border cooperation in health, is one of the most important issues for the development of healthcare in Europe. To ensure innovation in all regions we need to cooperate across borders, between authorities, stakeholders and policymakers. The Directive on patients’ rights in cross-border healthcare has increased the travel of patients across borders. EUREGHA is a direct channel to access the daily impact of these policies.

Key-note speech by Lukas Mandl, Member of the European Parliament, Lower Austria

MEP Lukas Mandl (EPP/AU), gave an opening key note speech, emphasizing the importance of building relations between regions in the EU and the cooperation between regions in the field of health. Mr Mandl also addressed the importance of cohesion policy for the development of regions and highlighted a cross-border project between Lower Austria and the Czech Republic as an example of Lower Austria’s work towards increased accessibility to healthcare, treatment and emergency care in border regions. Now, ambulance cars are crossing the borders to help the people in need as fast as possible. Before, ambulances remained on one side of the border to the disadvantage of citizens. Building bridges and removing barriers between regions and Member States matter in the daily lives of people, he concluded in his speech.

Regional cross-border cooperation and Interreg, Karen Vandeweghe, DG REGIO

The key note speech was followed by a presentation from Karen Vandeweghe, DG REGIO, about the opportunities for cooperation in health offered through the Interreg programmes. Each of the cross-border programme selects four investment priorities and health has been one of the main areas of collaboration together with connectivity and growth. Ms Vandeweghe introduced participants to the Commission Communication Boosting growth and cohesion in EU border regions, which includes a study on cross-border cooperation on health jointly produced by DG SANTE and DG REGIO. She stressed that, despite 25 years of Interreg funding, regions still face many cross-border related challenges. Studies have shown that cross-border areas, (approx. 40% of EU territory) have less access to public services and are less economically

developed in comparison to other regions. In these remote areas, some patients have to travel to neighbouring countries to access healthcare. Factors such as different administrative, legal and financial systems, language barriers and not enough exchange of patient data are all issues that complicate cross-border healthcare, and these are some of the challenges we need to work together with to improve.

A research conducted from 2015-2017 started with a public consultation, to get a better understanding of where citizens experience the most obstacles in cross-border healthcare. During this two-year period, a stakeholder working group has also been collaborating to identify opportunities and challenges in cross-border healthcare. The findings of these actions are outlined in the Communication “Boosting growth and cohesion in EU border regions”. Findings include a list of the areas with the most obstacles in cross-border cooperation. Labour, social security, public transport and public services are some of those areas where cooperation across border needs to be enhanced. In order to set up an action plan to reduce and encourage a pooling of services, the Commission launched the Communication in cooperation with many DG:s.

Ms Vandeweghe continued by presenting the action points related to health in the action plan: 1) Create an online platform with relevant stakeholders to encourage exchange of good practices and discussions within the topic of cross-border healthcare. The online platform would also host a library with key documents for stakeholders in this field. 2) A call for projects between January and March 2018 will open, where regional and local authorities can cooperate on health-related issues. The requirements of these calls will be published in December 2017 and selected projects will start in June 2018. 3) The Commission will also encourage EU Member States to make better use of bilateral agreements, and to set up cooperation agreements to remove barriers for cross-border healthcare. 4) The fourth action point states that the Commission will promote eGovernance within the framework of the eGovernment Action Plan, to promote exchange of patient data and records, in order to improve healthcare for patients across borders. 5) The fifth important point addresses the need for more accessible and understandable information about cross-border healthcare. A central info point for patients could be an option. A conference focusing on highlighting best practices on cross-border healthcare projects will be conducted during the second half of 2018 in cooperation between DG SANTE and DG REGIO.

Ms Vandeweghe addressed H2020 as an opportunity for better cooperation to facilitate more research on cross-border data. An on-going study doing targeted analysis on cross-border services provision with 10 border regions involved are now being conducted. The result will be available in the end of 2017. These kinds of studies will be published on the online platform for wider dissemination.

Ms Vandeweghe concluded by introducing the joint study by DG SANTE and DG REGIO “ European Cross-border cooperation on Health: Theory and practice” conducted by Fabienne Leloup, Henri Lewalle, Raimondo Cavalier and Eric Delacosse, which provides an overview of EU legislation and case studies funded by Interreg on cross-border cooperation in Health.

Panel discussion: Exploring regional and local good practices and challenges

The following session was an interactive panel with EUREGHA member region representatives, sharing good practices and challenges in the field of cross-border cooperation in health in their regions. The panel participants were Kerstin Kittenberger and Judith Kramer representing Lower Austria (AU), Asha Verbraak and Laura Willems representing Limburg (NL), Tomasz Goździkiewicz and Valdemar Baranowskij representing Podlaskie (PL) and Karin Cormann, representing the German-speaking Community of Belgium (BE). The session was moderated by Mikaela Nordenfelt (EUREGHA).

Cooperation across borders in health is important for all European regions, but to find solutions for cross-border healthcare is especially important in border regions. Border regions have many citizens that cross the border daily. To provide the needed services, this demands a high level of cooperation between the border regions.

Lower Austria (AU)

Kerstin Kittenberger presented the region of Lower Austria, which has external borders to both the Czech Republic and Slovakia of 414 km. Ms Kittenberger introduced the project “Healthacross” which is a project aiming to improving health-related quality of life for people in border regions and at the same time produce positive economic effects. The main challenges identified in the development of this project were inequalities in access to healthcare services, inequalities in reachability of healthcare services and inequalities in medical service offer. The project lead to intensify the discussions on cooperation in healthcare and emergency care, primarily with the Czech border region. As a result of the project, today 4000 Czech patients have gained medical treatment on the Austrian side of the border. The challenges have been e.g. to remove barriers for emergency care services to travel across the border in case of emergency situations.

Judith Kramer presented the project “Zdravi”, in which Lower Austria and South Moravia have cooperated in hospital care since 2008. The project lies on two main pillars: Cooperation between hospitals and cooperation between emergency care centres. Ms Kramer stressed that future cooperation with Slovakia in the project “Bridges for birth” is also foreseen, which aims to facilitate a cooperation between Lower Austria and Bratislava where new-born babies with complications could go to Bratislava for treatment. Lower Austria representatives also addressed European networks as important platforms for cooperation, as well as bilateral cooperation with border regions.

Limburg (NL)

Laura Willems and Asha Vebraak from Limburg (NL), presented their project “Data in the EMR” which aims to collect EUregional health data to compare health status in the EMR (Euregion Maes – Rhine). The collected data provides insights in similarities, differences and opportunities within the EMR. Since 97 % of the border in the EMR is to foreign countries, cross-border collaboration is extremely important to the EMR as well as to always have an international dimension in their work, Ms Willems says. The challenges in the “Data in the EMR” project is that data is measured differently in the countries in the nearby regions and in the regions included in the EMR, which are the Netherlands, Germany and Belgium. Ms Willems also mentioned the project “Senior friendly communities” which aims to increase the sharing of best practices in the field of mental ill health among the elderly, specifically targeting loneliness, depression and dementia. The issue has been identified in all EMR regions as a pressing and growing issue. Limburg representatives stressed the importance of collecting regional health data in order to allow comparisons between regions and not only between Member States.

Podlaskie (PL)

Tomasz Goździkiewicz and Valdemar Baranowskij from Podlaskie region presented a project within the Poland-Belarus-Ukraine Cross-Border Cooperation Program 2007-2013, which aimed to develop a cooperation between medical facilities from a Polish-Belarusian borderland in treatment of acute psychiatric disorders. Podlaskie region borders to Lithuania and Belarus, where the Lithuanian border region is the most common cooperation partner with Podlaskie. Podlaskie and Lithuania have several implemented projects in the field of health, including hospital cooperation, language training and translated information in each

language about healthcare and hospitals across the border. One example of an already implemented project is “Healthy mother and Child”, a pilot cross-border health care program within Interreg, which aims to improve healthcare for mothers and children in the Polish-Lithuanian borderland. The main activities of the project were renovation of hospitals, purchase of necessary medical equipment and training sessions for staff. Mr Goździkiewicz raise the question of what happens after the project funding has ended, and the importance to ensure that activities and cooperation continue.

German-speaking Community of Belgium (BE)

Karin Cormann presented the region of the German-speaking Community in Belgium, which has 77 000 inhabitants and borders to Germany. The region has cooperated with Germany in various health issues for 10 years and has developed an important cooperation with the University Hospital of Aachen, which is situated very close to the Belgian border. Most of the German-speaking people go to Germany not only for specialized care, but also for higher quality care, cheaper and more accessible care. Karin Cormann stressed that the Interreg projects in the region have been a big facilitator in cross-border cooperation in health between the border regions. One challenge patients face in cross-border healthcare in their region is that doctors cannot prescribe drugs from Germany, unless they know whether the drug is reimbursed in Belgium. This causes confusion both for patients and doctors. Another challenge is that patients need to provide health insurance documents both to Belgium and Germany. Ms Cormann stressed that a “ZOAST” (“Zones organisées d’accès aux soins transfrontaliers”, which means organised areas of access to cross-border healthcare) with Germany would be a possible solution for the region, since the inhabitants in the region does not speak French or Dutch well enough. Ms Cormann also stressed that EU legislation does not always cover the problem, and that the Directive on patients’ rights in cross-border healthcare jeopardized the already existing methods and cooperation that existed before the Directive.

EU legislation and actions in the area of cross-border healthcare, Balázs Lengyel, DG SANTE

Mr Balázs Lengyel, DG SANTE, presented an overview of the Directive 2011/24/EU on patients’ rights in cross-border healthcare and Commission actions and activities to promote cross-border cooperation in health. The cooperation between Member States on cross-border healthcare is currently much focused on the European Reference Networks (ERN), cooperation on eHealth and Health Technology Assessment (HTA). Regional cross-border cooperation on the other hand exist in various forms and in different areas, e.g. knowledge sharing, on patients’ mobility, between health professionals and in health services. Mr Lengyel introduced the EU legal framework on the topic of cross-border healthcare which are the Directive 2011/24/EU on patients’ rights in cross-border healthcare and regulation 883/2004 on coordination of social security schemes. The Commission is also focusing on encouraging cooperation between Member States to improve complementarity of their health systems in border regions. Mr Lengyel informed about a strategic event that will take place in 2018 to highlight good practices of cross-border collaboration. He also stressed that a mapping on cross-border cooperation in health will be conducted by the Commission in near future.

Study: “European Cross-border Cooperation on Health: Theory and Practice”, Professor Fabienne Leloup, University of Louvain, co-author

The study [“Cross-border cooperation on Health: Theory and practice”](#) was introduced by Fabienne Leloup, professor at the University of Louvain in Belgium and also co-author to the study together with Henri Lewalle, Eric Delecosse and Raimondo Cavalier. The study was conducted on behalf of the European Commission, DG SANTE and DG REGIO. Ms Leloup presented the seven case studies displayed in study which consist of examples of successful cross-border cooperation in healthcare in border regions.

The seven studies presented were:

- 1) TRISAN, a tri-national cross-border centre to boost coordination and cross-border healthcare cooperation between France, Germany and Switzerland.
- 2) INTERSYC, coordination of activities to improve prevention, protection and health for children and families in Greece and Bulgaria.
- 3) Putting Patients, Clients and Families First, a project to improve health and social care for people at the UK/Irish border.
- 4) TELEMEDICINE EUROREGION POMERANIA, a project to boost information, diagnosis and therapy for certain diseases by telemedicine in France and Germany.
- 5) The Inter-Hospital Cardiology Partnership Project, cross-border cooperation between cardiology units in France and Germany.
- 6) iZOM, a collaboration project between Belgium, Germany and the Netherlands to facilitate patient mobility.
- 7) The CB hospital in Cerdanya, a construction and cross-border management of a hospital including French and Spanish staff and patients.

Professor Leloup explained some key ingredients for cross-border healthcare including: external and internal communication, constant comparison of rules and protocols at multiple levels, time for comparing administrative and legal systems and flexibility.

Panel discussion: Future of cooperation in health

The conference was concluded by a second panel including European health networks, aiming to explore the future of cooperation in health, emphasizing that networks can be seen as complimentary, rather than competing with each other. The panel moderator was Nick Batey, EUREGHA chair. The panel participants were Elisabeth Bengtsson, Regions for Health Network – WHO, Ana M. Carriazo, RSCN – EIP on AHA, Lucie Durocher, ERRIN, and Toni Dedeu, EUREGHA. All the networks represented has unique elements to offer to its members, which makes them equally important in the work for better health in Europe. Toni Dedeu, EUREGHA gave the concluding remarks from the panel: *“We should all dance together”*.

The EUREGHA Annual Conference covered many important aspects of cross-border cooperation in health, giving a diversity of perspectives on regional cooperation across borders as well as good practices to be shared between border regions.

Some conclusions from the conference:

- Differences in legal and administrative systems, language barriers and limited exchange of patient data are some of the most pressing obstacles in cross-border healthcare.
- Important factors to remove barriers for cross-border healthcare on EU-level is to promote harmonization of legal, financial and administrative systems between Member States, promote eGovernance in the framework of the eGovernment Action Plan (2016-2020) and to promote bilateral cooperation agreements between border regions.
- The sharing of good practices and mutual learning in the prevention and management of chronic diseases is essential. The issue is not about just duplicating work, but to take home relevant aspects and lessons learned and contextualize it to the own framework.
- Solutions cannot be found solely in EU legislation and regulation. The support of the European territorial cohesion policy and Interreg programmes are important elements in encouraging cross-border projects.

- Awareness-raising activities and dissemination of good practices and results have a key role in promoting collaboration in health across borders.

To access the conference presentations and the good practices presented by EUREGHA member regions on the conference, please refer to the [website article](#).