THEMATIC NETWORK

HEALTHCARE IN CROSS-BORDER REGIONS

Joint Statement – 1st Draft
Brussels, 23th of April 2019

1. **The Joint Statement Vision**

- Make health without borders a given for all in the not-too-distant future.

- Health should not stop at borders.

- Use health infrastructure jointly.

- The potential for savings: A functioning cross-border collaboration in health can use free capacities and save costs for health care systems.

- Remove obstacles and create more equality in accessing healthcare facilities.

- No medical tourism, but the possibility for EU citizen living in border regions to access quality health care services closest to home.

- Considering the time aspect in emergencies and situations, where medical care is necessary.

- And probably a missing piece towards an "ever closer union" is the unrestricted access to health services.

2. **Acknowledge diversity and bottom-up initiatives**

When speaking of cross-border healthcare one must be aware, that border regions offer incredible diversity and the realities of one border area will not match the realities in any other. Therefore, any recommendation made for the healthcare in cross-border regions must always be customized for the prevailing conditions. The diversity can be seen in various factors, such as geographical conditions, cultural differences, historic development and languages. In addition, no health systems

of an MS is organised like any other. Great variety of stakeholders and their miscellaneous importance (i.a. interest groups, regional and local authorities, social actors, health professionals, industry) as well as different habits of the user, the (potential) patient, shape the health sector and with it, any change under consideration.

It is therefore not feasible to find a "one-size-fits-all" solution. We rather stress the importance of <u>bottom-up initiatives</u>, which create tailor-made improvements in border regions that can, sometimes more sometimes less, be applied in other cross-border regions. Since cross-border initiatives are often initiated from civil society, interest groups, local industry or regional and local authorities we point out the importance of suitable funding opportunities.

We call to

- regional and local authorities, healthcare professionals and healthcare facilities to continue their innovative work in the field of cross-border healthcare in their area,

- keep on sharing the good-practices and experiences of the bottom-up initiatives,

- create suitable funding opportunities to enhance cross-border collaboration in healthcare.

3. Recognition of professional qualifications and skills

We call for a simple way of recognising professional qualifications and skills in the healthcare sector. The European driving licence, which is valid all around the EU, can thereby serve as a model.

We call to

- create the possibility for staff/student exchanges between healthcare facilities close to the border (e.g. medical, social and administrative personnel),

- facilitate recognition of professional qualification (e.g. formulate harmonised minimum training requirements for caring professions) and the related administrative burden,

- extend the list of professions for 'automatic recognition'.

4. Find innovative financing and payment mechanisms

The different organisation of healthcare systems in each Member State with diverse financing and payment mechanisms may hamper cross-border collaboration in health at first sight. Nevertheless, already existing cross-border projects in health demonstrate, that cooperation and financial coverage of activities is possible.

We call to

- analyse individual financing and payment mechanisms between MS with regards to cross-border healthcare and to upscale appropriate,

- find innovative solutions for financing and payment of cross-border healthcare services that can be applied in border regions (e.g. to overcome differences in salary).

5. Coordination of health services and investments

In the light of using health infrastructure and high-technology devices which are situated close to the border jointly, a detailed mapping of those is worth striving for on a European level. The mapping can be an important foundation for common planning, commissioning and management of health services (e.g. infrastructure, capacity) between MS and the starting point for cross-border collaboration to use synergies and complementing existing realities. In this coordination process, we stress to recognize the trend of changing health needs of citizens and how healthcare is delivered. Since cross-border collaboration in health is seen rather new, it can easily comprise innovation in model of healthcare.

We call to

- introduce a detailed mapping of health infrastructure in the EU,

- start common coordinating of health services and investments.

Example of sharing health infrastructure –"Health Centre Gmünd" (outpatient treatment)

6. Strengthening National Contact Points

National Contact Points (NCPs) are nationally established institutions to provide guidance, practical information and assistance related to the Directive on Patients' right (2011/24/EU). They are operated and financed under the responsibility of each Member States and should be the essential link between civil society, interest groups, local industry and regional and local authorities to EU funding. Nevertheless, the formal task of the NCPs is limited to the Directive on Patients' right. To make the NCPs more effective and useful for cross-border cooperation they should also have a formal task in providing guidance, practical information and assistance on other EU Programmes related to cross-border healthcare like the Regulation 883/2004. Beside that NCPs are often unknown in MS and/or do not have the capacity to act as a service provider, ready to help. Especially for cross-border collaboration, their input is key for potential projects and activities and we stress the importance of understanding the circumstances of border regions.

We call to

- establish initiatives to build trust in National Contact Points,

- strengthen the awareness of NCPs,

- share best and worst practices (obviously, there are already best-practice examples and also ambitions from the EC to share them, but they are rather unknown to citizens),

- support and upscale working cross-border projects and activities in healthcare,

- to broaden the tasks of a NCP to all Directives and Regulations related to cross-border healthcare, like Regulation 883/2004.

7. Support ECBM (European Cross-Border Mechanism)

With great interest we follow the EC proposal for a regulation on a mechanism to resolve legal and administrative obstacles in a cross-border context, published on the 29th of May 2018, as part of a package of four legislative proposals establishing the framework for EU cohesion policy post 2020. The mechanism[1] would enable the application, in a given Member State and in relation to a common cross-border region, of the laws of a neighbouring Member State if the laws of the former are a legal obstacle to the delivery of a joint project. Such a mechanism, when applied between MS, would simplify cross-border collaboration many times over and would therefore overcome the problem of different legal frameworks.

We call to

- support the implementation of the ECBM in all MS.

Example: State treaty for rescue services between AT and CZ

Statement: Notruf NÖ

8. Value-Based healthcare

Evidence shows that the relationship between healthcare expenditure and health outcomes is not linear: the greater the expenditure, the lower the marginal improvement in health status. Therefore, a new approach is needed. Value is defined as a function of outcomes and costs. To achieve high

[1] http://www.europarl.europa.eu/legislative-train/theme-new-boost-for-jobs-growth-and-investment/file-mff-mechanism-to-resolve-cross-border-obstacles

value, we must deliver the best possible outcomes in the most efficient way, outcomes which matter from the perspective of the individual receiving healthcare. To increase 'allocative value' it is necessary to transfer investment from budgets where there is low value or overuse to budgets where there is evidence of higher value or underuse.

Value-Based healthcare (VBHC) is also of great importance for border regions and cross-border cooperation. The biggest improvement in health status can be achieved in making sure people have a healthy or healthier life style. This also applies for border regions. In border regions there can be an interdependence of each other also in the (healthy) life style of their citizen. If for example in one region the policy concerning a healthier lifestyle changes this may have a great effect, positive or negative, on the neighbouring border region. So, budgets should be shifted also in order to be able to deal with these specific border situations which have a great impact on the regional health status of citizens.

We call to

- support the shift towards Value-Based healthcare,

- share best practices on Value-Based healthcare in border regions towards other border area's.

- Example: euPrevent / (I think also) Pomurje region, Slovenia

9. Data Management

(Data is albeit already included in most of the previous points.)

Data collection and sharing can show necessity and savings of cross-border collaboration. Need to have access to different regional data and to develop comparable indicators (eg. Overweight, life expectancy, smoking, alcohol consumption, medication abuse).

Interoperability for smooth and secure sharing of data. Need for development of eHealth strategies at EU, National and regional level to ensure interoperability. While the uptake of digital technologies is growing rapidly, the deployment of interoperable digital solutions across Europe is slow. The risk is a fragmented scenario, which, especially in border areas would undermine on the long-run the (eu-)regional cooperation. While ensuring that EU citizens have secured access to their data, the European Commission needs to support Member States and regions in the development and implementation measures to monitor the cross-border interoperability of European Health Record systems.

Acquire health data to show health trends in regions for policy planning. Ensuring that both the European and regional dimension of data is taking into consideration when developing cross-

sectoral policies (eg. health, environmental and social policies) in Europe. The development of a European regional database could help this exercise. Moreover, the information gathered could support, for instance, the policy development within the framework of the European territorial cooperation, eg. INTERREG programmes, thus responding to pre-conditionality requirements of ESIF.

Support the shift towards Value-Based healthcare Digital health and data management should support the shift towards VBHC through IT platforms with six essential elements:

- Patient-centredness

- Use of common data definition

- Encompass all types of patient data

- Medical record accessible to all parties involved

- Templates and expert systems for each medical condition

- System architecture easy to extract information

We call to

- support MS in their efforts to acquire or make existing health health data accessible in order to show health trends in regions for policy planning,

- share good practices on interoperability for smooth and secure sharing of data

Example: euPrevent