

## THEMATIC NETWORK

# HEALTHCARE IN CROSS-BORDER REGIONS

Joint Statement – Provisional 2nd Draft  
St. Pölten, 24th of June 2019

The European Union covers over 4 million km<sup>2</sup> and has 508 million<sup>1</sup> citizen. Together with the immediate neighbors from the EFTA Association, it counts 40 internal land borders among the 28 Member States. Border areas are home to 30% of the European population - 150 million citizens respectively<sup>2</sup>. Each EU country is unique, but united in diversity with the policies jointly applied, such as the free movement of people, goods, services and capital within the internal market. Healthcare is a national competence and MS finance, manage and organize their healthcare systems on their own. Nevertheless it is the role of the European Union to support cooperation among MS.

With this joint statement and thematic network, it is the aim of EUREGHA and the Healthacross initiative, 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. A participatory approach is used and all stakeholders concerned with cross-border healthcare are welcome for ideas and comments. Together, we want to speak with one voice, to improve the health and well-being of citizen living in border regions.

### 1. The Joint Statement Vision

- Make healthcare without borders a given for all in the EU in the not-too-distant future.
- Enable EU citizen living in border regions to access quality healthcare services closest to home, even if across national boundaries.
- Removing obstacles and create more equity in accessing healthcare facilities in all European territories.
- Positive economic effects through a functioning cross-border collaboration in healthcare
- Allowing health not to stop at internal borders - a missing link towards an "ever closer union"

---

<sup>1</sup> See: [https://europa.eu/european-union/about-eu/figures/living\\_en](https://europa.eu/european-union/about-eu/figures/living_en)

<sup>2</sup> See: [https://ec.europa.eu/regional\\_policy/sources/docoffic/2014/boosting\\_growth/com\\_boosting\\_borders.pdf](https://ec.europa.eu/regional_policy/sources/docoffic/2014/boosting_growth/com_boosting_borders.pdf)

This Joint Statement is not about medical tourism, this is not about harmonisation of the Member States' health system but this is for access quality healthcare closest to home in border regions.

## 2. Acknowledge diversity and bottom-up initiatives

### For healthcare in cross-border regions we call to:

- create suitable funding opportunities within the new funding period to strengthen cross-border collaboration in healthcare (*\*to be further developed*)
- continue innovative work in European regions to find suitable solutions for cross-border healthcare
- keep on sharing good-practices, bottom-up initiatives and experiences to allow learning from each other

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 in any MS is organised like in any other one. A great variety of stakeholders and their miscellaneous importance (i.a. interest groups, regional and local authorities, social actors, health professionals, industry, insurance companies) 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 bottom-up initiatives, 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 by civil society, interest groups, local industry or regional and local authorities we point out the importance of suitable funding opportunities, to realize innovative ideas. Therefore, to strengthen cohesion and cooperation in border regions, we want health to become a priority in the new programming period 2021-2027.

### 3. Recognition of professional qualifications and skills

#### For healthcare in cross-border regions we call to:

- ensure that all Member States fully respect EU rules on the recognition of professional qualifications
- further strengthen Directive 2013/55/EU on the recognition of professional qualifications in extending the list of professions for 'automatic recognition'
- properly implement the European professional card
- provide financial support for the digital conversion to allow a secure and fast communication between regulating authorities
- facilitate the possibilities to absolve parts of the training of health professions in healthcare facilities across the border (staff/student exchanges)

We call for a simple and swift way of recognising professional qualifications and skills for all professions in the healthcare sector. Under Directive 2013/55/EU there is already a modern system in place to regulate the recognition of professional qualifications across the EU. There are professions where automatic recognition is possible, such as for nurses, doctors, pharmacists or architects. Another extensive list of professions can be recognized in other EU Member States but need further application. For five professions (i. e. general care nurses, physiotherapists, pharmacists), the European professional card (EPC) was introduced in 2016 to digitally and directly communicate with the relevant regulating authorities in a secure way.

Nevertheless, this progressive Directive 2013/55/EU has not been fully implement by most Member States (In March 2019, the European Commission took further steps in infringement procedures against 26 Member States to ensure implementation of EU rules on the recognition of professional qualifications). We encourage the Commission and MS to fully implement this directive, to look at the non-extensive list of professions, especially with a focus on health professions, and to extend it where appropriate. A full implementation of the European professional card with related digital conversion is also desirable. Especially the profession of health assistance<sup>3</sup>, a broad occupational group with varying competences, qualification, training and professional title across EU Member States, is rather unregulated and incomparable at this stage.

---

<sup>3</sup> Willemijn Schäfer, Marieke Kroezen, Johan Hansen, Walter Sermeus, Zoltan Aszalos & Ronald Batenburg (2016); *Core Competences of Healthcare Assistants in Europe (CC4HCA)*, see [https://ec.europa.eu/health/sites/health/files/workforce/docs/2018\\_corecompetences\\_healthcareassistants\\_en.pdf](https://ec.europa.eu/health/sites/health/files/workforce/docs/2018_corecompetences_healthcareassistants_en.pdf)

A simple and swift way of recognising professional qualifications and skills would pave the way for health professionals living in border regions to work across the border and simultaneously close to home. With the right approach, rural exodus can in the best case be decelerated and/or partly prevented. Moreover, the possibility for jointly used health infrastructure in border regions can be created, which would - at the present moment - have a too small pool for qualified staff available.

#### 4. Find innovative financing and payment mechanisms

##### For healthcare in cross-border regions we call to:

- map and analyse individual financing and payment mechanisms between MS when citizens access healthcare across the border
- 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)
- support dialogue and cooperation among social insurers

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 binational or even tri-national cooperation and financial coverage of health services and activities is possible in a European framework – e.g. the cross-border hospital in Cerdanya (ES-FR), under the framework of a European Grouping of Territorial Cooperation (EGTC).

*In the INTERREG project “Healthacross for future” between Lower-Austria and Czechia a study will be carried out, to find a possible solution for the exchange of medical services alongside the border. The fundamental idea is that the money does not follow the performance, but that different medical services with an equal total amount of health care spending will be exchanged. The basket for health care services that can be exchanged will be limited in the beginning.*

## 5. Coordination of health services and investments

### For healthcare in cross-border regions we call to:

- introduce a detailed mapping of healthcare infrastructure in the EU
- start joint coordination of health services and investments
- design a prototype of potential shared facilities, services and care

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 complement existing realities. Future planning should therefore be “cross-border” and include the population and health needs of both neighbouring countries.

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 healthcare is seen rather new, it can easily comprise innovation in healthcare models.

xxx

*In May 2019, the first cut of the spade was made in the city of Gmünd between Lower Austria (AT) and South Bohemia (CZ) for an outpatient treatment centre, that in the future will be accessible for both Austrian and Czechian patients to receive ambulatory treatments. Health services will be covered by social health insurances from both countries.*

## 6. Strengthening National Contact Points, Focal points and information dissemination for cross-border healthcare

### For healthcare in cross-border regions we call to:

We call to

- strengthen the awareness and visibility of NCPs
- establish initiatives to build trust through National Contact Points
- Facilitating visibility of best practices beyond borders (obviously, there are already good-practice examples and also ambitions from the EC to share them, but the tools are rather unknown to citizens)

*euPrevent will deliver input on this point*

## 7. Support ECBM (European Cross-Border Mechanism)

### For healthcare in cross-border regions we call to:

- support the adoption/negotiation of the ECBM on EU level

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<sup>4</sup> 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 would simplify cross-border collaboration enormously and would therefore overcome problems related to asymmetries and different legal frameworks.

---

<sup>4</sup> <http://www.europarl.europa.eu/legislative-train/theme-new-boost-for-jobs-growth-and-investment/file-mffmechanism-to-resolve-cross-border-obstacles>

## 8. Data Management

### For healthcare in cross-border regions we call to:

- support MS in their efforts to acquire or make existing 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

**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 crosssectoral 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-centeredness
- 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

Example: euPrevent

Endorsers





## **Conclusion**

Increasing political commitment

Health equity

Experience and expertise

Align and coordinate health care planning and work to reduce duplicate and inefficiencies

Sustainable financing

Primary health care

Data and digital health

In line with SDG

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