

Solutions for improving health care cooperation in border regions (EUREGIO II)

Minutes/Report

The kick off meeting for the project "Solutions for improving health care cooperation in border regions (EUREGIO II) took place in Maastricht on the 9th /10th of March 2009.

The project is funded by the European Commission (Grant Agreement No 2007118) under the Public Health Program for the period 1.12.2008 to 30.11.2011.

The aims of the kick of meeting were to introduce the members of the project group to each other, to learn about the (different) expectations, to develop a common understanding of the project and its aims, to prepare the work on the work packages, constitute working groups and agree the terms for communication and cooperation after the meeting.

The meeting was opened by the project leader Helmut Brand (Maastricht University). After an introduction concerning the project and the agenda for the kick off meeting six presentations addressed experiences with cross border issues and projects. They were followed by presentations of the work packages of the project by the respective work package leaders. Based on the presentations of the work packages, the working groups will establish themselves after the meeting and continue the work of time schedules and more detailed planning of action.

Health issues in cross border activities

Background

Health services, systems and policies are confronted with old and new challenges, e.g. linked with health threats, ethical questions, demographic change, technological developments and the effective and efficient utilization of resources. At the European level, health inequalities have become broader as a consequence of the enlargement of the European Union.

At the same time it is suggested to understand spending in health not necessarily as a burden but also as a possible investment for wealth, economic prosperity and employment.

Border regions are confronted with the more general as well as specific challenges.

As a consequence of European integration more and more people ask for health services outside of their countries. Health insurances and even national health services have begun to buy in health services from other countries. Health services providers are becoming interested in providing health services to patients from other countries in and outside of their own country.

In many border regions the population density as well as the economic activity is low. An adequate health infrastructure is missing or difficult to provide. Here and also in

prosperous border regions cross border cooperation can help to strengthen the quality of health services and the effective and efficient utilization of resources.

Health issues have been of interest in cross border activities for a long time now. They are an important field for action and the action taken is of high importance for European integration.

The EU Structural Funds offer new opportunities for investments in health, not only, but also for border regions.

EUREGIO, EUREGIO II and EUREGIO III

EUREGIO II is a predecessor of the project EUREGIO. EUREGIO (project leader: Landesinstitut für den öffentlichen Gesundheitsdienst Nordrhein-Westfalen, meanwhile renamed to Landesinstitut für Gesundheit und Arbeit Nordrhein-Westfalen) was targeted to identify health related cross border projects in Europe, to identify good practice and to provide criteria for good practice. The general objective of EUREGIO II (project leader: Maastricht University) is to stimulate and promote cross-border cooperation in health care in border regions by fostering the usability of various existing instruments and methods, e.g. EU Structural Funds (INTERREG), Health Technology Assessment and legal advice.

EUREGIO II (project leader: Maastricht University) is complementary to EUREGIO III (project leader: Health ClusterNET) which is directed to intraregional capacity building to support the utilization of EU Structural Funds for investments in health and health related projects as a part of strategies for regional development.

Some examples for cross border activities

The six presentations about experiences with cross border activities and the utilization with INTERREG funds gave an impressive overview about the diversity of challenges and opportunities.

At the border between Germany, the Netherlands and Belgium Euregios were established some time ago and respective political and administrative structures and multiple activities are comparatively well developed. The examples of the Euregio Rhein Maas (Feldhoff/Scheres/Schössler) and of the Euregio Rhein Waal (Thea Remers) deliver a long list of successful activities, even if some typical challenges are in place, e.g. funding and reimbursement of projects, language and other cultural differences, the barriers for cross border health services linked with legal and contractual regulations and quality assurance. It became also clear that cross border activities might be opposed for competitive reasons.

Similar challenges were mentioned for activities at the border between Ireland and Northern-Ireland (Bergin). Starting in 1992, the "Co-operation and Working Together" initiative is realizing projects tackling a broad range of issues concerning cross border health and social care. Structural and cultural organizational differences as well as health reforms in both jurisdictions have been mentioned as challenges. Further problems mentioned were demanding reporting requirements for EU funded projects, the implementation of effective evaluation mechanisms, the recruitment and retaining of right staff as well as the cross border mobility of professionals.

The presentation about Veneto Region (Motta) brought the challenges linked with tourism, immigration and long term residents into focus. In some local areas the

population numbers of the resident population is much lower than the number of people only staying temporarily, mostly in the season. The fluctuation of population numbers goes hand in hand with the challenges to adapt service capacities. A second aspect mentioned concerned the recruitment of nursing personnel in response to a lack of health professionals. Also taking place are activities to assure a certain standard of training in regions where health professional often come from in the moment are taking place.

Also in Bulgaria (Tchamov, Zhekov) and Romania (Daramus) a lot of cross border activities are taking place, not only in border regions. Beside the more general challenges of cross border activities, the emigration of health professionals has sometimes dramatic consequences for the supply of health services, raising the question to work out a normative regulatory framework for the free movement of labor and services. Such a regulatory framework should also address the information for the quantity, quality, accessibility and the impact of the cross-border medical services as well as liabilities and tort rights.

The work packages

WP 4: A Handbook for making effective use of the Structural Fund INTERREG

The work package will be mainly realised by Renate Burger und Martin Wieland (work package leader), Thea Remers (Euregion Rhein Waal) und Kai Michelsen (Maastricht University).

The work package leader recommended some changes of the outline of the work package in the Grant Agreement.

When the application for the project was written, there was a lack of information about the possibilities and regulations to use the Structural Fund INTERREG for health related projects in cross border activities. This was the background for the idea to fill the gap by the production of a handbook for the effective use of the Structural Fund INTERREG.

Meanwhile the situation has changed and the respective information about INTERREG regulation is available. Other challenges seem to be more important for the effective use of the funds. The relevant regulations of the Structural Fund INTERREG should be mentioned in the handbook, but the main focus should be a selection of criteria and indicators that identify models of good practice (including an analysis of reasons why projects failed) and the identification of barriers to effective cross-border-cooperation for the national and regional systems, like barriers for communications, differences in the regional operationalization of activities, problems to realize sustainability. Further problems like the transferability of projects as well as the time and effort to apply for a project (it takes sometimes years to prepare a project before financial support is provided) should also be mentioned.

Beside project actors, project evaluators and policy makers at the regional level the information should be targeted to inform EU-Policy makers.

It was discussed if the modification would change the character of the work package (= an amendment of the Grant Agreement would be necessary) or only of the handbook (=no amendment would be necessary). It was agreed that the modification could probably be seen as a modification of the handbook and that the content of the

handbook should be based on the analysis of the needs and expectations of the target audiences derived from a questionnaire and expert interviews.

Following the Grant Agreement, the development of the Handbook should have been accompanied by a participative approach and feedback loops. Therefore a “wikilike” approach was announced. This approach was criticized by the work package leaders for the reasons that the participation would probably be low and the quality of information and “knowledge” delivered could not be assured. Also it was seen as problematic to publish draft versions to a larger public and ask for comments. The work package leaders suggest selecting a sample of stakeholders to give a feedback to the last version of the handbook.

This question will be discussed with the project leader and the project coordinator. In the next weeks after the meeting it will also be discussed which issues the questionnaires and expert interviews should address and which target groups should be included.

WP 6: Legal aspects of data / information exchange as well as liability rights in cross border cooperation

The work on the work package will be mainly done by University Maastricht (work package leader) and a legal expert (not nominated yet).

The exchange of data/information (especially in eHealth) as well as liability / tort rights in the provision of cross-border health care services can and should be analysed from the patient and the professional perspective (Schulte in den Bäumen).

At the moment patients and professionals (decision makers) are suffering from legal uncertainty. The ambitious part is to set up regulations which are applicable to all MS in diverse regulatory fields. But in the discussion it was clarified that it will probably not be possible to develop and recommend respective regulations within the work package. The focus of the legal report on the effect of tort and data protection rights on cross-border health care will mainly address the current necessities and challenges for legal regulations. It might be a problem for the work package that just in the moment there is an ongoing process concerning patient’s rights in cross border healthcare and that as a consequence the situation might change. But maybe the process will be finished in the period of the project.

WP 5: Use of generic HTA in cross border regions¹

The work on the work package will be mainly done by Pascal Garrel and Gloria Lombardi (HOPE, work package leader), Heidrun Schössler (Gesundheitsamt Kreis Heinsberg) and a HTA expert (not nominated yet).

It was mentioned that clear definitions for HTA are needed to work on the work package (Lombardi). While it is announced in the Grant Agreement to conduct two “rapid HTAs” it is not clear yet if there should be “rapid”, “mini” or other kinds of HTAs. Given the definition of mini-HTA, it was concluded that it couldn’t be applied and that the term rapid-HTA points out that the two case studies have to be very specific, shouldn’t need too much time and have to focus on a simple issue.

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Currently the organisation of the work on the work packages raises some open questions:

- It is not clear with which partners the two HTAs should be realised and the HTAs should be tested. They have to be identified.
- It was planned to organise an expert workshop to choose issues for HTAs and discuss their operationalisation. But there is no budget for the organisation of the expert workshop in the Grant Agreement and maybe it would be of advantage to organise the workshop not in the beginning of the project but at a later point in time to discuss the guidelines for HTA in cross border regions (which are the central deliverable of the work package). Therefore, it was considered to organize a small, project intern expert meeting to choose the methodology and share experiences at the beginning of the period of the work package, while the expert workshop will be organized when the guidelines will be nearly completed.

It was decided to organise a small meeting with the WP 5 working group and HTA experts to discuss the organisation of the work package. It was recommended to choose a small case study and not a complex issue as a start up for the HTAs.

WP 2: Dissemination of results

The Association of European Border Regions (AEBR) is the work package leader for WP 2 (Guillermo-Ramirez). The Organisation offers many opportunities to disseminate information about the project, findings and deliverables to its members and other institutions and organisations being active in the field of regional policies in Europe. AEBR is also involved in organising own events and conferences and participates in European events and conferences where issues of relevance for the project can be set on the agenda and the project can be presented. AEBR has an active interest in providing information concerning health issues in cross border care to their members. The AEBR network can also be helpful in identifying and contacting people for surveys, interviews and other kinds of support.

WP 7: European conferences and networking

The leader for work package 7 is LIGA.NRW (Ward). It was the intention of the work package to support the production of print materials (flyer, handbook etc.) and the production of the project's webpage. But due to organisational changes the resources have become restricted and new opportunities to realise this have to be identified and discussed.

Beyond others it will be checked if the webpages of EUREGIO, EUREGIO II and III could be linked and if the WHO Regional Office for Europe can provide a budget for the programming of the webpage. In addition, they will look into other possibilities to see whether WebPages of EUREGIO, EUREGIO II and III could be linked and if LIGA as a WHO Collaborating Centre could identify a budget for the programming of the webpage.

LIGA.NRW owns a license for the geo-demographic software InstantAtlas. The software might be a tool to support regional activities in cross border health issues by providing and linking statistical information, information about projects, contacts and information from publications (reports etc.).

WP 1 and 3: Coordination, evaluation

Work package leader for WP 1 is Maastricht University, for WP 3 Maastricht University and LIGA.NRW.

The main task for the coordination is to accompany and support the work on the different work packages and to organise the information flow between the work packages (Michelsen). The draft version for a partnership agreement will be send to the co-beneficiaries.

The internal evaluation will be based on questionnaires about the expectations and the satisfaction of the members of the EUREGIO II project group and short reports about the status of the project by the work package leaders. The materials will be used to inform the project group as well as external evaluators.

Following the Grant Agreement, the external evaluation should be done by three external evaluators. They should attend all meetings and be continuously informed about the course of the project.

It was recommended to change this approach and to follow the organisation of the external evaluation of the project EUREGIO III: After the first year external evaluators will be recruited to conduct the evaluation for the interim and the final report. The budgets for travelling costs for external evaluators could maybe be used to pay the external evaluation.

The findings of the internal and external evaluation will be published in an interim and final evaluation report.

EAHC perspectives and financial controlling

From the perspective of the EAHC (Dargent) it is important that the deliverables mentioned in the Grant Agreement are delivered and that relevant modifications are laid down in an amendment to the Grant Agreement before the respective action is taken. Further the dissemination of findings and deliverables of the project and the sustainability of impacts should be assured as best as possible during the course of the project. It was mentioned that changes of the Grant Agreement are possible. They should be communicated with EAHC as early as possible and Amendments to the Grant Agreement might be necessary. The communication between the project group and the EAHC should be done between the project coordinator and the EAHC.

For the financial controlling the co-beneficiaries are asked to send timetables and salary slips to Maastricht University every six month. For the reimbursement of travelling costs and subsistence allowances a template will be send around by Maastricht University.

Annex: List of attendants

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