



INTERREG 4 YOU!

Cross-border healthcare



in the Euregio Rhine-Waal
based in Kleve



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Euregio Rhine-Waal history

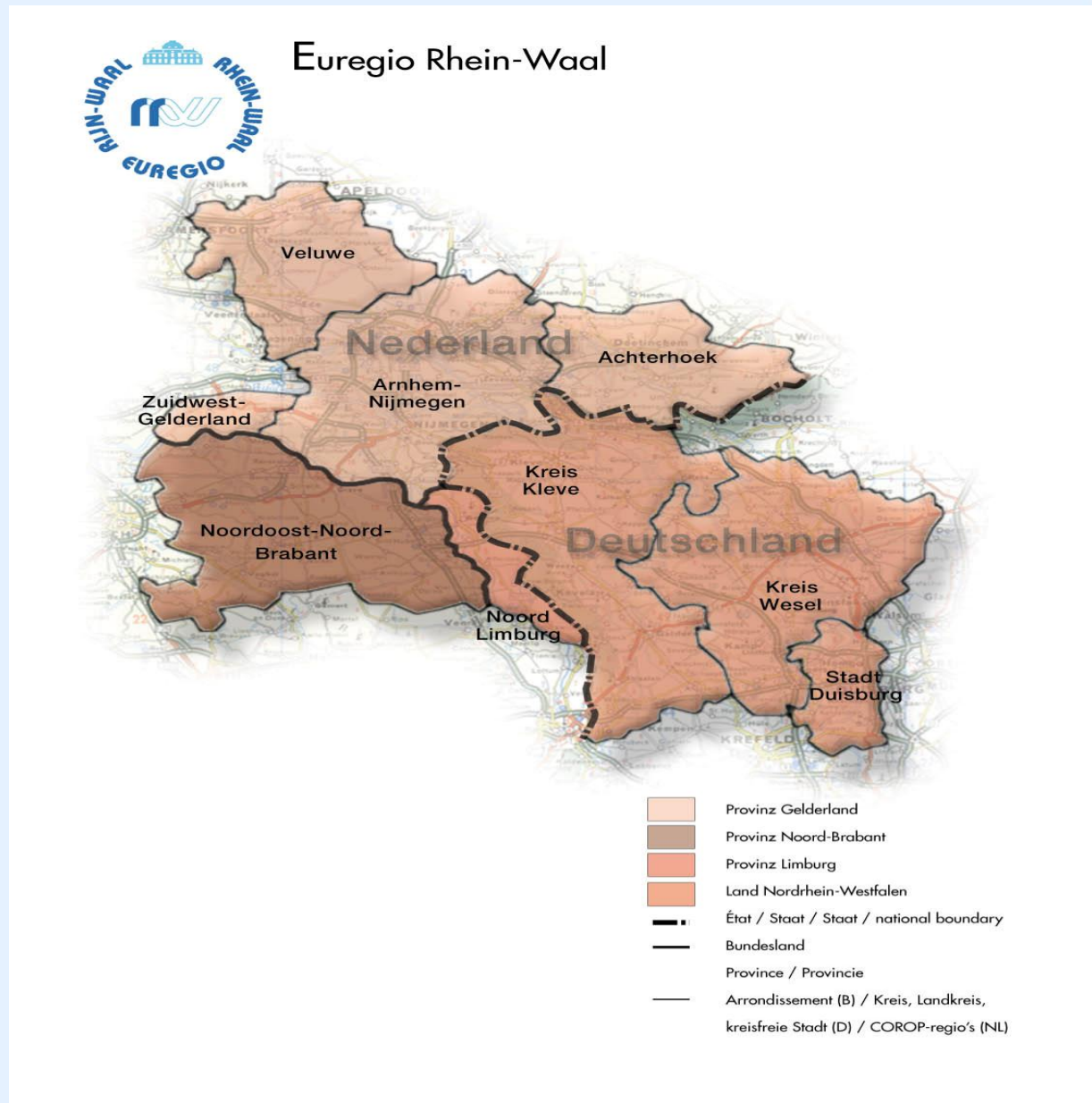
Founded in 1971

**First Euregio in Europe to be
granted the status of
Cross-border public body under
public law
(since 1993)**



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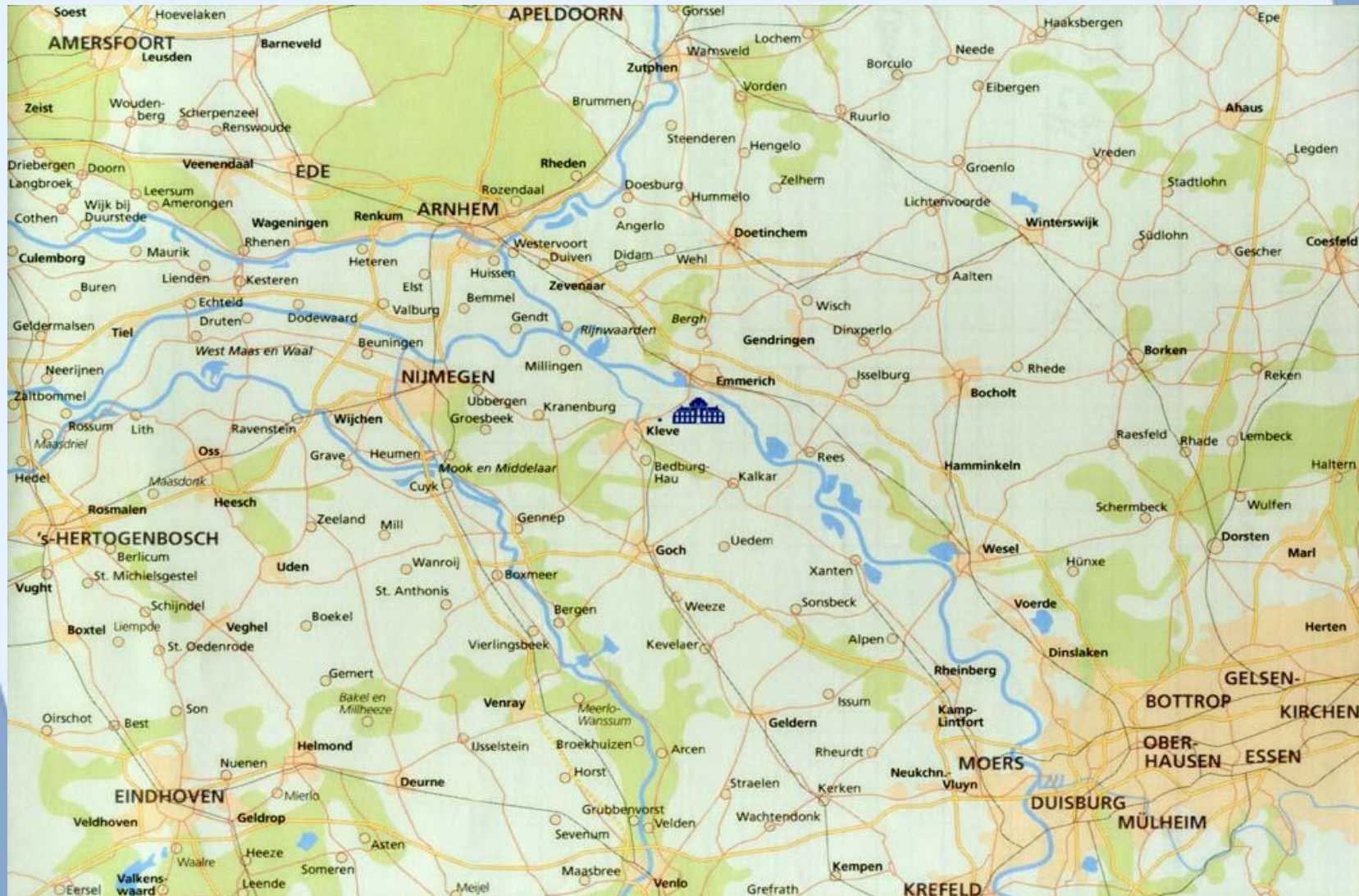
ERW





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the sphere of activities





Activities of the Euregio Rhine-Waal

- Cross-border consultation
- Information for citizens, businesses, official bodies
- Support for and organisation of one-off activities, events, conferences, presentations
- Development and implementation of multiyear EU-projects (INTERREG, EURES)



Special meaning of the border regions in the European agreement process

- the European everyday life is lived/experienced here
- needs on this side and beyond the border are developed here



primary needs of the patients

on the German side the desire for specific medical treatment in university hospitals in the Netherlands

on the Dutch side the desire for short term treatment of different diseases, for which there are long waiting lists in the Netherlands



Partners in the cross-border health care

AOK Rheinland, Düsseldorf

Apothekerkammer Nordrhein, Düsseldorf

Apothekerverband Nordrhein e.V., Düsseldorf

Ärztekammer Nordrhein, Düsseldorf

BKK Landesverband NRW, Essen

Canisius Wilhelmina Ziekenhuis, Nijmegen

CZ Aktief in gezondheid, Sittard

Elkerliek Ziekenhuis, Helmond

Evangelisches Krankenhaus Wesel GmbH, Wesel

IKK Nordrhein, Moers

Kassenärztliche Vereinigung Nordrhein, Düsseldorf

Klinikum Duisburg Wedau Kliniken, Duisburg



Further partners

Laurentius Ziekenhuis, Roermond

Maasziekenhuis, Boxmeer

Menzis, Enschede

Pro Homina – Wesel-Emmerich/Rees gGmbH

NMT, Nederl. Mij. tot bevordering der

Tandheelkunde, Nieuwegein

Paritätische Wohlfahrtsverband, Kleve

Rheinische Kliniken, Bedburg-Hau

Ziekenhuis Rijnstate, Arnhem

Slingeland Ziekenhuis, Doetinchem

St. Antonius Hospital, Kleve

St. Bernhard-Hospital Kamp-Lintfort GmbH, kamp-
Lintfort



Further partners

St.-Clemens-Hospital Geldern

St. Josef Krankenhaus GmbH, Moers

St. Maartenskliniek, Nijmegen

Stiftung Krankenhaus Bethanien für die Grafschaft
Moers, Moers

Universitair Medisch Centrum St Radboud Nijmegen

VGZ Zorgverzekeraar, Nijmegen

VdAK/AEV Düsseldorf

VieCuri Medisch Centrum voor Noord-Limburg, Venlo

Wilhelm-Anton Hospital, Goch

Zahnärztekammer Nordrhein, Düsseldorf

Zorgbelang Gelderland, Arnhem



Bases of the model projects

- Cooperation
 - common development and conversion
 - common responsibility
- coordination among several political actors
(social politics, Ministries, supervision)
- mutuality, if realizable - in the same region



Example projects

1. Patient treatment without borders

- Specific medical treatment of German patients in the university clinic (UMC St Raboud) in Nijmegen

2. „Zorg op Maat“

- cross-border basis supply within the specialized medical range, begun with the eye medicine,
- opening of all fields of activity in North-Rhine/Westphalia and the Netherlands intended
- Co-operation in further training for physicians

4. cross-border use of rescue helicopter





- 5. cross-border use of health care - an exchange of experience**
- 6. Euregional health portal**
- 7. Euregional coordination department for patient interests**
- 8. cross-border buying**
- 9. cross-border health support for breast cancer patients**



Problems in cooperation:

in the Netherlands:

- National health care system
- primary physician system (90% of the treatments with the family doctor, 10% transfers at specialist
 - patient is registered by a family doctor
- no free choice of a specialist and
- specialists are established at the hospitals



In Germany:

- the patient can decide which doctor to visit
- Specialists in private practices
- The results from fundamentally different health care systems:
 - extensive communication is necessary
 - not always sufficient motivation to work together cross border



Example of a project that not succeeded:

“Zorg op Maat”

the eye medicine as an initial position: in the Netherlands it is possible that you have to wait one year for a Cataract operation

Preparation:

- intensive preparation by the “Kassenärztliche Vereinigung“
- Produced an achievement profile of each optician

practice in the district of Kleve

- Partnership participation between opticians in the district of Kleve and family doctors in the Dutch border area

Result:

- No movement over the border



Which did we not consider ?

- No sufficient communication with the Dutch specialists in the hospitals (from there the project was torpedoed obviously for competitive reasons)
- Patient information in the media on the Dutch side only to a small extent
- Dutch policy increased financial support to pressure of the hospitals, thereby increasing the capacity



Goal of our work in the cross-border health care

to make the cross-border patient more flexible, to open treatment for the needs of the patients, and eliminate bureaucratic obstacles accordingly

The introduction of an international insurance card for all patients on this side of and beyond the border is already a great result



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Our desire

Europatient - Europhysician

