

**Solutions for Improving Health Care Cooperation
in Border Regions
(EUREGIO II)**

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Interim Report
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July 2010

Euregio II: Interim Report (July 2010)

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1.1 Title

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

1.2 Executive Summary

For many border regions patient mobility, cross-border services and other forms of cross-border cooperation are no marginal phenomena. With their share of the EU territory and of the EU population, the challenges of border regions are no marginal phenomenon for EU policies and the European integration.

Some regions started reacting early to the challenges of European integration and have now been collecting experiences for decades. Their activities are not only reactive: there are examples that opportunities for cross border cooperation have been used to develop more effective and efficient health services.

The experiences offer opportunities for the dissemination of ideas and knowledge and mutual learning among more and less experienced border. Further, border regions can be seen as practice laboratories for the processes and challenges of European integration. Their experiences can inform policy making at the European level through all stages of the policy cycle – assessment, policy formulation, implementation and evaluation.

Until recently information about such activities was missing. The EU funded project EUREGIO (2004-2007) identified health related cross-border projects, models of good practice and supporting as well as hindering factors for the successful realization of programs and projects. The successor project EUREGIO II, funded by the European Commission under the public health program and running from December 2008 to November 2011, concentrates on the developments of "Solutions for improving health care cooperation in border regions". The main deliverables are a handbook for health related cross border activities, a guideline for Health Technology Assessments supporting decision making in cross-border activities and reports regarding legal aspects like data protection, liability and tort rights.

It is planned that at least draft versions of the deliverables should be available at the end of 2010. The deliverables will be disseminated to organize feedback processes for the rest of the project period. For the project, it is very important to stimulate and motivate reactions, comments and other contributions – information, knowledge and case studies – which are to be integrated into the deliverables step by step until the end of the project. This process is important to

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get a broad picture of the different areas of the European Union. Taking geographical, socioeconomic, historical, political, social and cultural differences between border regions across Europe into account, is important to the development of recommendations, tools and other forms of “solutions for improving health care cooperation in border regions”.

Meanwhile all work packages – the work packages for the main deliverables as well as the work packages for coordination, evaluation, dissemination – are in place and running smoothly. There have been some delays, but the activities are still in line with the major timeframe. While there are no “real” deviations from the aims, objectives and methodologies specified in the Grant Agreement, personal changes, smaller changes and unexpected development within some of the work packages and a need for a slight redistribution of budgets have to be addressed in an Amendment. The changes have already been announced to the EAHC project officer and will be discussed in detail on the basis of this interim report to prepare the Amendment.

2.0 Introduction

2.1 Healthcare cooperation in border regions: No marginal phenomenon

Cross-border health and health service issues are relevant topics on the agenda of European integration. They accompany the development of the Single Market and the “four freedoms” (products, services, labor and capital). They are a response to health risks which cannot be handled by single Member States as well as an expression of the political will to realize citizen’s rights.

While being of high relevance, policy making at the European level in the health arena is quite controversial. The challenges associated with developing and implementing policies at the EU level are, for example, documented by the discussions and conflicts around the “Bolkestein directive” as well as the directive on patient’s right to cross-border healthcare. Major controversies are rooted in tensions between economic integration and anticipated threats for the healthcare provided to the population. The distribution of responsibilities between the European Union and the Member States, leaving the organization of health services with the Member States are a further source of political debate in this field.

While citizens normally prefer to be treated within or at least close to their social environment, they may have an interest in the right to access health services and be reimbursed, outside their home country. At the same time, Member States are afraid to lose control, not only over the organization of the welfare state with its systems of social security, but especially also over expenditures for health. The situation is similar for social health insurances. While regulations and tools differ, each Member State has developed measures to control and contain public expenditures for health within its own boundaries. Cross border mobility can be seen as a threat for cost containment. It has further to be taken into account that expenditures for health are in some cases direct income for healthcare providers. Countries have an economic interest in keeping provision of health care services within their own borders, as this benefits the economy in multiple ways and most especially through employment. While some service providers might see opportunities for additional revenues by cross border mobility, others might be interested in protecting “their” market from competition with service providers from other countries.

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In spite of strong political reactions and controversies, affairs like patient mobility and cross-border health services are - at both the EU level as a whole and among most Member States - currently not impressive when compared to the total amount of services and expenditures.¹ In this light, they would seem to be a somewhat marginal phenomenon. But for some types of regions cross-border affairs have become quite important. Besides tourist regions, regions attracting retired persons from other countries and regions specialized in wellness and medical services especially border regions are affected.²

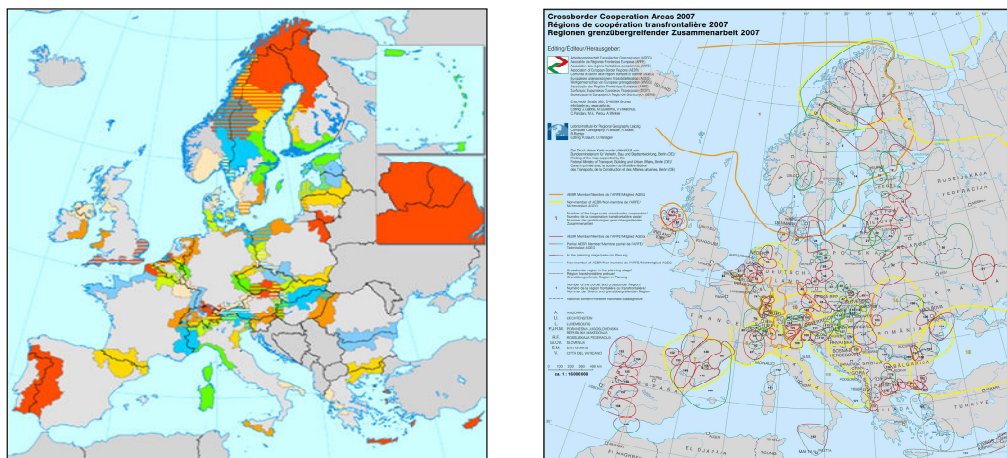
A look at the map shows that cross-border activities in some border regions are more than a marginal phenomenon (graphic 1). An important amount of the territory of the EU belongs to the category of border regions, as defined by the European Commission. The map also suggests that border regions should not only be seen as placed at the periphery of states. Instead they look like the skeleton of European integration. A large number of cross-border entities, cooperations, EU funded programs and projects are in place and also address health and health service issues. A reactive, perceived and real need for action is accompanied by active contributions to the further development of cross border activities, with the aim to make health services more effective and efficient. Because of their experiences with needs, activities, programs and projects border regions have the status of practice laboratories to inform policy makers and policy making at the European level. While European policies, (e.g. the directive for patient's rights) in cross-border healthcare, are important contributions for the further development of cross border activities, respective regulations, directives and recommendations can only deliver a framework which has to be filled at the local and regional level – by experiments as well as matured forms of collaboration.

¹ De Neven, Jan-Walter: Intra-European medical travel remains minor: a commentary in response to 'Hermesse J, Lewalle H,, Palm W. Patient mobility within the European Union. Eur J of Public Health. 1997'; in: European Journal of Public Health, Advanced Access published on 29 April 2010: 249 f.

Vallejo, P./Suñol, R./Van Beek, B./Lombarts, MJMH, Bruneau, C/Vlček, F. (2009): Volume and diagnosis: an approach to cross-border care in eight European countries. Qual Saf Health Care 18 (Suppl I): i8-i14

² Rosenmüller, Magdalena/McKee, Martin/Baeten, Rita (2006): Patient Mobility in the European Union. Learning from experience. European Observatory of Health Systems and Policies (<http://www.crossborder.ie/pubs/e4p.pdf>).

Graphic 1: Cross border regions and activities in Europe



Sources: Regional policy – Inforegio
(http://ec.europa.eu/regional_policy/atlas2007/eu/crossborder/index_en.htm);
Association of European Border Regions

Regional activities often encompass the exchange of information and knowledge, the development of networks, cooperation between health insurers and service providers. There are also examples of common hospital projects. The activities have the advantage of having limited scope in time and geography. As a consequence, the risks which are inherent to all kinds of innovative approaches are limited.

2.2 Euregio and Euregio II

While some border regions have decades of experiences, others (e.g. in the new Member States) started only some time ago or are even still in the start-up phase. Identifying examples of good practice, discussing the challenges of programs and projects with suboptimal outcomes, establishing an exchange of information as well as further opportunities for mutual learning are important contributions to support the activities in border regions.

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Therefore, in a first step, health and health service related projects have to be identified. Until a couple of years ago, it was known that projects are in place, but a broad overview was missing. In the years 2004 to 2007, the project "Evaluation of cross border activities in the European Union" (EUREGIO) was initiated to close this gap.³ Funded under the EU Health Program, projects were identified, project information was collected and examples of good practice were explored. The development of contacts between border regions and networks was supported by the organization of two conferences with representatives of the projects.⁴

A further aim of the project was to develop hypotheses about positive and negative factors for successful project development and implementation. The hypotheses were developed from the findings of a survey and delivered the fundament for the development of recommendations which were presented as a joint declaration at the final EUREGIO conference on 6 March 2007 in Düsseldorf, Germany.

As a consequence from the findings and recommendations of EUREGIO, the project "Solutions for improving health care cooperation in border regions" (EUREGIO II) was put in place for the period 2008 to 2011. The project is also funded under EU Health Program (Grant Agreement No 2007118).⁵

The general objectives of this project are to stimulate and promote health and health service related cross border cooperation. The main deliverables of the Euregio II project are:

- a handbook for the respective activities addressing the EU program for cross border activities as part of EU Structural Funds;
- a guideline for Health Technology Assessments in border regions; and
- a legal report addressing the topics data protection, liability and tort rights.

³ Brand, H.; Holleder, A.; Wolf, U., Brand, A. (2008). Cross-border health activities in the Euregios: Good practice for better health. *Journal Health Policy* 86 (2008) 245–254; project homepage: www.euregio.nrw.de/

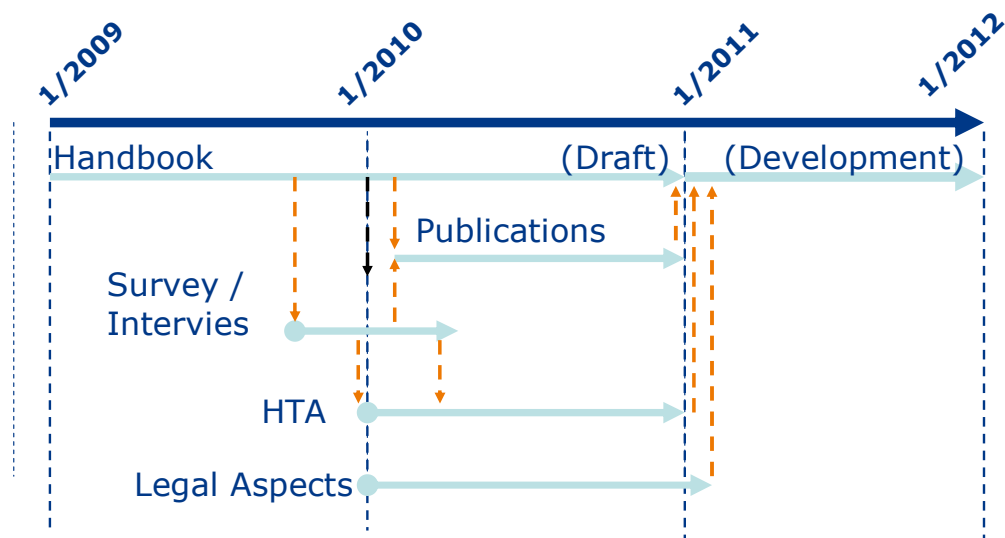
⁴ Meanwhile an atlas with information about border regions is available on the webpage "Regional Policy Infoeregio" (http://ec.europa.eu/regional_policy/atlas2007/eu/crossborder/index_en.htm). Programme summaries are offered and there is also a rubric for "Success stories". But the respective information is only offered for some regions until now.

⁵ Project homepage: www.euregio2.eu

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This interim report is written in the middle of the projects. Meanwhile, all work packages are activated and running smoothly (see graphic 2). In its first part, the interim report documents the activities of the first 18 months and gives an outlook to the upcoming activities. In its second part, materials produced in the course of the project have been included as an Annex.

Graphic 2: Time schedule for EUREGIO II



3.0 Deliverables and Milestones

<i>Deliverable No</i>	<i>Deliverable title</i>	<i>Delivery date</i>	<i>Nature</i>	<i>Confidentiality level</i>	<i>Dissemination</i>	<i>Comments</i>
	Handbook on the effective use of Interreg-Funding in cross-border care	M 24	Publication	Public	Available on the website of the project. Dissemination to border regions (Euregios, Interreg secretariats) and other interested parties by mail or email. Dissemination at conferences and other events	During the design of the project there was almost no information on the use of Interreg funds but that has changed considerably and there is now more information available. It was therefore decided to make a few case studies of cross border cooperation in health care. Work Package 4 is however having some problems of low response rate at the moment with the survey being conducted in the regions
D 2	Guideline for the use of HTA applications within the decision-making processes in cross-border regions	M 30	Publication	Public	Available on the website of the project. Dissemination to interested parties by mail or email. Dissemination at conferences and other events	Guidelines currently being drafted and work package is proceeding according to schedule
D 3	Legal report on the effect of data protection rights on cross-border health care	M 30	Report	Public	The product will be made available on the project website. Dissemination to interested parties by mail or email. Dissemination at conferences and other events	Information currently being collected from relevant stake holders in cross border care to prepare a legal report and case studies of some legal problems in cross border care
D 4	Interim report	M 18+2	Report	Public	Available on DG SANCO and Agency website.	Submitted in June 2010
D 4a	Final report	M 36+2	Report	Public	Available on project & LIGA.NRW website. The final report will be published as part of the "Scientific Series" of the LIGA.NRW & disseminated to all interested parties (the mailing lists of the partners & EUREGIO I will be used as well)	Not yet done
D 5	Project website	M 3	Website	Public	Website: To be put online. Dissemination of the website address e.g. through project flyer and during project presentations	Website is operational and is being used to develop materials in form of information collected from the moderated discussions on the blog and the information being disseminated. With more products delivered from the work packages however there will be further development of more interactive tools to aid in the development and feed back of the deliverables fully functional
D 6	Information flyer on the project	M 3	Flyer	Public	Information flyer on the project	Flyers available with information on project, its objectives and its deliverables

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Deliverables and milestones continued

D 7	Publications / Presentations	M 36	Presentations Publications	Public	<p>Papers prepared for scientific journals (e.g. Health Policy, European Journal of Public Health);</p> <p>Conference Presentations at EUPHA conference (2009 and 2011), European Health Forum Gastein (2011),</p> <p>Presentations at cross border conferences in Lorrach and Strasburg in Germany.</p> <p>There is also exchange of information between euregio II and III</p>	Presentations made at the AEBR and HOPE networks.
D 8	Evaluation report	M 36	Report	Public	<p>Assessment results will be made available to the project participants. Results might also be published in the final report and will be made available to the Commission.</p>	<p>Three internal evaluation reports have been conducted and concluded.</p> <p>There has also been external input and assessment of the development process and content for the development of the guidelines for the HTA which was done during the workshop on HTAs in Cologne, Germany in order to efficiently utilize the resources available.</p>

4.0 Work package 1: Coordination of project

List of partners involved

Maastricht University (work package leader)

Association of European Border Regions (AEBR)

European Hospital and Healthcare Federation (HOPE)

Gesundheitsmanagement OG

Euregio Rhein-Waal (ERW)

Kreis Heinsberg

Landesinstitut für Gesundheit und Arbeit des Landes Nordrhein Westfalen (LIGA.NRW)

Medical University / Faculty of Public Health (Sofia, Bulgaria)

Center for Health Policies and Services (Bucharest, Romania)

Activities carried out so far in line with grant agreement

With the Maastricht University as the work package leader, this work package is involved in the coordination and information flow management of and within the project. The deliverables and milestones of this work package include an interim report, a final report and 5 steering committee meetings. There have been 3 steering committee meetings since the inception of the project. The first was held in Maastricht (The Netherlands) on the 9th and 10th of March 2009, the second on the 25th of November 2009 in Lodz (Poland) and the third on the 19th of May 2010 in Cologne (Germany)⁶, see [annex](#).

During these meetings actual developments, challenges and new opportunities affecting the work packages were discussed. The minutes of the steering committee meetings, attendance lists and presentations by the work package leaders are included in the annex. The interim report which is one of the core

⁶ The dates for the steering committee meetings in Maastricht and Cologne were inter-switched with each other so that the first meeting would take place in Maastricht and the second meeting in Cologne. This was so the partners could familiarize themselves with the Maastricht University as the project leader.

deliverables of this work package was prepared by the project coordinator in collaboration with the work package leaders.

Management structure

The management structure of the project consists of the project leader and the project coordinator. The project coordinator is responsible for day to day coordination of the project supported in financial matters by the finance department of Maastricht University. The group of partners is a small one and most of partners are involved in almost all the work packages. However for the "day to day work" on the core deliverables core groups have been established. Gesundheitsmanagement OG and Euregio Rhine-Waal are focusing mainly on Work Package 4. The European Hospital and Healthcare Federation and Kreis Heinsberg are mainly focusing on Work Package 5. Maastricht University is involved in both of the two "core working groups" and focused also on Work Package 6.

Specific tasks were given to certain partners at the kick off meeting and work package leaders coordinate the activities of their work packages. At the work package level, work package leaders make decisions on their individual work packages. The work package leaders of Work Package 2 to 7 report to the project coordinator. At this level the program leader is responsible for decision making supported by the project coordinator and the finance department.

Communication

Communication is carried out from the lead partner to and among the associate partners and the collaborating partners. Initiatives were taken by the project leader/coordinator as well as work package leaders to share and collaborate on findings as well as ensure work on the individual work packages and project in general proceed smoothly. The methods used for communication include:

1. E- mails
2. Phone calls
3. Personal meetings and steering committee meetings
4. Workshops

The issue of communication between work packages has been raised and discussed in steering committee meetings. Specifically, partners indicated that there was some deficit in the information and knowledge of other project

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partners on the detailed activities concerning work on the core deliverables of the project. This was raised in the evaluations. However, it was explained to the partners that the misunderstanding arose from the fact that actual content took some time to develop. It was therefore only at the last workshop and project partner meeting in Cologne, Germany that concrete content and future work plans could be presented and communicated to partners.

Coordination with other activities and projects

In education some modules have been developed by the Maastricht University that address topics like Innovation, Dissemination, Diffusion, Adaptability and Transferability, Capacity Building, Change Management, Quality Management, Monitoring and Evaluation in the Master of European Public Health Program. There are also students doing master level research for their thesis on subjects related to cross border care.

Furthermore, beside the project EUREGIO II, the Department of International Health is involved in the project EUREGIO III, which aims to support the innovative use of structural funds for investments in health care. Here, beside others, a scientific background paper will be written within the next few months. The content of this paper might be of relevance for EUREGIO II. There have also been some contacts established with other projects and activities that will be of benefit to the project e.g. in the Euregio Maas- Rijn and some other regions along the Dutch-German border (e.g. EMRIC+: a cross border emergency services, disaster control project, cross border MRSA project: deals with hospital acquired methicillin resistant streptococcus infection and how to control it and cooperation between the university hospitals in Aachen and Maastricht,). The euPrevent is also another contact which has been developed and nurtured. The euPrevent is a foundation which aims to improve the quality of life of people living in the Euregio Rhine Maas and tried to achieve this through cross border cooperation of several health organizations. The Department of Internal Health is involved in this organization. Other projects that the Euregio II has been involved in include a project on local HTAs and decision making information for local hospital managers. This was carried out by the Department of International Health and the Department of Health Organization, Policy and Economics, both of Maastricht University.

Additions to project

During the course of the project there have been some new project members added to the project. Chibuzo Opara became the new project coordinator in November 2009, replacing Kai Michelsen who is still involved with the project. Ingeborg Van Der Molen was also hired as the legal expert for work package 6 and commenced work in March. An HTA expert from the department of Health Organization, Policy and Economics (Saskia Knies) was also integrated into the project and she has commenced work on work package 5.

Challenges encountered

Some of the partners complained that there was not enough information from the work packages shared with partners who were not involved directly in that work package. However, this misunderstanding was soon clarified with the partners. In fact the work packages in question (specifically Work package 6) had not yet been fully activated or were still undergoing content development stage during the period of the information deficit.

It was also the case that some partners (collaborating and associated beneficiaries) did not attend the second steering committee meeting held in the shadow of the EUPHA conference and those who attended did not stay for the EUPHA conference.

It was also discovered that some work packages might not have sufficient work hours to fulfill their work. This was especially so in work package 4. The organization of the financial administration sometimes raised some procedural questions and caused some burdens for the project partners. But meanwhile there are now more experiences on how to handle these financial issues.

How were challenges met?

It was decided that there would be more frequent small e-mails sent around by partners instead of large e-mails which were more informative. Work package leaders were also encouraged to copy everyone on any materials they were sending out that might be of interest to everyone.

It was decided that attendance at the next European Health Congress in Bad Gastein, taking place in October 2010 (supposed to coincide with the next project partner meeting) would be shifted to 2011 so that the deliverables from the project could be presented there. However the project partner meeting

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would go forward as planned in Vienna, Austria in October 2010. This decision was unanimously reached at the last project partner meeting.

There was a general consensus to enter into a discussion with the Executive Agency for Health and Consumers over amendments to the grant agreement so that the work hours could be redistributed to give some work packages more time. However, this would be done after the interim report was finalized and there was a proper financial overview.

Activities planned for the future

The normal day to day coordination of the project will continue; other activities that will ensure the project's smooth running include:

- Recording and documenting project progress
- Continuous risk analysis of project goals and objectives, supported by evaluation activities (internal and external)
- Coordinating and supporting the decision making process
- Organizing the next steering committee meeting in Vienna
- Supporting the other work packages to achieve their stated aims and objectives
- Reviewing and updating products from work packages continuously suggesting improvements and modifications where necessary
- Support of work package leaders and organizing communication between and to work packages
- Coordinating input and feedback process for handbook, legal report and HTA guidelines

5.0 Work package 2: Dissemination of the results

Work package leader: Association of European Border Regions

Actions carried out so far in line with methodology in grant agreement

Different target groups have been identified and they have been involved more or less actively in the activities (please refer to point number 2). Selected materials and information (agreed with the Project Coordinator) have been distributed amongst the stakeholders systematically by means of the following:

- AEBR website: General news related to the project has been (and will keep on being) published. Strong coordination with the project's site and blog.
- Regular emails to key stakeholders (and the whole AEBR database) announcing posted materials and promoting their participation in dynamic actions (e.g.: survey, blog)
- AEBR Newsflash (electronic monthly publication): a specific section for EUREGIO II activities + news has been prepared to make specific announcements.

Other dissemination activities:

- The AEBR has a *Task Force on Cross-Border Health* which is informed regularly about the status of the project, and any related specific issues (four meetings per year). Task Force members are committed to take part in the dissemination of EUREGIO II.
- This is also the case of the AEBR Executive Committee (four meetings per year). An item on the regular agenda of the Executive Committee is included on Cross-Border Health, and any relevant information is delivered to the members (45) in written and during the meetings.
- The AEBR also organizes a European Conference on Cross-Border Health (three of them have already taken place: 2005, 2008, 2009), at which EUREGIO II activities (and related information) are to be reported (this was already the case during the last Conference in Lörrach in December 2009).
- Apart from these conferences, the AEBR regularly organizes workshops on this topic, particularly during the Annual Conference of the Association. At

these workshops information about EUREGIO II is offered. This was already the case in Ghent (November 2009) and Plauen (October 2008).

Involvement of partners and target groups

Key stakeholders have been identified in European border and cross-border regions (the AEBR network is used as an extension of the network activated by EUREGIO II project) including:

- Managers in the regions
- Officers in charge of health issues
- Health professionals, providers, health insurances active in border regions
- Patients' associations
- Health networks
- Educational institutions (selected)
- HOPE and their related network

Other recipients:

- European institutions (Commission, Parliament, Committee of the Regions)
- Members states (ministries, health services)
- Other Associations of Regions and Municipalities

Involvement in other projects and activities

We have been involved in some specific cross-border health actions carried out by AEBR members and European institutions, as well as in the implementation of related projects and networks:

- Follow-up of the Directive on Cross Border Patients' Rights (through different initiatives organized by the Committee of the Regions, the AEBR and other European regional associations)
- EurSafety HealthNet (www.eursafety.de): German-Dutch network of Euregions promoting standard practises across borders for the control of (transmissible) diseases, standardization of practises, networking, and a view to extend this network to other European border areas.
- Follow up of individual initiatives by AEBR members (border and cross-border regions) to implement CB health projects

Outcomes, results and deliverables achieved

Up to now, contacted stakeholders have been informed regularly about the status of the project and related communications.

Are there any deviations from grant agreement, if yes what are they and why?

There are no significant deviations, apart from those related to the delay in the feedback from stakeholders, and subsequent delay in the analysis of provided information.

On the other hand, stakeholders are satisfied with the information they receive, although obtaining active feedback and in-depth comments or remarks is still proving a challenge to our structure.

Corrective actions proposed for the above

A system to facilitate feed-back will be implemented. The blog which has already been activated is a good tool. Other means of mass media as a means of feed back are currently being explored.

Problems encountered in execution of project

The main problem has to do with the difficulties in obtaining active and dynamic communication with stakeholders. Many questionnaires have been distributed within the last year by European institutions and research bodies. These are often addressed to the same people in the regions. This probably led to an overload and a low response rate to the questionnaires. New and "imaginative" tools to get this information should be explored.

How were these problems solved?

Mainly by insisting, reminding stakeholders about their feedback and using the telephone more often than e-mails.

Future activities planned

EUREGIO II materials and information (agreed with the Project Coordinator) will keep on being distributed amongst the stakeholders systematically by means of the following:

- AEBR website
- Circular emails to key stakeholders

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- AEBR Newsflash

Apart from the deliverables foreseen, some specific fact sheets will be produced regarding:

- Challenges, needs and difficulties of European border and cross-border regions when using European funds for health-related projects.
- Criteria for the effectiveness of cross-border health projects.
- Practical hints
- Legal issues
- HTA Guidelines

Dissemination activities will be carried out as up to now:

- AEBR Task Force on Cross-Border Health
- AEBR Executive Committee
- AEBR European Conferences on Cross-Border Health
- Annual workshops

It is expected to attend specialized meetings, conferences and seminars where information about the project will be delivered. A stand/poster would be installed at these events.

Publications in specialized magazines on Health and/or Cross-Border Cooperation will be developed.

6.0 Work package 3: Evaluation of the project

List of partners involved

Maastricht University (work package leader)

Landesinstitut für Gesundheit und Arbeit des Landes Nordrhein Westfalen (LIGA.NRW)

Activities carried out so far

The components of this work package involve the assessment of the project and are done through internal evaluations. External experts have been integrated to provide feedback. Further planned, are more encompassing external evaluations of the project are planned.

The internal evaluations consist of collecting information systematically on the project activities in order to allow partners give informed input on the performance of the project, current relevance of activities carried out, project implementation, objectives and outcomes, partnership, management, partnership, dissemination of knowledge, relevance of project's activities to the EU's health programme and health strategy, future activities and cost efficiency.

Currently there have been 3 internal evaluations carried out: two by a questionnaire and the other by teleconference. There has also been information gathering and feedback at project partner meetings, (see annex).

The first internal evaluation was carried out prior to the 1st steering committee meeting where partners were asked about their expectations of the project and also what they felt would be the project's expectations of them, including possible challenges and ways to meet those challenges. The second evaluation was carried out a few months before the 2nd project partner meeting. The third internal evaluation was carried out by phone just after the project partner meeting in Cologne.

There was also external expert input and critique of the work being done by work package 5 during the workshop on guidelines for local HTAs in cross border regions in Cologne.

Challenges encountered

One of the challenges to the first questionnaire for the internal evaluation was the low response rate, especially from collaborating partners. In the grant agreement it was mentioned that there would be evaluations every 3 months. However, the partners decided that the information produced by evaluations every 3 months would not only be redundant but too cumbersome to gather.

Also, there were limited funds to fulfill the demands of the grant agreement especially in regards to external evaluators attending each steering committee meeting. This is because some interested experts who had been expected to be potential external evaluators when the project was prepared were ultimately not able to become involved. For hiring other external evaluators on a "professional" base no budget was stipulated in the grant agreement. The only funds earmarked for external evaluators were travel costs and subsistence allowance but no budget to attract or pay for their services. It was therefore necessary to come up with innovative ways to solve the problem of attracting external evaluations for the work packages.

How challenges were met?

It was decided that internal evaluations would be done over the phone in the form of a teleconference where partners would be interviewed and the results immediately analyzed and documented in real time.

In order to maximize resource use external HTA experts were invited to the workshop on the guidelines for the local HTAs in border regions. This was done after due consultations with the agency. In this way the HTA experts could assess the progress of the work package and contribute to it at the same time. They therefore provided critique and valuable input thereby contributing to the content and process of the cross border health technology assessment guideline development.

Activities planned for the future

- Planning and carrying out further internal evaluations, the next one is scheduled before the project partner meeting in October 2010.
- Dissemination of results and findings of evaluation at project meetings
- Discussion of any problems that might be occurring
- Organizing the external evaluation

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- Preparation of final evaluation report

7.0 Work package 4: Making effective use of the structural fund Interreg

List of partners:

Gesundheitsmanagement OG (GM) (Work package leader)

Maastricht University (UM)

European Hospital and Healthcare Federation (HOPE)

Euregio Rhein-Waal (ERW)

Kreis Heinsberg

Landesinstitut für Gesundheit und Arbeit des Landes Nordrhein Westfalen (LIGA.NRW)

Actions carried out so far in line with methodology in grant agreement

Work Package 4 aims at developing a handbook for the effective use of EU-Structural Funds (particularly INTERREG). The handbook will address all stages of program and project management.

For realizing the handbook several methodological steps have been taken. In the beginning, an inquiry of literature and web-based information was conducted. This activity will be continued until the end of the project. Based on these materials, a general overview of INTERREG and EU-Structural Funds has been written as a first chapter of the handbook.

Information provided on the internet, especially by respective program management authorities, was very helpful. But it was sometimes also difficult to find materials giving information about activities and experiences in border regions: Regional publications are often grey literature, and the language is often not accessible for the project members.

To collect broad information regarding experiences with cross-border activities across Europe a questionnaire for a survey was developed. The Association of European Border Regions and the European Hospital and Healthcare Federation disseminated the questionnaire to their members. The questionnaire has also been distributed to the Committee of the Regions. However, despite the reminders; the response rate has remained disappointing and in any case too low for a quantitative analysis.

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While it seems to be unrealistic to get a broad overview regarding experiences with health related cross-border activities across the European Union, the questionnaire has been used and is still in use to collect information for specific regions, (e.g. in the Euregio Rhein-Waal and some regions in Austria). Further, the Association of European Border Regions continues to ask key actors to fill in the questionnaire. Therefore even if the original expectations will not be fulfilled, the tool will deliver relevant information for case studies about selected regions as well as qualitative information.⁷

Case studies are at the center of the current activities. The aim of the case studies is to give a selective overview of the situation of cross-border health activities in different parts of the European Union. The activities will be assessed from a historical perspective, taking the geographical, socioeconomic and political environment into account. Factors that promoted or hindered cross-border health cooperation as well as the successful realization of programs and projects will be presented.

For the work on the case studies, the project partners involved in WP4 were asked to summarize their own know-how regarding cross-border health projects and their experience with INTERREG and structural funds in regional case studies. Further, a guideline for in-depth interviews with key stakeholders in the case study regions has been developed.

Meanwhile a couple of interviews have been realized. Two case studies (Euregio Rhein-Waal and Austria) have been prepared. They will be supplemented with the findings from the in-depth-interviews. A case study for the Euregio Maas-Rhein has also been started. In the moment, at least three further case studies are planned.

Publication of the case studies together with further articles about findings from EUREGIO II in a scientific journal is envisioned. The possibility of publishing an article in a scientific journal has shown to be a strong incentive for contributions from people outside of the EUREGIO II project group. It is also expected that case studies will motivate comments and contributions from other regions, broadening the material and knowledge base for the handbook.

⁷ It is worth mentioning that the disseminating the questionnaires had the positive side effect of disseminating information about EUREGIO II. While many people were not motivated to fill in the questionnaire, at least some articulated an interest in the results.

Beside the work on the handbook as the main deliverable, the activities within this work package contributed to the work of the work packages 5 and 6 as well as a presentation at the EUPHA-conference in Lodz (2009).

Involvement of partners and target groups

At the beginning of the EUREGIO II project (directly after the kick-off-meeting) a working plan was developed giving overview of the specific roles and responsibilities of the project partners and defining deadlines for each project phase.

The networks of the Association of European Border Regions and of the European Hospital and Healthcare Federation offer opportunities for the involvement of target groups and will be used for the dissemination of the materials and findings from the work package. The involvement of target groups will be intensified. Already at the beginning of the project the need for a broader involvement of the target group "European Border Regions" (more regions, especially from the New Member States) had been identified. The involvement of more regions is necessary to address the differences in across the European Union (more or less activities and experiences, different needs, different opportunities and challenges linked with geography, culture, languages, historical developments, political situations etc).

While the survey (see above) was not successful in involving target groups, the dissemination of the survey was linked with a broad dissemination of information about the project.

Involvement in other projects and activities

The project leader Gesundheitsmanagement OG is involved in a number of cross-border activities. It was possible to use findings from these activities and especially the EU-project "healthacross" to summarize information about European Models of Good Practice for the work on the handbook. The respective articles will be made available on the EUREGIO II website once the translation to English is complete. Gesundheitsmanagement OG also tries to use synergies with ongoing projects in Austria/South Bohemia to be able to deliver more content-related input to WP4 and to gain deeper insight into the cross-border health scene in Austria and the use of structural funds by networking with several project actors.

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Further, the Department of International Health at Maastricht University is involved in EUREGIO III and a project regarding public health capacities (both also funded under the EU Health Program).

There are also links with activities in education. Findings from the project are integrated in lectures, while some students have started to work on cross-border issues as part of their bachelor or master thesis.

The Department of International Health at Maastricht University is also involved in cross-border activities in the Euregio Maas-Rhine, e.g. in the foundation euPrevent (www.euprevent.eu)

Outcomes, results and deliverables achieved

At the moment two regional case studies have been prepared and will be completed by the findings from the in-depth-interviews (Euregio Rhein-Waal, Austria). UM is working on a further case study of Euregio Maas-Rhein. An analysis of some general literature⁸ and web based-information has been made and regional literature has been collected (especially, but not only for the case studies). A first structure for the case studies and the handbook has been developed, (see annex).

Are there any deviations from grant agreement, if yes what are they and why?

There have been no real deviations from the grant agreement. Within the framework of the grant agreement, the focus of the handbook has been chosen a bit more practical-related producing a really user-optimized handbook (learning from the experience of cross-border work and from Models of Good Practice in different European regions). Release of the preliminary materials from the work on the handbook for comments from target groups (e.g. in form of a Wiki-like application) has not yet occurred for two reasons:

- The published materials should be of good quality – it was seen as not being appropriate to publish preliminary versions.

⁸ The following publication is very helpful in this regard: Smail, Robin/Broos, Luc/Kuijpers, Elsa (2008): Managing Structural Funds. A Step-by Step Practical Handbook. Maastricht: EIPA

- The work on the survey, case studies and the handbook was more time consuming than expected and currently the amount of work on a Wiki-like application seems not to be practicable.

Corrective actions proposed for the above

An analysis will be conducted as to whether the answers provided in the handbook optimally satisfy the demands of the different target groups. The materials produced in the work package will be published as early as possible so that the feed back can be organized within the duration of the EUREGIO II project.

Problems encountered in execution of project and how were these problems solved

Regarding the literature, it was sometimes difficult to find materials giving information about activities and experiences in border regions. Many regional publications are often grey literature. Therefore AEBR was asked for support in finding more literature/materials from the different European regions.

The survey did not function in the expected way and within the given deadline. It was decided to get directly into contact with organizations/stakeholders and to put the focus more on the regions and the experiences made there (especially via the in-depth-interviews for the case studies). For the project it is very important to include experiences with health related cross-border projects across the European Union. The differences between the regions have to be taken into account (grade of activities and experiences, geographic, socioeconomic, political and cultural environment). One great challenge is that while the involvement different regions (especially from the New Member States) is of great relevance for the outcome of WP4, they are not directly involved in the project. The networks of the Association of European Border Regions and the European Hospital and Healthcare Federation are very helpful, but even with these relevant resources the problem has not yet been solved yet. Respective activities have to be intensified and further networks from other project activities will be used. Further it is expected that the opportunity to publish in a scientific journal will create incentives to contribute to the case studies, while the case studies themselves could motivate target audiences to give comments and share their knowledge.

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Sometimes the diversities of languages create a challenge. There is no budget for translation. A small re-adjustment of the budget would be very helpful: e.g. to use some of the travel costs and congress fees for translations of in-depth-interviews, etc. (for the Case study prepared by Gesundheitsmanagement OG the budget for translations was projected at about 800 Euros).

The workload for the work package leader was higher than expected and because of the restricted time budgets of the partners; input is sometimes not delivered within the agreed timeframe. The development of the questionnaire for the survey and the guideline for the in-depth interviews in feedback-loops required much time and effort.

The work package leader has had to take over more activities than originally planned. The role of the work package leader has shifted from a mere coordinator to the role of a researcher, content-provider, etc., while a high level of communication needs remains. Thus most of the calculated working days have already been spent (as of May 2010 65,5 of the 80 person days had been used up). An increase of the time quota seems to be necessary. Gesundheitsmanagement OG has asked for 40 extra person days more (in the Working plan, a redistribution of 20 person days from the Association of the European Border Regions to Gesundheitsmanagement OG has already been foreseen). Further opportunities to reallocate workloads, e.g. to Maastricht University, have to be discussed.

Future activities planned

At the moment the project partners are asked to collect materials and conduct in-depth interviews with key stakeholders in their regions for the case studies. The case studies will be published as articles in scientific journals and will provide a source of materials for the handbook. A draft version of the handbook should be available by the end of 2010. The materials (case studies, handbook) will be used to disseminate information about EUREGIO II and to get in contact with target audiences, hopefully motivating comments and other contributions to be integrated into the deliverables of this work package during the last year of the project.

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Table showing activities for Work package 4

Activities	Outcomes or deliverables Text modules:	Initial date planned for completion	Date of achievement	Level of achievement	Problems encountered	Action taken to overcome problem
Research in the project partner regions	Case studies giving selected regional information about INTERREG as well as factors that obstruct and promote health projects	JULY 2009	OCTOBER 2010	2 case studies (Euregio Rhein-Waal, Austria), two in preparation (Euregio Maas-Rhein, Republic of Ireland/Northern Ireland)	Too few regions involved delivering content for the handbook. Thus a real picture of the situation of cross-border co-operation is not easy to warrant.	Incentive of publishing the case studies in a scientific publication (e.g. European Journal of Public Health) to motivate other regions to deliver case studies. The WP-leader used the findings from another EU-project to summarize more European Models of Good Practice.
Literature and internet research	General information about INTERREG and factors that obstruct or promote health projects – special focus on new Member States	JULY 2009	OCTOBER 2010	General overview of INTERREG and structural funds. Selected regional literature regarding cross-border health projects.	Too few partners involved in delivering content. Therefore too little input from partners and regions.	Involvement of AEBR (via Newsflash) and of other project partners delivering case studies.
Survey	General information about main problems of cross-border health services, possibilities and problems to use EU structural funds to solve these problems, possibilities to support activities concerning the development of cross border health services and the effective use of structural funds	JANUARY 2010	DECEMBER 2010	Very few questionnaires returned. An analysis has not been possible till now. This project phase will be prolonged.	The dissemination strategy (dissemination to the Committee of the Regions and the members of HOPE and AEBR) did not an efficient way of eliciting feedback from the respondents	Involvement of partner regions (EWR and Austria) and direct contacts with organizations (AEBR). Idea of disseminating the questionnaire also during an AEBR conference.

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Table continued showing activities for Work package 4

In depth-interviews	More detailed information on the main problems of cross-border health services, possibilities and problems to use EU structural funds to solve these problems, possibilities to support activities concerning the development of cross-border health services and the effective use of structural funds	JUNE 2010	SEPTEMBER/ OKTOBER 2010	At the moment in the implementation phase	Only few partners involved in delivering content. Therefore too little input from regions. (ERW, EMR, Austria)	
Feedback-loop	a handbook-version that answers in an optimal way to the demands of the different target groups	OCTOBER- NOVEMBER 2010	MAY/JUNE 2011			
Print and electronic version of the handbook	Final version of a handbook giving advice for effective use of structural funds (INTERREG) for health projects	MARCH 2011	OCTOBER 2011			

8.0 Work package 5: Usage of generic HTA in cross-border cooperation

List of partners

European Hospital and Healthcare Federation (HOPE) (work package leader)

Association of European Border Regions (AEBR)

Kreis Heinsberg

Euregio Rhein-Waal (ERW)

Gesundheitsmanagement OG

Maastricht University

Landesinstitut für Gesundheit und Arbeit des Landes Nordrhein Westfalen (LIGA.NRW)

Actions carried out so far in line with methodology in grant agreement

Within the project EUREGIO II, the Work Package 5 aims to support the realization of HTAs in cross border regions and to demonstrate how new technologies can reasonably be included in the cooperation between health systems in border regions. Its specific objective is to test HTA in small-size settings with multiple health care systems. The output/deliverable is a guideline providing rules and indications for the use of HTA applications within the decision-making processes in cross border regions.

Methods/Mean initially chosen:

- Analysis of the literature and brief survey highlighting the main promoting and hindering factors for the realization of HTAs at a local level, focusing on cross border environments.
- Mini-workshop aimed at choosing an HTA methodology (guideline) that could be adapted to particular needs of cross border regions.
- Test of this guideline/checklist in some hospitals located in two or more cross-border regions.
- Gathering feedbacks from possible users and stakeholders.
- Adoption of the final version of the guideline.

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February 2009 – November 2009:

During the initial phase of the project the methodology and the steps needed to achieve the expected outcomes were discussed and agreed upon. With this purpose a WP5 core group was created: besides the project leader and the work package leader, two HTA experts and a representative of a border region were included in the core-group.

The core group had two conference calls in May and July 2009 and organized a mini workshop in late September 2009. The first conference call essentially aimed to reach general agreement on the methodology and the deliverables to be achieved. The main criticisms and elements that needed further discussion were identified, allowing the consultation among participants about the role of HTA in a local cross-border context. The second conference-call focused on the elements identified during the former one. HTA definitions and frameworks to realize HTAs were examined. The role and tasks of the additional HTA expert who was expected to join the work package group was discussed. Further, there was a consultation about the kind of technologies to be tested and regions and hospitals to be involved. A survey to be performed in a later stage, aimed at exploring the needs of hospitals located in cross-border settings, was discussed.

A mini-workshop, held at the Maastricht University, validated the decisions taken during the previous phone-meetings. Besides the members of the core-group, experts in cross-border cooperation and hospital management participated in the workshop. It was decided to focus on local HTA, since that is considered a better way to tackle the issue of HTA in small-size settings, as requested by the project. Frameworks to perform an HTA were discussed on the basis of the broad literature review performed during the entire period, and it was finally decided to focus on mini-HTA. An agreement was reached about the survey, which would commence soon after.

December 2009 – May 2010

This second phase of the project aimed at gathering all the needed material and information to realize the first draft of the guideline for the use of HTA applications within the decision-making processes in cross border regions. Stable contacts, realized through meetings and conference calls, especially among the members of the core-group including the HTA expert, allowed constant cooperation and made possible some important achievements. A wide literature analysis on local HTA and on cross-border HTA has been performed. The questionnaire for the survey has been developed and interviews have been

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conducted through phone calls involving representatives of hospital managers and hospital decision-makers located in border regions. The survey, which is going to be continued until the end of 2010, has the following objectives:

- to understand the main needs and problems decision makers face when taking investment decisions;
- to understand the main features of the decision making processes in hospitals located in border regions;
- to have a broad perspective of the outcomes obtained/expected from collaboration;
- to establish contacts for possible testing of guidelines developed.

A specific flyer on HTA and Work Package 5 of Euregio II has been developed. It will be sent to hospital managers and local decision and will be used to spread knowledge about our work and to foster the hospitals' involvement, especially when the phase of testing will start. Moreover, in May 2010 a workshop on local HTA, as such and in cross border settings, was held in Cologne, in conjunction with the second project meeting. Beside the project partners some experts presenting their experience in the use of mini-HTA and cross-border cooperation participated.

Involvement of partners and target groups

The involvement of project partners can be considered optimal and successful. Our partners experienced in HTA have been very supportive in the definition of the methodology. They have provided a valuable contribution to the selection and analysis of the literature. In addition, our partners coming from border regions, whenever consulted, have promptly provided opinions, contacts and information, especially in the identification of hospital decision makers to be interviewed. Some patterns of cooperation with Work Package 4 have also been established. The survey has also started targeting the principal stakeholders of this part of the work package.

The work package leader has been keeping contacts with EUnetHTA secretariat, updating him about the steps and the decisions taken within EUREGIO II-WP5. It is foreseen that EUnetHTA experts will be explicitly involved in the evaluation phase of the guideline. There has also been some work by the Maastricht University and the German Institute for Medical Documentation (DIMDI - Deutsches Institut für Medizinische Dokumentation und Information), on the uptake of HTA information in local settings by hospital managers. This work is of

interest to the Euregio II project as it concerns HTAs in local settings and the information and networks developed during the workshop organized in conjunction with DIMDI on the above topic and also local HTAs in cross border settings were quite valuable to the development of content for the guidelines for the HTA in cross border settings⁹.

Outcomes, results and deliverables achieved

The deliverable requested by the project is the guideline for the use of HTA in cross border settings, which will be achieved when the case studies have been completed. Until now the intermediate steps for its realization have been successfully implemented. Three internal meeting (two conference-calls and a mini-workshop) plus a workshop on HTA in local settings have been realized. The survey on hospital needs is proceeding well. Those elements have enabled the involvement of the main target groups, as well as raised awareness of HTA in border regions. There have also been numerous presentations developed for this Work Package along with a questionnaire to assess the needs of people working in cross border settings regarding the use of health technology assessments.

Problems encountered in execution of project and solutions adopted

A major problem concerned the development of a clear definition of the methodology. It went through different and time-consuming stages of revision. The discussion about the approach has basically been a twofold challenge: firstly generic HTA and utilization between countries and secondly HTA products and needs of local decision makers (in our case: the decision was to look at hospital managers). This led to a deviation from the work planned at a very early stage: the realization of the survey was postponed. However, it made the work consistent with the achievement of the work package objectives.

⁹): A student of the Master in European Public Health is writing a Master Thesis about the development of an assessment tool on the uptake of information from HTA by hospital managers, taking into account the different factors influencing the uptake. The thesis is based on an analysis and critical reflection of studies (study design, findings) addressing this issue.

Future activities planned

May 2010 – December 2010

The literature analysis is a continuous process. The most recent literature on HTA in local settings needs to be monitored. In this regard, a Master Thesis written by a student of European Public Health at Maastricht University, accompanying and internship at DIMDI, will be very supportive. The work on a small project regarding local HTA financed by DIMDI delivered also relevant input for EUREGIO II. The survey among hospital decision-makers will be completed during this period. The first draft of the guideline will be realized between September and October 2010. Right after being released the first draft of the guideline will be submitted to hospitals' and experts' opinion and, at the same time, hospitals located in border regions will be asked to try testing the guideline.

January 2010 – June 2011:

The test of the guideline will be realized. The results of the test and the feedback from experts and hospital managers will allow realization of the final version of the guideline, achieving the scope of the work package.

On the basis of the literature review, survey and test of the guideline, an article will be proposed for publication. The products, interim reports and deliverables from this work package will also be presented at conferences and workshops during this period.

Table showing work package 5 activities

Activities	Outcomes or deliverables	Initial date planned for completion	Date of achievement	Level of achievement	Problems encountered	Action to overcome problems
Analysis of the literature concerning HTA in local settings and in border regions	Background information concerning the state-of-the-art	Beginning of 2010 but it is an ongoing process that will last for the entire duration of the project	First part: May 2010	Satisfactory	No literature about cross-border HTA is available	Only literature concerning HTA in local settings and cross-border cooperation has been reviewed
Analysis of HTA frameworks and methodologies available	Choice of an HTA methodology (guideline) to be adapted to the needs of border regions: mini-HTA	December 2009	November 2009	Satisfactory		
Survey among hospital decision-makers in border regions	- Analysis of needs/problems and expectations of hospital decision-makers - Direct involvement of some hospital decision-makers	June 2010	Date of achievement has been extended to October 2010	<i>Until now satisfactory</i>		
	Flyer about HTA and WP5	January 2010	January 2010	Satisfactory		
Workshop on local HTAs and HTAs in border settings	Discussion and involvement of all partners on the topic	May 2010	May 2010	Satisfactory		
	First draft of the guideline	October-November 2010				
- Test of the guideline in two hospital settings - Feedback from stakeholders, experts and possible users of the guideline (HTA experts, hospital decision makers and professionals, representatives of cross border regions)	Final guideline for the use of HTA application within decision making processes in border regions	December 2010 – September 2011				

9.0 Work package 6: Legal aspects of data/information exchange as well as liability rights in cross-border cooperation

List of partners involved:

Maastricht University (work package leader)

Actions carried out so far in line with methodology in grant agreement

Work Package 6 aims to analyze and deal in depth with problems in EU health legislation, especially with regard to exchange of information/data and tort rights/ liability. Consistent with the planning in the grant agreement, work on work package 6 was started in March 2010. Since the agreement was not up to speed with current developments these were taken into account when making a working plan for this work package. In the first month the legal expert introduced herself to all the partners of the Euregio II project and asked for input on the two challenges of this work package, namely liability and data protection. This first 'feeler' was sent to get an idea of the problems that were already known to the partners and possible overlap in these hurdles. The rest of the first month was dedicated to a literature search and to getting up to speed with developments that had influenced the two core legal challenges.

Involvement of partners and target groups

The involvement of the partners is very important in this work package, since they deliver the material for the (three) cases that liability and data protection challenges within their own projects. This input is delivered over the course of the project, first by generally asking partners to provide information relating to possible overlapping legal hurdles. After this was done during the second partner meeting in May, partners will be asked to identify legal hurdles they still have to tackle more specifically. The most interesting cases – for both liability and data protection - will be chosen to show how legal challenges can be tackled and what the process around doing so involves. The work on the case studies as well as the legal report will be accompanied by contacts with and reviews by further legal experts. Also a blog will provide the report with discussion and political

background to the legal framework. This blog is on the EUREGIO II-webpage. It was introduced in an AEBR newsletter while introducing Work Package 6 and legal challenges in border regions. The blog will be used to further along the feedback process for the legal package.

Involvement in other projects and activities

Activities consist of supporting the Euregio II project partners regarding the legal challenges within their projects. A section will be written for the handbook (WP 4) and an article on the cases will be made for the European public health journal. Also dissemination at a broader level is made possible by networking with the project partners and extended contacts they have, as well as through the blog and contact with legal experts within Europe.

Outcomes, results and deliverables achieved

So far (June 2010) a draft version (preliminary) of the report has been generated. This version is for internal use only. In September 2010, a more complete version (including the cases) will be presented to the partners, and they will be asked to give input and comments. Also when proven necessary other legal experts will be contacted to give critique. Other deliverables will be a journal article and possibly a different report for the use of the handbook.

Are there any deviations from grant agreement, if yes what are they and why?

In the course of discussing the lay-out of the legal report it was decided that there should be slight changes, since the topics liability and data protection are very broad. In order to give both an overview of the background of health law and the effects of both tort and data protection rights in the border regions the set-up of the report will have a general setting and a more precise part, in which the cases will be discussed. In the latter portion attention will be given to the way the legal framework (in which these rights exists) is perceived in carrying out projects and how this legal framework might become problematic in setting-up and carrying out such projects. For these more in-depth analyses the partners were asked to submit information on existing problems. From this information, a selection was made for the cases, in which the background of projects will be provided, laws governing projects will be described and challenges will be analyzed.

Corrective actions proposed for the above

Already changed, further corrective actions are not necessary.

Problems encountered in execution of project

In the beginning input was slow due to the complexity of the request. After the second partner meeting the request was clarified and the problem resolved. Thereafter, the information was submitted expeditiously.

How were these problems solved?

Asking further questions to partners and given examples of other legal problems solved most of these problems.

Future activities planned

In the course of the summer the draft version of the report will be finalized, after which this will be presented to the partners in September/October. Also a set-up will be made for the journal article and possibly additionally for the handbook.

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Table showing work package 6 activities

Activities	Outcomes or deliverables	Initial date planned for completion	Date of achievement	Level of achievement	Problems encountered	Action taken to overcome problem
General background	Report handbook/ other article	2011 (Feb)	2010 (Dec)	Sept (2010) first draft version	None so far	
Cases	Report handbook/ Article	2011 (Feb)	2010 (Dec)	Sept (2010) first draft version (input partners)	Input was quite limited	Explanation was offered at 2 nd partner meeting
Blog	Ongoing discussion and attention for Euregio II	2010 (June-ongoing)	2010 (June)	Ongoing – input has been given	None	
Dissemination Blog	Attention for Euregio II	2010 (Sept-ongoing)	Ongoing	Blog has been set-up, dissemination starts after summer	None	
Input other legal experts	Report	Sept 2010 (first draft)	Sept/Oct 2010	First draft (internally sent around)	Contacting experts (in house/externally)	Discussion probably both
Article	Article (Cases)	2011 (Feb)	2010 (Dec)	Preliminary discussions	None so far	

10. Work package 7: European conferences and networking

List of partners involved

Landesinstitut für Gesundheit und Arbeit des Landes Nordrhein Westfalen (LIGA.NRW) (work package leader)

Maastricht University

European Hospital and Healthcare Federation (HOPE)

Gesundheitsmanagement OG

Association of European Border Regions (AEBR)

Kreis Heinsberg

Euregio Rhein-Waal (ERW)

Actions carried out so far in line with methodology in grant agreement

The first activity of WP 7 was the launch of the project website in the beginning of 2009. Since the kick-off meeting in March 2009 all presentations and materials (e.g. minutes) from the 1st, 2nd and 3rd project meeting can be downloaded. Further, presentations from a HTA-Workshop which took place during the last project meeting in May are available

A project flyer was designed and can also be downloaded. A printed version will be available from July 2010 on.

The Association of European Border Regions ensures that the members of its network get informed about EUREGIO II regularly by a newsflash. The newsflash, a periodic e-mail with summarized information on the activities of the AEBR, is also used to stimulate participation in a blog organized by EUREGIO II.

Also the Euregio Rhein-Waal and Gesundheitsmanagement publish news about the project in a newsletter.

Further, information about the project was disseminated by means of presentations. EUREGIO II was introduced

- At the EUPHA conference 2009 in Lodz (Poland),
- Congress "Europäische Gesundheitskooperation III / European co-operation in the health sector III", 10. Dezember 2009, in Lörrach (Germany)

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- Conference „Gesundheit ohne Grenzen: Bürger des Eurodistrikts stellen Fragen“, 7. July 2010 in Strassburg (France)

Involvement of partners and target groups

In March 2007 the Association of European Border Regions (AEBR) launched their 'Great Alliance' in health. Euregio II supports and strengthens the AEBR network and vice versa through cooperation in the development and dissemination of products. The AEBR network has also contributed to the lively ongoing online debate on the project website on cross border care topics.

The HOPE network is also involved in the development and distribution of materials and deliverables from the project.

It was interesting to note that even though there was a very low response rate for the survey developed for work package 4, project information was successfully disseminated together with the survey. The awareness of the project is demonstrated by an interest in the results of the survey - ironically articulated by people who did not fill in the questionnaire by themselves.

Outcomes and deliverables achieved

The following is a list of the deliverables achieved so far by this work package to facilitate the building of networks:

- Electronic and hard copies of flyers
- Website and blog
- Presentations of the project at a couple of (regional) conferences
- AEBR newsflash and ERW newsletters inform about the project

Are there any deviations from the grant agreement?

None

Problems encountered in execution of project

None

Future activities planned

As the project nears the time when the products will be disseminated to potential users and the general public, work package 7 stands poised to tap into already existing networks and further strengthen them with its products.

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Table 10.1 Table showing Work package 7 activities

Activities	Outcomes or deliverables	Initial date planned for completion	Date of achievement	Level of achievement	Problems encountered	Action taken to overcome problem
	Information Flyer	M 3	M 12	satisfactory	Not significant	
	Website	M 3	M 5	satisfactory	No	
Participation in conferences	Presentations at European conferences		Through whole duration	satisfactory	No	

11. Research methodology

Objective 1 and 4

In order to collect information for the handbook surveys and in-depth interviews were performed among key players, stakeholders and potential users. The issues were related to the challenges and opportunities for the use of the EU structural funds in cross border health care, the main problems of cross border health care, the development and support of cross border health services and the use of the EU structural funds in testing the deliverables.

The interviews have commenced and have produced interesting responses in the regions in which they have been carried out.

The survey contributed to the dissemination of project information. Unfortunately the response rate from the sample polled was very low. At the last steering committee meetings it was decided to try out some other methods to improve the response rate and the methodological approach was adjusted to the new situation.

When the information for the handbook has been collected, it will be placed on the website. Tools for feedback and comments will be created. The contributions will be integrated into the handbook. The final version will be printed and be placed on the webpage as an electronic file.

Objective 2

The methodology involved in developing the guidelines for a cross border HTA include an expert workshop. This was held in Cologne on the 19th of May 2010 in conjunction with DIMDI. A morning session was held on local health technology assessments while the afternoon session was devoted to local health technology assessments in cross border settings. Experts in health technology assessments were invited to evaluate and contribute to the process of developing a draft of the guidelines. There were also experts and stakeholders in the field of cross border health services who contributed to the workshop. Literature searches and analysis of existing data were carried out on the available information and the already existing HTA guidelines (EUnetHTA, INAHTA, ECHTA, mini- HTAs, IQWIG) have been analyzed in a framework that will be suitable to cross border settings. It was also decided that a series of interviews (not specified in the grant agreement) would be done and this is currently being carried out in local hospital

settings with cross border health services where health systems from different member states are interacting and collaborating in cross border regions. During the interviews for the guidelines on HTAs in border regions we will get feedback on the guidelines and identify 2 suitable examples to develop and conduct a rapid HTA. Once these guidelines are developed and tested the results and the guidelines will be disseminated to the various networks involved in cross border health services.

Objective 3

The legal framework will be based on the analysis of court decisions as well as relevant material and literature on cross border health services and exchanges with the European health law network. Currently information is being collected from the various cross border settings on possible legal issues which might be of relevance in these regions.

Objective 5

In order to build networks and facilitate exchanges we organized a meeting at the last EUPHA conference. There have also been contacts made with other networks like the euPrevent which is a platform to facilitate cross border health services in the Euregio Rhine Maas. Other contacts and projects which are of high value to the Euregio II include the EMRIC+ project, Euregio III and a Public Health capacity assessment tool project (both of which involve Maastricht University) as well as the MRSA project along the German/Dutch border. We have also disseminated our questionnaires and heightened awareness of the project among members of HOPE and the AEBR. AEBR, Gesundheitsmanagement and the Euregio Rhine-Waal disseminate project information by their newsletters. There are plans to have presentations, stands and posters at the respective events (e.g. the Open Day of the Territories).

12. Involvement of key stakeholders

The Euregio II project has a broad network for the distribution of its products and deliverables. This is largely achieved through the involvement of the European Hospital and Health Care Federation network and the Association of European Border Regions network. These networks are quite informed and updated through newsletters, seminars, presentations and meetings as.

The survey, even though it did not achieve its originally set task of gathering information was able to act as a tool for informing members of the network about the project. This is because most members of the network who were asked to participate as respondents but did not respond were ultimately interested in the results of the survey and further products from the project.

There have been key contacts and associations made with the euPrevent, which is a foundation active in cross border care in the Euregio Rhine-Maas.

Other collaborations and points of involvement include the Euregio III project, which fosters the use of structural funds in health and health care infrastructure.

There have been some contacts established with the cross border MRSA project regarding controlling the rate of hospital acquired methicillin resistant streptococcus infection, also the EMRIC + project, which deals with cross border emergency medical care.

The Department of International Health at Maastricht University, Kreis Heinsberg and the Euregio Rhine-Waal aim to contribute to activities like these. Thereby EUREGIO II receives input from them on cross border care.

Gesundheitsmanagement OG is also involved in cross border activities, especially through the project 'healthacross'.

The 'Cooperation and Working Together (CAWT) (Northern Ireland and Republic of Ireland) also delivers also relevant input drawn from practical experiences and opens doors for relevant contacts.

Regarding local HTA, contacts to the networks of EUnetHTA, DIMDI and Ecorys are quite helpful. The same holds for the cooperation with HTA specialists at Maastricht University.

It is very important to strengthen the contacts and involvement with stakeholders from the New Member States. Therefore, the opportunities offered by the different networks being involved in EUREGIO II or by networks being accessible for EUREGIO II have to be utilized.

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The EUREGIO II project-coordinator intends to fix a meeting with the Executive Agency for Health and Consumers (EAHC) to discuss the interim report, the development of the project in the light of the developments in EU policy making and the topics for an Amendment for EUREGIO II.

13. Conclusions and recommendations

Meanwhile all work packages are set up and running smoothly. While some activities take more time than expected, it is assumed that the different deliverables will be delivered on time. The plan is to develop and present draft versions of the materials (Handbook, guideline for HTA, reports about legal aspects regarding data protection, liability and tort rights) at the end of 2010. The presentation and dissemination of these materials will hopefully stimulate reactions and discussion, motivating people across Europe to come forward with practical and scientific knowledge. This would allow further development of the materials all the way up to the end of the project in November 2011.

For a couple of reasons, progress on the work packages of EUREGIO II has not proceeded as quickly as was anticipated in the Grant Agreement. Personnel changes affected the project coordination in the first year. Because quite some time passed between the acceptance of the first version of the proposal and the start of the project, the aims, objectives and methodologies for the work packages had to be discussed. While the work of the handbook started immediately, the work on the work packages for Health Technology Assessment as well as legal aspect in cross border affairs were discussed in greater detail to prepare the recruitment of additional staff (qualifications of the HTA expert, legal expert). The work on the handbook was delayed as a result of the low response rate of the survey which had been expected to deliver the initial information for the handbook.

To organize an effective dissemination of project information and especially to motivate key stakeholders to contribute to the project (with information, experiences and materials) is challenging. Information regarding EUREGIO II has been disseminated together with a survey across Europe by the AEBR and HOPE. Further, information about the project is being disseminated by the AEBR newsletter. However, while there is interest in the announced findings and deliverables of the project, the motivation for active support – e.g. by participating in surveys etc. – have proved to be low.

For the success of EUREGIO II it is very important to link the dissemination of deliverables with the mobilization of further information. Both the project group compilation and the project resources do not allow monitoring and analyzing developments across the whole of Europe with project resources only. It is necessary to mobilize additional resources and expertise, and to activate key

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stakeholders. Until now this has been done partially by external experts participating in project meetings. With their helpful comments they partially took over the role which should have been played in a more systematic form by external evaluators. The organization of a systematic external evaluation in the second half of the project will add further reflections, advice and input. Further, the involvement and engagement of some of the collaborating partners is very helpful to bring in experiences from cross border regions and activities. In addition, a small number of actors not directly involved as co-beneficiaries or collaborating partners have already signaled their willingness to share their experiences and to contribute to case studies. However, especially for the New Member States, the engagement to motivate contributions has to be intensified. In this regard, network structures from other project involvement will be used to reach key stakeholders in these parts of Europe and bring them and their experiences in.

After the first year the coordination of the project has become more challenging. Advantages are the relatively small project group and the small geographical distances between most of the project partners. It is also an advantage that the work on the work packages can be organized independently from each other (while the outputs have of course to be integrated). Nonetheless, it is challenging to organize the communication between the work packages and to organize the exchange between different kinds of professional and scientific knowledge required for the work on the main deliverables.

The overwhelming number of projects under study, unforeseen developments, new information and insights, as well as unexpected workloads made it necessary to modify the approaches to realize the aims and objectives of EUREGIO II. There have been some minor changes within the framework of the Grant Agreement. Others will be included as part of an Amendment of the Grant Agreement to be discussed on the basis of this report. Positions and persons have changed. It was not possible to organize some tasks (e.g. external evaluation) as originally planned. It appears that it will be necessary to discuss some small reallocations of resources due to unexpected workloads and the need for some smaller expenses which are not covered by the current budget. In relation to the main framework, aims and objectives of the project, these changes seem rather small and manageable. The EAHC project officer has already been informed and the changes will be discussed on the basis on this interim report.